

Program Name:

**EMERGENCY MEDICAL SERVICES
EMT and EMTP (Paramedic)**

**A. PAST: Review of Program Performance, Objectives, and Outcomes for the Three Previous Academic Years:
2007-08, 2008-09, 2009-10**

1. List the objectives developed for this program during the last comprehensive program review.

In the 2005-2008 report there were three simple objectives

- a. *Develop an EMS Training Complex*
- b. *Implement 6 day class schedule*
- c. *Relocate EMT / EMTP Program to new Applied Science Building*

In the 2009-2010 report there were seven overall objectives/goals set for the EMS programs

- a. *Complete the new director hire and orientation processes*
- b. *Improve student success with in EMT and EMTP programs and with applicable external validation processes*
- c. *Complete and evaluate the SLO Cycle, then make recommendations for budget and academic changes*
- d. *Develop a clinical simulation rotation for pediatrics*
- e. *Re-establish professional networking for EMT/EMTP programs*
- f. *Seek and explore opportunity for alternate funding*
- g. *Explore and develop paramedic to RN curriculum*

2. Present program performance data in tabular form for the previous three years that demonstrates the program's performance toward meeting the previous objectives. Include the following standard program performance metrics as well additional program specific metrics, if any.

- a. For teaching programs this data should include at least the following: Enrollment at census, number of sections, fill rate, retention rate, success rate, and grade distribution for each course in the program, during each semester and session of the previous three academic years. In addition, the Full Time Equivalent Faculty (FTEF) and Full Time Equivalent Students (FTES) and the ratio of FTES per FTEF should be presented for the program for each semester and session.

- The Emergency Medical Technician (EMT) course 105 is offered every semester and the refresher course EMT 107 is offered as volumes dictate.
- The Paramedic Program is an application only program and is comprised of six successive courses that are offered only once in twelve months.

TABULAR EMT & PARAMEDIC COURSE DATA FOLLOWS

National Registry Paramedic Exams

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
# Grads		17	13	13	12	12	19	18	17	16	19
NREMT Written % Pass Rate		88	76.9	61.5	75	94.7	100	100	100	100	100
NREMT Practice % Pass Rate		100	92.3	61.5	100	100	100	100	100	100	100

Retention

RETENTION Rate	Sum 2007	Fall 2007	Win 2008	Spr 2008	Sum 2008	Fall 2008	Win 2009	Spr 2009	Sum 2009	Fall 2009	Win 2010	Spr 2010	Avg
HPS	95%	89%	95%	88%	93%	89%	95%	87%	95%	90%	92%	90%	91%
PBSF	98%	85%	94%	85%	95%	84%	95%	86%	94%	88%	94%	85%	90%
EMS	98%	86%	100%	93%	92%	90%	100%	90%	93%	77%		93%	92%
EMT105		70%		72%		77%		74%		77%		72%	74%
EMT107	96%			100%	90%			88%				100%	95%
EMTP200		88%				94%						100%	94%
EMTP210		100%				100%						100%	100%
EMTP215			100%				100%						100%
EMTP225				100%				100%					100%
EMTP235				100%				100%					100%
EMTP245	100%				94%				93%				96%

Success

SUCCESS Rate	Sum 2007	Fall 2007	Win 2008	Spr 2008	Sum 2008	Fall 2008	Win 2009	Spr 2009	Sum 2009	Fall 2009	Win 2010	Spr 2010	Avg.
HPS	91%	82%	89%	81%	86%	79%	90%	78%	89%	82%	80%	80%	84%
PBSF	90%	74%	90%	72%	83%	67%	88%	71%	85%	72%	74%	68%	79%
EMS	90%	78%	100%	86%	92%	83%	100%	85%	93%	48%		86%	85%
EMT105		45%		46%		54%		54%		48%		53%	49%
EMT107	87%			100%	90%			88%				89%	91%
EMTP200		88%				94%						100%	91%
EMTP210		100%				100%						100%	100%
EMTP215			100%				100%						100%
EMTP225				100%				100%					100%
EMTP235				100%				100%					100%
EMTP245	92%				94%				93%				93%

Enrollment

ENROLLMENT Count at Census	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010	Totals
EMT 105		68		55		61		67		61		57	369
EMT 107	23			15	10			13				23	84
EMTP 200		17				16						18	51
EMTP 210		16				14						18	48
EMTP 215			16				14						30
EMTP 225				16				14					30
EMTP 235				16				14					30
EMTP 245	13				16				14				43
Total	36	101	16	102	26	91	14	108	14	61	0	116	685

Number of Sections

# of SECTIONS	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010	Totals
EMT 105		2		2		2		2		2		2	12
EMT 107	1			1	1			1				1	5
EMTP 200		1				1						1	3
EMTP 210		1				1						1	3
EMTP 215			1				1						2
EMTP 225				1				1					2
EMTP 235				1				1					2
EMTP 245	1				1				1				3
Total	2	4	1	5	2	4	1	5	1	2		5	32

