

Plans for Paramedic >> 2014 - 2015

Paramedic CHC Instructional Program Review 2014-2015

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Name :

2014 - 2015 Paramedic CHC Instructional Program Review 2014-2015

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Instructions

Please respond to the following questions. Please consult the [Integrated Planning and Program Review Handbook](#) for detailed instructions.

1. Description of Program

1. Assume the reader doesn't know anything about your program. Please describe your program, including the following:

- a. Organization (including staffing and structure)
- b. Mission, or primary purpose
- c. Whom you serve (including demographics) - Click [HERE](#) to view program and college demographics.
- d. What kind of services you provide
- e. How you provide them (including alternative modes and schedules of delivery: e.g.: online, hybrid, early morning, evening services)
- f. **Rubric Item:** Describe how your curriculum is up-to-date and [Needs-Based](#). Base the description on surveys, environmental scan data, transfer patterns such as GE, IGETC, CSU, AA-T, or AS-T, accreditation standards, and/or articulation agreements. Consider the results of your most recent curriculum reviews in this section.
- g. **Rubric Item:** Attach your [scheduling matrix](#) to show when courses in your area are offered. [Click here for sample!](#)

a. The Paramedic certificate program is part of the Public Safety & Emergency Services department, within the Career Education and Human Development Division at Crafton Hills College. The program consists of two full-time faculty, three part-time faculty, and roughly thirty (30) professional experts working in the skills development labs. The program is divided into three phases for instructional delivery (didactic, clinic, and field).

b. As a CTE program the Paramedic program's mission is to educate, train and prepare Emergency Medical Technicians so that each program graduate is a competent entry-level Paramedic. This mission is aligned with the college's mission "...to advance the educational, career, and personal success of our diverse campus..."

The program provides a course sequence with objectives and experiences which fulfill the eligibility requirements of national agency registration and California licensure as a Paramedic. The program is comprised of a two-semester or three-semester, eight course sequence which includes EMS 150, Patient Assessment; EMS 151, Introduction to Paramedicine; EMS 152, Cardiology; EMS 153, Pharmacology; EMS 154, Emergency Care Theory; EMS 155, Skills Development; EMS 156, Clinical Internship; and EMS 157, Field Externship.

c. The program enrolls 40-50 students each year. The demographic breakdown of the program is largely the same as the last review period. The majority of students are Caucasian (60%), males (96%) between 20-24 years of age (57%). These findings, although unsettling, are consistent with industry demographics. The majority of the students in the program identify the fire service as the place in which they aspire to work as paramedics.

d/e. The program provides career training for current EMT's wishing to advance to the classification of Paramedic. The didactic phase of the program is conducted primarily in a traditional face-to-face classroom setting. Some independent asynchronous work is assigned using the college's LMS (Blackboard) however not enough to identify the program or any particular course as hybrid. The clinical and field portions of the program are conducted off-campus at clinical learning sites (local hospitals or clinics) and Paramedic provider agencies (private ambulance or fire department).

f. Program (and course) curriculum is aligned with the National EMS Education Standards and California Code of Regulations Title 22, Division 9, Chapter 4 (Paramedic). Courses are updated and revised according the schedule and guidelines established by CHC and the SBCCD.

g. The program is offered in both the fall and the spring. Students enroll in 23 units during their first semester in the program. Generally, students who enroll in the fall will complete two semesters and exit the program in July. Students who enroll during the spring will complete three semesters (including summer) and exit in December.

2. External Factors with Significant Impact

2. What external factors have a significant impact on your program? Please include the following as appropriate:

- a. Budgetary constraints or opportunities
- b. Competition from other institutions
- c. Requirements of four-year institutions
- d. Requirements imposed by regulations, policies, standards, and other mandates
- e. Job market
 - i) Requirements of prospective employers
 - ii) Developments in the field (both current and future)

The Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Due to dwindling resources and opportunities in the clinical setting, the program needs to look to high fidelity simulation to provide the patient care experiences required to meet the established education standards.

High fidelity simulation is a viable and acceptable learning alternative for some medical procedures and patient encounters. However, the operation and maintenance

of simulation mannequins is highly specialized. Best utilization requires an individual with specialized skills and training (Simulation Technician) to oversee the technical aspects of the simulation program while faculty serve as medical subject matter experts.

The National Registry has announced a new standard and model for psychomotor skills testing (licensure exam). This standard requires candidates to develop (during the course of their training program) a portfolio that documents and demonstrates adequate skills encounters and competence in preparation for the examination. The tested elements in the exam have been reduced to allow for an integrated team leadership assessment. This standard will have an influence on the didactic skills lab and the method in which skills are tracked in the clinic/field setting. Electronic data capture and programmed patient encounters will be necessary to reliably comply with this standard.

