



Committee on Accreditation of Educational Programs
For the EMS Professions
4101 W. Green Oaks Blvd. Suite 305-599
Arlington, TX 76016

□

Self-Study Report Format

For Programs Seeking

Initial Accreditation

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INITIAL-ACCREDITATION SELF-STUDY REPORT (ISSR) for an Educational Program for the Paramedic

INSTRUCTIONS

Each accredited program conducts an internal review culminating in the preparation of an initial-accreditation self-study report (ISSR). The CoAEMSP will use the report, and any additional information submitted, to assess the program's degree of compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [www.caahep.org]. Programs should carefully read the *Standards & Guidelines* as well as the *CoAEMSP Interpretations to the Standards and Guidelines* to fully understand and respond to the corresponding questions in the ISSR. The CoAEMSP Executive Office will review the ISSR and any additional documentation for completeness.

Electronic copies may be submitted on CD or flash/thumb drive in the format set forth in this document (**no paper copies** are required). The ISSR (electronic) and the Student Evaluation SSR Questionnaires (sent separately) must both be received in the CoAEMSP executive office for the submission to be complete.

FEES:

The Technology fee, Initial-Accreditation Self Study Report Evaluation fee, and Site Visit deposit are due with submission of the ISSR. The first CoAEMSP Annual fee (prorated, if applicable) is due upon submission of the CAAHEP Request for Accreditation Services. (see fee schedule at www.coaemsp.org/Fees.htm).

REPORT FORMAT:

- Type the text of the response for each question directly into the spaces provided on the template form.
- Consecutively number each page of the report, including appendices.
- Prepare **four (4)** electronic copies on CDs or flash drives. (**no paper copies are submitted**)

CAAHEP REQUEST FOR ACCREDITATION SERVICES

Programs must electronically submit the CAAHEP Request for Accreditation Services (RAS) and pay the first CoAEMSP Annual fee (prorated, if applicable), when filing the ISSR, if not previously submitted and/or paid. (There is no CAAHEP fee due with the RAS). Click [here](#) to go to the on-line RAS form. (Internet connection required.)

Submit the report with appropriate fees to:

**Committee on Accreditation of Educational Programs for the EMS Professions
4101 W. Green Oaks Blvd. Suite 305-599 • Arlington, TX 76016**

TIMING OF ON-SITE REVIEW:

An initial-accreditation on-site review will occur as scheduled by CoAEMSP and agreed to by the program. The CoAEMSP **Site Visit Information** form must be completed and copied to each CD/flash drive.

Click [here](#) for the link to the on-line form.

TITLE PAGE

- 1 Program Name: Black Hawk College EMS Program
- 2 CoAEMSP Program #: (assigned and entered by CoAEMSP after submission)
- 3 Name and address of the program sponsor:

Name Black Hawk College
Address 6600 34th Avenue

City/State/Zip Moline, IL 61265
Voice 309-796-5000 FAX 309-796-5357
Web site www.bhc.org
- 4 Name and contact data for person(s) responsible for the preparation of the report:

Name: Karen Wilson
Title: EMS Program Director
Phone #: 309-796-5361
FAX #: 309-796-5357
Email: wilsonk@bhc.edu

Name:
Title:
Phone #:
FAX #:
Email:

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Copy on to each CD/jump-flash drive: **CoAEMSP Site Visit Information** form.

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GENERAL INFORMATION

1. Chief Executive Officer (to whom all correspondence will be directed)

Name Dr. Thomas B. Baynum
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2. Dean or Comparable Administrator

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E-mail riveram@bhc.edu

3. Program Director:

Name Karen S. Wilson
Title EMS Program Director
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City/State/Zip Moline, IL 61265
Voice 309-796-5361 FAX 309-796-5357
E-mail wilsonk@bhc.edu

Is the Program Director employed by the sponsor? ☒ Full-time ☐ Part-time

4. Clinical Coordinator (if applicable)

Name Chad Miner
Title EMS Clinical Coordinator
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City/State/Zip Moline, IL 61265
Voice 309-373-5322 FAX
E-mail minerc@genesishhealth.com
Is the Clinical Coordinator employed by the sponsor? ☐ Full-time ☒ Part-time

5. Medical Director(s)

Name Dr. Wayne Gallops
Title EMS Program Medical Director
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City/State/Zip Moline, IL 61265
Voice 563-529-3824 FAX
E-mail gallops@mchsi.com

Co-Medical Director (if applicable)

Name
Title
Address

City/State/Zip
Voice FAX
E-mail

6. List the other health professions programs offered by or within this institution/consortium.

Associate Degree in Nursing (AAS)
Practical Nursing Education
Nursing Assistant Program
Health Information Management (AAS)
Massage Therapy and Bodywork
Medical Assisting (AAS)
Medical Billing Specialist
Medical Coding Specialist
Medical Transcription
Physical Therapist Assistant (AAS)
Radiologic Technology (AAS)

7. Write a brief (no more than 2 pages) description of the history and development of the program from its inception. Include significant events affecting the program

The Black Hawk College EMS Program began in 1992 as a joint venture between Black Hawk College and Illini Hospital in Silvis, Illinois. It was developed to meet the needs of the community by providing qualified EMS providers. The EMS Program enabled the two institutions to work together to provide quality education in a hospital setting. At that time, Illini Hospital provided the classroom instruction and clinical experiences. The College provided the collegiate structure including college credit, financial aid, veteran's benefits, counseling and other support services. Judy Lee, R.N. coordinated the program at Illini Hospital. Black Hawk College employed Bruce Smith as an adjunct faculty member. His title at that time was training officer for the hospital's Mobile Intensive Training Project. Bruce functioned as the primary instructor, delivering lecture content and supervising clinical experiences. Instruction was also provided by physicians specializing in emergency medicine, registered nurses with advanced education in trauma management, and EMS providers. This program prepared individuals for entry-level positions as Emergency Medical Technicians at either the Basic Level, or Paramedic Level. Emergency medical technicians provide basic and advanced life support in out-of-hospital settings to critically ill and injured persons. This program consisted of Basic and Paramedic courses. Students received an Emergency Medical Services Certificate when all course work was completed.

In the fall of 1999 Bruce Smith was hired as a full time faculty member at Black Hawk College. This was a smooth transition as Bruce worked to provide quality education to Black Hawk College students.

As community expectations changed, it became apparent that EMS education must advance in philosophy and delivery of care. Curriculum changes began in November 2003 and included plans for the Associates Degree in Applied Science in Emergency Medical Services. All courses developed were based on the National DOT EMS Standards of Care curriculum and followed the Illinois EMS Act Guidelines. During this transition, an EMS Education Committee met on a monthly basis with key EMS professionals employed at Genesis Medical Center-Illini Campus (formerly known as Illini Hospital). This provided Black Hawk College faculty additional guidance as this new curriculum was developed. The implementation date was January of 2007. A student at Black Hawk College was now able to obtain an Associate of Applied Science in EMS, an Emergency Medical Technician Basic Certificate, an Emergency Medical Technician-Intermediate Certificate and an Emergency Medical Technician-Paramedic Certificate.

Based on national and state outcomes, it became apparent to Black Hawk College faculty and administration that additional curriculum changes were indicated. It was further recommended at this time that EMS faculty at the college be evaluated. Beginning in August 2008, the EMS curriculum was completely delivered by newly hired adjunct faculty. Curriculum revision was once again revisited beginning in January 2009. With the assistance of the EMS system coordinator at Genesis Medical Center-Illini Campus (also an adjunct faculty member), the department chair of Nursing and Allied Health began a review of the present curriculum. A curriculum revision was indicated at this time. Beginning in the fall of 2010, the first courses in the curriculum revisions were implemented. An entirely revised Associate in Applied Science-EMS Paramedic Degree and an Emergency Medical Technician-Paramedic Certificate were adopted in the spring 2011 semester. The Emergency Medical Technician-Intermediate Certificate was deleted from the program when these changes were implemented.

Based on program needs, the newly retired department chair for Nursing and Allied Health was appointed as the part time EMS program director in the fall 2009 semester. A national search was begun on February 17, 2010, to hire a full-time program director. No applications were received for several months. The first two interviews were conducted in

the fall of 2010. One applicant was not qualified, and the other highly qualified applicant turned down the position. Another search began on December 8, 2010. One interview was conducted. On March 1, 2011, Karen Wilson was hired to begin full-time employment in August 2011. Administration supported having Ms Wilson work part-time throughout the summer in conjunction with the interim program director to assure a smooth transition prior to the start of the fall 2011 semester.

