



Program Review and Planning 2019-2020

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
2019-2020

Are you completing a comprehensive or annual PRP?
Comprehensive

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

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

In addition to the adjunct faculty and full time faculty, the department has 18 hourly support staff that are professional experts in the field to maintain mandated student instructor ratios that have been set forth by CAAHEP (the outside accrediting agency for paramedic programs).

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. There are four paramedic programs in the county and fortunately we all work very closely. All programs have agreed to increase the minimum experience required to apply to a paramedic program from 1040 hours to 2000 hours of EMT experience.

We have also identified that are delivery of instruction is in drastic need of change. Currently we deliver instruction via "death by power point" with a "sage on the stage" approach. 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 question 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. We are also looking closely at the content and weeding through the nice to know and the need to know. We need to get rid of the "fluff" and deliver the content that is vital to the success of the student.

As stated above, we are also changing our lab days to create simulations that are 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%.

The major issue we are having is coming together as a department and creating a clear step by step plan to change the instructional delivery to our students. There are three full time faculty members trying to quickly learn their roles and responsibilities as well as a large cadre of adjunct and skills instructors that are struggling to adopt the changes that are being made in the department. We have had several department meetings and we feel like we are making progress but not as quickly as we would like.

Reflecting on the major findings you summarized, what are some questions you still have about students' learning in your program that you have not yet been able to address with your outcomes assessments?

We hope we are not missing something or being too narrow minded but we feel that we have a good grasp on the student's learning performance and what we need to do to ensure we are meeting the needs of the students.

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.](#)

How do the courses in your discipline support General Education/ Institutional Learning Outcomes? In your response, please specify which GE/ILO(s) your discipline supports.

Courses in the both the EMT and Paramedic Programs support several of the GE/ILO of the college to include communication, computation, ethical reasoning, critical thinking, team work, problem solving and foundational knowledge of the discipline.

Students successfully completing both the EMT and Paramedic Programs must demonstrate strong visual, written and oral communication strategies in order to effectively communicate with patients, family members and other EMS personnel. They must demonstrate the ability to accurately and concisely articulate a patients chief complaint, the events leading up to the chief complaint, abnormal findings and treatment. This information must also be clearly documented on a patient care report.

Students must also demonstrate the ability to critically think through and work with a team of professionals to effectively navigate dynamic, inconsistent and austere environments they will face when responding to emergencies in the field.

Students must demonstrate and embrace a firm understanding of ethics as they will face many ethical situations in the field that will demand quick responses.

Summarize the major findings from your course outcomes assessments that are related to the General Education/Institutional Learning Outcomes that your discipline supports.

We are finding that students in both the EMT and Paramedic Program are struggling with communication and the ability to effectively communicate with patients, bystanders, family members and other EMS personnel. Upon course completion and employment, our students will also be required to write complete, accurate and concise patient care records, however this is an area we spend very little time on in the classroom. We are now going to require students to write up mock patient care records every time they are a team lead for a simulation.

Although we do not lose many students in the didactic component of the paramedic program, when we do it is usually a result of failing medical math. Many of those who make it through continue to struggle. We know many of our students are weak in math and as an institution we know math is the one class holding students back from earning their AA. We will begin offering a non credit class that introduces the student to medical math and we are also going to place a larger emphasis on medical math in the paramedic prep program.

Our students appear to demonstrate good ethical judgment but we need to place more emphasis on this subject not only in the classroom but also in simulations.

Critical thinking, problem solving and team work can be difficult to teach as everyone has a different level of understanding based on their life experience. We break the class up into "squads" so they can learn how to work as a team and problem solve and communicate but we are still struggling with students progressing in their field internship. They are lacking leadership and command presence. We are now changing up the formatting of the simulations. In the past the students worked in pair as a "patient person" and a "radio person". When the entire county system was designed with all ambulances being staffed with 2 paramedics this was great but the county system has changed and there is now only 1 paramedic and 1 EMT. The students need to be comfortable managing as a single roll medic meaning they need to possess stronger critical thinking, communication and problem solving abilities.