There are currently four paramedic training institutions in the immediate service area (San Bernardino and Riverside Counties): Crafton Hills College; Victor Valley College; Riverside Community College; National College of Technical Instruction (proprietary). During academic years 2012-2013 and 2013-2014 we saw a reduction in the number of program applications. We were accustomed to seeing disparities between the spring program, often identified as part-time because it met only days per week during didactic, and the fall program which traditionally met four days per week. Students have identified a preference for part-time for several years. However, in discussing this with prospective students and stakeholders in the industry, it appeared that a newly dedicated EMS and Public Safety campus along with a more hybrid style instructional delivery made Victor Valley College a more appealing choice for students.

The Paramedic Program has an articulation agreement with Loma Linda University's Emergency Medical Care Program. The program offers a bachelor of science degree designed to expand the clinical knowledge and leadership capabilities of out-of-hospital care providers.

Among other things, changes in health care delivery and documentation has required the program to focus on infusing more technology into the training. For example, electronic patient care reports (e-PCR's) have become a standard in the prehospital environment. The program currently has access to documentation platforms similar to what is being used by providers in the area. However, there are typically little to no funds allocated for upgrades or replacements to this technology.

An emerging concept in the healthcare delivery system is the introduction of Community Paramedicine or Community Paramedics. This developing model will have a potential impact on at least two facets of the program. First, there will be an enhancement to the depth and breadth of knowledge required of the paramedic. This will require changes to curricula across the program and more than likely an increase in technology needs as it relates to more sophisticated assessments and evaluations. Second, reframing the role of paramedics in healthcare delivery may help to establish more gender equality in the program.

3. Outcomes Assessment Reporting

Outcomes Assessment Reporting – **Rubric Item:** [Student Learning Outcomes](#). Please use the following tool to report each course or program that was assessed this year, the type of outcome assessed, and the ILO the outcome maps to. In addition, also provide the [Five Column Assessment](#) information in the spaces provided: learning outcomes statement, means of assessment, criteria for success, summary of evidence, and the use of results. If you prefer, the Five Column Assessment information can be attached

as a separate document. Additionally, other supporting documents that you wish to include can also be attached to the outcome.

- EMS 151

- **Statement:** Demonstrates effective written communication and applies specific skill sets (legal awareness) to a specific problems.

Measurement: A written essay examination was used to assess the learning outcome. The question had five components where the student had to identify the specific components of a legally enforceable release of liability. The question included both process and actions to overlay the judgment a paramedic uses in the assessment and treatment of the patient and situation.

Benchmark: Student had to identify the specific components of a legally enforceable release of liability.

Evidence: One hundred (100%) of the paramedic students (n=14) meet the specified criteria. This outcome would be expected given the time and examples spent on this topic. The ability of a paramedic to identify differing environments and release of liability are essential to the functioning as an advanced life support practitioner. This measure is the cognitive measure.

Implications: The ability of a paramedic to function in unstable and unpredictable environments is an essential job function. The class time to lay the foundations for the cognitive construct was appropriate. Additional measures of this same outcome should be taken during other less predictable sections of the paramedic program. For example, it would be interesting to collect electronic patient care report (E-PCR) or other PCR and assess the written documentation for the five criteria established on this cognitive examination. The instructional materials and construction continue to meet the student needs in this phase of the program. This is a new outcome measure. A functional release of liability is a consistent issue with prehospital care and would be effective to repeat this measure with program 82. The instrument and evidence show an appropriate first response. The outcome should be measured (RELEASE OF LIABILITY) with Spring 2014 program and begin discussion with the program director in the measurement across multiple classes.

Is Completed: Yes

Is Assessed: Yes

Outcome Type: Slo

ILO Type: CriticalThinking

Evidence Files:

- [SLO evidence fall 2013.docx](#)

- EMS 157

- **Statement:** 1. Functions as the team leader of an advanced life support (ALS) emergency response. 2. Ensures the safety of the rescuer and others during an emergency response.

Measurement: The outcomes will be assessed using items # 1, 2, and 18 of the "Major Evaluation" form during the field externship.

Benchmark: 90% of students will earned at least 80% of the possible points for Leaderships, safety and work environment, and personal protective equipment(PPE) when evaluated using the field major evaluation form during the externship

Evidence: No summary is provided at this time.

Implications: This evaluation is not complete. Further assessment is needed.

Is Completed: No

Is Assessed: Yes

Outcome Type: Slo

ILO Type: InterpersonalAndGroupSkills

- EMS 152

- **Statement:** 1. Accurately interprets EKG rhythms.2. Integrates knowledge of AHA ACLS algorithms in to the administration of emergency cardiac care.3. Communicates cogently and succinctly on key topics related to clinically relevant cardiovascular emergencies.

Measurement: Each of the individual outcomes is assessed using multiple measures throughout the course. The summative evaluation of the outcomes is assessed using a combination of (1) knowledge, (2) application, and (3) problem solving instruments.