PART A: Sponsorship (Standard I)

1. Is the sponsor a consortium? ☐ Yes ☒ No
(If yes, at least one member must meet Standard I.A requirements. Proceed to question #2 and include a copy of the Consortium Agreement in **Appendix L**)

Complete the following for the sponsoring institution:

2. Type of Sponsoring Institution (check only one of the following):
- a. ☒ U.S. Post-secondary institution (Standard I.A.1)
 - b. ☐ Foreign post-secondary institution (Standard I.A.2)
 - c. ☐ Hospital, clinic, or medical center (Standard I.A.3)
 - (1) Is there an allied health program sponsored by the institution? ☐ Yes ☐ No
 - (2) If no, is there an office of graduate medical education with at least one residency program for post-graduate physician education? ☐ Yes ☐ No ☐ N/A
 - (3) If no to #1 and #2, include a copy of the Articulation Agreement in **Appendix L**)
 - d. ☐ Branch of the United States Armed Forces (Standard I.A.4)
 - e. ☐ Governmental education or medical service (Standard I.A.4)
 - (1) The sponsor is under the auspices of which government (check only one):
☐ Federal ☐ State ☐ County ☐ City/Town
 - (2) Is the sponsor authorized by the State to provide initial educational programs? (If no, then not eligible under Standard I.A.4) ☐ Yes ☐ No
 - (3) Is the sponsor authorized to award college credit? ☐ Yes ☐ No
 - (4) If no, is the sponsor recognized by the State as a post-secondary institution? ☐ Yes ☐ No ☐ N/A
 - (5) If no to #3 and #4, include a copy of the Articulation Agreement in **Appendix L**)
3. Type of award upon program completion: Certificate
(Note: Choose only one award level. Accreditation is granted only to the award level curriculum that gives the graduate eligibility for entry into the profession.)
4. Sponsoring Institution Accreditation
- a. Name of Institutional Accrediting Agency:
Higher Learning Commission-A Commission of the North Central Association of Colleges and Schools
Illinois Board of Higher Education
Illinois Community College Board
Illinois State Board of Education
 - b. Current Accreditation Status: HLC Accredited
Date of Last Accreditation Review: 2002-2003
Date of Next Accreditation Review: 2012-2013
 - c. Is the sponsoring institution legally authorized under applicable state laws to provide postsecondary education? ☒ Yes ☐ No

PART B: Program Goals (Standard II)

1. List any communities of interest served by the program in addition to those specified in Standard II.A. Describe the needs and expectations of each of the communities of interest.

Community of Interest	Needs and Expectations
1. Students	Publically known admission policies •Current and quality instruction •Valid and reliable examinations •Relevant and required clinical experiences •Assistance from college support services (financial aid, counseling, tutoring, etc.) •Competent entry-level knowledge, skills and attitude consistent with the EMS profession •Thorough preparation to practice in the profession
2. Graduates	•Post-hire curriculum evaluation •Post-graduate support services •Thorough preparation for National Registry Exam &/or IL State Licensure Exam •Employment resources
3. Faculty	•Appropriate teaching material •Operational audio/visual equipment •Assistance from college support services •Professional development opportunities
4. Sponsor administration	•Support college policies and procedures •Adherence to state and federal educational regulations and guidelines •Maintenance of student education records •Adherence to state and federal EMS regulations •Promotion of the program in the region and state
5. Hospital/clinic representatives	As Clinical/Field site: •Student orientation to policies and procedures of hospital/clinic •Maintenance of student health records, HIPAA and BBP •Appropriate student conduct during ride time, hospital and clinical experiences As receiving site: •Cooperative transfer of care •Seamless transition from pre-hospital setting •Safe and accurate student performance (with guidance) of EMS skills Hospital/Clinic/Field Site Preceptor Orientation, updates, training programs to include preceptor policies, procedures, affiliate & student expectations, responsibilities, objectives and expected outcomes
6. Physicians	Prior to program completion: •Safe and accurate student performance (with

	<p>guidance) of EMS skills</p> <p>Upon program completion:</p> <ul style="list-style-type: none"> •Paramedic practice following standards of care and local protocol •Quality pre-hospital assessment and interventions •Accurate documentation of patient care •Effective communication skills in all interactions within health care environment
7. Employers	<ul style="list-style-type: none"> •Properly prepared entry-level employee candidates •Knowledge, skills and attitudes expected of entry level employment candidates •Knowledge, skills and attitudes expected of EMS Paramedics at local, state and national levels •Input into needs for future graduate expectations in the EMS profession <p>Input as to employment opportunities and expectations</p>
8. Police and fire services	<ul style="list-style-type: none"> •Properly prepared entry-level employee candidates •Knowledge, skills and attitudes expected of entry-level employment candidates •Knowledge, skills and attitudes expected of EMS Paramedics at local, state and national levels •Input into needs for future graduate expectations in the EMS profession <p>Input as to employment opportunities and expectations.</p>
9. Key governmental officials	<ul style="list-style-type: none"> •Graduate awareness of legal EMS operation, certification responsibilities, recertification responsibilities and continuing education requirements •Quality pre-hospital assessment and interventions
10. The public	<ul style="list-style-type: none"> •Preparation of competent entry-level pre-hospital providers <p>Practitioners who function within their defined Scope of Practice, perform according to Standards of Care, and follow local protocols as directed by the designated medical director</p>
11.	
12.	
13.	
14.	
15.	

2. Describe how the Paramedic program is responsive to the demonstrated needs and expectations of the communities of interest.

Our EMS Program has recently been conducting frequent assessments and opening lines of communication among students, faculty, employers and members of the community. Advisory Board meetings provide another mechanism for communicating with the public and EMS providers/employers to determine needs and community expectations.

3. List of the individuals and the communities of interest that they represent on the program advisory committee (must include at least one representative from each group in the drop down list) (for individuals not on the drop down list, use rows 11-20):

Member Name	Community of Interest
1. Greg Marty	Police/Fire Service
2. Dr. Michael Rivera	Sponsor Administration
3. Chris Webster	Faculty
4. Bette Wigand	Hospital/Clinic Representative
5. Lou Steinbrenner	Key Governmental Official
6. Carol Zimmerman	Public
7. Linda Frederiksen	Employer
8. Dr. Wayne Gallops	Physician
9. Aaron Mahieu	Student
10. Chad Miner	Graduate
11. Mike LeMaster	
12. Lee Meyers	
13. Betsey Morthland	
14. Brian Payne	
15. Joe Schmieder	
16. Tom Sheets	
17. Mark Guthrie	
18. Brain Jacobsen	
19. Trent Mull	
20. Elizabeth Heggen	

4. Has the advisory committee met at least once? ☒ Yes ☐ No
If No, please explain:

5. List the dates of all advisory committee meetings in the last 2 calendar years:
8/17/11
10/28/10
2/05/09

6. Place in **Appendix M** copies of Advisory Committee minutes for the meetings listed in question B5.

7. Standard II.C. states the minimum expectation goal as: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.."

Are there any additional goals to be reviewed for accreditation? ☒ Yes ☐ No

If yes, describe the methods/process by which the additional stated goal(s) were developed/adopted:

At the time the additional Program Outcomes/Goals were developed, our EMS Program utilized one medical center (Genesis-Illini Campus) to provide students with clinical and field experience. The EMS program director held Advisory Board meetings and met with key personnel from the medical center to discuss key entry-level requirements for an Emergency Medical Technician-Paramedic. Many conversations followed these meetings. Additional goals arose from those discussions. Evaluation measures identified further goals within the psychomotor and affective domains. There were specific areas identified that needed improved skills, such as knowledge of the professional role of the Paramedic and communication techniques.

Once the goals/outcomes were written, the EMS program director reviewed the updates with the EMS Advisory Board members as well as current faculty.

Most recently, the new EMS program director and medical director proposed updates to the program goals based on the paramedic scope of practice and new educational standards. These proposed goals were once again brought to the Advisory Board for review and input prior to adopting the expanded goals.

8. Indicate and describe the methods by which the program ensures that the goal(s) and learning domains will continue to meet the needs and expectations of the communities listed.

☒ Advisory Committee

☒ Employer Surveys

☒ Graduate Surveys

☒ Other, please describe:

Discussion and meetings within the EMS program and with key EMS clinical and field affiliates and preceptors

9. Describe how the goal(s) and learning domains are utilized in program planning and implementation.

The goals and learning domains drive the curriculum plan and provide the basis for how the course content is structured. Additional program surveys and evaluations have been initiated, and terminal program results are being tracked and tallied starting with the graduating class of 2010. As the results from the surveys, evaluations and terminal program outcomes are available, they will provide information for program planning and revision implementation. The information will also provide additional indicators as to how program goals and learning domains are achieved. The Advisory Board will be instrumental in providing programmatic review. The terminal program outcomes and

evaluations will provide the Advisory Board with meaningful program effectiveness indicators and facilitate review and contribution to program review, planning and revision.

10. Describe any special considerations that impact your program characteristics.

Black Hawk College serves a mid-size metropolitan area. The EMS Program has had a unique opportunity to focus on one primary provider for its clinical experience and EMS field site. Recently a competitor EMS program has closed, and this has provided new opportunities to access additional hospital resources and field affiliates. These additional resources have been eager to become a part of the Black Hawk College EMS educational experience. These new affiliate relationships and contract agreements are moving forward for the 2011-2012 school year.

PART C: Program Resources (Standard III)

1. Place in **Appendix A**, the completed Resources Assessment matrix (at least the first 4 columns completed).
2. Place in **Appendix B**, a programmatic organizational chart of the sponsoring institution/consortium that portrays the administrative relationships under which the program operates. Start with the chief executive officer. Include all program Personnel and faculty, anyone named in the Self Study Report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.
3. Explain any relationship in the programmatic organizational chart that is other than direct line.

The Illinois EMS Act requires that the EMS program be affiliated with and coordinated by an EMS system. The Illini EMS system medical director and EMS system coordinator provide program oversight on behalf of the state. The College EMS medical director and EMS program director collaborate with the Illini EMS system medical director and EMS system coordinator.

4. Complete in **Appendix C** on the forms provided, the designated information for the Program Director, Medical Director, Clinical Coordinator (if applicable), and any other paid faculty. Also, include in the Appendix the job descriptions of the Program Director, the Medical Director, and Clinical Coordinator (if applicable).
5. Complete in **Appendix D** the Program Course Requirements Table to list all courses required in the Paramedic curriculum.
6. List the evaluation methods and the results of those methods by which the program has determined that the content of the curriculum meets the minimum expectations goal and learning domains. (i.e. comparison with the specified national documents – Standard III,C).

Cognitive Domain- Currently there is a comprehensive midterm and a summative final examination that must be passed with an 80%.

State exam results for class of 2010 are 83%. All but one student passed on first attempt.

