



Program Review and Planning

OVERVIEW OF PROGRAM REVIEW AND PLANNING FOR INSTRUCTIONAL PROGRAMS

Program Review is about documenting the plans you have for improving student success in your program and sharing that information with the community. Through the review of and reflection on key program elements, program review and planning identifies program strengths as well as strategies necessary to improve the academic discipline, program, or service to support student success. With our new Guided Pathways plan, this review becomes even more crucial for the success of our students and college.

[We are using the Strengths, Opportunities, Aspirations, Results \(SOAR\) strategic planning technique to help us focus on our current strengths and opportunities, create a vision of future aspirations, and consider the results of this approach.](#)

BASIC PROGRAM INFORMATION

Academic Year
2018-2019

Are you completing a comprehensive or annual PRP?
Annual

Department Name
Emergency Medical Education

Discipline Name
Emergency Medical Education (EME)

Department Chair Name
Sarah De Simone

Division Name
Career, Technical and Extended Education

Website address for your discipline
<https://www2.palomar.edu/pages/eme/>

Discipline Mission statement

The mission of the EME department is to provide a dynamic education for students of diverse origins, experiences, needs, and abilities. We prepare safe, caring, and culturally sensitive graduates whose professional practice encompasses legal and ethical decision making, empowerment to engaging them to provide patient centered care to a diverse population in a global society. Our program integrates anatomy and physiology, ethics, basic and advanced life support, communication skills, patient assessment, medical and trauma care including both the adult and pediatric patient, transportation of the prehospital patient and specialized training in active shooter responses and tactical operations medicine. We are committed to support our students in their career and educational goals to help them become lifelong learners in an interdependent and ever changing world. Our overall goal is to prepare competent entry-level Emergency Medical Service providers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

[\(click here for information on how to create a mission statement\)](#)

Does your discipline have at least one degree or certificate associated with it?

Are any of your programs vocational (CTE/CE)?
Yes

Yes

List all degrees and certificates offered within this discipline.

AS-Paramedic Training
CA-Paramedic Training
CP-EMT Basic

Please list the names and positions of everyone who helped to complete this document.

Sarah De Simone-Program Director
Michael Finton- Associate Professor
Andrew Page- Assistant Professor

Full-time faculty (FTEF)

3.12

Part-time faculty (FTEF)

9.99

Classified & other staff positions that support this discipline

Academic Department Assistant-12 months/100%
Career Technical Program Specialist- 12 months/100%

Additional hourly staff that support this discipline and/or department

We have 18 professional experts that are hourly staff. All of are part-time faculty and hourly staff work full time in the industry (Fire Fighter/Paramedics, Paramedics) therefore the weekly hours change based on their schedules. As a department, we need to staff 72 hours/week. We require three instructors to work 8 hour shifts on Tuesdays, Wednesdays and Thursdays. Without these instructors we would violate Title 22 and the mandated student/instructor ratio.

PROGRAM INFORMATION

PROGRAM OUTCOMES

Begin this section by reviewing the Program Review reports for courses and programs in TracDat. All active course and program outcomes should be systematically assessed over a 3-year cycle.

- **Program** = Leads to a degree or certificate
- **Discipline** = A group of courses within a discipline

*Programs will be able to complete program completion and outcome questions.

How well do your program's learning outcomes communicate the scope and depth of the degree/certificate offered and align with employer and transfer expectations?

1. Upon successful course completion 80% of paramedic graduates will demonstrate psychomotor proficiency by passing the practical portion of the National Registry Exam.
2. Upon successful course completion 80% of paramedic graduates will demonstrate cognitive proficiency by passing the written portion of the National Registry Exam the first attempt.
3. Within 6 months of successful course completion 80% of paramedic graduates will have obtained employment in the EMS system

As we reflect upon this question and assess the three outcomes listed above, we have realized that our outcomes sound more like goals and do not clearly communicate the depth of the degree/certificate or employer expectations. Although we as a department clearly understand employer and transfer expectations, the "outcomes" we have created are vague but we believe still hold value. Passing the NREMT exams (cognitive and psychomotor) are vital and a student cannot progress to employment

without successfully completing these exams. Employers are expecting us to graduate students who possess the skills, attitude and cognitive ability to function as entry level paramedics. Our program is driven by success rates and that is why there is such an emphasis placed upon this aspect however we need to create PLOs that further assess and explain the qualities of a proficient entry level paramedic. For example, upon completion of the paramedic program, our students will effectively demonstrate the qualities of an entry level paramedic by performing a methodical and thorough patient assessment, quickly identifying life threats and formulating appropriate working diagnosis and treatment plans in accordance with national, state and local protocols.