Benchmark: 1. EKG rhythm interpretation: 80% of students will demonstrate 90% accuracy on a dynamic rhythm examination.2. AHA ACLS Algorithms: 80% of students will demonstrate 84% accuracy on a written comprehensive examination.3.

Communication of key cardiovascular emergency topics: 80% of students will earn at least 60 points on a written essay examination.

Evidence: 1. 95% of students completed the dynamic exam with three errors or less. Three errors represent a correct response rate of 88%. 2/3 (66%) of students completed the exam with fewer than three errors.2. 89% of students scored above 84% on the ACLS exam (2 students scored less than 84%).3. 92.8% of students earned 60 points on the essay examination. The averaged score was 69.7 points (only 1 students earned less than 60 points).

Implications: In reviewing the assessment outcomes there were no major unintended or unexpected results. However, a part of the assessment was to draw some conclusion about students' ability to demonstrate that they do, in fact, apply knowledge to the analysis of specific problems (Program-Level Outcome). Given the nature of the course, these specific instruments are limited in their assessment value. A more robust assessment may require the use of measures from the skills lab. The next assessment iteration will utilize the same instruments paired with assessments from the skills development lab to determine whether there is a correlation between knowledge in EMS 152 and performance in EMS 155.

Is Completed: Yes

Is Assessed: Yes

Outcome Type: Slo

ILO Type: Unknown

- EMS 154

- **Statement:** Applies knowledge to analysis of specific problems (Program-Level Outcome).

Measurement: The instrument is a scenario based question which requires that the student be knowledgeable about several disease processes, acceptable range of vital signs and treatment options (Final Exam, Question #51).

Benchmark: 80% of students will respond accurately to the exam item.

Evidence: The percentage of students who answered correctly rose from 50% to 84% and again the students who missed this question were evenly distributed across the 3 wrong answers. In discussing the question with the students who missed it, they stated that since they could not "see" the patient, they felt they did not have sufficient information to make an appropriate decision in sequence and appropriateness of treatment. This is consistent with what we have seen in the other core classes and the medical director has agreed that the question as well as the treatment options are both appropriate and realistic.

Implications: These students will be evaluated again with the EMS 156 Clinical Final Examination. I anticipate that the pass rate on the question selected to measure their

ability to “apply knowledge to analysis of specific problems” will improve much as it did with the previous class as they have now had exposure to live patients and are able to more effectively “visualize” the patients presented in these scenarios and make appropriate sequence and treatment decisions.

Is Completed: Yes

Is Assessed: Yes

Outcome Type: Slo

ILO Type: Unknown

- EMS 153

- **Statement:** The paramedic student will apply situational presentation / awareness and integrate pharmacology principles to analysis of specific problems.

Measurement: This SLO was measured by a written final examination question #65.

Benchmark: The question was scenario driven giving the student a patient with multiple problems. The student was expected to use their understanding of pharmacology and physiology to assess and determine the most effective treatment for the patient. The patient presents to prehospital care advanced life support with an electrolyte disturbance as hypo-magnesium combined with other life threatening conditions. The student was expected to treat both the electrolyte imbalance and give primary antiarrhythmia medications following the American Heart Association emergency cardiac care guidelines for pulseless arrest algorithm.

Evidence: A total of fourteen (14) students completed the test instrument, and eleven (11) successfully completed the measure as expected. Three (3) students did not correctly select the therapy as suggested by the emergency care guidelines. The pass rate for this measurement was seventy-eight percent (78%). In past analysis with medical director for content validity and reliability, and the medical issues is a realistic and common occurrence in the prehospital setting, and given the summative input this data and measure are effective for conclusions and other explorations.

Implications: The data included in question 2 shows an outcome that is continues to be below the industry standard of eighty percent. There was significant improvement from the last semester. The increase in success may be due to the additional situational integration and discussion during the class period. This item will need to be repeated both in instructional method and evaluation. A measure that does not meet the industry standard was documented and there is a need to continue with this learning outcome. A continued cycle of assessment is appropriate. The additional time added to the instructional lesson on patients with multiple disease processes and the treatment heuristic and options within the emergency cardiac care guidelines needs to be continued during the next classroom. Additionally, increased lesson time dedicated to the stochastic patient might prove helpful.

Is Completed: N/A

Is Assessed: Yes

Outcome Type: Slo

ILO Type: Unknown

Evidence Files:

- [SLO Evidence EMS 153 Fall 2013.docx](#)

- EMS 155

- **Statement:** Applies knowledge to analysis of specific problems (Program-Level Outcome).