Average Number of Students per Section

AVG # of Students per Section	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010	Avg
EMT 105		40		35		35		37		37		39	37
EMT 107	23			12	10			9				19	15
EMTP 200		14				16						18	16
EMTP 210		16				14						18	16
EMTP 215			16				14						15
EMTP 225				16				14					15
EMTP 235				16				14					15
EMTP 245	13				16				14				14
Avg.	18	27	16	23	13	25	14	22	14	37		27	21

Full-Time Equivalent Students per Course

FTEs	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010
EMT 105		20.2		22		21.2		23.9		24.4		25.7
EMT 107	1.4			0.6	0.6			1				1.6
EMTP 200		7.4				6						6.8
EMTP 210		6.7				6.8						6.7
EMTP 215			4				3.3					
EMTP 225				5.5				3.8				
EMTP 235				8.8				7				
EMTP 245	5.8				8.6				7.7			
Total	7.2	34.3	4	36.9	9.3	34	3.3	35.8	7.7	24.4		40.8

Full-Time Equivalent Faculty per Course

FTEF	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010
EMT 105		1.27		1.27		1.27		1.27		1.27		1.27
EMT 107	0.13			0.13	0.13			0.13				0.13
EMTP 200		0.73				0.73						0.73
EMTP 210		0.73				0.73						0.73
EMTP 215			0.47				0.47					
EMTP 225				0.7				0.7				
EMTP 235				1.3				1.3				
EMTP 245	1.1				1.1				1.1			
Total	1.23	2.73	0.47	3.4	1.23	2.73	0.47	3.4	1.1	1.27		2.87

Ratio of FTEs to FTEf

FTEs : FTEf	Sum. 2007	Fall 2007	Win. 2008	Spr. 2008	Sum. 2008	Fall 2008	Win. 2009	Spr. 2009	Sum. 2009	Fall 2009	Win. 2010	Spr. 2010
EMT 105		16		17.3		16.7		18.9		19.2		20.3
EMT 107	10.8			4.8	4.7			7.3				12.2
EMTP 200		10.1				8.2						9.2
EMTP 210		9.2				9.2						9.2
EMTP 215			8.5				7					
EMTP 225				7.8				5.5				
EMTP 235				6.8				5.4				
EMTP 245	5.2				7.9				7			
Avg.	5.8	12.6	8.5	10.8	7.5	12.4	7	10.5	7	19.2		14.2

Grade Distribution by Course

Grade Distribution	Course 105	A	B	C	D	F	CR	P	Other	W	Total
Fall 2007	EMT105	6	14	11		17			0	21	69
Spr. 2008	EMT105	7	14	5		15			0	16	57
Fall 2008	EMT105	8	20	5		14			0	14	61
Spr. 2009	EMT105	3	18	16		13			0	18	68
Fall 2009	EMT105	3	12	14		18			0	14	61
Spr. 2010	EMT105	3	16	11		11			0	16	57
	Total	30	94	62	0	88	0	0	0	99	373

Grade Distribution	Course 107	A	B	C	D	F	CR	P	Other	W	Total
Sum. 2007	EMT107	18	1	1		2			0	1	23
Spr. 2008	EMT107	5	7						0		12
Sum. 2008	EMT107	6	2	1					0	1	10
Spr. 2009	EMT107		6	1					0	1	8
Spr. 2010	EMT107	11	5	1		2			0		19
	total	40	21	4	0	4	0	0	0	3	72

Grade Distribution	Course 200	A	B	C	D	F	CR	P	Other	W	Total
Fall 2007	EMTP200	7	6	2					0	2	17
Fall 2008	EMTP200	6	36	3					0	3	48
Spr. 2010	EMTP200	20	16						0		36
Fall 2007	EMTP210	4	7	5					0		16
Fall 2008	EMTP210	8	6						0		14
Spr. 2010	EMTP210	10	8						0		18
	total	55	79	10	0	0	0	0	0	5	149

Grade Distribution	Course 215	A	B	C	D	F	CR	P	Other	W	Total
Win. 2008	EMTP215	10	6						0		16
Win. 2009	EMTP215	3	11						0		14
	total	13	17	0	0	0	0	0	0	0	30

Grade Distribution	Course 225/235	A	B	C	D	F	CR	P	Other	W	Total
Spr. 2008	EMTP225	3	12	1					0		16
Spr. 2009	EMTP225	28							0		28
Spr. 2008	EMTP235	9	4	3					0		16
Spr. 2009	EMTP235	28							0		28
	total	68	16	4	0	0	0	0	0	0	88

Grade Distribution	Course 245	A	B	C	D	F	CR	P	Other	W	Total
Sum. 2007	EMTP245	10		2		1			0		13
Sum. 2008	EMTP245	7	6	2					0	1	16
Sum. 2009	EMTP245	26							0	2	28
	total	43	6	4	0	1	0	0	0	3	57

3. Present student learning or service area outcomes data that demonstrate the program's continuous educational and/or service quality improvement. Include the following standard information and metrics as well as additional program specific metrics, if any.
 - a. List the program level outcomes, goals or objectives and show how these support the Institutional Student Learning Outcomes. Identify the method(s) of assessment used for each of the program level outcomes. Provide a summary of the outcome data for the program, including course and program level data as appropriate.

