

MP

MINUTES OF THE JOINT PARAMEDIC ADVISORY COMMITTEE MEETING
Southwestern College, Palomar College
April 10, 2013 @ 1100hrs

1. Introductions

See attached sign-in sheet (Attachment A)

2. Workforce Projections

- See attached agency projections (Attachment B)
- Still concerns about mismatch of graduates with available jobs. Graduates leaving county and some leaving state.
- Concerns about how graduates maintain their skills and competencies while waiting for a job to open.
 - i. Possible supplemental course "post-graduate" training? (Devin to F/U)
 - ii. What about ride-alongs; clinical experience or monthly training opportunities?
 1. Resource availability with strong competition for field/clinical slots already.
- Need more diversity in workforce.
 - i. Escondido reports more than 100 applicants for single-role medic positions and only 2 female applicants.
 - ii. Greater ethnic diversity as well.
 - iii. Can "diversity" information be added to Annual Reports? (Debi to F/U)
- Applicants are showing up ill-prepared or lacking knowledge on how to interview for jobs (dressed in appropriately, no resume, unable to respond to interview questions).
 - i. Students need to know how to apply for a job and land it
 - ii. Can programs emphasize wellness & fitness?
- Can programs provide annual report of total student (system) graduates? (DP, DW, RF, SP)
 - i. ALS programs can provide a summary for annual Advisory Board meetings.

3. Training Center Annual Reports (review & comment)

- Everyone received and some actually read!
- Include diversity figures (See above)
- Discussion about how colleges go about soliciting preceptors and ensuring quality
 - i. Word of mouth, preexisting relationships, through agency coordinators, programs are approached by the preceptors
 - ii. Programs verify w/ agencies their employees are available and qualified to precept
 - iii. Ensuring preceptors aren't over-used or used so much that they fail to develop or maintain their own skills
 - iv. SWC to be providing individual preceptor update training prior to their use with current class
 1. Expectations regarding Fisdap; preceptor signatures
 2. Students to be completing electronically with iPads
 3. Faculty mentors to be signing off on field hours, skills & ensuring up-to-date when out for rides.

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4. Review & comment on overall goal to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains
 - After brief discussion the global overall goal was unanimously approved by all.
 - Additional comments:
 - i. Linda Allington: Add info for survey which schools send out; date that student finished their training (Debi to F/U; see above)
 - ii. Jack Wethy: Feels like students who come from Palomar & EMSTA are “pre-tested” and knowledgeable. Does not get SWC students. Takes out-of-county students and doesn’t feel they are prepared.
 - iii. Linda Rosenberg: WestMed & NCTI don’t seem to have a firm grasp on protocols
5. Training Center Goals
 - Common Goals
 - i. Increase evaluation response from hiring agencies. (DW, DP, RF, SP)
 1. Can we send them out earlier?
 2. Set a firm due date when sending out.
 3. If programs can send out cover letter with graduation dates it would be helpful.
 - ii. Improve consistency between training agencies
 1. See previous comments (4 i-ii-iii)
 - iii. Improve compliance with employer surveys
 1. Already discussed; training centers to try to comply
 - iv. Balance enrollment of training agencies with needs of agencies
 1. NCTI has “marching orders”; not to be offering any paramedic classes through the summer but will reevaluate in the fall. Orders to make a profit remain.
 2. Volume of students and field/clinical availability remains an ongoing and growing concern by all.
 3. The training programs (including NCTI) have been working cooperatively and have developed a master schedule of which program is where, when. Schedule has been sent out to entire CPAC & Advisory Group. Clinical sites are referring to schedule before they accept students from other programs and holding folks to the schedule. Schedule is much appreciated by group.
 - Individual goals provided at meeting
 - i. EMSTA College -- Is in process of obtaining accreditation from ACICS (national accrediting agency who accredits Allied Health Schools). Next year will be applying for Title IV status through CA State Board of Educations. Goal is to offer true financial aid to student who cannot afford tuition in our programs. Started a 501c3 foundation to write grants for scholarships for students.

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- ii. Palomar -- In the midst of school construction and will be moving to/from the campus several times over the next 6 months. Have patience as the dust settles!
- iii. Southwestern – Current FT faculty (Clint Egleston) is 1-year emergency hire. This year the position ranked high on the faculty hiring process and intent is to hire a permanent faculty-member over the summer. Students will be provided mini-iPads to use for skills tracking and Fisdap data entry. Students and preceptors will be receiving training as the equipment is distributed. In the final weeks before accreditation site visit; fingers crossed but looking forward to it being done. Continue to expand the SME guest lecturers for the training program and integrate into the yearly schedule. Curriculum review will probably begin later in the year.
- iv. WestMed – Under new leadership so please have patience as transition continues. Continue to establish program and probably expand into other venues besides ALS training.
- v. NCTI – Also under new leadership, both locally as well as nationally. Lori Burns has been hired to oversee all education on national level for AMR. She is familiar with the reputation and challenges the local program is facing. Locally faced with need to make a profit but has made the point that the existing reputation and approach must be fixed before progress can be made. Please have patience and they want feedback from community. Recognize the importance of becoming locally accredited.