Describe your program's plan for assessing program learning outcomes.

We assess our PLOs after every paramedic academy and yearly for the EMT classes as it is imperative that we are identifying positive and negative trends in student performance. We incorporate student, clinical/field preceptor and advisory board evaluations in our assessment of the PLOs. These evaluations that are also mandated by CoAEMSP give us a broad perspective on how we are performing as a program. We also assess our course SLOs at least once/year. Our program is heavily based on scaffolding. It is important to identify positive and negative trends at the course level quickly as this can have a direct impact on our PLOs. For example, a preceptor contacted us after a cohort completed their field internship and advised that there were several students who struggled with exhibiting command presence on scene and functioning as a single roll paramedic and also struggled with protocol and pathophysiology knowledge. Several students were unsuccessful in the field during that cohort and that is rare. We concluded we need to change our educational practices during the lab days to emphasize single roll paramedic practices rather than creating simulations that include two paramedics on scene. If we had waited a year or even the three year cycle to assess our PLOs and course SLOs our success rates would have dropped dramatically as we needed to make prompt changes in our curriculum delivery to keep up with the ever changing demands of our employers and the EMS system.

Summarize the major findings of your program outcomes assessments.

Although we are meeting the goals of the PLOs we are not happy with the results we are seeing. We have seen a dip in the NREMT pass rates and have heard from several preceptors on multiple occasions that are students are not coming into the field prepared. We have also seen a dip in success rates in EME 215. We have engaged in conversations as a faculty and believe we have identified several issues that we are addressing with the current paramedic cohort.

The first issue is the change in the EMS system in SD Co. All of the agencies were staffed with two paramedics on the ambulance. This has now changed to a single roll paramedic with several agencies. This means that rather than having two paramedics on an ambulance that can both provide advance life support treatment, there is now only one. The students were trained to have a paramedic partner but were sent to the field where they were expected to function as the only paramedic on scene. This revealed the students inability to delegate and treat as well as deficiencies in time management and radio communications.

We are also noticing that students are applying with little experience and barely meeting the minimum requirements. The students are entering this fast passed program already behind. This makes it very difficult for them to learn and retain the information necessary to be successful. In the past we have allowed students who don't currently meet the prerequisite requirements to apply to the program as long as they meet the prerequisite requirements by the first day of class. We made the decision to now require students to meet the prerequisites upon submitting their application. This is to ensure students who are being interviewed for the academy are well prepared.

We have also identified that the delivery of instruction is in drastic need of change. Currently we deliver instruction via "death by power point" with a "sage on the stage." It is proven that we only retain 10% of what we hear but we continue to just lecture, gorging students with information and then having them purge that information on a quiz of 70-80 questions the very next day after an 8hr lecture. We then wonder

why they cannot remember anything. We are working to flip our classrooms, incorporate more interactive lesson plans, create daily quizzes (rather than tests) and have a weekly exam that covers all material learned that week.

As stated above, we are also changing our lab days to create simulations that align with the current practices in the field. The other issue is ensuring we are clearly communicating the changes to the prerequisite classes (EME 106/106L and EME 175/175L). The EMT and paramedic prep classes are designed to prepare the students for the paramedic academy. We will need to make curriculum changes to these classes so they align with the expectations of the paramedic academy.

We want these changes to be effective, therefore we will be working over the summer and plan to implement in fall 2019.

We are happy with our pass rate on the NREMT exam for the EMT-Basic program but still would like to see it higher. Currently 82% of our EMTs pass the NREMT exam. This is much higher than the national average but we would like to see 95-100%.