COURSE	SLOS	SLO / SKILL EVALUATION	ISLO	OUTCOME
EMTP	Program SLO	Successfully pass NREMT-P	2, 4	The National Registry EMT-P Exam Pass Rates (1st attempt have improved from 61.5% in 2008 to current 88% for class graduating in Dec. 2010.
EMT 105	Demonstrates effective Basic Life Support skills and the use of an Automated External Defibrillator.	CPR Skills check off form	1, 2	All 44 students passed. 40 on 1st attempt and 4 on 2nd attempt. 3 attempts allowed.
EMT 105	Demonstrates the application of a traction splint in proper sequence and using standard pre cautions	Skills check off sheet for traction splinting	1, 2, 3	All 44 students passed.33 on 1 st attempt, 9 on 2 nd attempt and 3 on 3 rd and final attempt. Students allowed 3 chances.
EMT 105	Completes a patient assessment on a trauma patient in proper sequence and using standard pre cautions. This is a Verbal and Hands on skill	Patient assessment trauma skills check off form	1, 2, 3	All 44 students able to pass. 35 on 1 st attempt. 9 on 2 nd attempt. Students allowed 3 chances. Very similar numbers to recent semesters. SLO 2 and SLO 3 could use improvement in initial success , but ultimate success is 100 %
EMTP 200	Successful completion of the BLS instructor course	Passing score on written exam and monitoring by a Training Center faculty using the AHA standards/Form	1, 2, 5	All interns were trained using American Heart Association guidelines to become Basic Life Support Instructors. Each student passed a written exam with a score > 90% and each was monitored by a training center faculty member and certified as an AHA BLS Instructor
EMTP 200	Trauma victim assessment and resuscitation	Measured using two observer evaluations during simulations	1, 2, 3, 4, 5	All interns participated in class simulations where trauma patients were simulated by their classmates. Simulations were evaluated by a minimum of two instructors using a grading rubric. The instructor scores were combined and averaged. Each student passed the simulations with scores ranging from a low of 85% to a high of 93% in 2009 and then 91% to 96% in 2010
EMTP 200	Global Affective Professional Behavior Evaluation	Instructor evaluation of student using Global Affective Professional Behavior Evaluation Rubric	1, 3, 5	This is a fairly subjective measurement and is primarily meant to give interns advice as to their future interaction with clinical and field preceptors, patients and others who they will be in contact with as EMS professionals. Some interns need to improve in some of the 11 areas that are evaluated. We may possibly improve the simulations by doing a better orientation to the simulation process for the students. This is the first time many interns have been exposed to simulation as a learning process. An emphasis on more realism by the presenting team may improve the process for the "paramedic responding team."

EMTP 210	<i>Assessment and treatment of medical problems including cardiac patients</i>	<i>Measured using two observer evaluations during simulations</i>	<i>1, 2, 3, 4, 5</i>	<i>All interns participated in class simulations where trauma patients were simulated by their classmates. Simulations were evaluated by a minimum of two instructors using a grading rubric. The instructor scores were combined and averaged. Each student passed the simulations with scores ranging from a low of 87% to a high of 100%.</i>
EMTP 210	<i>PEPP (Pediatric Education for Pre-hospital Providers) Course</i>	<i>Passing score on written test and skills check-off</i>	<i>1, 2</i>	<i>All interns were given and passed the PEPP written and skills tests</i>
EMTP 210	<i>Global Affective Professional Behavior Evaluation</i>	<i>Instructor evaluation of student using Global Affective Professional Behavior Evaluation Rubric</i>	<i>1, 3, 5</i>	<i>This is a fairly subjective measurement and is primarily meant to give interns advice as to their future interaction with clinical and field preceptors, patients and others who they will be in contact with as EMS professionals. Some interns need to improve in some of the 11 areas that are evaluated. We may possibly improve the simulations by doing a better orientation to the simulation process for the students. This is the first time many interns have been exposed to simulation as a learning process. An emphasis on more realism by the presenting team may improve the process for the "paramedic responding team."</i>
EMTP 215	<i>Pediatric Advanced Life Support Course</i>	<i>Written and Skills check-offs</i>	<i>1, 2, 3, 4</i>	<i>100% of interns passed the PALS provider course written test with scores ranging from 84 to 96%. All interns were successful in passing the skills performance testing using AHA guidelines for pediatric resuscitation care.</i>
EMTP 215	<i>Advance Cardiovascular Life Support Provider Course (ACLS)</i>	<i>Written and Skills check-offs</i>	<i>1, 2, 3, 4</i>	<i>100% of interns passed the ACLS provider course written test with scores ranging from 84% to 100%. All interns were successful on the their skills performance test using AHA guidelines for adult cardiac care</i>
EMTP 215	<i>Medical & Pediatric assessment and treatment, including cardiology and specific diseases of infants and pediatric age groups</i>	<i>Measured using 2 observed evaluations during simulated scenarios</i>	<i>1, 2, 3, 4, 5</i>	<i>100% of interns were successful in passing the various simulations that were randomly given to them in both the role of scenario presenter and the role of care giver. All simulations were evaluated by two objective observers. Simulation grades ranged from 80-96%</i>
EMTP 215	<i>Global Affective Professional Behavior Evaluation</i>	<i>Instructor evaluation of student using Global Affective Professional Behavior Evaluation Rubric</i>	<i>1, 3, 5</i>	<i>This is a fairly subjective measurement and is primarily meant to give interns advice as to their future interaction with clinical and field preceptors, patients and others who they will be in contact with as EMS professionals. Some interns need to improve in some of the 11 areas that are evaluated. .</i>