Measurement: Final Exam: ACLS Mega-Code Testing Station. This instrument assesses the student's (1) knowledge, (2) application of theory and conception, and (3) ability to problem solve. The instrument in this class is a scenario based station which

requires that a student utilize the knowledge acquired in EMS 150, Patient Assessment, EMS 151, Introduction to Paramedicine, EMS 152, Cardiology, EMS 153, Pharmacology and EMS 154, Theory to complete a patient assessment, arrive at a differential diagnosis and apply treatments then begin the process again in a re-assessment loop.

Benchmark: 80% of students will successfully complete this examination station without making any identified critical errors.

Evidence: The students who were unsuccessful in this station made multiple correct decisions. However, the mistake made had been determined (prior to testing, by the Program Director and Medical Director in conjunction with the standards of the American Heart Association) to be a critical error. All students re-tested this station and passed with 100%.

Implications: Further evaluation is needed for this assessment.

Is Completed: Yes

Is Assessed: Yes

Outcome Type: Slo

ILO Type: InterpersonalAndGroupSkills

Evidence Files:

- [2013 Fall 155 SLOS-1.docx](#)

- EMS 150

- **Statement:** Integrates scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression/working diagnosis.

Measurement: The outcome was assessed during the course's comprehensive final examination. Several questions were pre-selected and identified as (1)knowledge, (2)application, or (3)problem solving questions.

Benchmark: 80% of students respond correctly to 80% of the pre-selected items.

Evidence: 88.3% of students responded correctly to all the pre-selected items. As we have seen previously, students tend to do well on scenario-based questions. Typically, these scenarios require the student to recollect a syndrome or collection of findings to develop a field impression/working diagnosis (knowledge). On this iteration more emphasis was placed on application and problem solving. Items were sequenced so that once the student determined the condition the subsequent item inquired about the care required. However, the possible responses required the student to think critically and prioritize an act among multiple correct options.

Implications: Some items were identified as less challenging than others and require restructuring to adequately assess the outcome. Students still struggled with items related to abdominal emergencies. However, the work suggested following the last assessment was not implemented. So, additional focus will be placed on creating scenarios in the simulation center to offset this finding.

Is Completed: Yes

Is Assessed: Yes

Outcome Type: Slo

ILO Type: CriticalThinking

- EMS 156

- **Statement:** Applies knowledge to analysis of specific problems.

Measurement: Incomplete

Benchmark: Incomplete

Evidence: Incomplete

Implications: Incomplete

Is Completed: No

Is Assessed: Yes

Outcome Type: Slo

ILO Type: Unknown

Evidence Files:

- [2013 Fall 155 SLOS.docx](#)

4. Progress on SLOs

Rubric Item: [Student Learning Outcomes](#)

- Please summarize the progress your unit has made on program and/or course level SLO measures you have applied since your last program review.
- Please describe any program/course and/or instructional improvements made by your unit as a result of the outcomes assessment process.
- What is your plan for continuously completing the assessment cycle?
- If your program has SAOs, please discuss here.

The Paramedic Program has consistently assessed course-level SLO's since its last review period. Through that process the program discovered areas that required refinement of the assessment instruments and clearer articulation of the outcomes. For example, the skills development course (EMS 155) used a single summative assessment to evaluate a program-level outcome (PLO) in the last iteration. This assessment did capture and document the desired behavior on the part of the learner. However, the program wanted to more closely connect the behavior to the actual goals of the course (outcomes). So, the course-level outcomes were evaluated and clarified. Then the assessment of those outcomes were expanded to include multiple measures of the newly defined outcomes.

The program is still evaluating data related to possible curricular changes. However, changes have been made to how course material is organized and delivered as a result of SLO evaluations. For example, in the the cardiology course (EMS 152) learning activities related to 12-Lead EKG acquisition and interpretation have been divided into smaller units and reviewed more often than the two sessions that were originally conducted.

The assessment of outcomes, through the accreditation process, has been and will continue to be an integral part of instruction. The work now shifts to implementing a uniform method of documenting and discussing the assessments and findings in ways that are consistent, transparent and easy to track from the course level to the institutional level.

5. Quantitative and Qualitative Results

5. Please provide...

- A list of any quantitative or qualitative measures not provided in question 5 that you have chosen to gauge your program's effectiveness (e.g.: transfers, degrees, certificates, satisfaction, student contacts, student headcount, Perkin's data, etc.)
- A summary of the results of these measures
- What did you learn from your evaluation of these measures, and what improvements have you implemented or do you plan to implement as a result of your analysis of these measures?

The program collects both qualitative and quantitative data from multiple internal and external sources such as:

Perkins' Data

Student Resource Surveys

Program Exit Interviews

Candidate Surveys
Employer Surveys
Advisory Committee Minutes
National Testing (1st attempt pass rate)
Student Course Evaluation

Each of these instruments offers something a little different. However, collectively they indicate that the program is meeting the expectations of students, employers and industry stakeholders. The benefit of these instruments is that they allow the program to make in-flight corrections supported by data. For example, the move to a three day per week didactic session in the fall was made after collecting input from program candidates, advisory committee members, and employers. Additionally, data from Exit Interviews and Resource Surveys led to an increase in the use of Blackboard. The program has always used a "Flipped Classroom" model but increasing the use of the LMS for instructional delivery has added a new level of engagement during the classroom sessions.

