**Advisory Committee Meeting Agenda and Minutes**

**Paramedic Program**

*See last page for the purpose of the program’s Advisory Committee, including a description and list of responsibilities.*

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| --- | --- | --- | --- |
| **PROGRAM SPONSOR:** | Palomar College | | |
| **CoAEMSP PROGRAM NUMBER:** | 600177 | **DATE, TIME, + LOCATION OF MEETING:** | 4/10/2024, 1130, La Mesa Fire Station 11 |
| **CHAIR OF THE ADVISORY COMMITTEE:[[1]](#footnote-1)** | Jason Hums | | |
| **ATTENDANCE** | | | |

| **Community of Interest** | **Name(s)** *List all members. Multiple members may be listed in the same category.* | **Present –** *Place an ‘x’ for each person present* | **Agency/Organization** |
| --- | --- | --- | --- |
| Physician(s) *(may be fulfilled by Medical Director)* | John Serra | Zoom | Palomar College/Hemet Hospital |
| Employer(s) of Graduates Representative(s) | Don Sullivan | X | AMR |
|  | Jeanne McFarland | X | Escondido FD |
|  | Hayden Harshman |  | Oceanside FD |
|  |  |  |  |
| Public Member(s) |  |  |  |
| Clinical and Capstone Field Internship Representative(s) | Sharp Grossmont | X | Jackie Young |
|  | AMR | X | Andrew Pederson |
|  |  |  |  |
| Faculty [[2]](#footnote-2) | Andrew Page | X | Palomar College |
|  | Sarah Desrochers | X | Palomar College |
|  | Patty Boyle | X | Palomar College |
|  | Wally Brame |  | Palomar College |
|  | Jill Scruggs | X | Palomar College |
|  | Jeff Pacheck |  | Palomar College |
|  | David Ontiveros |  | Palomar College |
| Sponsor Administration2 | Susan Wyche |  | Palomar College |
| Student(s) (current) | Lupe Lomelli | X | Palomar College |
| Graduate(s) | Shawn Petty | X | Palomar College |
| Program Director, *ex officio, non-voting member* | Sarah Desrochers | X | Palomar College |
| Medical Director, *ex officio, non-voting member* | John Serra | X | Palomar College |
| Other |  |  |  |
| [[3]](#footnote-3) |  |  |  |