EMTP 225	<i>Developing competencies in paramedic clinical skills</i>	<i>Daily skills evaluation and Final evaluation</i>	<i>1, 2, 3, 5</i>	<i>SLO developed in 2009 and in 2010 all students were successful in this portion of their training. Progress was measured on a daily basis with each student individually evaluated by clinical preceptors and the program director. All demonstrated a level of competency allowing them to move into the next phase of training.</i>
EMTP 225	<i>Patient Assessment</i>	<i>Evaluation using patient assessment rubric by clinical preceptors of a minimum number of patients assessed</i>	<i>1, 2, 3, 4, 5</i>	<i>SLO developed in 2009 and in 2010 each student performed the minimum number of assessments required by the program and were evaluated by the clinical preceptors and the program director using the assessment rubric as a measure for success.</i>
EMTP 225	<i>Global Affective Professional Behavior Evaluation</i>	<i>Global Affective Professional Behavior Evaluation rubric</i>	<i>1, 2, 5</i>	<i>SLO developed in 2009 and in 2010 using a Global Affective Professional Behaviors Evaluation form each student showed progress to toward competency in each of the areas evaluated.</i>
EMTP 235	<i>Thoroughly assessing real patients, providing care of those patients, communicating information. Critical thinking solutions to patient situations</i>	<i>Daily skills evaluation and & Final evaluation using a rubric by field preceptors</i>	<i>1, 2, 3, 5</i>	<i>Each intern is supervised and evaluated by a trained paramedic field preceptor in actual real patient situations. They are evaluated in 5 areas: Scene management, Assessment & treatment, Communication, leadership and treatment skills.</i>
EMTP 235	<i>Instructor evaluation of preceptor and student in the field based on grading criteria in the field evaluation rubric</i>	<i>Major shift evaluations. Every 5th shift evaluated by IVC EMS instructor</i>	<i>1, 2, 3, 5</i>	<i>In this portion of the field training interns are graded using an established grading rubric. They are expected to perform at a paramedic entry level and are graded in that manner. Initially many are not at entry level and receive low evaluations but as they learn and progress their evaluations improve. All interns were performing as expected during this portion of their training.</i>
EMTP 235	<i>Evaluation of competency in 11 criteria that establish professional behavior</i>	<i>Global Affective Professional Behavior Evaluation</i>	<i>1, 2, 5</i>	<i>Global Affective Professional Behaviors evaluations were completed on all interns in this class and all are now found to be competent for an entry level paramedic.</i>
EMTP 245	<i>Thoroughly assessing real patients, providing care of those patients, communicating information. Critical thinking solutions to patient situations</i>	<i>Daily skills evaluation and & Final evaluation using a rubric by field preceptors</i>	<i>1, 2, 3, 4, 5</i>	<i>Daily skills evaluation and & final evaluation using a rubric by field preceptors and major shift evaluators show all (100%) interns are at entry level based on established evaluation criteria: Scene management, assessment and treatment, communication, leadership and treatment skills.</i>

EMTP 245	<i>Instructor evaluation of preceptor and student in the field based on grading criteria in the field evaluation rubric</i>	<i>Major shift evaluations. Every 5th shift evaluated by IVC EMS instructor</i>	<i>1, 2, 3, 4, 5</i>	<i>Instructor evaluation of preceptor and student in the field based on grading criteria in the field evaluation rubric. Program director reviewed all preceptor records and evaluations. Received input from IVC instructors doing major shift evaluation to assure quality evaluation by preceptors and that interns were making steady progress. Only minor details needed to be corrected and were.</i>
EMTP 245	<i>Evaluation of competency in 11 criteria that establish professional behavior</i>	<i>Global Affective Professional Behavior Evaluation</i>	<i>1, 2, 3, 4, 5</i>	<i>100% of paramedic interns were evaluated using established evaluation criteria for global affective professional behaviors. All interns were rated as being at entry level</i>