National Registry results are not available as of this date for class of 2010.

Graduate surveys

Employer surveys

Psychomotor Domain-

Practical exams throughout program,

Final summative practical exam

Graduate surveys

Employer surveys

Affective Domain- The affective domain objectives are evaluated via affective written assignments and affective performance evaluations in the clinical/field environment as determined by qualified preceptors, and reviewed by faculty, program director and medical director.

Graduate surveys

Employer surveys

7. Analyze/discuss the results of those methods and describe the action plan(s) implemented or projected to be implemented to improve unsatisfactory results.

Cognitive Domain- first-time national pass rate scores have been inconsistent and below desired goal for the class of 2010. Full-time faculty has been hired. Syllabi has been revised and course content has been revised and improved.

Course and faculty evaluations have been consistently obtained starting with the class of 2012.

Graduate & Employer Surveys have been initiated for the class of 2011 and DataArc will be utilized starting with the 2012 graduating class.

Psychomotor Domain

Course and faculty evaluations have been consistently obtained starting with the class of 2012.

Graduate & Employer Surveys have been initiated for the class of 2011, and DataArc will be utilized starting with the 2012 graduating class.

Affective Domain

Course and faculty evaluations have been consistently obtained starting with the class of 2012.

Graduate & Employer Surveys have been initiated for the class of 2011 and DataArc will be utilized starting with the 2012 graduating class.

8. Describe instructional methodologies utilized and how their appropriateness is ascertained for each type of course in the Paramedic curriculum. (didactic, laboratory, and clinical/field internship).

Didactic- The primary means of instruction is lecture utilizing various technologies such as powerpoint, overhead projection, and short video clips.

Measuring program cognitive objectives is accomplished by frequent quizzes, multiple choice exams, and written assignments.

Laboratory- The primary means of instruction is hands-on demonstration, practice and return demonstrations.

Psychomotor objectives are measured and evaluated utilizing skill performance check-off sheets in the lab during practical exams.

A Skill Signature Performance Record is maintained for all students starting with the class of 2012,

Clinical/Field Internship- The clinical/field handbook outlines the objectives, performance standards and expectations of the clinical/field course.

Evaluation of cognitive performance, psychomotor performance, and affective objectives are measured in the clinical/field environment by qualified preceptors, and reviewed by faculty, program director and medical director.

There is an established clinical orientation and preceptor program to facilitate inter-rater reliability and communicate performance criteria, objectives, and evaluation measures.

9. Describe how the instruction is an appropriate sequence of classroom, laboratory, and clinical/field internship activities, and how the clinical/field internship and laboratory activities are integrated with the didactic portion of the program.

At the beginning of the program, material is structured to reinforce introductory concepts such as blood-borne pathogens and HIPPA policies and then presents introductory paramedic concepts such as roles and responsibilities of the paramedic, medical/legal/ethical considerations, communication & documentation, and cellular/chemical organization. Next, blocks of instruction progress to include assessments, pharmacology, and medication administration prior to instruction on airway management and respiratory emergencies. Skills in these areas are practiced and tested in the lab setting prior to starting clinical/field hours.

At this point in the program, students may begin to schedule hours in respiratory therapy, the emergency department, and with their assigned ambulance service. Focus is on assessments, vital signs, respiratory interventions, IV initiation, and acquiring lead BLS level competencies.

As the classroom progresses to cardiac A & P, cardiac monitoring, interpretation of EKGs, cardiac assessments and interventions plus ACLS certification, these newly acquired cognitive abilities and skills are reinforced in the clinical and field environment.

The program continues to progress by teaching and learning the various paramedic concepts, then demonstrating performance skills in the lab, when applicable, and finally reinforcing the newly acquired knowledge and skills in the clinical and field environment. For example, students are allowed to sign up for clinical hours on the obstetric units after the student has met obstetric competencies in the didactic and lab setting. This holds true for other concepts such as pediatrics and behavioral emergencies.

Additionally, field competencies are structured so that the student meets Basic Level competencies, then Progressive Level competencies, and ends the program by achieving Advanced Level competencies.

10. Describe the type and amount of all planned physician instructional involvement in the program.

The College has hired an EMS medical director as of August 1, 2011. The goals and responsibilities of the medical director include program oversight in all aspects of the programming and implementation. The medical director reviews all curriculum plans, handbooks, and exam results and makes regular contact with the program director to inquire about program needs, student progress, and other areas of concern that need to be addressed. The program director also makes regular visits to the class.

Furthermore, the new EMS Program medical director will provide increased one-on-one physician contact with the paramedic students during the terminal portion of their clinical internships. This additional physician resource will provide increased educational support in the areas of patient assessment, decision making, and intervention selection.

11. Describe the teaching and administrative loads of each paid Paramedic faculty member. List the actual course title, number of lecture, laboratory, and/or clinical/field internship hours each faculty member teaches in each semester or quarter of the curriculum, as well as any assigned administrative time.

Karen Wilson, Full-time Program Director Fall load: EMS 100- 1 credit EMS 110- 4 credits, EMS 112- 8 credits

3 credit equivalent for Program Director Administrative duties.
Spring load: EMS 100- 1 credit EMS 210- 4 credits, EMS 212- 8 credits
3 credit equivalent for Program Director Administrative duties.

Chris Webster, Part-time Paramedic Faculty Fall load: EMS 110- 3 credits, EMS 112- 8 credits. Spring load: EMS 210- 3 credits, EMS 212- 8 credits

Chad Miner, Part-time Clinical Coordinator Fall load: EMS 102- 1 credit X 3 sections, EMS 114- 1 credit X 2 sections. Spring Load: EMS 102- 1 credit X 2-3 sections, EMS 214- 2 credits X 2 sections. Summer Load: EMS 216- 8 credits

Remainder of part-time paramedic faculty are paid an hourly rate based on a per diem schedule.

12. How many total active **clinical** affiliates are used by the program? 2

☒ As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized clinical affiliate individual has provided and attested to the information presented in the corresponding form in Appendix E.

Complete in **Appendix E** a **Clinical** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental form from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

13. How many total active **field internship** affiliates are used by the program? 3

☒ As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized field internship individual has provided and attested to the information presented in the corresponding form in Appendix F.

Complete in **Appendix F** a **Field Internship** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental forms from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

14. Complete in **Appendix G** the Student **Clinical** Rotation Matrix.

15. Complete in **Appendix H** the Student **Field Internship** Rotation Matrix.

16. Describe the system by which the program tracks the number of times each student successfully performs each of the competencies required for Paramedics according to age, pathologies, complaint, gender, and interventions.

The paramedic program implemented the FSDAP tracking software as of August 2011.

17. Describe how the field internship provides each student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

The paramedic field internship is structured in three levels: Basic, Progressive, and Advanced Levels. During the Basic and Progressive levels, the student will provide team leadership for BLS calls and will be incrementally performing ALS skills. During the Advanced Field Level, the paramedic student will provide team leadership for ALS calls in addition to performing ALS skills as indicated.

18. Do students in the Paramedic program receive all support services available to other students enrolled in the educational institution? ☒ Yes ☐ No
- a. access to the same health services ☒ Yes ☐ No
- b. receive the same personal counseling ☒ Yes ☐ No
- c. receive the same academic advising ☒ Yes ☐ No
19. Copy to the CD/ flash drive a sample, representative syllabus of a didactic, a laboratory, a clinical, and a field internship course that include at least learning goals, course objectives, and competencies required for graduation (See Standard III.C).

☒ **Attachment 1 – didactic course syllabus**
 Course Title: EMS 110, EMS 112, EMS 210, EMS 212
 CD/drive filename: Didactic Lab Course Syllabi

☒ **Attachment 2 – laboratory course syllabus**
 Course Title: EMS 110, EMS 112, EMS 210, EMS 212
 CD/drive filename: Didactic Lab Course Syllabi

☒ **Attachment 3 – clinical course syllabus**
 Course Title: EMS 114, EMS 214, EMS 216
 CD/drive filename: Clinical Field Course Syllabi

☒ **Attachment 4 – field internship course syllabus**
 Course Title: EMS 114, EMS 214, EMS 216
 CD/drive filename: Clinclal Field Course Syllabi

PART D: Student and Graduate Evaluation / Assessment (Standard IV)

1. Are evaluations of students conducted in accordance with the requirements of Standard IV,A,1?☒Yes ☐No
2. Describe the type and frequency of evaluations of students that are conducted in the didactic, laboratory, and clinical/field internship components of the program.

Didactic:

Daily quizzes

10 Unit exams

Written assignments

Two summative exams

Independent exit exam

Lab:

Practical exams for all competency skills

Clinical/Field

Daily evaluations for each clinical and field shift

Run Review includes 1:1 with program faculty, preceptor(s), & student a minimum of once a semester.

Final Field Release evaluation conducted with program faculty, preceptor(s), & student a minimum of once a semester

3. Describe how student progress is tracked through the didactic, laboratory, and clinical/field internship courses and how students are regularly informed of their academic status throughout the program.

Didactic:

All scores for quizzes, exams, & assignments are carefully calculated and documented in available grading platforms. Attendance is tracked for every class day. Students have on-line access to their scores 24/7, and all the scores are entered in a timely fashion. Students who are not meeting quiz and/or exam scores are counseled. Failing to meet 80% on an exam warrants an immediate counseling session with documentation and a plan for improving performance.

Lab: SKILL OBJECTIVES & THE SKILL SIGNATURE FORM

The Skill Signature Form is designed to clearly list the necessary skills to be completed in order to gain proficiency under the guidance of a preceptor or faculty member.