6. Performance on Data Items

Please discuss your program's performance on each program specific data item as provided by the Office of Research and Planning. If you have already discussed your programs performance on one or more these components then refer to that response here, rather than repeating it.

- a. Instructional Program Health Evaluation Rubric (The rubric is available in Blackboard, on the OIERP Web Site, and in the PPR Handbook.)
 - i) **Rubric Item:** Use the data provided by the OIERP to set a [Course Completion Rate](#) (formally retention) target and provide an explanation for the target that has been set. **Click [HERE](#) to access your program specific data.**
 - ii) **Rubric Item:** Use the data provided by the OIERP to set a [Course Success Rate](#) target and provide an explanation for the target that has been set. **Click [HERE](#) to access your program specific data.**
 - iii) **Rubric Item:** What is your [FT/PT Faculty Ratio](#), how is it impacting your program, and student success? **Click [HERE](#) to access your program specific data.**
 - iv) **Rubric Item:** Use the data provided by the OIERP to set a [WSCH/FTEF Ratio](#) target and provide an explanation for the target that has been set. Based on Faculty dialogue what is a feasible WSCH/FTEF (productivity) target for your area? (Note: 525 may not be a realistic target for your area.) **Click [HERE](#) to access your program specific data.**
 - v) **Rubric Item:** The [Fill rate](#) target is 80% or higher. Use the data provided by the OIERP and please provide a reason for any deviation from the target. This may involve a discussion around the appropriateness of the cap and how it was set. **Click [HERE](#) to access your program specific data.**

The Paramedic Program's completion and success rates are above the established targets. The Completion Rate is 98% and Success is 89%.

FT/PT Ratio: 2012-2013 data shows a ratio of 1.00: Since that reporting period the program has lost a full-time faculty member. Currently one didactic course and the clinic site learning course is being taught by adjunct faculty. This recalculation puts the program at the targeted 75/25 ratio.

FTES to FTEF: Currently (11.6), this ratio is consistent with the goals of the program. The program's assessment takes into consideration that some instructional blocks require smaller ratios (i.e..., 6:1 or 10:1) which are established as industry standards or recommended guidelines.

Fill Rate: The program's average fill rate is 54.2%. The program's assessment of this rate is that it does not accurately reflect the goals and limitations of the program. For example, course sections are conducted in spaces that allow adequate room for the demonstration and use of technical equipment and teaching aids. These areas are selected based on the appropriateness of the instructional space (higher seating cap) although the program has no plan or desire to match the room's seating capacity to the cohort.

7. Evaluation

Based upon and not repeating the descriptions you provided in Question 1 and the responses provided in Questions 2-6, please provide an analysis of what is going well and why and what is not going well and why, in the following areas:

- Representativeness of population served
- Alternative modes and schedules of delivery (e.g.: online, hybrid, early morning, evening services)
- Partnerships (internal and external)
- Innovation and Implementation of best practices
- Efficiency in operations
- Efficiency in resource use
- Staffing
- Participation in shared governance (e.g., do unit members feel they participate effectively in planning and decision-making?)
- Professional development and training
- Compliance with applicable mandates

The program cohort is representative of the local industry. We are continually attracting students and are able to seat a class each semester. The period of reduced program applications was due in part to things that we could not control. Victor Valley College moved into a new building completely dedicated to EMS and Public Safety. They offer courses that rely heavily on technology and limited face-to-face session. This was and remains appealing to some students. However, we have seen a resurgence in the number of application. We believe there are several reasons for this: (1) our continued focus on exceptional teaching and learning, (2) changes that we have made to the structure of our fall didactic session, and (3) changes made related to instructional staff.

The program is anticipating acceptance of a proposal to participate in the Tablet Initiative for the spring 2015 semester. This will allow for immediate electronic capture of required patient encounters and skills performance data without having to duplicate the documentation process. Additionally, student will have an opportunity to more readily comply with new portfolio standard.

The prevailing theme in this review is the need to upgrade and expand the technology available for instruction. The current mannequins used in the lab are nearly a decade old. The age of the mannequins would obviously not be an issue if there were sufficient means to replace/repair parts worn from standard use.

The program and the larger department is headed for a loss of the majority of its full-time faculty in the next 2-3 years. As identified above, there are currently three full-faculty who teach in the program. Two of those members will potentially retire by fall 2016. A reduction of that nature would negatively impact the program. Especially, in the area of clinic and field coordination and coverage. The program has already lost one full-time faculty member in spring 2014. As of this review, there is no immediate plan to fill that position.