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.

CPE-354

CAT-15

AS-10

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

Decreased

What factors have influenced your completion trends?

We had a total of 568 degree/certificate completions last year and actually expected this number to rise as we discovered our paramedic students who are successful are not submitting the Certificate of Achievement documentation. The successful paramedic students just began filling out the CAT at the exit interviews so I do not believe those have been reported yet. Unfortunately and to our surprise our numbers have dropped.

Last year, of the 568 certificates, 557 were CPE. This is from our EMT Basic course. This year there were only 369 CPE issued however our enrollment increased from 374 to 401 and our fill rate went from 78% to 94%. Our WSCH also increased. However our success dropped from 83% to 74%. Even with the decrease in success, this does not explain a -188 decrease in CPE issued.

Are the courses in your discipline required for the completion of other degrees/certificates?

No

Do you have programs with 7 or fewer completions in the last 5 years?

No

What is your program standard for program completion?

70.0%

Why did you choose this standard?

It is an accreditation standard as well as Palomar college standard that 70% of students course complete.

What is your Stretch goal for program completion?

80.0%

How did you decide upon your stretch goal?

We believe with the change in instructional delivery, increasing the amount of hours of experience to apply to the medic program and decreasing the enrollment will better prepare students increasing success.

ENROLLMENT TRENDS

Palomar College uses the WSCH/FTEF ratio as one indicator of overall efficiency in addition to the overall fill-rate for courses.

Although the college efficiency goal is 525 WSCH/FTEF and 85% fill-rate (minimal), there are many factors that affect efficiency (i.e. seat count / facilities / accreditation restrictions).

This information can be found by going to the "Program" page in the [PRP Data Dashboard](#).

What was your efficiency trend over the last 5 years? Was it expected?

In the paramedic program the WSCH/FTEF has increased over the past 5 years. This was expected as we increased the amount of seats from 24-36. We have increased from a WSCH/FTEF of 263 in 14/15 to 572 in 18/19. Fill rate has also increased from 71% in 14/15 to 94% in 18/19.

In the EMT program our WSCH/FTEF increased slightly from 290 in 14/15 to 350 in 18/19. Fill rate has also had a steady increase from 84% in 14/15 to 94% in 18/19. This was expected as we added 4 more EMT classes.

What factors have influenced your efficiency trends?

Our enrollment has waxed and waned in the Paramedic Program with of low of 188 in 16/17 to a high of 205 in 18/19. It is not surprising that the numbers stay relatively the same as the Paramedic Program has a cap of 36 however we only accept students who are truly prepared for the program. We average between 30-36 students/cohort. This number will be changing and unfortunately we must decrease our enrollment in the paramedic program as the hospitals that are in are district that we are contracted with now only accept up to 6 students and with having four paramedic programs in the county that overlap, we do not have enough preceptors for the students. This is a direct violation of Title 22 and CoAEMSP accreditation.

The EMT Program has steadily increased from 271 in 14/15 to 401 in 18/19. This was expected as we added four more EMT FT classed at Camp Pendleton beginning in 16/17.

Are there particular courses or programs that are not getting sufficient enrollment, are regularly cancelled due to low enrollment, or are not scheduled at this time? What is contributing to this issue? Does this level of efficiency meet the needs of the program and the district?

At this time, all of our classes are filling.

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.

Has your overall course SUCCESS rates increased, decreased, or stayed the same over the last 5 years?

Stayed the same

Was this expected?

The courses success rate in the paramedic program has been steady with success rates between 94%-95%. This is expected and we would even like to see them higher.

The courses success rate in the EMT Basic program has dropped from 83%-74% This is somewhat expected as the success rates tend to wax and wane in the EMT program.

What is your Stretch goal for COURSE success rates?

80.0%

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.

Have your overall course RETENTION rates increased, decreased, or stayed the same over the last 5 years?

Stayed the same

Was this expected? Please explain.

The course retention rates in the EMT Basic program have been steady between 93%-96%. This is expected as there is high demand for EMTs in the state and county.