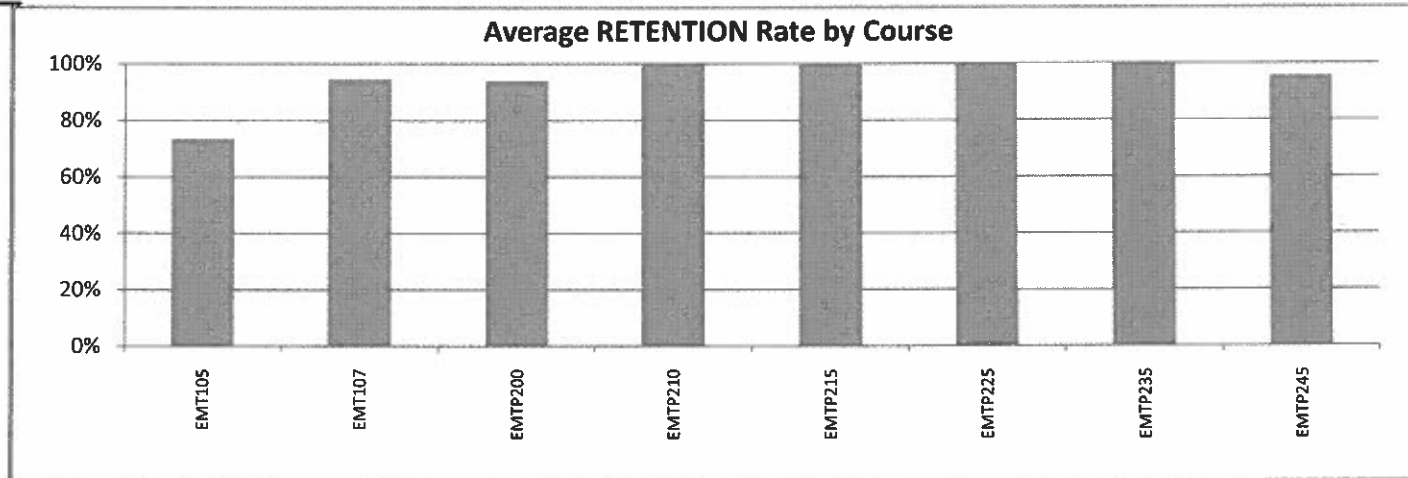
4. Analyze the data presented visually (graphs, diagrams, etc.) and verbally (text) as appropriate, present any trends, anomalies, and conclusions.
 - a. Explain the program’s success or failure in meeting the objectives presented above in item one.
 - b. Explain the ways that the program utilized the student learning or service area outcome data presented in item three to improve the program (changes to curriculum, instructional methodology, support services, etc.)

DATA ANALYSIS:

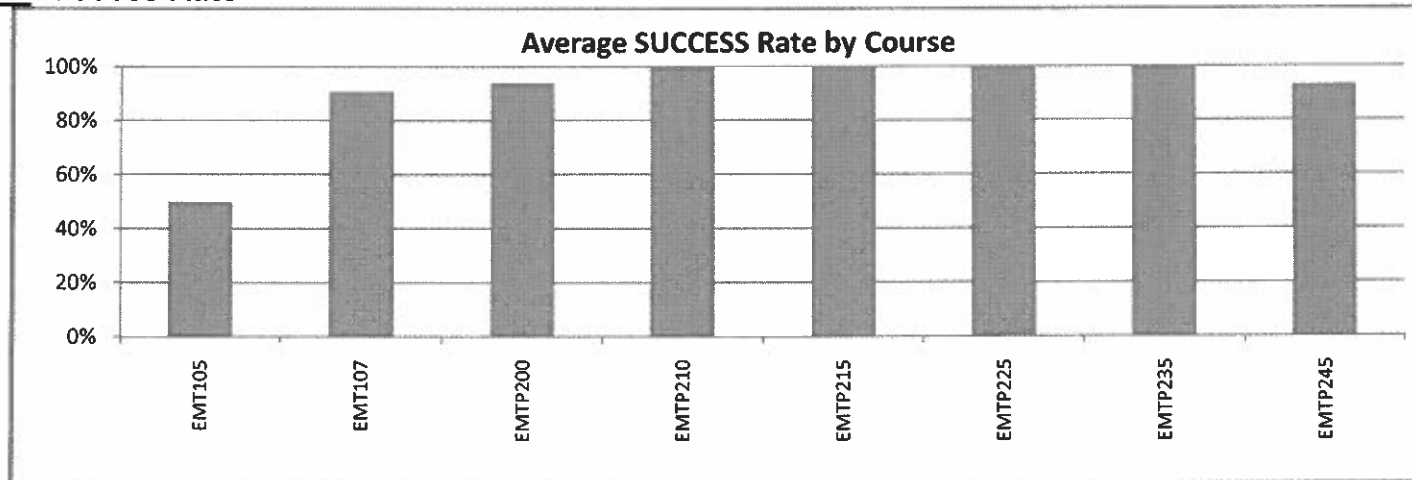
The Retention and Success Rates (Graphs A & B) in the Emergency Medical Technician (EMT) course has averaged over 70% in retention and circa 50% in success. The grade distribution (Graph C) for the EMT course indicate that more than 40% of the students earned Bs or Cs while more than 50% of the students earned Fs or Withdraw with the remaining students earned As. The faculty feel this is due to the increasing rigor as the course progresses and the students’ hesitancy to drop the course earlier. The grade distribution for the EMT refresher course is opposite as more than 55% earned As, which the faculty feel is due to the previous certification and knowledge and the need to recertify for employment.

