

1.0: PROGRAM DATA AND RESOURCE REPOSITORY

1.2: QUANTITATIVE AND QUALITATIVE DATA

All programs are provided with the most recent three years of data by the Office of Institutional Effectiveness, Planning, and Research (IR) as well as three-year budget data provided by the Financial Service Office. The budget data will typically be available in mid-September after final reconciliation of the previous fiscal year.

There is no user entry required for this section unless the program faculty wish to include other data pertinent to program review, planning and development. Programs should spend some time reflecting and discussing the data elements prior to proceeding with the completion of the remaining sections. Program faculty are encouraged to include other data as desired. (*See Resource A for data set specifics and suggestions for further data collection/evaluation.*)

Narrative:

I, Sue Manning, am reflecting on class capacity. This directly reflects the amount of advertising and recruiting that is done before the class. Before past classes a flyer has gone out to each of the surrounding EMS and Fire stations. I believe this did bring in more students from the surrounding areas. I should do this again.

I think when classes are cancelled this sends students to other facilities and greatly hurts the program. Future classes are then impacted as students often bring in other students. The curriculum will offer a way for advanced students to continue their EMS training toward the Paramedic program. It would be good to have this program here and I am in the process of researching accreditation through the Kansas Board of EMS and then we would be able to offer this final advanced course.

According to various conferences I have attended, it is vital to have a good pass rate as well as have the students well prepared to go out into the service area and be able to function as Advanced EMS personnel. There are other programs in the area and so our pass rate and the rate at which our students are hired is vital in attracting students to our program.

There will always be a need for this profession. Skills and the scope of practice are constantly changing, so the need for a good solid EMS education is ever growing.

There are several employers on my advisory committee who have stated they are well satisfied with the students we have produced for their service.

Evidence:

- [program review EMT Assessment Data AY 2017](#)
- [program review info-EMS-2017](#)

EMS Assessment Data AY 2017

Number of Faculty:

1 full time (S. Manning)

2 part time (J. Reed, K. Ori)

Enrollment & Student credit hours by Faculty type:

Full time: 51 total credit hours taught, with 72 total student enrollments

Part time: 42 credit hours taught, 48 total student enrollments

Average Class size:

7.58 students in Face-to-Face classes

9.67 students in online classes

8 students across all EMS program courses

Completion rates:

93.41% face-to-face

100% online

95% all EMS program courses

Pass rates (D or better):

85.88% face-to-face

55.17% online

78.07% all EMS program courses

Number of Majors: 25

Degrees Awarded: 0

ACADEMIC_YEAR	ACADEMIC_TERM	ACADEMIC_SESSION	EVENT_ID	SECTION	EVENT_MED_NAME
2016	FALL	FULL	04HEA1003	9214	PHLEBOTOMY
2016	FALL	FULL	04HEA1113	9211	EMT
2016	FALL	FULL	04HEA1113	9212	EMT
2016	FALL	FULL	04HEA1113	9218	EMT
2016	FALL	FULL	04HEA1143	9216	MED TERM
2016	FALL	FULL	04HEA1143	9217	MED TERM
2016	FALL	FULL	04HEA1167	9213	AEMT
2016	FALL	SECOND	04HEA1013	9215	PHLEBOTOMY/CLIN
2017	SPRING	FULL	04HEA1113	0001	EMT
2017	SPRING	FULL	04HEA1143	0001	MED TERM
2017	SPRING	FULL	04HEA1143	HS01	MED TERM
2017	SPRING	FULL	04HEA1167	0001	AEMT
Online					
2016	FALL	FULL	03COM1233	6511	INTERPERSON COM
2016	FALL	SECOND	03COM1233	6512	INTERPERSON COM
2017	SPRING	FULL	03COM1233	6762	INTERPERSON COM

CREDITS	ADDS	PERSON_CODE_ID	Completed	Passed
3	6	S. Manning	6	6
13	8	S. Manning	7	7
13	5	J. Reed	5	4
13	13	S. Manning	11	8
3	9	S. Manning	9	9
3	7	S. Manning	6	3
7	8	S. Manning	8	8
3	6	S. Manning	6	5
13	8	J. Reed & S. Mani	7	5
3	4	S. Manning	4	3
3	11	S. Manning	11	10
7	6	J. Reed	5	5
84	91		85	73
3	10	K. Ori	10	7
3	13	K. Ori	13	5
3	6	K. Ori	6	4
9	29		29	16