The course retention rates for the Paramedic Program have stayed at 100% over the past 5 years. Again this is expected as there is a high demand for Paramedics in the state and county.

Are there differences in success or retention rates in the following groups? (choose all that apply)**Are there differences in success/retention between on-campus and online courses?**

N/A

Do you have any best practice methods you use for online courses to share with the community?

We do not offer the EMT or Paramedic program in an online format.

COURSE OUTCOMES

How is course assessment coordinated across sections and over time?

We assess all of our courses and sections yearly in December. We feel it is important to assess all courses frequently as each course has a direct impact on the next course. We must identify both positive and negative trends quickly so we can make appropriate changes to either maintain or improve the success of our students.

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 and in the clinical and field setting.

Summarize the major findings of your course outcomes assessments.

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 sememster. 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%.

Although we have been offering EME 100 as a prerequisite for the EMT courses for years we are noticing that students are not coming in as prepared. We have had multiple department meetings regarding this issue and we have concluded the Emergency Medical Responder course is not longer meeting the needs of the students. The scope of practice for EMTs and the fact the county has transitioned to single roll paramedics requires students graduating from the EMT program have a much stronger working knowledge and ability to perform. In the past San Diego Co. EMS Agency operated with 2 paramedics on an ambulance. Now they have transitioned to 1 paramedic and 1 EMT. Although the students learn the basic antaomy, physiology and treatment of certain diseases in EME 100, they are entering the EMT program with poor communication skills, a lack of understanding of medical terminology and cannot perform a patient assessment. In a critical situation a single roll paramedic relies heavily on the knowledge and skill of the EMT partner.

EME 106/106L:

The EMT Basic course seems to be doing well and we are achieving the course SLO. Our success rates have dropped significantly in one year from 83% to 74% and our retention dropped from 96% to 93%. We believe this is a result of the new curriculum that has been implemented by Title 22 and not having well prepared students entering the EMT program. Our NREMT pass rates continue to exceed the national standard at 71% but this is a big drop from the 82% we have been in the past. 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

Enrollment increased significantly from 77 in 17/18 to 119 in 18/19. Looking at the 5 year stats, this class tends to wax and wane. This is a mandatory prerequisite for the paramedic program and most students will not enroll in the class until they are ready to apply to the paramedic program resulting in the varying enrollment numbers year to year. Retention is good at 99% but success rates remain very low at 67%. This is not acceptable and we need to make some significant changes to the curriculum. Not only do we need to increase success rates we also have identified that students who are applying to the paramedic program are lacking the basic skills to pass the entrance exam. We met as a faculty and concluded we needed to increase the class from a 6 week meeting schedule to an 8 week meeting schedule and refocus the curriculum to pathophysiology, medical math, pharmacology and cardiology. We also need to restructure the labs to incorporate simulations that fall in line with assessments and treatment that is being performed in the county.

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 have now hired 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 fall and spring.

Reflecting on the major findings you summarized, what are some questions you still have about students' learning in your courses that you have not yet been able to address with your outcomes assessments?

It is in our opinion that we have identified and either addressed or are in the process of addressing the issues we are seeing.

What are some improvements in your courses that have been, or can be, pursued based on the key findings from your course learning outcomes assessments?

Based on our learning outcomes we have decided to revamp several of our courses to better meet the needs of the student. EME 100 (Emergency Medical Responder) is currently cross listed with Kinesiology (HE 104) but the course is not adequately preparing our students for the EMT course. We have decided to create our own course that places much more emphasis on leadership, communication, medical terminology, and patient assessment. The course will have lab component as well.

We are also updating our paramedic prep course (EME175/175L) by increasing the course from 6 weeks to 8 weeks and revamping the patient assessment labs to better align with how patients are assessed and treated in the county.

In the paramedic academy 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. We are also looking closely at the content and weeding through the nice to know and the need to know. We need to get rid of the "fluff" and deliver the content that is vital to the success of the student.