The Retention and Success Rates (Graphs A & B) in the Paramedic program have remained over 90% over the past three years. The paramedic program grade distribution (Graph C) depicts an increasing number of A’s as students progress through the program. The faculty feel this is due to the front loading of the three didactic courses and ending with the program with three experiential courses.

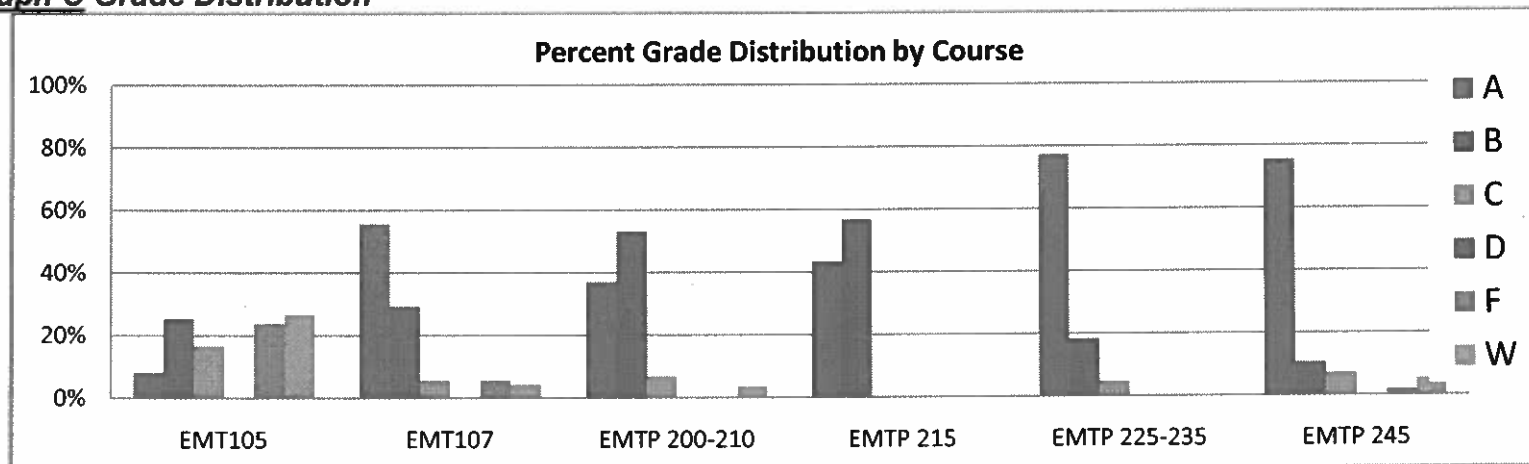
Graph A Retention Rate



Graph B Success Rate



Graph C Grade Distribution



ANALYSIS CONTINUES: Analyze the data presented visually (graphs, diagrams, etc.) and verbally (text) as appropriate, present any trends, anomalies, and conclusions.

- a. Explain the program's success or failure in meeting the objectives presented above in item one.

2005-2008 Objectives

- a. **Develop an EMS Training Complex.**
This objective has not been fully met to-date. There have been ongoing state budget issues which have worsened in the 2009-2010 and 2010-2011 year. The state fiscal instability has delayed the ability of the college to meet this goal until this year when the college succeeded in a voter approved bond and submitting architectural drawings to the state for a Career Technical Education building.
- b. **Implement 6 day class schedule.**
The EMT program offers one course in the day and one in the evening and the EMTP programs didactic courses are offered Monday through Friday. If necessary, both programs offer supplemental or supporting classes on the weekend; i.e. CPR and ACLS.
- c. **Relocate EMT / EMTP Program to new Applied Science Building**
This objective has not been fully met to-date. The state fiscal instability has delayed the ability of the college to meet this goal. This school year 2010-2011 the college now has a voter approved bond and is in the submittal and approval stages of the architectural drawings for a state approved Career Technical Education building that include housing the EMS programs. Ground breaking is scheduled for fall 2011

2009-2010 Objectives

- a. Complete the new director hire and orientation processes

A full-time tenured position for the EMS faculty director was successfully filled in the 2009-2010 school year. Since his arrival, he developed a plan for the accreditation on-site visit in fall 2010, reviewed and updated the textbooks, changed the start and ending timing for the paramedic program, revised the student handbook and developed a website for the EMS programs.