3.0: ASSESSMENT OF STUDENT LEARNING OUTCOMES

3.2: SIGNIFICANT ASSESSMENT FINDINGS

In this section the program should provide a narrative overview of the program's significant student learning outcomes assessment findings, any associated impact on curriculum, as well as any ongoing assessment plans. The program may attach data charts, assessment reports or other relevant materials. *(See Appendix 2 for ICC SLO's and Resource C- for more information.)*

Narrative:

Communications:

The students involved in Advanced EMS education must be able to communicate in several ways effectively. They must be able to communicate empathetically with their patients. This is practiced in the classroom often as scenarios are completed with real life situations and all sorts of patients. The student must also be able to communicate with dispatch over a radio or phone. The student practices this often during patient assessment practice and during case studies that are used in every class session. The students also will be able to speak on the radio of our ambulance during class time. Another form of communication that is learned by the student is to be able to communicate with other healthcare providers. This may be a receiving facility, partners or anyone involved during the call and that have a need to know. Medical information follows the patient through the entire illness or injury to various facilities and personnel and must be clear, concise and legible. The student receives many opportunities to perfect this skill.

Literacy:

Very often in medical situations an Advanced EMT will be faced with ethical situations. These could be confidentiality, how to treat drug dealers and criminals who are sick or injured, abuse reporting and many other situations that require some ethical thinking on the part of the Advanced EMT.

During class many case studies are completed as close to real calls as possible. All possible situations and outcomes are discussed and this helps the student to be ready in the real world situations.

Thinking:

Critical thinking is a major portion of the Advanced EMT curriculum. Assessing the situation and condition of the patient, making a plan of care and carrying it out often has to be done in a matter of minutes. The student also used the critical thinking to decide if the plan of care is working and if not decide the next step.

These outcomes are assessed by cognitive exam and also by observing the student in the scenario situation. Each student must also complete many skills during their clinical and field internship hours both in the ER and EMS. A precept paper is completed each time a student completes a rotation at these facilities detailing how the student functioned in the various situations they encounter.

4.0: EXTERNAL CONSTITUENCIES AND SIGNIFICANT TRENDS

An important component of maintaining a superior program lies in awareness and understanding of other possible factors that may impact the program and/or student outcomes. After consideration of these other factors, program faculty should document the relevant information within this section. As applicable, this should include the following. (See *Resource B for more information and other examples of external constituencies that may apply to both career and transfer programs.*) Program Advisory Committee, Specialized Accreditation, etc.

4.1: PROGRAM ADVISORY

Create a form in this section to include Advisory Member Name/ Title/ Organization/ Length of Service on committee; note the Committee Chair with an asterisk(*). Upload meeting minutes from the previous spring and fall semesters.

Narrative:

Advisory Board List

*Sue Manning- AEMT/Kansas Board of EMS Instructor Coordinator, Kansas State Certified EMS Examiner, Faculty ICC, 10 years
Jason McAfee-IHS principal, Independence High School, 1 year
Shawn Bennett-AEMT, Fredonia EMS, 4 years
Ann Swink, Community member, 6 years
Jess Reed-Paramedic, Kansas Board of EMS Instructor/Coordinator, Chief of Fire and EMS, Cherryvale, 6 years
Pat Pomeroy-Paramedic, Kansas Board of EMS Instructor/Coordinator, Independence EMS, 4 years
Keith Copithke-AEMT, Kansas Board of EMS Instructor/Coordinator, Independence EMS, 8 years
Bill Knight-EMT, Community member, 8 years
David Cowen-Paramedic, City of Independence Safety and Health Task Force Administrator, 8 years
Sam Carnes-High School Counselor, Independence High School, 1 year
Shawn Wallis-AEMT, Chief of Fire and EMS, Independence EMS, 2 years
Becky Mitchell-RN, Director of Nursing and the Emergency Room in Independence, Labette Health, 1 year
Nathaneal Day-Paramedic, Cherryvale EMS, 4 years
Dr. Charles Empson-Medical Advisor, Medical Doctor, St. Johns Regional Hospital, 2 years