PROGRAM CURRICULUM ALIGNMENT, MAPPING, SCHEDULING, & PLANNING

The Chancellor's Office Vision for Success stresses the importance of decreasing the average number of units accumulated by CCC students earning degrees.

Palomar College's Guided Pathways plan includes clarifying paths for students by sequencing course offerings so that they support scaffolding and timely completion. Our goal is to ensure learning through:

- The mapping and assessment of clear program outcomes that are also aligned to employer and/or transfer institution expectations.
- Engaging and applied learning experiences.
- Effective instructional practices to support students in achieving success.

How do your course outcomes help your students achieve their program outcomes?

All of the courses in EME are based on scaffolding. EME 100 prepares the student for EME 106 (EMT) which leads to employment/career. EME 106 prepares the student for Paramedic Prep and Paramedic Prep prepares the student for the Paramedic Academy again leading to employment/career with a livable wage.

Every time a student successfully completes a course that means they have met the outcomes and are ready to progress to the next step. By completing all of the courses the student is prepared to successfully pass the NREMT exam and gain employment.

How do your degree maps and scheduling strategy ensure scaffolding (how all parts build on each other in a progressive, intentional way)? How do you share the maps with students?

As mentioned above, our program must follow a map as students cannot enter the next class in the sequence without successfully passing the prerequisite. As a CTE program there has always been a map for the CPE and CTA but not for a degree.

Students entering this profession have the ability to earn very good money without a degree so it has never been emphasized and unfortunately in California, this mindset continues. "Just get your EMT or paramedic license and get to work, you can go back for your degree later". Now that we have worked closely with counseling and created a strong guided pathway we will begin aggressively sharing this with our students in the EME 100 and 106 courses. For those that can attend full time, the guided pathway is great but we have several older students that are in the middle of career changes and trying to support families that just need to begin working or young students that have very little support financially and must work full time. With this population we will push online classes so they can continue to progress towards their degree in a timely fashion. The goal is to just keep them enrolled, even if it is just one class. As we all know, once you stop its very hard to go back.

What is your departmental strategy on how you schedule your courses including the time of day you offer courses? Do you use fast track or block scheduling (putting required classes near each other) to organize required classes (Particularly to meet the needs of disproportionately impacted students)?

The Paramedic Academy is basically M-F, 8-5 so we will not focus on those courses (206-215).

In an effort to help our students earn certificates needed to begin working we scheduled a FT 1 EME 100 course and a FT 2 EME 106/106L course. This was very exciting as we thought students in the FT 1 EME 100 course (prerequisite) would successfully complete and roll right into EME 106/106L earning their CPE in one semester and begin working. That did not work as we thought as the FT 2 EME 106 class filled prior to those completing FT EME 100 class. The concept of 1 semester to working was a bust and many of the students were very upset. They had put off other classes so they could take the FT 1 and FT 2 classes. Our night EME 100 classes have been cancelled due to low enrollment but the T/Th FT 1, Wednesday day, Thursday night and FT 2 hybrid class on CP have filled. We offer day, night and weekend EMT classes that are filling and paramedic prep on M/W days is filling as well. This scheduling seems to be working nicely as we see many of our students attending the Fire Tech classes in the morning or evening as well as GE classes that are offered at the ESC campus

How do you work with other departments that require your course(s) for program completion?

None of our courses are required by other departments for program completion however Bio 145 is required for the CTA for Paramedic Training. Students report there are plenty of classes and they have no issues completing Bio 145. We also have a great relationship with Gene Gushansky who teaches Bio 145. Our paramedic students are invited to attend a cadaver lab every semester with Gene. This helps to reinforce what was learned in Bio 145 and they are able to ask questions they may have.

Does your discipline offer cross-listed courses?

Yes

How do you work with the other department(s) to ensure consistent curriculum per the COR and minimum qualifications? How do you coordinate course scheduling?

We work very well with Kinesiology to ensure the EME 100/HE104 course curriculum is consistent, however we will be turning over the Emergency Medical Responder course to Kinesiology. By Fall 2020, we will no longer be cross listed.

Are there curriculum concerns that need to be resolved in your department? What are they?