By implementing this type of approach to skill development, the goal is that the experiences of the Paramedic student will be beneficial and effective in regards to the complex skills of emergency medicine.

The Skill Signature Form has been designated for several purposes:

1. The Paramedic student will know which skills he/she will be expected to perform.
2. The Paramedic student will identify his/her skill needs and communicate these needs to the instructor or preceptor.
3. The Skill Signature Form will serve as documentation of the skills which needs to be completed and those skills for which the student has achieved competency in the lab setting.

4. The Skill Signature Form will serve as documentation for the preceptor in identifying which skills are appropriate to perform under direct supervision in the clinical or field setting.

5. The Skill Signature Form will be a means of evaluating the psychomotor objectives that are met by the Paramedic student for the Lab component.

Clinical/Field:

FISDAP tracking software is utilized starting with the class of 2011-2012. The software program not only provides clinical/field tracking and reports, but also allows the clinical coordinator and program director to view ongoing progress and read narrative documentation.

Evaluation of performance by the preceptor is documented on daily shift evaluations and is shared with the student. These signed hard-copy forms are submitted to the clinical coordinator on a regular basis.

4. Are records of student evaluations maintained in sufficient detail to document learning progress and achievements? ☒ Yes ☐ No
Location where they are stored: EMS Office
The # of years stored before disposal: Files sent to BHC main storage after 5 years
5. Copy to the CD/ flash drive a sample, representative skill/check sheet for a laboratory, a clinical, and a field internship course used to assess student competency.

☒ **Attachment 5 – laboratory course skill/check sheet**
Course Title: EMS 110, EMS 112, EMS 210, EMS 212
CD/drive filename: Lab Skill Sheets

☒ **Attachment 6 – clinical course skill/check sheet**
Course Title: EMS 114, EMS 214, EMS 216
CD/drive filename: Clinical Skill Check Sheet

☒ **Attachment 7 – field internship skill/check sheet**
Course Title: EMS 114, EMS 214, EMS 216
CD/drive filename: Field Skill Check Sheet

6. Describe the process by which the program will track retention/attrition for each entering cohort of students?

The program director currently maintains a roster for each paramedic cohort. Per College policy, the official roster is based on participation & attendance starting on the 10th semester day. The program director continues to maintain records regarding class attrition and notes when a student exits the program and if the student dropped for academic or non-academic reasons.

7. Describe how the program will survey its graduates using the DataARC system within 6 to 12 months after graduation of each graduating cohort?

Prior to graduation, students are informed of program surveys, the purpose of the surveys, and how the data will be used. The graduates of paramedic class 2011, will be sent surveys within six to 12 months after graduation utilizing the DataARC system. As follow-up, the College will send out reminders per e-mail and U.S. mail to facilitate survey responses.

8. Describe how the program will survey the employers of its graduates using the DataARC system within 6 to 12 months after graduation of each graduating cohort?

Employers are informed of graduate surveys, the purpose of the surveys, and how the data will be used. This information is communicated during preceptor updates, advisory meetings, and additional interactions with employers. The employers of paramedic graduates class of 2011 will be sent surveys within six to 12 months after meeting program requirements utilizing the DataARC system. As follow-up, the college will send out reminders per e-mail and U.S. mail to facilitate survey responses

9. Which examination(s) is/are used for Paramedics in your state? (check all that apply)

☒ NREMT written ☒ NREMT practical
☒ state written ☐ state practical

10. Describe how the program will utilize the outcomes data (i.e. retention, graduate surveys, employer surveys, Paramedic examinations) in program evaluation and revision (if warranted)?

The Program has initiated a systematic approach to collecting terminal outcomes. The outcome data will be tallied and reviewed to obtain valuable assessment information. The data will be shared and discussed with the Advisory Board, with the College, and among faculty, affiliates, and other interested parties. This data will provide evidence to suggest potential program strengths and weaknesses and will provide direction for program growth, revisions, and improvements.

PART E: Fair Practices (Standard V)

1. Does the institution/consortium publish a general catalogue/bulletin for its educational programs? ☒ Yes ☐ No
If yes, year(s) of the latest edition? 2011-2012
2. Are admissions non-discriminatory, and made in accordance with defined and published practices? ☒ Yes ☐ No
3. Does the institution/consortium have a student grievance policy? ☒ Yes ☐ No
4. a. Does the institution/consortium have policies and procedures to ensure compliance with the ADA? ☒ Yes ☐ No
b. Does the Paramedic program disclose technical standards in compliance with ADA? ☒ Yes ☐ No
c. When are students informed of the program's technical standards?
Prior to enrollment in the Paramedic program if they attended the EMT program at the college and on the first day of the paramedic class.
5. Does the institution/consortium have a faculty grievance policy? ☒ Yes ☐ No
6. a. Are all activities required in the program educational? ☒ Yes ☐ No
If no, briefly describe.
b. Are students ever substituted for staff? ☐ Yes ☒ No
7. Are grades and credits for courses recorded on the student transcript and permanently maintained? ☒ Yes ☐ No
Location where they are stored: Enrollment Services
If No, # of years stored before disposal: no less than 60 years
8. Is there a formal affiliation agreement or memorandum of understanding with all other entities that participate in the education of the students? ☒ Yes ☐ No
Copy to the CD/ flash drive a sample, representative agreement for a hospital affiliation and for a field internship affiliation:
☒ Attachment 8 – sample hospital clinical affiliation agreement
☒ Attachment 9 – sample field placement affiliation agreement
9. Place in **Appendix I** a copy of the most recent college catalogue and any other documents that make known to applicants and students the information specified in Standard V.A.2. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Accreditation status of the sponsor with address and phone number	College Catalog 2011-2012	2

Accreditation status of the program with address and phone number	Paramedic Program Handbook	9
Admission policies and practices	College Catalog 2011-2012	14
Policies on advanced placement	College Catalog 2011-2012	23
Policies on transfer of credits	College Catalog 2011-2012	44
Policies on credits for experiential learning	College Catalog 2011-2012	32
Number of credits required for program completion	Paramedic Program Handbook	13
Tuition, fees, and other program costs	Paramedic Program Handbook College Catalog 2011-2012	10 17
Policies and procedures for student withdrawal	College Catalog 2011-2012	28
Policies and procedures for refunds of tuition/fees	College Catalog 2011-2012	18

Link to on-line catalogue, if applicable: www.bhc.edu

10. Place in **Appendix J** a copy of additional material to be provided to enrolling students that makes known the information specified in Standard V.A.3 and Standards V.B and V.C. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Academic calendar	College Catalog 2011-2012	9
Student grievance procedure	Black Hawk College Student Handbook	24
Criteria for successful completion of each segment of the program	Paramedic Program Handbook	26-27
Criteria for graduation	College Catalog 2011-2012	34
Policies and procedures for performing service work while enrolled in the program	College Catalog 2011-2012	22
Non-discrimination policy for student admissions	College Catalog 2011-2012	10
Non-discrimination policy for faculty employment	College Catalog 2011-2012	10
Policies and procedures for processing faculty grievances	Black Hawk College Agreement Board and Teachers Union	14

Policies and procedures to safeguard student health and safety	Black Hawk College Student Handbook Paramedic Program Handbook	21, 30,41, 43 29-30
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Link(s) to on-line additional materials, if applicable: <http://www.bhc.edu>
<http://facweb.bhc.edu/wilsonk/>

PART F: Supplementary Information / Materials

1. Program Information

	Paramedic
a. Length of program (in months)	17 includes EMT
b. Total credit hours for completion	50
c. Maximum class size (capacity)	24
d. Actual current enrollment – 1 st year students	23
e. Actual current enrollment – 2 nd year students (if applicable)	NA
f. Month(s) in which classes are enrolled (e.g., Jan, Sep)	Aug
g. Certificate of Completion granted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. # of paid full-time Paramedic program faculty	1
i. # of paid part-time Paramedic program faculty	15
j. # of unpaid Paramedic program faculty	2
k. Number of satellite campuses (see relevant Policy)	0
l. Number of program sections (locations) (see relevant Policy)	1
m. Date of most recently admitted class	8/22/2011
n. Date of completion of next class	7/29/2012
o. Month / Year program enrolled the first class ever	8/1992

Program Strengths & Limitations

2. List the program's areas of strength:

Newly hired medical director and full-time program director
Experience and qualifications of medical director, program director and faculty
Administration, EMS faculty, and EMS community resources all willing to embrace changes and revisions in programming and policy
Provision of an Associate of Applied Science Degree in Emergency Medical Services
Accreditation by the Higher Learning Commission of the North Central
Association of Colleges and Schools
Emphasis on a student centered environment
Up-to-date curriculum structure
Job Placement
High overall state licensure exam pass rate
Quality of clinical & field affiliates

3. List the program's limitations (areas that need improvement):

Past tracking of enrollment and terminal competencies
Inconsistent data collection, evaluation/survey system and policies

National written pass rate

4. Describe the processes and/or evaluation systems used to identify the program's strengths and limitations.

The following evaluation systems are currently being initiated:

Course evaluations

Exit evaluations

Advisory Committee recommendations

Program Personnel Resource surveys

Student Resource Surveys

Graduate surveys

Employer surveys

5. Provide the program's analysis of the data collected assessing its strengths and limitations.

Program analysis will be initiated once the data has been collected.

6. Describe the action plans developed to correct deficiencies for all areas in need of improvement listed in question 3 above:

The program director has initiated systems to track enrollment/attrition rates, state and national pass rates, course/exit surveys, personnel and student resource surveys and employer/graduate surveys. The data collected from these systems will provide valuable information regarding program effectiveness and drive program planning and revisions.