Depending on the degree or transfer goals of our students, they have the choice of three different GE pathways:

- [Associate Degree GE Requirements](#)
- [CSU GE Requirements](#)
- [IGETC Requirements](#)

Palomar College has identified a set of General Education/Institutional Learning Outcomes, which represent the overall set of abilities and qualities a student graduating from Palomar should possess. [Click here for a link to Palomar's GE/ILOs.](#)

PROGRAM COMPLETIONS

Student success is at the core of what we do in assisting students in achieving their goals.

The Chancellor's Office Vision for Success stresses the importance of Program Completion as a major goal for our students. In addition, transfer and career readiness are key components of Palomar College's mission statement. This year, our funding formula has also changed reflecting this emphasis, providing additional funding as a function of the number of completions.

In this section we will identify a program standard and a stretch goal (what you would like to move toward) for program completions.

The standards represent the lowest number of program completions deemed acceptable by the College. In other words, if you were to notice a drop below the set standard, you would seek further information to examine why this occurred and strategies to increase completions.

In this section we will identify a program standard and a stretch goal (what you would like to move toward) for programs.

List the number of completions for each degree/certificate for the previous year.

We had a total of 566 degree/certificate completions. We actually expect this number to rise as we just discovered our paramedic students who are successful are not submitting the Certificate of Achievement documentation. To solve this issue, the students will now fill out the documentation during their exit

interview and the EME department will submit documents to the Evaluations Department.

11 were AS degrees
545 were CPE
10 were CAT

This is a marked increase from last year where there were only 306 total program completions. The certificate of achievements certificates are expected to increase to over 60/year.

Have your program completions Increased, decreased, or stayed the same over the last 5 years?
Increased

What factors have influenced your completion trends?

Over the past five years we have increased our paramedic class size from an average of 25 up to 36 students and we have also added 4 more EMT classes (2 FT classes/semester).

The Chancellor's Office Vision for Success stresses the importance of reducing equity gaps through faster improvements of underrepresented groups.

ACCJC also requires that colleges establish institutional and program level standards in the area of success rates. These standards represent the lowest success rate deemed acceptable by the College. In other words, if you were to notice a drop below the rate, you would seek further information to examine why the drop occurred and strategies to address the rate.

[Click on this link to review the course success rates \(A, B, C, or Credit\) for your discipline.](#)

In this section we will identify a course success rate standards and a stretch goal (what you would like to move toward) for programs.

Course Success Rates by gender, age, ethnicity, special population, location, and modality (You can access the Student Equity Plan on the SSEC website <https://www2.palomar.edu/pages/ssec/>)

COURSE INFORMATION

COURSE SUCCESS AND RETENTION

What is your program's standard for Discipline COURSE Success Rate?

70.0%

Why did you choose this standard?

We set our standard to meet the college standard as well as the accreditation standard but based on our trends we are well above that and need strive for our stretch goal.

What is your Stretch goal for COURSE success rates?

85.0%

How did you decide upon the goal?

We discussed realistic expectations and assessed course success rates. Overall EMT (EME 106/106L) course success rates have been trending up for the past 5yrs (70% in 2013-2014 to 84% in 2017-2018). Paramedic course success rates for EME 206/206L, 207/207L, 208/208L, 209/209L and 210 are consistent in the upper 90 percentile. EME 215 waxes and wanes from the mid 70 percentile to the 90 percentile.

COURSE OUTCOMES

How have you improved course-level assessment methods since the last PRP?

In the last PRP we updated our SLOs in all courses. They are now carry more meaning rather than assessing student pass rates on the NREMT exam. We have incorporated the assessment of therapeutic communication and affective behavior. Our students not only need to be able to appropriately assess and treat a patient but they must also learn the art of effective communication and being able to exhibit empathy and compassion. We are able to assess these attributes during simulations.

Summarize the major findings of your course outcomes assessments.