The program runs pretty lean with regards to resources of all types (personnel and material). Instructional supply cost is significantly offset by donations from local provider agencies.

Program faculty have remained sufficiently active in shared governance on the campus and within the District. Our members are active participants on the following committees: Academic Senate; District Assembly; Institutional Effectiveness, Accreditation and Planning; and Educational Technology.

Program faculty are required, by statute, to maintain professional licensure. This is accomplished through a variety professional development and continuing education activities. The cost of some of these activities is offset by funds from the Carl D. Perkins CTE Improvement Act. The program has had the opportunity to take students to one of the region's premier conferences (CFEDWest) held annually in Palm Springs. This event has provided the students and faculty an opportunity to engage in learning together off-campus and in a professional venue.

8. Vision and Mission

a. Tell us your vision: Where would you like your program to be four years from now? Dream big while considering any upcoming changes (e.g.: new buildings, labs, growth, changes in the discipline etc.).

b. **Rubric Item (Alignment): In what ways does** your [mission](#) and [vision](#) align with and contribute to the college's mission and vision, as specified in the CHC Educational Master Plan?

In the next four years:

The Paramedic Program's fundamental mission will remain the same: Develop competent entry-level Paramedics. However, we believe that the standards for entry-level paramedics are evolving. Our program is poised to take advantage of opportunities and overcome challenges associated with that evolution.

The program expects to move into a new building in the summer of 2015. The patient simulation center (PSC) was an integral element in the initial design process. Having the PSC as a central feature will allow the program to expand its use of high-fidelity simulation during initial paramedic training. Additionally, this creates opportunities for inter-disciplinary learning with other internal programs (Respiratory Care and MICN) and local external agencies (fire departments and ambulance providers).

There are emerging concepts for out-of-hospital care being piloted right now. We expect to develop the programs and graduates to support the future direction of EMS or Mobile-Integrated Healthcare delivery.

Our vision is to be the regional "Program of Choice" for students and employers alike. Of course, this vision encompasses our primary mission but also our desire to create an atmosphere that supports rich learning experiences for students. Ultimately, We would like to see 90% our program graduates complete an Associate of Science degree. Not simply for the degree, although there is benefit in that, but for the learning that takes place on the way to that end.

9. Progress on Prior Goals

Briefly summarize the progress your unit has made in meeting the goals and objectives identified in your last Four-Year Action Plan.

- **1 - Goal - Maintain continuous accreditation of the paramedic program**
Priority Rank:
1
Objectives:
 - **1.1 - Objective - Maintain continuous accreditation of the paramedic program**
Maintain continuous accreditation of the paramedic program
Priority Rank:
1
Original Start Date:
08/01/2011
Original End Date:
05/31/2013
Revised Start Date:
05/31/2013
Revised End Date:
05/31/2017
Responsible Person:
Dan Word
Strategic Direction:
None
Impact Type:
-- Pick One --
Status Code:
Work is Completed and Ongoing
Progress Description:
The program was last evaluated and received continuous accreditation in summer 2012. Our next accreditation self-study and visit will occur in 2017.
- **2 - Goal - Develop Program management Guide**
Priority Rank:
1
Objectives:
 - **2.1 - Objective - Develop Resource and Tecnology Acquisition Matrix**
Develop Resource and Tecnology Acquisition Matrix
Priority Rank:
2
Original Start Date:
01/18/2011
Original End Date:
09/12/2011
Revised Start Date:
09/13/2011
Revised End Date:
09/14/2015
Responsible Person:
Dan Word/Kathy Crow
Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Work is Underway

Progress Description:

This matrix is under development. Ideally, this is a task that would be performed by the lab tech. The day to day priority of this task has fluctuated based on staffing concerns.

○ **2.2 - Objective - Develop a Comprehensive Program-Level Planning & Review Matrix**

Develop a Comprehensive Program-Level Planning & Review Matrix

Priority Rank:

5

Original Start Date:

01/18/2011

Original End Date:

01/01/2012

Revised Start Date:

01/18/2011

Revised End Date:

01/01/2012

Responsible Person:

Dan Word

Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Work is Planned but not yet firmly scheduled

Progress Description:

● **3 - Goal - Maintain first (1st) attempt pass rate on National Registry/State Exams at or above 92%**

Priority Rank:

1

Objectives:

○ **3.1 - Objective - Perform continuous review of curriculum and outcomes**

Perform continuous review of curriculum and outcomes

Priority Rank:

3

Original Start Date:

01/18/2011

Original End Date:

01/01/2014

Revised Start Date:

01/18/2011

Revised End Date:

01/01/2014

Responsible Person:

Program Director

Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Work is Completed and Ongoing

Progress Description:

Work in this area ongoing and being prioritized based on resources. There were some unexpected changes to staffing levels which resulted in postponements and assigning of tasks.