Evidence:

- [Advisory Board Minutes Oct. 2017 - Copy](#)
- [Advisory Board Minutes spring 2016](#)

Advisory Board Minutes
Independence Community College
EMS Education Program
October 10th 2017

6:00 pm Advisory Board Dinner

Welcome from Christy Cutshaw

7:00 pm The semi-annual advisory board meeting was called to order by Sue Manning

Members present included: Jason McAfee, Shawn Bennett, Jesse Reed, Par Pomeroy, Bill Knight, David Cowen, Shawn Wallis, Becky Mitchell, Nathaneal Day

The Mission statement was read by Sue and compared to the EMS Education program

Old Business- the history of the program was reviewed by Sue

New Business- Sue shared that due to the administration the fall EMT class was cancelled. Sue reviewed current events happening within the program. The Independence High School program is doing well and there are hopes that the students will continue on in their EMS education and take the National Registry exam at the end of the course.

Sue shared that the EMS program will hold a recruiting event at Neewallah during Zoolalloween. Also some of the students will help with an annual charity event at a church doing medical screening.

Sue asked the question "how can my program help you" to which there was some discussion and then asked "how can you help me". Discussion followed with the promise of some assistant help and some equipment donation.

More discussion was held on getting the students to take their National EMS exams.

The meeting was adjourned at 8:00 pm

EMS Education Advisory Board Minutes

April 5, 2016

The meeting was called to order at 1830 by Sue Manning and introductions were made. Members present were: Mario Sherrell, Jesse Reed, Nathanael Day, Rusty Baker, David Cowen, Temple Monroe. Absent were: Bill Knight, Dr. Mears, Shawn Bennett and Ann Swink. Non-members present were Matt Kent and Stephanie Hurteau

The board approved Temple Monroe to be the secretary.

ICC Mission statement was read by Sue and compared to the EMS Education program.

There was no old business

New business included:

1. The hiring of Jesse Reed to teach an EMT class in Cherryvale in the fall as adjunct as a means to have a class in the high school in the future.
2. Jesse has made a facebook page for the program.
3. There has been a commercial advertising the programs at West to air on KOAM
4. NHS points are given out for participation with EMS scenarios. There was discussion on how to get more students at the high school for the program
5. The ICC certificate was discussed. Possible additional courses were offered such as math for the healthcare provider, ACLS, Pals and trauma courses and Lamaze. These could be offered in the evening for better participation.
6. Enrollment at IHS will be April 15th. Sue and Mallory will be there.
7. The program review is almost finished. It still needs some budget work.
8. David discussed better recruiting methods for Independence EMS. Possible having someone come to class and talk about it.
9. Several recruiting ideas were given. The local fairs such as Cherry Blossom and the Wilson County 100 anniversary would be great advertising with the ambulance.
10. There would be an opportunity to hire more adjuncts if the course was taught in more high schools

The topic of Fire I and Fire II was brought up and Sue advised it was still being looked into.

Everyone was thanked for coming and the meeting was adjourned at 2130

Submitted by Sue Manning

4.2: SPECIALIZED ACCREDITATION

- Include Accrediting Agency title, abbreviation, ICC contact; Agency contact, Date of Last Visit, Reaffirmation, Next Visit, FY Projected Accreditation Budget.
- Upload the most recent self-study and site visit documents.
- Upload agency correspondence which confirm accreditation status.

Narrative:

At this time ICC is not required to be accredited with the Kansas Board of EMS to teach the EMT or the AEMT courses. As we expand the program to include Paramedic we will be required to become accredited by the Kansas Board of Emergency Medical Services. There are several employers on my advisory committee who have stated they are well satisfied with the students we have produced for their service.

4.3: OTHER

See Resource B for examples of external constituencies that may apply.