| **Agenda Item**  *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed* | | **Completed/**  **Discussed** *(Yes/No)* | **Discussion**  *include key details of the discussion* | **Action(s) Taken** |
| --- | --- | --- | --- | --- |
|  | **Call to order** | Yes |  |  |
|  | **Roll call** | Yes |  |  |
|  | **Review and approval of meeting minutes** | Yes |  |  |
|  | ***Review* the Program’s minimum expectations**  [2023 CAAHEP Standard II.A. Minimum Expectations]   * “To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.” * Establish / review additional program goals[[4]](#footnote-4) | Yes | Program minimum expectations were unanimously endorsed.  The committee agreed to also use the Program and Student Learning Outcomes | X |
|  | ***Support* the Program’s required minimum numbers of patient/skill contacts for each of the required patients and conditions** [2023 CAAHEP Standard III.C. Curriculum]   * Student Minimum Competency (SMC) Recommendations (*effective January 1, 2023*) * Review summary graduate tracking reports | Yes | We revisited the SMC and agreed to keep the numbers at the minimum competency level until we can create a better system of tracking the numbers. We have noticed that all though, we provide the students with documentation of what should be documented, students are still taking it upon themselves to add skills and simulations. The solution is to have the students complete all Platinum Planner entries before leaving the lab and the instructor must sign off. |  |
|  | **Review the program’s annual report and outcomes**  [2023 CAAHEP Standard IV.B. Outcomes]   * Annual Report data * Thresholds/Outcome data results * Graduate Survey results * Employer Survey results * Resources Assessment Matrix (RAM) results * Other | Yes | We reviewed the annual report data for 2022 and what we could for 2023. The graduate surveys are positive. We have made huge improvements in medical director involvement and students knowing who the medical director is (even though he teaches quite a bit). We still need to update our quizzes, major exams, and PP. The RAM met the minimum requirement, and the employer surveys came back positive |  |
|  | **Review the program’s other assessment results**  [2023 CAAHEP Standard III.D. Resource Assessment]   * Long-range planning * Student evaluations of instruction and program * Faculty evaluations of program * Course/Program final evaluations * Other evaluation methods | Yes | The course and program evals have been good with no glaring issues. We are going to begin passing out faculty evals to students at the end of each block. This will help our guide our instructional techniques and methods and create a molded instructional environment for the current cohort.  Space remains a concern. We are need of more classrooms.  We discussed long range planning, and we also discussed the preparedness plan. We are currently working on that manual, and we are just about finished up with the student handbook. |  |
|  | **Review program changes** *(possible changes)*   * Course changes (schedule, organization, staffing, other) * Preceptor changes * Clinical and field affiliation changes * Curriculum changes   + Content   + Sequencing |  | There are no major course, preceptor, clinical/field affiliation, or curriculum changes. |  |
|  | **Review substantive changes** *(possible changes)*  [2023 CAAHEP Standard V.E. Substantive Change]   * Program status * Sponsorship * Location * Sponsor administrative personnel * Program personnel: PD, MD, other * Addition of distance education component * Addition of satellite program * Addition of alternate location(s) |  | The only substantiative change is we are losing our dean. Dean Wyche is retiring June 30th. We are in the hiring process and Sarah is serving on the hiring committee.  We just completed the accreditation site visit. We had one minor violation. We failed to administer a cognitive exam at the end of field internship. We have created a viable solution by using Learning Express predictive assessments. The student will take Exam 1 in clinical internship, Exam 3 in field internship and Exam 5 at the exit evaluation that will be proctored. If the student scores less than 70% on Exam 5, they will be able to retest with Exam 2. If they fail exam 2, they will be required to remediate based on their areas of weakness and then will take Exam 4. If they fail exam 4, they will be required to attend a paramedic refresher course.  We talked about creative schedules that would allow more access to paramedic students (partially online, hyflex)  We also discussed the pros and cons of a the Program Director transitioning from faculty to admin. We need to revisit this at the next meeting. |  |
|  | **Other identified strengths** |  | Teaching faculty, Administration, Palomar College Foundation |  |
|  | **Other identified weaknesses** |  | Span of control and workload, lack of advisory committee support |  |
|  | **Identify action plans for improvement** |  | We are in the process of restructuring the program and have received support and approval from the Administration for the following changes:   1. Program Director is now 60% release time. 2. Lead Paramedic Instructor will have 20% release time 3. Part Time faculty will be given the option to co-lead a block (Intro, Medical, Trauma, OB) |  |
|  | **Other comments/recommendations** |  | We discovered that our public member does not meet the requirements. We are actively looking for a public member and will hold another advisory committee meeting once we assign one.  We began using PP for clinical and field evaluations. Sarah is reaching out to all preceptors and meeting with them via Zoom to make sure they understand how it works.  We have a 100% success rate for Cohort 61 in field internship and a 100% first time pass rate on the NREMT exam for cohort 61.  Cohort 62 is in field internship and so far doing well.  Cohort 63 is in Medical Block and we are interviewing for Cohort 64 in May.  NREMT is sunsetting the psychomotor exam June 30th 2024. We are just waiting to hear how EMSA wants programs to proceed. |  |
|  | **Staff/professional education** |  | We would like the faculty to have more opportunities to attend conferences and PD education. We are working with Administration to add that to the budget. |  |
|  | **CoAEMSP/CAAHEP updates** |  | We completed the site visit in December and just waiting to hear back in our response and solution to the citation has been accepted. |  |
|  | **Next accreditation process** (i.e., self-study report, site visit, progress report) |  | Self-Study is not due for another 4 yrs. We are going to keep the same tracking method as the site team really liked it and it keep us very organized. |  |
|  | **Other business** |  | None |  |
|  | **Next meeting(s)** |  | October 2024 |  |
|  | **Adjourn** |  | 1345 |  |

Minutes prepared by Sarah Desrochers Date 04/15/2024

Minutes approved by Date

Medical Director’s signature (for item #5 above) Date

Attach program’s required **Student Minimum Competency** numbers (Summary Tracking tab) to verify which required minimum numbers were reviewed and supported (*item #5 above*)

**Purpose of the Advisory Committee** (CAAHEP Standard II.B.)

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, clinical and capstone field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

*It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.*

*Program advisory committee meetings may be conducted using synchronous electronic means.*

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

**Responsibilities of the Advisory Committee**

* Review the minimum program goal.
* Review and support the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
* Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
* Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
* Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
* Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
* Provide recommendations for curricula enhancements based on local needs and scope of practice.
* Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
* Complete an annual resource assessment of the program.

1. The chair should not be employed by the sponsor of the program. The Advisory Committee is *advising* the program. [↑](#footnote-ref-1)
2. Faculty and administration are ex-officio members. [↑](#footnote-ref-2)
3. Add rows for multiple members of the same community of interest

   If the program has additional named communities of interest, list the community of interest and the name(s) that represent each. [↑](#footnote-ref-3)
4. Additional program goals are not required by the CAAHEP *Standards*. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to the entry into the field. [↑](#footnote-ref-4)