- **4 - Goal - Expand Human Simulation Training**

Priority Rank:

4

Objectives:

- **4.1 - Objective - Improve student preparation for patient encounters**

Improve student preparation for patient encounters

Priority Rank:

7

Original Start Date:

08/01/2011

Original End Date:

08/01/2014

Revised Start Date:

08/01/2011

Revised End Date:

08/01/2014

Responsible Person:

Public Safety Chair

Strategic Direction:

None

Impact Type:

-- Pick One --

Resource Requests:

- **4.1.r1 - Hire full-time Lab Tech**

Description

A Lab Tech would support instruction all EMS program:

EMT/Paramedic/MICN/Emergency Management/AHA Training Ctr./Simulation Ctr.

The Lab Tech would be responsibilities would include:

- ongoing and routine maintenance of instructional equipment
- management of open lab hours
- controlling access to equipment
- inventory accountability
- Sim lab coordination

Rationale

Laboratory sessions in EMS have similar requirement to labs across the campus. Time is required for set-up and break down, cleaning, repairing, inventorying, and ordering of equipment. Coordination and management of donated supplies would also be handled by the Lab Tech. Additionally, increased opportunities for open lab session may have a direct impact on increased student success (particularly the EMT student).

Resource Type:

Ongoing

Expenditure Category:

Personnel

Funded:

No

Funding Source:

unk.

First Year Cost/Savings:

\$40,000.00/\$0.00

Second Year Cost/Savings:

\$42,000.00/\$0.00

Third Year Cost/Savings:

\$45,000.00/\$0.00

Actions/Activities:

- **4.1.a1 - Hire full-time Lab Tech**

Interview and hire Lab Tech to work with all EMS

Program: EMT/Paramedic/MICN/Emergency Manage/AHA Training Ctr./Simulation Ctr.

Start Date:

08/01/2011

End Date:

08/01/2014

Responsible Person:

Public Safety Chair

Status Code:

Work is Planned but not yet firmly scheduled

Progress Description:

Currently the job description is being evaluated.

The funding and priority are in question.

Measurements/Documentation of Progress:

- **5 - Goal - Establish Electronic Data Collection Process**

Priority Rank:

5

Objectives:

- **5.1 - Objective - Implement process for student FISDAP accounts**

Implement process for student FISDAP accounts

Priority Rank:

8

Original Start Date:

08/01/2011

Original End Date:

08/01/2014

Revised Start Date:

01/16/2015

Revised End Date:

07/31/2015

Responsible Person:

Dan Word/Kathy Crow

Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Work is Scheduled to begin on a reasonably firm date

Progress Description:

This project has been debated and postponed but is now back on track for a spring 2015 implementation. The old method of tracking patient encounters is simply too time consuming...this projects time has finally arrived.

- **6 - Goal - Develop Comprehensive Program-Level Planning & Review Matrix**

Priority Rank:

3

Objectives:

- **6.1 - Objective - Develop Comprehensive Program-Level Planning & Review Matrix**

Develop Comprehensive Program-Level Planning & Review Matrix

Priority Rank:

6

Original Start Date:

08/01/2011

Original End Date:

05/31/2013

Revised Start Date:

08/01/2011

Revised End Date:

05/31/2013

Responsible Person:

Dan Word

Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Objective was Removed

Progress Description:

Duplicate objective (see 2.1).

- **7 - Goal - Develop Resource & Technology Acquisition Matrix**

Priority Rank:

2

Objectives:

- **7.1 - Objective - Develop Resource & Technology Acquisition Matrix**

Develop Resource & Technology Acquisition Matrix

Priority Rank:

4

Original Start Date:

08/01/2011

Original End Date:

05/31/2013

Revised Start Date:

08/01/2011

Revised End Date:

05/31/2013

Responsible Person:

Dan Word

Strategic Direction:

None

Impact Type:

-- Pick One --

Status Code:

Objective was Removed

Progress Description:

Duplicate objective (see 2.2).

10. Four-Year Action Plan (Goals, Objectives, Resources, and Actions)

Rubric Item: Reflect on your responses to all the previous questions. Complete the Four-Year Action Plan, entering the specific program goals ([goal rubric](#)) and objectives ([objective rubric](#)) you have formulated to maintain or enhance your strengths, or to address identified weaknesses. Assign an overall priority to each goal and each objective. In addition, enter any actions and/or resources required to achieve each objective. (Click here to see a definition of [goals](#), [objectives](#), [actions](#), and how they [work together](#).)