6. Training Schedules

- Master schedule previously distributed to committee members. (Attachment C)
 - i. Concern about over-use of same preceptors which prevents the individual paramedic to maintain their skills or develop.
 - ii. Provide agencies with anticipated # of interns annually so they can plan accordingly.
 - iii. What kind of feedback do the training centers get from students regarding preceptor performance?
 1. Every student is required to fill out a “preceptor evaluation form”
 2. Faculty evaluators look at preceptor’s paperwork, speak with the students and evaluate during ride-alongs. Look at interaction between student-preceptor.
 3. Programs check with agency reps before using preceptors and solicit feedback as well from agencies.

7. Clinical Issues, Suggestions

- Reminder that students must show up on time, be professional dressed & groomed and adhere to the clinical site’s P&P’s (i.e. covering tattoos, not wearing hats indoors)
- Number of available ETT has been reduced from 5 to 3 in the OR’s. Still have unlimited access in the ER.
- Children’s has reduced number to 2 ETT per student and require prior ETT experience before coming to their OR.
 - i. Covered by adult tubes

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ii. High-fidelity mannequins

- Students can't be cancelling their shifts because they want to be doing ride-alongs with their assigned preceptors. Sharp Memorial won't even schedule students for shifts in the days leading up to Oral Boards.

8. Field Issues, Suggestions

- Master preceptor list being updated and copies distributed to group for feedback.
 - i. Please send out electronically (DP)
 - ii. County to maintain and training programs will send new preceptors to County for updating
- Preceptor Training is done quarterly and/or based on need.
 - i. Palomar did joint preceptor training with Vista FD this quarter.
 - ii. Training is based on State standard which includes online component followed up by individual or group training.
 - iii. Updated training standards provided to preceptors by individual training programs prior to their use.

9. Roundtable

- Rick Rod
 - i. Recent exposure incident highlighted need for students to know P&P regarding these types of incidents. Had hard time reaching program director ---turns out it was an out-of-county student.
 - ii. Students need stronger BLS skills
- Linda Rosenberg
 - i. Tattoos & piercings aren't acceptable in clinical environment and students expected to adhere to their grooming standards.
 - ii. Clinical is for clinical experience --- not ride-alongs
- Kevin Hitchcock
 - i. Need to stress to students HIPAA rules; privacy
 - ii. Never an indication for cellphone use while on calls or involving patients
 - iii. Produce students --- don't saturate market with medics or students
 - iv. To NCTI; if you want feedback "don't offer a paramedic program...we have enough students and programs already"
- Mary Meadows-Pitt
 - i. Interns seem to be very well prepared
 - ii. Tries to be accommodating with scheduling but once set, the students need to stick to it
 - iii. Won't even schedule before oral boards; students call in sick for 3 days leading up to it
- Marilyn Anderson
 - i. Recently tested 40 applicants for FF/PM job with VFD and only two students used capnography. Wants programs to emphasize the use of this valuable tool.

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- Daryn Drum
 - i. Clinical & Field providers should make a distinction between “upstart” v. existing programs. Providers can control the # of programs in town by not offering their services.
- Carlos Flores
 - i. April 1st new EMT & Paramedic regs went into effect.
- Jack Wethy
 - i. Is there an AEMT program? EMSTA to offer an AEMT training course this summer
- Rick Vogt
 - i. Looking forward to updated preceptor list; will send his comments once he receives electronic version
 - ii. In past two job postings (this year) he had more than 280 applicants; only 2 female applicants and neither qualified. Need more diversity in the workforce.
 - iii. Discussion about diversity in training programs and workforce to be added to next CPAC’s agenda (Mike Rice).

Meeting concluded at 1345hrs with acknowledgments all around.

Prepared by: _____

Devin T. Price

Joint Paramedic Advisory Board Meeting

April 10, 2013

	Member Name	Community of Interest
1	Don Sullivan	Employer
2	Mary Meadow-Pitt	Hospital/Clinic Representative
3	Linda Rosenberg	Hospital/Clinic Representative
4	Colin Lewis	Employer
5	Steve Osborn	Employer
6	Sean Peck	Sponsoring Organization
7	Rick Rod	Employer
8	Kevin Hitchcock	Graduate
9	Ted Chialtas	Sponsoring Organization
10	Devin Price	Sponsoring Organization
11	Linda Broyles	Public Member
12	Ginger Ochs	PD/Fire
13	Harold Lemire	PD/Fire
14	Jenny Duffy	PD/Fire
15	Debi Workman	Sponsoring Organization
16	Rick Foehr	Sponsoring Organization
17	Carlos Flores	Key Governmental Official
18	Doug Saltzstein	Public Member
19	Dorothy VanBuskirk	Public Member
20	Carlen Hudnet	Employer
21	Clint Egleston	Faculty
22	Andres Smith	Physician
23	Pete Ordille	Faculty
24	Cody Churchman	Student
25	Michel J. Fenton	Faculty
26	Susan Smith	Key Governmental Official