We will start with EME 100:

We are struggling with enrollment and success in EME 100. As we look at the statistics, we believe they are inaccurate and include HE 104 (class is cross listed). We have had to cancel both of our night classes on the Escondido campus as a result of poor enrollment. We believe the low enrollment is a result of students taking the class while in high school, offering classes the same time HE 104 is offering classes in San Marcos and adding the Fallbrook class. Many students have classes at San Marcos and it is easier for them to stay there then have to travel to ESC. We still offer two day classes at ESC, one night class at Fallbrook and a FT Hybrid class on Camp Pendleton each semester. Our average success rate sits around 70% however our hybrid class is up to around 90%. The hybrid class was struggling last time and we felt it was a result of the LMS we were using from JB Learning. We switched to Canvas and it appears the change has made a significant difference.

EME 100 is the entry level course for the EME department. It is the prerequisite for EME 106/106L and we want to make sure the students are coming in well prepared. Overall our retention is good at 97%. Again, we need to change the classroom delivery to make the class more interactive. Instructors need to realize these students are just out of high school and require a lot more guidance and instruction. This is a perfect class to implement the flipped classroom. We will be working on the curriculum for this over the summer with a goal to implement in fall 19. We are still struggling with the success rates in the hybrid class

EME 106/106L:

The EMT Basic course seems to be doing well and we are achieving the course SLO. Our success rates are the highest they have been in the past 5 years at 84% and our retention is at 96%. Our NREMT pass rates continue to exceed the national standard at 82% but we would like to see this number much higher. We have implemented the FISDAP predictive exam, however we have found out that the Lead EMT instructors are not enforcing students to take the exam. This will be addressed at our upcoming faculty meeting. Students who take this predictive exam and meet the cut score have been proven to have a 97% first time pass rate on the NREMT exam. We really need to make sure our instructors understand the program and know the value. We are continuing to update the PowerPoints and this fall one of the seven EMT classes offered will be taught utilizing the flipped classroom concept. We will also be utilizing the FISDAP exams as the high stakes exams rather than the ones we created. These exam have been validated where ours have not. We will then compare the overall success of the class to see if there is a difference and if all classes should change. We remain pleased with the success rates on the psychomotor exam as 100% of the students who took the exam passed.

EME 175/175L continues to have a steady drop in enrollment with a significant drop this year from last year. We are still trying to identify the cause. Retention is good at 93% but success rates remain around 73%. This is one of the prerequisites to apply to the paramedic academy so having a decrease in enrollment is very concerning. We do need to make some curriculum changes to EME 175/175L so it aligns with the changes that are being made at the paramedic academy level. We are thinking of a hybrid format however, we need to ensure our instructors are competent and able to deliver the curriculum in this format. We will be discussing this at our upcoming faculty meeting.

Paramedic Academy (EME 206/206L, 207/207L, 208/208L, 209/209L, 210, 211, 212, 215):

We continue to achieve the SLOs with EME 206-212 losing only 1 or 2 students in the didactic portion of

the program. What we are noticing is an increase in the volume of failures in the Capstone class EME 215 (field internship). Both Class 51 and Class 52 lost 6 students in the field. This is much higher than we would like to see. The previous classes were required to take and pass written protocol exams. This was not enforced with Classes 51 and 52 and we have seen a marked decrease in retention and application of the protocols (#1 reason for students failing their internship). The written protocol exams will be enforced from this point forward. We also noticed a sharp decrease in the NREMT pass rate from 97% to 84%. This is concerning but we believe we have identified the issue. Students are required to take a predictive exam and pass the exam based on the suggested cut score of 72%. If they fall short they were required to remediate in their weak areas. We used a LMS called MyBrady Lab but decided to no longer require students to purchase the access as it was very expensive and they only used it for remediation. We switched to a different program but the remediation tools are weak. We now require the students to write short essays on the subject matter they struggle with. We have already noticed a difference in pass rates. The other noticeable change is in the realism of the simulations. We reverted back to one chief complaint and static simulations. This is a result of faculty not knowing how to operate the simulators and not having simulation curriculum that clearly identifies objectives and steps to make the simulation hyper realistic. We are in the process of hiring a full time faculty member that specializes in simulation. There is evidence based research that proves a direct correlation between the effective implementation of hyper realistic simulation and field pass rates. We will be working on the simulation curriculum over the summer.