Narrative:

External Constituencies- There are many career pathways that are available to a student who has completed the Advanced EMS education program. Some of them, like becoming an EMS instructor and hospital and medical office work may require additional certification. Other pathways such as EMS product marketing, emergency dispatch, fire control, national park medics could be achieved with the education ICC students acquire during the Advanced course. There are many opportunities of community involvement during and after certification. Health fairs, Church relief programs, storm and disaster relief are a few. Significant trends- a couple of years ago the Kansas Board of EMS elected to only accept Nationally Registered Advanced EMTs in the workforce. This trend has grown now so there are only two states that still have local registries. This trend caused courses to raise the level of training and the expectations of the EMS workplace. Kansas has also raised the scope of practice for Advanced level EMTs. The formulary of medications has grown from 15 to 30. This is very significant in that the responsibility of the instructor to teach and the student to learn doses, indications, contraindications and actions of these medications increases significantly. I believe these align with the HLC criterion 4. There are regular program reviews. Prerequisites for the Program are set by the Kansas Board of EMS but watched closely by the institution. There is an ongoing assessment of the student learning in rating the percentage of pass/fail on the National Registry exam.

7.0: PROGRAM PLANNING AND DEVELOPMENT FOR STUDENT SUCCESS

7.1: NARRATIVE/REFLECTION ON QUALITATIVE AND QUANTITATIVE DATA AND TRENDS

Thoughtful reflection on the available assessment data is key to effective and meaningful action planning. In this section program faculty should provide a narrative reflection on trends observed in the data from section 1.0. (See *Resource C*)

Narrative:

Section 1.2 at the beginning of this review is showing a good trend toward employment from the Advanced EMS program. Students entering this program have usually been working at an EMS and know that this is the career choice for them. Most employers want their employees to continue to learn and advance and so some will even pay for the Advanced course. 99% of the students that complete the course and pass their National tests have been employed before or after completion. This is a highly difficult course both to teach and take as the responsibility increased dramatically for the technician. This level is in charge of knowing a great number of medications.

I would like to increase the number of instructors so that we could have an easy transition from the EMT to the AEMT level.

The pass rate for the state on the National Registry exam is very low, however ICC has the top pass rate with a 98% pass rate. There are also not many AEMT courses being held as the authority to test is difficult to get from the Kansas Board of EMS. The need to advertise and advocate for our Advanced EMS course is great. I do advertise on the EMS list serve and all the statistics can be looked up on the Kansas web. site.

The fact that now students can do their clinical hours here in Independence at Labette Health will greatly help them to get the best precept training they can get.

7.2: ACADEMIC PROGRAM VITALITY REFLECTION, GOALS, AND ACTION PLANS

The program vitality assessment, goals and action planning are documented by completing the Program Summative Assessment form.

Programs should use previous reflection and discussion as a basis for considering program indicators of demand, quality, and resource utilization and a program self-assessment of overall program vitality. (See *Resource D* for detailed descriptions of the vitality recommendation categories.)

Programs will also establish or update 3 to 5 long-term and short-term goals and associated action plans which support student success. These goals should include consideration of honors, co-curricular and faculty development activities. Long-term goals are considered to be those that extend 3 to 5 years out, while short-term goals are those that would be accomplished in the next 1 to 2 years. Additionally, programs should update status on current goals. Programs should use

S.M.A.R.T. goal setting for this purpose. (See *Resource E* on S.M.A.R.T. goal setting; *Resource F* on Action Plans for Student Success; and *Resource C-* for more information.)

Narrative:

I think the Advanced EMT course would be category 2.

Demand: The student credit hour will need to remain as 7 since this is directed by the regulations of the Kansas Board of EMS. The student head count does fluctuate, due to recruitment and availability of the classes. The average class size would need to be 6 as is dictated by the Board of EMS whose regulations require a 1:6 ratio of instructor to student. There is also the fact that the course has many technical skills and it is difficult for an instructor to oversee and train these skills to more than 6 at a time.

Quality:

The majority of the students do complete the class at this level. They usually have been in the field as an EMT and discovered that this is an ideal field for those who want to help others. It is an ever changing career and the students are taught that they must keep up with new practices and skills.

The students all do clinical and internship with local services and ERs. There is a very good working relationship with these facilities, many of them are on the advisory board and discussion is often out of class and in the community.

Students have routinely realized that there is a need to retain their certification, the KBEMS requires that AEMTs renew their certification every 2 years and have a process in place for this.