- **1 - Goal - Maintain continuous CAAHEP accreditation of the Paramedic Program**

Priority Rank:

1

Objectives:

- **1.1 - Objective - Maintain continuous accreditation of the paramedic program**

Maintain continuous accreditation of the paramedic program

Priority Rank:

1

Start Date:

08/01/2011

End Date:

05/31/2013

Responsible Person:

Dan Word

Strategic Direction:

6. Effective, Efficient, and Transparent Processes

Impact Type:

Department

- **2 - Goal - Develop Program management Guide**

Priority Rank:

2

Objectives:

- **2.1 - Objective - Develop Resource and Technology Acquisition Matrix**

Develop Resource and Tecnology Acquisition Matrix

Priority Rank:

2

Start Date:

01/18/2011

End Date:

09/12/2011

Responsible Person:

Dan Word/Kathy Crow

Strategic Direction:

8. Effective Resource Use and Development

Impact Type:

Division

- **2.2 - Objective - Develop a Comprehensive Program-Level Planning & Review Matrix**

Develop a Comprehensive Program-Level Planning & Review Matrix

Priority Rank:

5

Start Date:

01/18/2011

End Date:

01/01/2012

Responsible Person:

Dan Word

Strategic Direction:

6. Effective, Efficient, and Transparent Processes

Impact Type:

Department

- **3 - Goal - Maintain first (1st) attempt pass rate on National Registry/State Exams at or above 92%**

Priority Rank:

3

Objectives:

- **3.1 - Objective - Perform continuous review of curriculum and outcomes**

Perform continuous review of curriculum and outcomes

Priority Rank:

3

Start Date:

01/18/2011

End Date:

01/01/2014

Responsible Person:

Program Director

Strategic Direction:

3. Best Practices for Teaching and Learning

Impact Type:

Division

- **4 - Goal - Improve student's preparation for non-simulated patient encounters**

Priority Rank:

6

Objectives:

- **4.1 - Objective - Increase utilization of patient simulation center**

Improve student preparation for patient encounters

Priority Rank:

7

Start Date:

08/01/2011

End Date:

08/01/2014

Responsible Person:

Program Director

Strategic Direction:

3. Best Practices for Teaching and Learning

Impact Type:

Division

Resource Requests:

- **4.1.r1 - Hire full-time Lab Tech**

Description

A Lab Tech would support instruction all EMS program:

EMT/Paramedic/MICN/Emergency Management/AHA Training Ctr./Simulation Ctr.

The Lab Tech responsibilities would include:

- ongoing and routine maintenance of instructional equipment
- management of open lab hours
- controlling access to equipment
- inventory accountability
- Sim lab coordination

Rationale

Laboratory sessions in EMS have similar structural and safety requirement as do other labs across the campus. Time is required for set-up and break down, cleaning, repairing, inventorying, and ordering of equipment. Coordination and management of donated supplies would also be handled by the Lab Tech. Additionally, increased opportunities for open lab session may have a direct impact on increased student success.

Resource Type:

Ongoing

Expenditure Category:

Personnel

First Year Cost/Savings:

\$40,000.00/\$0.00

Second Year Cost/Savings:

\$42,000.00/\$0.00

Third Year Cost/Savings:

\$45,000.00/\$0.00

Actions/Activities:

- **4.1.a1 - Hire full-time Lab Tech**

Interview and hire Lab Tech to work with all EMS

Program: EMT/Paramedic/MICN/Emergency Manage/AHA Training Ctr./Simulation Ctr.

Start Date:

08/01/2011

End Date:

08/01/2014

Responsible Person:

Public Safety Chair

- **5 - Goal - Establish Electronic Data Collection Process**

Priority Rank:

7

Objectives:

- **5.1 - Objective - Implement process for student FISDAP accounts**

Implement process for student FISDAP accounts

Priority Rank:

8

Start Date:

08/01/2011

End Date:

08/01/2014

Responsible Person:

Dan Word/Kathy Crow

Strategic Direction:

3. Best Practices for Teaching and Learning

Impact Type:

Department

- **6 - Goal - Develop Comprehensive Program-Level Planning & Review Matrix**

Priority Rank:

5

Objectives:

- **6.1 - Objective - Develop Comprehensive Program-Level Planning & Review Matrix**

Develop Comprehensive Program-Level Planning & Review Matrix

Priority Rank:

6

Start Date:

08/01/2011

End Date:

05/31/2013

Responsible Person:

Dan Word

Strategic Direction:

6. Effective, Efficient, and Transparent Processes

Impact Type:

Division

- **7 - Goal - Develop Resource & Technology Acquisition Matrix**

Priority Rank:

4

Objectives:

- **7.1 - Objective - Develop Resource & Technology Acquisition Matrix**

Develop Resource & Technology Acquisition Matrix

Priority Rank:

4

Start Date:

08/01/2011

End Date:

05/31/2013

Responsible Person:

Dan Word

Strategic Direction:

8. Effective Resource Use and Development

Impact Type:

Division

11. Supporting Documents

- [Paramedic Faculty Load.doc](#)
- [Class 75 Timeline.doc](#)
- [Title 22 Medic.pdf](#)
- [Equipment Replacement.xls](#)