The reason we are ending the cross listing is a result of needing to change the curriculum to better meet the needs and better prepare our students for the EMT program. Emergency Medical Responder is a great course that teaches basic first aid. This is great but our students are moving into a career, not remaining a lay person that may or may ever have the need to render aid to a person in need. Our students need more education and exposure to leadership, communication, pathophysiology, assessment and treatment. There is currently no lab associated with EME 100 and we have created a course that has a corequisite lab and curriculum that will better prepare the student for EME 106.

Are there courses that should be added or removed from your program - please explain?

Once EMT Prep has been approved through curriculum we will be deactivating EME 100.

How is the potential need for program/course deactivation addressed by the department?

We met a few years ago and deactivated several courses that were no longer offered. This decision is not made by one person but as a department.

Is your department pursuing non credit or not-for credit options at this time?

Yes

Are there areas you would like to expand?

We are working on a tiered non-credit Medical Professions Prep online course that will help students interested in a career in the health professions. Each tier is 4 week and there are 3 tiers.

Tier 1 focuses on medical terminology, reading comprehension (how to read medical textbooks, and learning styles/study habits. (Aimed at those entering EME 100)

Tier 2 focuses on advanced medical terminology, anatomy and physiology and medical math. (Aimed at those entering EME 106)

Tier 3 focuses on advanced medical math, pharmacology and cardiology. (Aimed at those applying for the paramedic academy)

Click here for information about [Noncredit](#) and [Community Education](#)

Is your department offering online classes?

Yes

How do you consider student needs when determining which classes and how many classes should be offered online versus face-to-face?

We offer an hybrid EME 100 course and the non credit classes will be online. We have thought about offering EME 175 online but we feel that the EME 106, EME 175 and Paramedic Academy should be face to face. There are just too many questions that need to be answered and many examples that are shared in the face to face environment. If it were to be placed online we would have to make the course synchronized.

Describe other data and/or information that you have considered as part of the evaluation of your program

Paramedic exit interviews, interviews with preceptors, advisory board and county meetings are great as we are able to gain immediate feedback regarding student performance and students are able to freely communicate great things about the program as well as shortcomings. The students always come back with amazing suggestions.

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.

Work Based Learning

Applied and work-based learning (WBL) allows students to apply classroom content in professional settings while gaining real-word experience. WBL exists on a continuum that reflects the progress of experiences from awareness-building to training. Students often cycle back through the continuum many times throughout college and throughout their career. Faculty play a critical role in ensuring these experiences are embedded into curriculum and support learning.

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 clinical internship of no less then 172 hours and

a field internship of no less than 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 clinical and 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 in April. 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. Agencies also advised students who have successfully course completed an EMT or Paramedic academy are not passing employment entrance assessments. This was concerning to hear. The agencies explained that although paramedic and EMT students are passing the course and the NREMT exam, they are struggling with communication and critical thinking.

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

Completed

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.

This goal was completed and now we just need to get the staff trained and the new simulations deployed.

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?

Existing

Goal Status

Ongoing

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

8/24/2020

Goal 3

Brief Description

Curriculum Development (EMT Prep, Paramedic Prep, Paramedic Academy)

Is this a new or existing goal?

New

How will you complete this goal?

This goal will take all full time faculty members working together to create/rewrite curriculum to better align with the goals of the department and college.

As mentioned previously, we will be deactivating EME 100 and creating EMT Prep. This new course will better prepare our students who will be entering EME 106/106L. Having a better prepared EMT student will result in a much more competent entry level EMT. Right now, students who are successfully completing the EMT course are not able to pass a simple employment assessment by one of the largest employers. They have already come to us with this problem and we need to aggressively move and correct this issue.

We are updating curriculum for the paramedic prep class because we are noticing students who pass the paramedic prep class are still not prepared for the paramedic academy and as mentioned above, a better prepared student coming into the academy will result in a more competent entry level paramedic. Its a trickle effect. Our paramedic students who are successfully completing the academy are also struggling to pass employment assessments.