- b. Improve student success with in EMT and EMTP programs and with applicable external validation processes

The EMT Retention and Success Rates has averaged over 70% in retention and circa 50% in success while the Paramedic program retention and success rates have averaged more than 90%. Program outcomes are validated by the pass rates for the National Registry Paramedic Written and Practice exams. The grid below indicates an noticeable improvement since 2008.

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
NREMT Written % Pass Rate		88	76.9	61.5	75	94.7	100	100	100	100	100
NREMT Practice % Pass Rate		100	92.3	61.5	100	100	100	100	100	100	100

- c. Complete and evaluate the SLO Cycle, then make recommendations for budget and academic changes

By the end of 2009-2010, SLOs were developed for all courses and most courses had data to report. The SLOs have not led to notable changes in the budget or academics.

- d. Develop a clinical simulation rotation for pediatrics

Pediatric assessment and treatments certifications PALS and PEPP are incorporated in the paramedic program. The new EMS faculty director changed the timing of clinical and field experience to allow for more experience with pediatrics during the high volume season. Simulation experience is available in paramedic program with the human simulators within the division and the additional educational training mannequins.

- e. Re-establish professional networking for EMT/EMTP programs

The EMS faculty director has re-established relationships with the county EMS organization, attends the county EMS meetings, and invites related industry partners to the advisory committee meetings. He has also re-connected with CoAEMSP / CAAHEP, the national accrediting bodies for EMS programs.

- f. Seek and explore opportunity for alternate funding

A grant was processed for the EMT program in 2010-2011 year, additional grants will be sought in the future, and reports are submitted to CTE office as requested.

- g. Explore and develop paramedic to RN curriculum

The EMS faculty director investigated the number of potential students for a paramedic to RN program. Given the state budget limitations and the lack of sufficient numbers, the investment of time in a curriculum change that would have to be approved by the college and the Board of Registered Nursing has been postponed.

Additional commentary:

The EMT program with EMT 105 and refresher EMT 107 has remained stable for the past three years. The lead faculty member was moved to full-time status in 2007-2008 and is currently in the tenure process.

The Paramedic program has seen several changes in the past three years. In the 2007-2008 year, the faculty Program Director/Coordinator took a leave of absence, but was not able to return for the 2008-2009 year. The recruitment process was successful and the new faculty Program Director/Coordinator began shortly after the 2008-2009 school year started and was moved of a tenured position in the following year. After the completion of the 2008-2009 class, the new Director/Coordinator restructured the program's course schedule. The initial class would start in Spring Semester and end in the Fall Semester enabling the students to have more opportunity to practice clinical and field skills by matching the seasonal flux of 'call' and patient volumes.

ANALYSIS CONTINUES: Analyze the data presented visually (graphs, diagrams, etc.) and verbally (text) as appropriate, present any trends, anomalies, and conclusions.

- b. Explain the ways that the program utilized the student learning or service area outcome data presented in item three to improve the program (changes to curriculum, instructional methodology, support services, etc.)

Development of the Student Learning Outcomes was completed in 2008-2009 and 2009-2010 school years. Data collection was implemented in the 2009-2010 and 2010-2011 years. Thus far, the SLOs have not driven changes in either the EMT or EMTP programs, in part due to the mandated/regulated curriculum for both programs and in part due to the limited negative data to date.

B. PRESENT: Snapshot of the State of the Program in the Current Semester: Fall/Spring 2010-2011

1. Give a verbal description of the program as it exists at the present time. Include information on current staffing levels, current student enrollments, student learning or service area outcome implementation, number of majors, and/or other data as appropriate.

The EMT program (EMT 105 & 107) continues to offer two sections of EMT 105 every semester and one section of EMT 107 every 12 to 18 months. EMT 105 typically exceeds 100% fill rate. There is one full-time faculty member who is completing and is scheduled to complete tenure approval process in 2011-2012. Part-time faculty and professional experts continue to be needed to maintain the safety and educational standards set by CoAEMSP and CAAHEP and American Heart Association.