This section is intentionally blank for annual PRPs. Please click "Next" to continue.

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CAREER AND LABOR MARKET DATA

The Chancellor's Office Vision for Success stresses the importance of increasing the percent of exiting students who report being employed in their field of study. It is important for us to consider how all of our programs connect to future careers.

Go to this website <https://www.onetonline.org/> and enter your discipline in the bubble on the top right for ideas about potential occupations. Click on an example to see more detail.

The following websites are for CTE related data:

- [Centers of Excellence](#) (many other data resources besides supply and demand) Password: GetLMI
- [LaunchBoard](#)
- [LaunchBoard Resource Library](#)
- [Chancellor's Office Data Mart](#)
- [San Diego Workforce Partnership](#)
- [State of CA EDD](#)
- [Career One Stop](#)

What kinds of careers are available for people who complete your programs (and/or transfer)? (Refer to link above) Are there any new or emerging careers and if so how would the new or emerging careers impact your future planning?

The paramedic and EMT programs lead to multiple careers. The most popular career that our students seek is Fire Fighter/Paramedic or Fire Fighter/EMT. We know many of our students seek out employment as Paramedic/EMT on an ambulance, flight paramedic, and SWAT paramedic. Other use this experience

to transfer into field such as becoming a Registered Nurse, Physicians Assistant, Medical Doctor, Respiratory Therapist, X-Ray Technician, and Ultrasound Technician.

What are the associated knowledge, skills, abilities (KSA's) needed for the occupations listed above? (click examples in the link above to get ideas)

Students need to possess knowledge in customer and personal service, public safety and security, biology, transportation, psychology, mathematics a English, speech communication.

Students need to possess the skills to critically think, coordinate and problem solve, as well as actively listen, speak effectively, make sound judgements, and value service orientation and social perceptiveness. They also need to have the ability to read and write and show effective time management and scene management.

Students need to posses the ability to possess deductive and inductive reasoning, information ordering, reaction time, oral comprehension and expression, written comprehension, speech clarity and recognition, auditory comprehension, memorization, arm and hand steadiness, manual and finger dexterity, depth perception, and physical strength

How does your program help students build these KSA's?

The KSAs are all discussed in the didactic environment, however, we help build these qualities during the labs and the use of high fidelity simulation. The students need to have a solid foundation and understanding of customer service, public safety, biology, psychology, math, English and speech communication. The theory can be discussed in the classroom but there are so many different situations they may encounter and these encounters are not in normal day to day environments.

We create simulations that help students practice the skills and abilities needed to effectively manage a patient in crisis. We try to expose the students to as many situations they may see in the field and how to handle these situations (combative patient, patients under the influence, dying patient, child abuse, elder abuse, death of a loved one, multi-casualty incidents, behavioral emergencies, management of chaotic scenes/dangerous scenes). We cannot expose our students to every environment or situation they will encounter but by creating simulations that encourage students to critically think, communicate with a variety of patient populations, and mitigate unfavorable situations we feel we are preparing them with a solid foundation to function in the field and continue to learn.

Have you incorporated work based learning (work experience, internships, and/or service learning) into your program?

Yes

What have you done to integrate work-based learning?

The EMT students are required by Title 22 to complete 24 hours of observation in an ER and on an ambulance to successfully course complete.

The paramedic students are required to successfully pass a field internship of no less then 480 hours.

How does your work-based learning help your students learn how to do some of the tasks associated with the potential occupations?

The observation shifts the EMTs must complete exposes them to what they will encounter on an ambulance or in the ER. This gives them of idea of what to expect upon employment with an ambulance agency, fire department or in an ER.

The paramedic students are required to pass a rigorous field internship and upon completion of this internship they have gained the knowledge and skills consistent with a entry level paramedic.

How do you engage with the community to keep them apprised of opportunities in your program?

We attend almost all of the community outreach events offered by Palomar College, local high schools and any job fairs that we are invited to. We are working with an articulation agreement with Escondido Unified School District and may have a dual enrollment opportunity coming up.