Outcome(s) expected (qualitative/quantitative)

We have shared our ideas and curriculum with the advisory board and employers with a very positive response. With the change of curriculum and emphasis from an academic approach to a clinical approach we expect to see stronger, well rounded entry level EMTs and Paramedics.

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

Our entire goal as a CTE department is to provide training that will help students gain the knowledge, skills and affective behavior necessary to become competent EMTs and Paramedics. This addresses both the guided pathways and strategic plan 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

8/24/2020

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?

No

Are you requesting additional Staff, CAST or AA?

No

RESOURCE REQUESTS AND BUDGET ALLOCATION REVIEW

Budget Analysis: This section should be completed by department chairs by the end of September.

Are there areas in your budget where there has been a historical surplus (See three year trend)?

No

Are there processes that need to be examined to ensure we are being the most efficient with funding?

No

Are there ongoing needs in your department budget that you currently do not have the resources for?

No

Do you have non-general fund sources of funding?

No

One Time Needs

For more information about funding sources available, see [IELM BLOCK GRANT, LOTTERY PERKINS AND STRONG WORKFORCE GUIDELINES](#) (on the left menu of the web page.)

Please check with your department chair on the availability for this cycle.

Do you have one-time funding requests?

No

Review

Chair Review

Chair Comments

Chair Name

Sarah DeSimone

Chair Sign Date

Dean Review

Strengths and successes of the discipline as evidenced by the data and analysis:

The program director and other faculty in this program are amazing. they bring a breadth of real world experience into their teaching which enriches the experience for all students. This is a very complex program with a lot of moving parts and it takes all faculty working together to make this work.

Areas of Concern, if any:

The complexity of this program makes it very challenging to support. The external accrediting agency makes changes sometimes with very little warning. Our curriculum process doesn't move that fast and this can be challenging at times. The program must maintain partnerships for clinical rotations and this requires a lot of staffing resources.

Recommendations for improvement:

work with faculty to examine the tasks and duties needed to run the program and develop a model to support the program within the constraints of the budget while following college policies and procedures as

well as the CBA..

Dean Name
Margie Fritch

Dean Sign Date
11/6/2019

IPC Review

Strengths and successes of the discipline as evidenced by the data and analysis:

The EME program seems nimble and able to respond to industry feedback and needs. There is evidence of clear awareness of student needs and commitment to making adjustments to the program, including support for students before entering the program. The department should be commended for maintaining high standards, meeting accreditation standards, and for their student success rates in the program.

Areas of Concern, if any:

Cross-listed courses require both departments to cooperate and collaborate on edits and changes. It is recommended that EME work closely with Health before making substantial changes to EME 100 (including determining whether to separate the course from cross-listing). Both departments need to be clear on the plan and reach consensus.

We agree with the department's concern over enrollment issues for the FT course sequences. The department is encouraged to look at cohorted class sequences to ensure ease of enrollment for students.

Recommendations for improvement:

Clarification on page 1 about hourly staff vs instructors.

Maintain open lines of communication with industry partners to help ensure that changes in the field are proactively addressed by the department wherever possible.

Explore and analyze possible reasons for decline in certificate completions.

As the department expands the Distance Education offerings, it is recommended that the department supports faculty in completing appropriate training and PD to ensure currency and effectiveness in DE instruction.

IPC Reviewer(s)
Pearl Ly, Jenny Fererro, Anastasia Zavodny

IPC Review Date
11/22/2019

Vice President Review

Strengths and successes of the discipline as evidenced by the data and analysis:

This is always a thorough review!! The communication point is so important and a great idea- I wonder if we could make some connections with the communications dept.? The retention and outcome section is great—you have a great model to follow. I was dismayed to hear about EME 100 but love your attention to address!! I'm not surprised at all about growth in terms of jobs in the discipline.

Areas of Concern, if any:

Do you think there is a genuine data discrepancy- if so we def need to address- please let me know. See comments above on cross-listing.

Recommendations for improvement:

Vice President Name

Vice President Sign Date

Jack S. Kahn Ph.D.

2/2/2020