In early 2010-2011 year, the program successfully completed its national accreditation by CoAEMSP and CAAHEP. During the accreditation, special acknowledgement was given to the physician Medical Director and the faculty Director/Coordinator. Each of the paramedic courses are offered only once in a calendar year (Jan-Dec) with completion of the program spanning a portion of two school years. The first cycle of the new program structure finished in December 2010 with an EMTP National Registry pass rate, on first attempt, of 88%. In the paramedic program there is one

full-time faculty member who is completing his tenure process and is scheduled for final approval in 2011-2012 and he is assisted by the EMT full-time faculty member and several part-time and professional experts.

2. Verbally describe any outside factors that are currently affecting the program. (For example: changes in job market, changing technologies, changes in transfer destinations, etc.)

The EMS programs are affected by the state's financial crisis. The job market is currently experiencing a lull in openings in both the San Diego and Imperial Counties. This is believed to have triggered a decrease in applicants in both counties and notable those applying for the class beginning Spring 2011 - this class began with 12 students. During the accreditation process the strong support by the community and county of the IVC EMT and Paramedic programs was duly noted as was the crucial role the EMS programs play as they are the only EMS programs within the county. One indication of the support is the passage of a bond measure that focuses on the bricks and mortar for a CTE building that will include the EMS programs.

3. List any significant issues or problems that the program is immediately facing.

The state's financial status and the subsequent potential effect on the college budget may impact the EMS programs. However, the EMT program has been approved for a grant that will boost add one additional EMT course and provide an opportunity to advance technology/equipment related to cardiac monitoring and defibrillation.

With continued success in the EMT and Paramedic programs at IVC and as the economic conditions improve within the State of California we anticipate a resurgence of applications to our paramedic program. We will begin actively recruiting for qualified paramedic applicants in the fall of 2011 in the Southern California region with a goal of filling the 20 seats available with students who are qualified by program standards.

We have established a community-oriented advisory committee to get better feedback from the stakeholders in the EMS community. In the future, we will not just advise the stakeholders but encourage their participation in improving curriculum to meet the needs of the EMS students and the agencies that will employ our graduates. An example of this is providing the Fire Service with seats in the EMT courses for the fire academy students. This will help improve the student's employability upon completion of the fire

C. FUTURE: Program Objectives for the Next Three Academic Years: 2009-10, 2010-11, 2011-12

1. Identify the program objectives for the next three academic years, making sure these objectives are consistent with the college's Educational Master Plan goals. Include how accomplishment is to be identified or measured and identify the planned completion dates. If any objectives are anticipated to extend beyond this three-year period, identify how much is to be accomplished by the end of this review period and performance measures.

Objectives and Goals for 2011-2014 (Educational Master Plan Goals tied to each objective in parenthesis)

- *Seek grant opportunities in our local community to provide additional funds to improve the EMS programs and to advance the technology and equipment used in instruction and clinical practice. (student success and develop resources)*
- *Continue to track, monitor, and improve on the first time pass rate for national registry exams for EMS programs. This is how we externally validate student success. (excellence in education and develop resources)*
- *Actively participate in the planning of the new CTE building, develop a relocation plan, and implementing both plans as the project progresses (student success and develop resources)*

2. Identify how student learning or service area outcomes will be expanded and fully implemented into the program. Include a progress timeline for implementation and program improvement.

Student Learning Outcomes have been developed for all EMS courses and will continue to be measured annually. As necessary the SLOs will be refined to make the data more pertinent for program improvement. The results of the SLOs and this report will be shared at a Spring 2011 Advisory Committee meeting.

3. Identify any resources needed to accomplish these objectives. Identify any obstacles toward accomplishment and the plan to surmount these obstacles.

The most prominent obstacles evolve around the financial status of the state and the college as space, technology, skills labs, and databases are critical to the success of the programs and come with a cost. Should there be a reduction-in-workload mandated by the state there will be subsequent decisions as to which if any programs are eliminated, but the status is too tenuous at the time of this writing to speculate further.

Space is limited and until there is a CTE building 2 nursing programs, 3 allied health programs, and 2 EMS programs share the same 4 classrooms, 4 skills labs, and 1 computer lab with a capacity of 24. Estimated cost to expand into existing or build new minimum of \$15M

Another ongoing need is for supplies and up-keep/replacement of high-tech equipment/simulators and skills labs. Given the current budget status, maintaining these will be almost impossible in the future without a secure budget and/or grant funding. Replacement of simulator ~\$500K

One more need is for a database system than can track students, mandated reporting items, and pertinent data items and staff training to use.

4. Identify any outside factors that might influence your program during the next three years.

The most significant outside factor that might negatively influence the operations of the EMS programs is the state budget, given its tenuous status at the time of this writing. The budget and its trickle-down may affect enrollments and the ability to continue funding at a pace that will ensure equipment and procedure advancement with industry expectations.

The most significant factor that might positively influence the operations of the EMS program is the passing of the bond measure and the relocation of the EMS programs to a facility that will meet the standards for EMS programs across the state and the nation. The new building, once complete and equipped (hopefully with the bond funds), will offset the negative influences listed above.