To improve National Registry written exam pass rates, the paramedic faculty has been doubled, and course content has been revised and expanded. Frequency of quizzes and written exams has been increased. Exam analysis includes item analysis and reliability review utilizing a new software program and scantron equipment. A commercial exit assessment test is being implemented at the end of the didactic courses.

7. Insert the completed **Faculty Evaluation SSR Questionnaires** from each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), and the members of the Advisory Committee in **Appendix K**.
8. **Student Evaluation SSR Questionnaires:** Assign a student proctor to administer the Student Evaluation SSR Questionnaire. All currently enrolled students are to complete the questionnaire. Have the student proctor distribute a questionnaire to each student, then place all completed questionnaires in a pre-addressed, postage paid envelope, immediately seal the envelope, and mail the envelope with the completed questionnaires **directly to the CoAEMSP Executive Office** separately from the Self Study Report.

Download the questionnaire from: www.coaemsp.org/Self_Study_Reports.htm

It looks like this:

Committee on Accreditation of Educational Programs for EMS Professions

Student Evaluation SSR Questionnaire

Directions to Program: Each Paramedic student shall be given a copy of this questionnaire and provided with a means, either individually or in a group, to return it **directly** to the CoAEMSP Executive Office. [Note: when reproducing the questionnaire, please make single-sided copies only.]

Directions to the Student: In order to assist CoAEMSP with an anonymous evaluation of the Paramedic program, please complete this questionnaire and return it **directly** to the CoAEMSP Executive Office. The program must provide a postage paid envelope (as a group or individually) for your convenience and to ensure confidentiality.

Date: _____ CoAEMSP Program # (if known): _____ (accredited programs only)

Name of Sponsor: _____

City: _____ State: _____

Level of Training: Paramedic

How many months have you been enrolled in this program? _____

Expected month/year of graduation from Paramedic program: _____ / _____ (month/year)

DISCLOSURE

1. Were tuition/fees and other costs required to complete the program made known to you prior to admission into the program? ☐ Yes ☐ No
If No, please explain.

etc.

☐

(The complete questionnaire has a total of 24 questions.)

(Note: This questionnaire is NOT the Student Resource Survey instrument.)

Provide an addressed envelope, postage paid to the student proctor. Mail surveys to:

**Committee on Accreditation of Educational Programs for the EMS Professions
4101 W. Green Oaks Blvd. Suite 305-599 • Arlington, TX 76016**

LIST OF APPENDICES FOR SELF-STUDY REPORT

- APPENDIX [A](#)** = RESOURCES ASSESSMENT – complete at least the first four (4) columns of information
- APPENDIX [B](#)** = Programmatic organizational chart of the sponsoring institution/ consortium that portrays the administrative relationships under which the program operates
- APPENDIX [C](#)** = Curriculum Vitae of the key personnel (program director, medical director, and clinical coordinator (if applicable); any paid faculty. Job descriptions of key personnel.
- APPENDIX [D](#)** = Completed PROGRAM COURSE REQUIREMENTS table
- APPENDIX [E](#)** = Completed CLINICAL AFFILIATE INSTITUTIONAL DATA forms
- APPENDIX [F](#)** = Completed FIELD INTERNSHIP INSTITUTIONAL DATA forms
- APPENDIX [G](#)** = Completed STUDENT CLINICAL ROTATION MATRIX.
- APPENDIX [H](#)** = Completed STUDENT FIELD INTERNSHIP ROTATION MATRIX.
- APPENDIX [I](#)** = Copy of the most recent college catalogue and any other documents related to Standard V.A.2.
- APPENDIX [J](#)** = Additional materials (not provided in Appendix H) related to Standard V.A.3. Reference documents and page numbers in Appendix H materials, as applicable.
- APPENDIX [K](#)** = Copies of Faculty Evaluation Self Study Report Questionnaires
- APPENDIX [L](#)** = A copy of the Consortium Agreement (Standard I.B) or Articulation Agreement (Standard I.A.3 or I.A.4), as applicable
- APPENDIX [M](#)** = Copies of the Advisory Committee minutes.

APPENDIX A - Resources Assessment

(Matrix Format)

Programs holding Accreditation are required to complete Resource Assessment at least annually (Standard III.D). Programs seeking Initial Accreditation are required to complete at least columns **B**, **C**, and **D** of this matrix (Purpose, Measurement System, and Dates of Measurement) or complete the same information using the alternative full-page forms. Listed Purpose statements and Measurement Systems are minimally required. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s). (see resource survey instruments at www.coaemsp.org)

([return to PART C](#); [ToC](#))

#	(A) RESOURCE	(B) PURPOSE (S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM * (types of measurements)	(D) DATE (S) OF MEASUREMENT	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Course Evaluations 4. Faculty Evaluations 5. Exit Program Evaluation	1. October of each year 2. May of each yr 3. After end of each course 4. Each Semester 5. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor
2	MEDICAL DIRECTOR (S)	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. October of each year 2. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor
3	SUPPORT PERSONNEL (clerical, academic,	Provide support personnel/services to ensure achievement of program goals and	1. Program Personnel Resource Survey 2. Student Resource Survey	1. October of each year 2. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor

	ancillary)	outcomes (e.g. admissions, registrar, advising, tutoring, clerical)				
4	CURRICULUM	Provide specialty core and support courses to ensure the achievement of program goals and learning domains. Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Course Evaluations 4. Exit Program Evaluation	1. October of each year 2. May of each yr 3. After end of each course 4. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor
5	FINANCIAL RESOURCES (fiscal support, acquisition /maintenance of equipment /supplies, continuing education)	Provide fiscal support for personnel, acquisition and maintenance of equipment/supplies, and faculty/staff continuing education.	1. Program Personnel Resource Survey 2. Student Resource Survey	1. October of each year 2. May of each yr	Results/Analysis below 1. Fall 2011 Out of 8 returned Personnel Resource Surveys for fall 2011, one respondent selected a "2" for V.B.2.	Action Plan below There has been a generous supply budget. Designated lab space is available. Will continue to monitor.
6	FACILITIES (classroom, lab, offices, ancillary);	Provide adequate classroom, laboratory, and ancillary facilities for students and faculty.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Course Evaluations 4. Exit Program Evaluation	1. October of each year 2. May of each yr 3. After end of each course 4. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor
7	EQUIPMENT /SUPPLIES	Provide a variety of equipment and supplies to prepare students for	1. Program Personnel Resource Survey 2. Student Resource Survey	1. October of each year 2. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor

		clinical/field internship experiences.	3. Course Evaluations 4. Exit Program Evaluation	3. After end of each course 4. May of each yr		
8	CLINICAL/FIELD INTERNSHIP RESOURCES (affiliations)	Provide a variety of clinical/field internship experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Course Evaluations 4. Exit Program Evaluation	1. October of each year 2. May of each yr 3. After end of each course 4. May of each yr	Results/Analysis below 1. Fall 2011 Out of 8 returned Personnel Resource Surveys for fall 2011, one respondent selected a "2" for VII.B.4	Action Plan below Evaluation forms have been revised and a evaluation rubric developed. These forms have been presented to clinical and field affiliates.
9	LEARNING RESOURCES (print, electronic reference materials; computer resources)	Provide learning resources to support student learning and faculty instruction.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Course Evaluations 4. Exit Program Evaluation	1. October of each year 2. May of each yr 3. After end of each course 4. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor
10	FACULTY/STAFF CONTINUING EDUCATION	Provide time and resources for faculty and staff continuing education to maintain current knowledge and practice.	1. Program Personnel Resource Survey	1. October of each year	All responses 3 or above 1. Fall 2011	Continue to monitor
11	PHYSICIAN INSTRUCTIONAL INVOLVEMENT	Provide physician-student instructional interaction to ensure confident, professional working relationships between students and physicians.	1. Program Personnel Resource Survey (Section X) 2. Student Resource Survey (Section IX)	1. October of each year 2. May of each yr	All responses 3 or above 1. Fall 2011	Continue to monitor

* Programs are required to use the questions/items in the CoAEMSP "Program Personnel Resource Survey" instrument and incorporate the results into the assessment of all of the above resource categories (rows).

Programs are required to use the questions/items in the CoAEMSP "Student Program Resource Survey" instrument and incorporate the results into the assessment of all of the above resource categories (rows), except "Faculty/Staff Continuing Education".

Programs are encouraged to use other instruments and mechanisms to provide additional information about the status of program resources.

APPENDIX B – Program Organizational Chart

Insert organizational chart ...

([return to PART C](#); [ToC](#))

Error! Objects cannot be created from editing field codes.

APPENDIX C1 – Curriculum Vitae and Job Description

Complete the appropriate form for each of the key personnel (Program Director, Medical Director, and Clinical Coordinator(s), if applicable) and any other paid faculty members (no support course faculty).
Insert job descriptions of key personnel...

(return to [PART C](#); [ToC](#))

Program Director Information

Name: Karen Wilson

How long have you been serving in the present position with the program? 5 months

Are you currently certified as a Paramedic?

☐ Yes

☒ No

Have you ever been a Paramedic?