I have often been in conversation with employers both local and outside the local area about our student's knowledge upon employment and retention and the response has generally been positive.

The wage potential increases as the population increases. The average wage for this area as \$12.50 according to Chief Shawn Wallis and can increase to \$15.50 for experience and FF I and FF II.

Resource Utilization:

Classes generally fill, although usually not until the start date. The cost is as the credit hour rate according to the college. The class is currently a 7 credit hour class.

Specific:

Short term goal: Get the enrollment up by better advertisement and recruitment. I believe that some of the trust in the program was lost when we did not offer a semester EMT class and students have begun to go elsewhere. I have included information about the program on the KBEMS list serve and have talked to many other instructor coordinators about our courses.. More active recruiting and advertisement will go a long way to getting students back.

Long Term: I would like to see ICC become accredited and offer the Paramedic program as well as fire fighter I and II. This is a process that can be started by having a paramedic instructor and follow the outlined procedure for accreditation.

Measureable:

The short term goal can be measured by enrollment numbers and interest in the program. The long term goal can be reached when the Kansas Board of EMS offers ICC the accreditation, enabling the college to teach the Paramedic program. this goal can be reached by hiring a Paramedic Instructor Coordinator.

Achievable:

Coffeyville Community College is accredited to be able to teach more advanced classes as well as Cowley and Hutchinson colleges. I do have the information and also know the people who would be involved in the process at the state level. This will not be an easy process and it would be necessary to have one person able to focus on the process, but it is absolutely possible.

Plan of Action: One of the major benefits to the college is that the Paramedic program is a two year program in which students are required to obtain many of their basic classes. It is often offered to students only after they have acquired their associates degree classes. This would bring more students taking more classes in order to fulfill the requirements for certification as a Paramedic. the students would not have to transfer to another facility to finish their EMS degree. While there is no specific completion date to this process the urgency cannot be disputed. It would help our enrollment, especially since at this point ICC has a wonderful pass rate with the Board of EMS. The longer this process takes the longer the time until we can get enrollment back up to what it should be.

Goals:

If ICC were to become accredited and begin to offer a Paramedic, program a new curriculum, according to the BEMS education standards would have to be created. This would take a full time faculty position. The present facility would not need to be modified except to add additional room if more than one level of EMS education were to be taught at one time. I think collaboration with Hutchinson Community College would be very beneficial. This facility has helped us develop programs in the past and since they are very well established and well revered in EMS education they would be of great help in the accreditation process.

Offering the Fire Fighter courses I and II would also greatly encourage students to obtain their education at ICC. Most fire departments now require that their personnel be EMT (at least) trained. This would again make it so student s would not have to transfer for their

technical education and skills but could be well trained at ICC. This course has already been approved by the Academic Council but has had no one to teach the course. There are now several people interested in teaching the Fire Fighter courses.

Student success for these goals would rely greatly on the community training they would receive as part of the course. The Advanced EMT course requires around 200 clinical hours while the Paramedic course requires around 400. Being involved in the community and putting their training to use in a precepted setting would aid in placement and readiness for the student's chosen career.

8.0: FISCAL RESOURCE REQUESTS/ADJUSTMENTS

8.1: BUDGET REQUESTS/ADJUSTMENTS

Based on program data review, planning and development for student success, programs will complete the budget worksheets to identify proposed resource needs and adjustments. These worksheets will be available in October. (*See Resource G for more details on possible items to include.*)

Narrative:

The Advanced EMT course has only one regular assistant this year so the salaries for assistants will be much less. The assistant is required by the Kansas Board of EMS whose regulations state there must be one instructor per 6 students.. There will be no remodeling requests this year. There will be Perkins requests for the national and state conferences and also a request for a new airway manikin. I project that the only other budget requests will be for materials that will be needed in order to teach an AEMT class. These materials should be paid for by the students fees.