What is the regional three-year projected occupational growth for your program(s)?

I am unable to find a 3yr projected growth but there is a 13.7% increase in the projected growth over the next 10yrs. This is in SD county alone. State wide there is an estimated 21.1% increase. In several surrounding counties such as Orange, LA and the Inland Empire there is an estimated 23-27% increase in job openings.

What is being done at the program level to assist students with job placement and workforce preparedness?

Fortunately employers are coming to us and asking if they can speak with the class about their agencies and upcoming employment opportunities. When these agencies call we do everything we can to ensure they have the opportunity to come and speak with the class. It is not uncommon for several of our paramedic students to pass their field internship with a fire department and then be offered a full time fire fighter paramedic position. We have began a unique relationship with Escondido FD where our top students are nominated to audition with Escondido FD. If they pass the audition they are offered an internship and upon successful completion they are given a conditional job offer. In the last cohort, 3 students interned, were successful and were all offered and accepted full time positions.

When was your program's last advisory meeting held? What significant information was learned from that meeting?

Our last advisory board meeting was held last April and we will be holding this years advisory board meeting on April 10th. The meeting focused on paramedic internships and the lack of preceptors. A great deal of time was spent on discussing different options that could be implemented to alleviate the shortage. The county is in need of paramedics so decreasing class sizes at the college level is not a viable option

What are the San Diego County/Imperial County Job Openings?

There is a projected growth of 13.7% in San Diego Co over the next 10yrs with 48 annual openings/year. Imperial Co has a projected growth of 12.5% in the next 10 yrs with 4 annual openings/year. We feel that this is not an accurate representation of the demand. Multiple Fire agencies are hiring and the private agencies are hiring on a consistent basis. Many of the CTE websites are behind on data. This results in an inaccurate representation of the actual need. Our next advisory board meeting is on April 10th. We will have a better understanding of the needs of the county after this meeting.

Program Goals

In the previous sections, you identified opportunities for improvement. Using these opportunities, develop 3-year [SMART goals](#) for your department. Goals should be Specific, Measurable, Attainable, Relevant, Time-Specific. Ensure your goals align with the mission of your department and/or [the College's strategic plan](#).

Please list all discipline goals for this three-year planning cycle. [Click here for previous PRPs and goal information](#).

Goals

Goal 1

Brief Description

SimVue Installation

Is this a new or existing goal?

Existing

Goal Status

Ongoing

How will you complete this goal?

This equipment and installation was approved approximately 2yrs ago. It has taken this long just to get the AV equipment installed so Laerdal can finish their side of the installation. After several meetings, conference calls, and phone calls it appears we (Palomar) has finally completed the installation and we have a Laerdal installation technician scheduled for June 6-9 to finish their installation and train us on the use of the SimVue equipment.

Outcome(s) expected (qualitative/quantitative)

SimVue allow us to now record (A/V) the students performing simulations. This will allow us to remove the proctors from the simulation environment requiring the students to assess and treat the simulated patient without prompts. This also allow us to view the recorded simulation during the debrief session to point out what went well and what the student needs to work on. They will physically be able to see and reflect on their performance rather than just being told what they did or did not do during the debriefing session. As stated before, evidence based research has shown a significant increase in student success in the classroom and field when high fidelity simulation is accompanied with effective debriefing sessions.

With the implementation of this equipment, we expect to see student success in the field rise significantly.

How does this goal align with your department mission statement, the college strategic plan, and /or Guided Pathways?

This goal aligns with all of the above. Our department mission statement is to provide a dynamic education for students of diverse origins, experiences, needs, and abilities. We prepare safe, caring, and culturally sensitive graduates whose professional practice encompasses legal and ethical decision making, empowerment to engaging them to provide patient centered care to a diverse population in a global society.

This also aligns with the guided pathways as students cannot progress gain employment as a paramedic unless they pass their field internship.

This aligns with the strategic plan addressing goal 1. Once the Sim Center is complete we would like to begin collaborating with the nursing department. Both departments feel it would be beneficial for nursing and paramedic/EMT students to have the opportunity to run simulations together as this is realistic and what will occur in the field. This will also strengthen teaching and learning.