☐ Yes

☒ No

Educational Experience

School	Location	Dates	Degree	Major
Dubuque Senior High School	Dubuque, IA	grad 1976	HS diploma	gen ed
Scott Community College	Bettendorf, IA	grad 1980 & 1984	PNE & ADN	LPN & RN
Teikyo Marycrest International Univ	Davenport, IA	grad 1992	BSN	Nursing

Post-graduate Training

Name of program	Location	Dates	Type of program
University of Iowa	Iowa City, IA	grad 1992	Master's Nursing
Rutgers	Denver, CO	2000	Post Master's Cert in Nursing Education

Work Experience

Employer/Institution	Job Title	Where	Dates
Trinity College of Nursing & Health Sciences	EMS Program Coordinator/ Assistant Professor	Rock Island, IL	2004 - 2011
Trinity College of Nursing & Health Sciences	Assistant Professor Nursing Faculty	Rock Island, IL	2002-2004
Teikyo Marycrest Univ	Assistant Professor Nursing Faculty	Davenport, IA	1999-2002

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		45 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	60 % of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Are you involved in the hiring and evaluation of other program personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in developing the program budget?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in modifications of the curriculum?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/26/2011
Are there systems in place to demonstrate the effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you responsible for:		
Administration of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Organization of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Supervision of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Continuous quality review and improvement of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Long range planning and on-going development of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cooperative involvement of the medical director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

* Who is responsible and how is that responsibility attained?

Insert job description of the program director...



EMS Program Director

Job Description & Responsibilities

The program director is responsible for all aspects of the program, including, but not limited to:

- 1) the administration, organization, and supervision of the educational program,
- 2) the continuous quality review and improvement of the educational program,
- 3) long-range planning and ongoing development of the program,
- 4) the effectiveness of the program and having systems in place to demonstrate the effectiveness of the program,
- 5) cooperative involvement with the medical director,
- 6) adequate controls to assure the quality of the delegated responsibilities.

Qualifications

The program director must have:

- 1) a minimum of a Bachelor's degree for Emergency Medical Technician-Paramedic from a regionally accredited institution of higher education, *Master's degree in a health-related field or higher degree preferred for Emergency Medical Technician-Paramedic from a regionally accredited institution of higher education.*
- 2) have appropriate medical or allied health education, training, and experience,
- 3) be knowledgeable about methods of instruction, testing and evaluation of students,
- 4) have field experience in the delivery of out-of-hospital emergency care,
- 5) have academic training and preparation related to emergency medical services at least equivalent to that of program graduates, *The program director should be currently certified in the United States to practice out-of-hospital care and currently certified by a nationally recognized certifying organization at an equal or higher level of professional training than that for which training is being offered.*
- 6) be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure.

APPENDIX C2 – Curriculum Vitae and Job Description

Medical Director/Co- or Asst Medical Director Information

Name: Dr. C. Wayne Gallops

☒ Medical Director ☐ Co- or Asst Medical Director

Board Certification Specialty: Emergency Medicine with AOBEM as of Date: June 2003

How long have you been serving in the present position with the program? 5 months

Have you been a medical director of an ambulance service? ☒ Yes ☐ No

If yes, how long? 7 years

Have you ever been a paramedic? ☐ Yes ☒ No

Educational Experience

School	Location	Dates	Degree	Major
Hardaway High School	Columbus, GA	grad 1971	HS Diploma	Gen Ed
Columbus State Univ.	Columbus, GA	grad 1976	BS	Liberal Arts

Post-graduate Training

Name of program	Location	Dates	Type of program
Univ of Georgia	Athens, GA	grad 1980	Pharmacy
West Virginia School of Osteopathic Medicine	Lewisburg, WV	grad 1985	DO

Work Experience

Employer/Institution	Job Title	Where	Dates
Illini Hospital	Director of Emergency Services	Silvis, IL	1996-Present
Quad Cities EMS Helicopter	Medical Director	Quad Cities IL/IA	2004-Present
Univ of Chicago	Adjunct Clinical Instructor	Chicago, IL	1996-Present

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Duties / Responsibilities (check all that apply):

		Avg # Hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Participate in lab (practical) exercises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	
Review written exams for content and appropriateness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	
Review practical testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	
Review clinical performance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	
Review field experience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	
Participate in practical testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		160
Participate in oral testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you responsible for/to:			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.	
Review and approve the quality of medical instruction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

* Who is responsible and how is that responsibility attained?

Insert job description of the medical director...



EMS PROGRAM MEDICAL DIRECTOR

JOB DESCRIPTION AND RESPONSIBILITIES

The medical director is responsible for all medical aspects of the program, including but not limited to:

- 1) review and approval of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy,
- 2) review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program,
- 3) review and approval of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress,
- 4) assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
- 5) responsibility for cooperative involvement with the program director,
- 6) adequate controls to assure the quality of the delegated responsibilities.

QUALIFICATIONS

The medical director must:

- 1) be a physician currently licensed to practice medicine within the United States and currently authorized to practice within the geographic area served by the program, with experience and current knowledge of emergency care of acutely ill and injured patients,
- 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,
- 3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,
- 4) be knowledgeable about the education of the Emergency Medical Services professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

APPENDIX C2 – Curriculum Vitae and Job Description

Medical Director/Co- or Asst Medical Director Information

Name:

☐ Medical Director

☐ Co- or Asst Medical Director

Board Certification Specialty:

as of Date:

How long have you been serving in the present position with the program?

Have you been a medical director of an ambulance service?

☐ Yes

☐ No

If yes, how long?

Have you ever been a paramedic?

☐ Yes

☐ No

Educational Experience

School	Location	Dates	Degree	Major

Post-graduate Training

Name of program	Location	Dates	Type of program

Work Experience

Employer/Institution	Job Title	Where	Dates

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

		Avg # hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in lab (practical) exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review written exams for content and appropriateness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review clinical performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review field experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in oral testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there adequate controls to assure quality of delegated responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you responsible for/to:			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.	
Review and approve the quality of medical instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Who is responsible and how is that responsibility attained?

For each additional Medical Director, download a blank copy of the Curriculum Vitae form from www.coaemsp.org/Self_Study_Reports.htm, complete it, give it a unique file name, and save to the CD/flash drive

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name: **Chad Miner**

☒ Clinical Coordinator ☐ Paid Faculty, Specify:

How long have you been serving in the present position with the program? **June 2010**

Are you currently certified as a paramedic?

☒ Yes ☐ No

Have you ever been a paramedic?

☒ Yes ☐ No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		15 Hours
Didactic Lecture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10 % of time
Hospital Preceptor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	40 % of time
Field Preceptor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 % of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name: [Chris Webster](#)

☐ Clinical Coordinator ☒ Paid Faculty, Specify: [Part-time EMS Faculty](#)

How long have you been serving in the present position with the program? 2007

Are you currently certified as a paramedic?

☒ Yes

☐ No

Have you ever been a paramedic?

☒ Yes

☐ No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		21 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	70 % of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/2010

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name:

☐ Clinical Coordinator ☐ Paid Faculty, Specify:

How long have you been serving in the present position with the program?

Are you currently certified as a paramedic?

☐ Yes

☐ No

Have you ever been a paramedic?

☐ Yes

☐ No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		Hours
Didactic Lecture	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of time
Laboratory Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of time
Hospital Preceptor	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For each additional faculty member, download a blank copy of the Curriculum Vitae form from www.coaemsp.org/Self_Study_Reports.htm, complete it, give it a unique file name, and save to the CD/flash drive

Total number of CV files saved to CD/flash drive:

List the names of the individuals' CV saved to CD/flash drive:

APPENDIX D – Program Course Requirements Table

([return to PART C: ToC](#))

List all the courses that are required for completion of the Paramedic program in the sequence in which the students would typically enroll in them.

Overall length of program in months = **17** Or in years =

Type of credits is (i.e. academic term):	<input checked="" type="checkbox"/>	semester	<input type="checkbox"/>	quarter	<input type="checkbox"/>	Tri-mester
	<input type="checkbox"/>	Other (specify)				

Length of academic term in weeks = **16** Length of summer term in weeks (if different) = **10**

Clinical Hours: are hospital hours performed during the course/program.

Field Internship Hours: are ambulance hours performed after completing the didactic, lab and clinical/hospital portions of the course/program.

Sequence by Sem/Quarter #	Course Number	Course Title	# Credits	# Lecture Hours	# Lab Hours	# Clinical Hours	# Field Internship Hours
1	EMS 100	EMT Basic	8	112	32		
1	EMS 102	EMT Basic Clinical	1			24	24
2	EMS 110	Paramedic Theory I	7	96	32		
2	EMS 112	Paramedic Theory II	8	112	32		
2	EMS 114	Paramedic Clinical I	3			88	50
3	EMS 210	Paramedic Theory III	7	96	32		
3	EMS 212	Paramedic Theory IV	7	96	32		
3	EMS 214	Paramedic Clinical II	4			134	50
4	EMS 216	Paramedic Clinical III	5				200+
		Total	50	512	160	246	324+

Sequence by Sem/ Quarter #	Course Number	Course Title	# Credits	# Lecture Hours	# Lab Hours	# Clinical Hours	# Field Intern- ship Hours
Totals ==>			50	512	160	246	324+

APPENDIX E1 – Clinical Affiliate Institutional Data Form

(return to [PART C](#); [ToC](#))

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: <u>1</u>
Name: Genesis Health System Illini Hospital Address: 801 Hospital Road Silvis, IL Chief Administrative Officer: Flo Spyrow, Vice President Telephone #: 309-792-9363	
Distance from location of program? [3] miles 5 minute travel time	
Is there a signed, current agreement with this affiliate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Who supervises the students? <input checked="" type="checkbox"/> affiliate personnel <input type="checkbox"/> program personnel	
Are there written policies as to what students may do in each area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are the preceptors formally trained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center;">For how many hours? One hour annually</div>	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	25,420	2	13	8 avg
Operating Room	3200 cases	1	6-8	1-4 avg
CCU/ICU	930 admits	1	4	8 avg
Pediatrics	253 discharge	1	2	8 avg
Cardiopulmonary	130,000 <small>Annual Procedures</small>	1	2	4 avg
Obstetrics	582 deliveries	1	2	8 avg
Cath Lab	884 caths	1	1	2