Evidence:

- [2018 wendy's copy of budget information](#)

	12/16/2016		766.99
	Period 6 Total		766.99
	1/20/2017		766.99
	Period 7 Total		766.99
	2/24/2017		766.99
	Period 8 Total		766.99
	3/17/2017		766.99
	Period 9 Total		766.99
	4/24/2017		775.57
	Period 10 Total		775.57
	5/24/2017		771.61
	Period 11 Total		771.61
	6/22/2017		766.99
	Period 12 Total		766.99
12-1287-594-000	Total Insurance Premiums		6,916.11
12-591:598	Total Fringe Benefits		12,654.22
Travel:			
12-1287-601-000	9/7/2016		22.40
	9/7/2016		25.48
	9/7/2016		27.53
	9/7/2016		117.31
	9/7/2016		117.31
12-1287-601-000	Total Travel: Lodging, Airfare, Mileage		310.03
12-601	Total Travel		310.03
Food and Meals:			
12-1287-602-000	6/30/2017		68.40
12-1287-602-000	Total Food and Meals		68.40
12-602	Total Food and Meals		68.40
12-606	Student Travel		
12-607	Rentals		
12-611	Postage & Shipping		
12-613	Printing		
12-615	Advertising		
12-616	Promotions		
12-617	Recruiting		
12-619	Animal Food		
12-626	Conference Fees/Registration		

12-631	Telephone
12-641	Lease/Rental/Lease Purchase
12-646	Service Agreements
12-647	Fuel/Gas
12-649	Repairs
12-661	Contract Services
12-662	Legal Services
12-663	Consultants

Dues/Memberships/Fees:

12-1287-681-000			
	9/22/2016		90.00
	Period 3 Total		90.00
	11/30/2016		1,044.82
	Period 5 Total		1,044.82
12-1287-681-000	Total Dues/Memberships/Fees		1,134.82
12-681	Total	Dues/Memberships/Fees	1,134.82
12-682	Subscriptions		
12-699	Uniforms		

Instructional Supplies:

12-1287-700-000			
	12/15/2016		77.80
	Period 6 Total		77.80
	1/10/2017		179.00
	1/10/2017		204.20
	Period 7 Total		383.20
	2/27/2017		70.86
	Period 8 Total		70.86
12-1287-700-000	Total Instructional Supplies		531.86
12-700-000	Total	Instructional Supplies	531.86

Instructional Supplies (Innovation Fee):

12-1287-700-001			
	11/15/2016		586.00
	Period 5 Total		586.00
	3/6/2017		(279.65)
	3/6/2017		279.65
	3/13/2017		118.00
	3/13/2017		188.00
	3/14/2017		65.70
	3/28/2017		279.65
	Period 9 Total		651.35
	4/17/2017		94.75
	4/17/2017		658.54

	Period 10 Total		753.29
12-1287-700-001	Total Instructional Supplies (Innovation Fee)		1,990.64
12-700-001	Total Instructional Supplies (Innovation Fee)		1,990.64
Office Supplies:			
12-1287-701-000	11/15/2016		92.35
	Period 5 Total		92.35
	1/31/2017		31.75
	Period 7 Total		31.75
12-1287-701-000	Total Office Supplies		124.10
12-701	Total Office Supplies		124.10
12-702	Paper Supplies		
12-703	Books		
12-704	Periodicals		
12-705	Media (Videos, DVD)		
12-717	Professional Development		
12-719	Misc. Expenses		
12-850	Equipment- Non-Capital >\$5,000		
12-852	Software & Licenses		
	Total		96,695.35

9.0 PROGRAM PLANNING AND DEVELOPMENT PARTICIPATION

9.1: FACULTY AND STAFF

In this section programs will provide a brief narrative of how faculty and staff participated in the program review, planning and development process.

Narrative:

This program review was written by Sue Manning AEMT I/C as I am the only faculty member in this department. I have reflected on the information gathered from the administrative assistant and also from the financial office. I have also reflected on my classes for the past two years. Specifically, I have reflected on how to increase enrollment and improve the quality of EMS Education at ICC.

9.2: DEAN AND/OR ADMINISTRATIVE DESIGNEE RESPONSE

After review and reflection of the program review, planning and development, the Division Dean will complete Dean's Summative Assessment form. The Dean's response will be available to programs for review and discussion prior to beginning the next annual planning and development cycle.

Narrative:

VPAA for Division Chair: I believe this program currently falls into Category 3: Revitalization Opportunities or Needs. The instructor has outlined many areas that should be pursued to grow this program and to have completers for the certificate.