This also addresses goal 2 as a more prepared EMT and paramedic student will meet the needs of our stakeholders/employers as well as increase student success.

Expected Goal Completion Date

6/30/2019

Goal 2

Brief Description

Expansion of Contract Education classes offered and integrated with Community CE Education Program (non-credit) Specifically EMT and Paramedic Refresher classes

Is this a new or existing goal?

New

How will you complete this goal?

We have explored offering several classes (ACLS, PHTLS, TCCC, LEFR, PEPP, BLS, EMT Refresher) via Contract Ed but have not actively pursued these offerings.

Specifically, we really need to find a way to begin offering the EMT refresher as the state is now requiring EMTs to be trained on 3 new skills. All EMTs in the state must show proof of this training by July 1, 2019. We can offer this training in the EMT Refresher class or if the student does not need the refresher we can offer the training on its own. We will need to quickly create the curriculum and work with Nicole to market the training. EMTs must attend 24 hours of continuing education every 2 yrs to be eligible for licensure renewal. The EMT Refresher course meets the 24 hour CE requirement to include mandatory skills sign off. In order for the training to be cost efficient we will need a class size of at least 30. In the past our EMT refresher class had an enrollment of 13-15 students.

We also need to create the curriculum and then begin to market the Paramedic Refresher class. Paramedics are required to attend 48 hour of continuing education every 2 years. This is a 48 hour refresher class that meets the continuing education requirements for paramedics making them eligible for licensure renewal.

Outcome(s) expected (qualitative/quantitative)

The topics in the refresher classes will change yearly as we want to the class to deliver the most up to date research and educate paramedics and EMTs on emerging topics. We anticipate a very good response, and improved enrollment, as this will make obtaining CE's that are required for licensure renewal much easier to obtain and allows students access to a variety of classes that would not be available to them otherwise.

How does this goal align with your department mission statement, the college strategic plan, and /or Guided Pathways?

We need to make sure our students have access to classes and training that is mandated by National, State and local entities for certification and licensure renewal.

Expected Goal Completion Date

5/31/2019

STAFFING AND RESOURCE NEEDS

Instructions

1. Refer to [Strategic Plan](#).
2. See [Data](#).
3. See career info (In PRP)

Are you requesting additional full-time faculty?
Yes

Are you requesting additional Staff, CAST or AA?
Yes

In the last ten years, what is the net change in number of FT Faculty in the department? (FT faculty loss vs. gain)

1

% of FTEF for on-going reassigned time (department chair, program director, coordinator, etc.)

2016-2017 % FTEF (on-going reassigned time)
80%

2017-2018 % FTEF (on-going reassigned time)
80%

2018-2019 % FTEF (on-going reassigned time)
80%

% of FTEF for temporary reassigned time (grant activity, sabbaticals, leaves, other reasons)

2016-2017 % FTEF (temporary reassigned time)
0%

2017-2018 % FTEF (temporary reassigned time)
0%

2018-2019 % FTEF (temporary reassigned time)
0%

NOTE: If you are requesting full-time faculty, you must go back to the Labor Market section of the form to complete that section. It is required when requesting additional faculty positions.

REQUEST FOR ADDITIONAL FULL-TIME FACULTY

Faculty Request 1

Title of Full-Time Faculty position you are requesting
Assitant Professor Emergency Medical Education

How will this faculty position help meet district (Guided Pathways, Strategic Enrollment Management etc.), department and/or discipline goals?

The reason we are requesting a full time faculty position is a result of the abrupt resignation of a full time faculty member effective March 31. At this time we have three full time faculty members but one is the program director with 80% release time. Over 73% of our classes are taught by part time faculty. To meet the needs of the department and goals we need a minimum of five full time faculty members to ensure our program is functioning efficiently and at the highest level.