APPENDIX E2 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: <u>2</u>
Name: Iowa Health Systems: Trinity Medical Center Rock Island, IL Trinity Medical Center Moline, IL Trinity Medical Center Bettendorf, IA	
Address: 2701 17 th Street Rock Island, IL 61201-5393	
Chief Administrative Officer: Richard A. Seidler	
Telephone #: 309-779-5000	
Distance from location of program? [9] miles 20 minutes tavel	
Is there a signed, current agreement with this affiliate? [X] Yes [] No	
Who supervises the students? [X] affiliate personnel [] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [X] Yes [] No	
For how many hours? 1 hour annually	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept. Rock Island	31662	1-3	13	8 avg
Operating Room- 3 campuses	13532	1/campus	6-8	1-4 avg
CCU/ICU-Rock Island	1321	1	4	8 avg
Pediatrics- Rock Island	320	1	2	8 avg
Psychiatry- Rock Island	2488	1	2	8 avg
Obstetrics- Moline & Bett.	2061	1	2	8 avg
Respiratory-Rock Island	22101 pts	1	2	4
Wound Clinic- Moline & Bett.	12342	1	1	2

APPENDIX E3 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name:	
Address:	
Chief Administrative Officer:	
Telephone #:	
Distance from location of program? [] miles	
Is there a signed, current agreement with this affiliate? [] Yes [] No	
Who supervises the students? [] affiliate personnel [] program personnel	
Are there written policies as to what students may do in each area? [] Yes [] No	
Are the preceptors formally trained? [] Yes [] No	
For how many hours?	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.				
Operating Room				
CCU/ICU				
Pediatrics				
Psychiatry				
Obstetrics				
Other (specify):				

APPENDIX E4 – **Clinical** Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name:	
Address:	
Chief Administrative Officer:	
Telephone #:	
Distance from location of program? [] miles	
Is there a signed, current agreement with this affiliate? [] Yes [] No	
Who supervises the students? [] affiliate personnel [] program personnel	
Are there written policies as to what students may do in each area? [] Yes [] No	
Are the preceptors formally trained? [] Yes [] No	
For how many hours?	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.				
Operating Room				
CCU/ICU				
Pediatrics				
Psychiatry				
Obstetrics				
Other (specify):				

Insert the supplemental Appendix E file...
[here](#)

APPENDIX F1 – Field Internship Institutional Data Form

(return to [PART C](#); [ToC](#))

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.
(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: <u> 1 </u>
Name: Genesis Illini Ambulance Address: 730 Avenue of the Cities East Moline IL 61244 Chief Administrative Officer: Mark Guthrie, Manager Telephone #:309-796-9251		
Distance from location of program?	[] miles	
Is there a signed, current agreement with this affiliate?	[X] Yes [] No	
Who supervises the students?	[X] field agency personnel [] program personnel	
Are the preceptors formally trained?	[X] Yes [] No	
	For how many hours? 1-2 hours/year	
Is there on-line medical direction for this affiliate?	[X] Yes [] No	
Does this affiliate provide Advanced Life Support?	[X] Yes [] No	
Is there a quality improvement program that reviews runs?	[X] Yes [] No	

# of runs per year	9,000
# of active EMS units (excluding backups)	5-6
# trauma calls per year	1500-2000
# critical trauma calls per year	50-60
# pediatric call per year	500-600
# cardiac arrests per year	75
# cardiac calls (less cardiac arrest) per year	450-500
# Shifts per student	varies
average # runs per shift for a student	3-6
# hours per shift	8-12 hours

APPENDIX F2 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.
(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: <u> 2 </u>
Name:	Rock Island Fire Department	
Address:	1313 5 th Avenue Rock Island IL 61201-8523	
Chief Administrative Officer:	Fire Chief James Fobert	
Telephone #:	309-732-2800	
Distance from location of program?	[10] miles	
Is there a signed, current agreement with this affiliate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Who supervises the students?	<input checked="" type="checkbox"/> field agency personnel <input type="checkbox"/> program personnel	
Are the preceptors formally trained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	For how many hours? 1+ hour annually	
Is there on-line medical direction for this affiliate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does this affiliate provide Advanced Life Support?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a quality improvement program that reviews runs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

# of runs per year	4303
# of active EMS units (excluding backups)	2
# trauma calls per year	514
# critical trauma calls per year	N/A
# pediatric call per year	161
# cardiac arrests per year	40
# cardiac calls (less cardiac arrest) per year	213
# Shifts per student	varies
average # runs per shift for a student	3-6
# hours per shift	8-12

APPENDIX F3 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.
(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: <u>3</u>
Name:	Moline Fire Department	
Address:	1630 8 th Avenue Moline, IL 61265	
Chief Administrative Officer:	Chief Ron Miller	
Telephone #:	309-524-2257	
Distance from location of program?	[5] miles	
Is there a signed, current agreement with this affiliate?	[X] Yes [] No	
Who supervises the students?	[X] field agency personnel [] program personnel	
Are the preceptors formally trained?	[X] Yes [] No	
For how many hours?	1+ hour annually	
Is there on-line medical direction for this affiliate?	[X] Yes [] No	
Does this affiliate provide Advanced Life Support?	[X] Yes [] No	
Is there a quality improvement program that reviews runs?	[X] Yes [] No	

# of runs per year	4257
# of active EMS units (excluding backups)	2
# trauma calls per year	Not Available
# critical trauma calls per year	Not Available
# pediatric call per year	Not Available
# cardiac arrests per year	Not Available
# cardiac calls (less cardiac arrest) per year	Not Available
# Shifts per student	varied
average # runs per shift for a student	3-6
# hours per shift	8-12

APPENDIX F4 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: []
Name:		
Address:		
Chief Administrative Officer:		
Telephone #:		
Distance from location of program?	[] miles	
Is there a signed, current agreement with this affiliate?	[] Yes [] No	
Who supervises the students?	[] field agency personnel [] program personnel	
Are the preceptors formally trained?	[] Yes [] No	
For how many hours?		
Is there on-line medical direction for this affiliate?	[] Yes [] No	
Does this affiliate provide Advanced Life Support?	[] Yes [] No	
Is there a quality improvement program that reviews runs?	[] Yes [] No	

# of runs per year	
# of active EMS units (excluding backups)	
# trauma calls per year	
# critical trauma calls per year	
# pediatric call per year	
# cardiac arrests per year	
# cardiac calls (less cardiac arrest) per year	
# Shifts per student	
average # runs per shift for a student	
# hours per shift	

Insert the supplemental Appendix F file...
[here](#)

APPENDIX G/H – Student Patient Contact Matrix

([return to PART C: ToC](#))

Complete the columns of this matrix **based on clinical rotations** and **based on Field Internship**. For columns “Average # per Student” and “Range per Student”, report the numbers for students who have completed the procedures to date (or graduated from the Paramedic program, if applicable).

Procedure – Paramedic	For Clinical Rotations ONLY			For Field Internship ONLY		
	# Required Per Student by Program	Average # Per Student	Range Per Student	# Required Per Student by Program	Average # Per Student	Range Per Student
Safely Administer Medications				15		
Live Intubations				7		
Safely Gain Venous Access				25		
Ventilate a Patient				20		
Assessment of Newborn				3		
Assessment of Infant				5		
Assessment of Toddler				5		
Assessment of Preschooler				5		
Assessment of School Ageds				5		
Assessment of Adolescents				7		
Assessment of Adults				50		
Assessment of Geriatrics				30		
Assessment of Obstetric Patients				10		
Assessment of Trauma Patients				40		
Assessment of Medical Patients				0		
Assessment of Psychiatric Patients				20		
Assess and Plan RX of Chest Pain				30		
Assess and Plan RX of Respiratory				20		
Assess and Plan RX of Syncope				10		
Assess and Plan RX of Abdominal				20		
Assess and Plan RX of Altered Mental Status				20		
Field Internship Team Leads				50		

Comments: Clinical and Field skills and assessments are tracked separately by program, but the "# required per student by program" is for clinical and field combined. Also, the program requirements state at least 30 pediatric patient assessments. It is expected

that the student will have performed assessments in all pediatric categories, although the number required in each category is considered flexible as long as 30 pediatric assessments have been completed.

APPENDIX I – College Catalogue and Documents

([return to PART E: ToC](#))

Insert copy of the most recent college catalogue and any other documents related to Standard V.A.2.

[here](#)

☒ A separate file for this Appendix has been placed on the CD/drive named: [APPENDIX I](#)

BHC Catalog

BHC Student Handbook

EMS Program Handbook

EMS Program Clinical/Field Handbook

EMS Program Schedule

APPENDIX J – Additional College Materials

([return to PART E](#); [ToC](#))

Insert additional materials related to Standard V.A.3. ...

here

☐ A separate file for this Appendix has been placed on the CD/drive named:

APPENDIX K – Faculty Evaluation SSR Questionnaires

([return to STRENGTHS](#); [ToC](#))

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at: http://www.coaemsp.org/Self_Study_Reports.htm.

Committee on Accreditation of Educational Programs for EMS Professions Faculty Evaluation SSR Questionnaire Advisory Committee Evaluation SSR Questionnaire For Self Study Report

Instructions: Have each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee, complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Black Hawk College**

Level of Training: Paramedic

This form to be completed by the **Program Director**:

☒ **Program Director**

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	N/A

Administrative support is sufficient to meet program goals.

5	4	3	2	1	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program resources meet the stated purpose for the program.

5	4	3	2	1	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty teach effectively. (Do not rate your own position)

5	4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Curriculum is sufficient to meet program goals.