Is there a scarcity of qualified Part-Time Faculty (for example: Specialized degree/experience, emerging/rapidly changing technology, high demand)

Although there is not a scarcity of qualified part time faculty, there is a struggle to find part time faculty members that have the time to dedicate to the program. At this time we have over 30 part time faculty members and still struggle to staff our classes to meet the required Title 22 student/instructor ratios during lab days and it is not uncommon for us to be short instructors on lab days. Our part time faculty members have full time jobs and cannot commit to the time needed to be a lead instructor for a paramedic academy. Maintaining consistency is imperative to the success of our students.

Are you requesting this position for accreditation, regulatory, legislative, health and safety requirements? Please explain.

We are requesting this position for accreditation, regulatory, and legislative requirements. As stated above, we struggle staffing labs that have a mandated student instructor ratios and require instructors who can dedicate the time necessary to lead a paramedic academy and ensure they are meeting all of the minimum requirements. We run two paramedic academies per year. That requires two of our full time faculty to be leads and one to run the simulation program. Without the 5th faculty member, there is a lack of oversight for the EMT program. At this time the entire EMT program is staffed by part time faculty. We need another full time faculty that can oversee the EMT program to ensure it is running efficiently and to the regulatory and legislative standards.

Please summarize the discipline productivity, efficiency, and any regional career education needs for this discipline.

In summary having a total of five faculty will result in the following:
2 faculty to run the two paramedic programs per year
1 faculty to coordinate all labs and run the simulation center

1 faculty to oversee and maintain the integrity of the EMT program
1 Program Director with 80% release time to manage the administrative demands of the department.
Having all five faculty members working together with decrease the span of control, increasing productivity and efficiency within the department.

In the last ten years, what is the net change in number of Staff in the department? (loss vs. gain)
0

REQUEST FOR ADDITIONAL STAFF, CAST, AA

Staff, CAST, AA request 1

Title of Staff position you are requesting

Career Technical Specialist

How will this Staff position help meet district (Guided Pathways, Strategic Enrollment Management etc.), department and/or discipline goals?

Our program has grown significantly over the past 5 years as we have increased student enrollment caps and added an additional two EMT classes. Although this does not sound significant, the Career Technical Specialist is responsible just on the paramedic side for screening and assessing applications/forms according to federal, state and program regulations and requirements. program admissions, prerequisites, explaining and monitoring background checks and drug screens, medical examinations, and coordinates and schedules ride alongs with our agency partners. We average 36 students and each student must complete a minimum of 15 ride-alongs. These must be scheduled by the Career Technical Specialist. They ensure that all mandated documentation is uploaded to the consortium (Complio) so students can complete their clinical internships.

On the EMT side they are responsible for monitoring background checks, drug screens, medical exam, prerequisites and must also upload all required documentation to Complio so the EMT students may complete their mandatory 24 hours of observation at the hospital and on an ambulance. We have 7 EMT classes with 30 students in each class for a total of 210 students. The Career Technical Specialist is responsible for coordinating and scheduling all observations shifts.

At this time the current Career Technical Specialist dedicates approximately 20hrs/week just to schedule the EMT and paramedics for the ride alongs and observation shifts. There are many other duties they are responsible for to include the continuous filing, scanning, and inputting of student data that adheres to accreditation requirements.

With the increase in students and classes it is in the best interest of the department to add a second Career Technical Specialist that can assume the responsibility and demands of the EMT program. Having a Career Technical Specialist dedicated to paramedic program and another dedicated to the EMT program will increase efficiency and productivity and decrease errors and oversights.

Is there a scarcity of qualified Part-Time Staff (for example: Specialized degree/experience, emerging/rapidly changing technology, high demand)

We have used part time staffing in the past however but this ended up increasing the workload of our current Career and Technical Specialist as it required numerous hours to train the hourly employees that were using this position as a bridge and would leave within 6 months. This position comes with a full time workload as they will be responsible for duties that are listed above. We noticed several mistakes occurred as a result of lack of experience and knowledge base.

Are you requesting this position for accreditation, regulatory, legislative, health and safety requirements? Please explain.

We are requesting this position in response to all of the above. Although there is no accreditation standard mandating this position, it is greatly needed as this individual is responsible for numerous tasks that are directly related to accreditation, regulatory and legislative standards as discussed above.