5	4	3	2	1	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D. Paramedic Theory and Skill Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emergency Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Operating Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. ICU/CCU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Pediatrics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Obstetrics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Field Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical/Field Coordination is sufficient to meet program goals.	5	4	3	2	1	N/A
A. Communication by program with clinical/field internship sites/preceptors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hospital/Field Internship evaluation Instruments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Parallel experiences among students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Supervision of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Consistency of evaluation of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

EMS personnel & medical director
Curriculum plan
Administrative support
College resources

What areas do you believe need improvement?

Collection of terminal competency information

Thank you for completing this questionnaire.

APPENDIX K – Faculty Evaluation SSR Questionnaires

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at:
http://www.coaemsp.org/Self_Study_Reports.htm.

Committee on Accreditation of Educational Programs for EMS Professions

Faculty Evaluation SSR Questionnaire Advisory Committee Evaluation SSR Questionnaire For Self Study Report

Instructions: Have each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee, complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Black Hawk College**

Level of Training: Paramedic

This form to be completed by the **Medical Director**:

☒ **Medical Director**

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	N/A

Administrative support is sufficient to meet program goals.	5	4	3	2	1	N/A
A. College Administration (Dean, Division Chair)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Teaching Loads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Communities of Interest (e.g. employers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program resources meet the stated purpose for the program.	5	4	3	2	1	N/A
A. Clerical Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Classroom Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Laboratory Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Laboratory Equipment and Supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Instructional Reference Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Overall Hospital/Field Internship Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Computer Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty teach effectively. (Do not rate your own position)	5	4	3	2	1	N/A
A. Program Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Clinical Coordinator, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Hospital/Field Internship Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Paramedic Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Science Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Curriculum is sufficient to meet program goals.	5	4	3	2	1	N/A
A. Depth and scope of program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Course Sequencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. General Education and Science Courses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Paramedic Theory and Skill Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emergency Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- F. Operating Room
- G. ICU/CCU
- H. Pediatrics
- I. Psychiatry
- J. Obstetrics
- K. Trauma
- L. Field Experience

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical/Field Coordination is sufficient to meet program goals.

5 4 3 2 1 N/A

- A. Communication by program with clinical/field internship sites/preceptors
- B. Hospital/Field Internship evaluation Instruments
- C. Parallel experiences among students
- D. Supervision of students
- E. Consistency of evaluation of students

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

Seasoned classroom and field instructors

What areas do you believe need improvement?

Continual improvement of the curriculum. This is an ongoing and changing goal.

Thank you for completing this questionnaire.

APPENDIX K

Faculty Evaluation SSR Questionnaires (continued)

Advisory Committee Evaluation SSR Questionnaires (continued)

For each additional faculty member (didactic, laboratory, clinical/field internship) and Advisory Committee member, download a blank copy of the questionnaire from the CoAEMSP web site (http://www.coaemsp.org/Self_Study_Reports.htm), complete it, give it a unique file name, and save to the SSR CD/flash drive.

Total number of Faculty Evaluation SSR Questionnaire files saved to CD/flash drive: 4

Total number of Advisory Committee SSR Questionnaire files saved to CD/flash drive: 5

List the names of the individuals' questionnaires saved to CD/flash drive:

File Name: Appendix K Faculty Advisory Self Study Surveys

Faculty

Dr Gallops

Karen Wilson

Chris Webster

Chad Miner

Advisory Members

Jane Keag

Linda Fredrikson

Laura Carson

Lou Steinbrecker

Sue Vallejo

CoAEMSP will insert the additional completed Faculty and Advisory Committee
Evaluation SSR Questionnaires.

See File Name on Flash Drive Titled: APPENDIX K Faculty Advisory Surveys

APPENDIX L
Consortium Agreement (Standard I.B) **or**
Articulation Agreement (Standard I.A.3 or I.A.4), **as applicable**

([return to PART A](#); [ToC](#))

Insert a copy of the agreement ...

here

APPENDIX M – Advisory Committee Minutes

(return to [PART B](#); [ToC](#))

Insert Advisory Committee minutes ...

BLACK HAWK COLLEGE

EMS ADVISORY COMMITTEE

MEETING MINUTES

Date: August 17th, 2011 Time Called to Order: 4:00 PM		Present: See attached roster Sent regrets: Dr. Gallops (Program Medical Director) , Linda Frederiksen (Medic Ambulance Director) Lee Meyers (TASI Director), Brian Jacobsen (Dav. Fire Dept.)
Time Adjourned: 5:00 PM		
Location: BHC Bldg 3 Rm 312		
Recording Secretary: Karen Wilson	Presiding Officer: Karen Wilson	
Agenda Item	Findings, Analysis, Conclusions	Recommendations, Actions, Follow-up, Responsible Person
Introductions:	<ul style="list-style-type: none"> ◆ Karen Wilson welcomed all members ◆ Members made Self- introductions 	
Advisory Committee Member List Review Discussed Need for current student(s) on Advisory Board	<ul style="list-style-type: none"> ◆ Advisory Contact List distributed for corrections and updates ◆ Discussed plan to invite incoming students to become members of Advisory Board. Board agenda to be transparent and appropriate for student member. Information that is sensitive &/or should remain confidential will be addressed at the onset of future meetings. 	Member list updated.
Announcements:	<ul style="list-style-type: none"> ◆ None 	
Minutes	<ul style="list-style-type: none"> ◆ No previous minutes to approve 	
Business		
Review of Goals and Purpose of Advisory Board	<ul style="list-style-type: none"> • Draft of Advisory Board Goals and Guidelines distributed to all present members. Requests for suggestions or concerns. 	No suggestions or revisions brought forward at this time. One member asked if Dr. Gallops has reviewed this document, and Karen replied that the Med Director is reviewing all program documents and a copy of the guidelines has been sent.
EMS Program Organizational Chart	<ul style="list-style-type: none"> • Karen distributed the Organizational Chart for review and discussion. 	No member comments regarding organization chart

<p>Nominations for Advisory Board Chair</p> <p>EMT-B and EMT-P Class Status Report</p> <p>EMT-B and EMT-P Programmatic Review</p> <ul style="list-style-type: none"> • Update of Goals, updates regarding standards/ EMT Curriculum revisions • Revised Handbooks/Clinical-Field Handbook • IL to adopt new standards as of Dec 2012 • Accreditation Request/Self-Study • Assessment Matrix Review- Terminal Evaluation Sources • State/National Testing • Course Surveys, 	<ul style="list-style-type: none"> • Karen requested nominations/or volunteers for the Chair position of the Advisory Board. Karen informed Board Members that it is a conflict, if not self-serving to function as Board Chair. ➤ There are 2 EMT courses this fall. Currently there are approx 15-20 students enrolled in each course. The summer EMT course is wrapping up with 11 students. ➤ Currently have 24 paramedic students enrolled for fall 2011 with 3 on a waiting list. ➤ Many of the students from the spring 2011 EMT and Paramedic courses and summer 2011 EMT course are still completing their clinical/field hours. New policies are in place to tighten clinical/field completion. ➤ Karen states program goals and objectives and revised student EMS handbooks, approved by Dr. Gallops. ➤ Curriculum plan distributed to Board Members for review. New standards added to updates in curriculum. ➤ IDPH to adopt new EMS standards as of December 2012. ➤ Application to CAHEP/CoAEMSP was sent and received by the accrediting body. The next step includes a Self-Study and then a site visit. ➤ Karen still gathering information regarding state/national pass rates, enrollments, attrition rates, and surveys from past EMS courses. Terminal assessment information has been difficult to collect and data may be missing. 	<p>Nick Border of Genesis Health System graciously volunteered to accept the Chair position at this time. The Chair Roles and Responsibilities and length of term will be drafted for Board review prior to the Spring Advisory Meeting.</p> <p>New policies are in place to tighten clinical/field completion. As enrollments increase it will not be feasible to have students complete their clinical/field requirements up to 12 months after the didactic course is completed.</p> <p>Karen to complete the Paramedic Clinical/Field Handbook. Draft to be reviewed by EMS System Coordinator, BHC Clinical Coordinator and Med Director for suggestions and approval.</p> <p>Will continue to monitor for IL Dept of Public Health changes in EMT curriculum for implementation.</p> <p>Karen tasked with completing the Self-Study in Dec 2011 for submission. If accepted, a site visit may be scheduled as soon as fall 2012.</p> <p>Past assessment data will be collected and included in the assessment plan if possible. If it is determined that this data is not available, plans and procedures are in place to collect strategic assessment data from this point</p>
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<p>Resource Surveys, Employer & Graduate Surveys.</p> <ul style="list-style-type: none"> • Yearly Advisory Committee Resource Survey • Written Course Exam Stats- Apperson Scantron • Proposed Entrance Exam by Fisdap • Standardized Exit Testing Evolve (HESI) • College Tuition/Fee Schedule • Equipment Purchases <p>Updates from Advisory Members</p> <ul style="list-style-type: none"> • EMS Community Concerns • Employment Opportunities <ul style="list-style-type: none"> • Changes/updates • In-services • technology • policies or 	<ul style="list-style-type: none"> ➤ Yearly Advisory Committee Resource Survey discussed and surveys distributed for completion. ➤ New Scantron machine purchased by EMS program to scan EMS exams and report valuable exam stats. The machine comes with software that can calculate reliability co-efficient /validity along with item analysis Biserial Correlation Coefficient. ➤ Goal to have Reliability Co-efficient measure 0.70 or > to indicate acceptable reliability for teacher made tests. ➤ Fisdap developing an entrance exam ➤ A standardized exit test will be given to graduating Paramedic students. The cost of the exam will be covered by the College starting with the graduates in May 2012. The benchmark to reach for Evolve is a score 650. This score provides a predictability score in passing the NREMT exam on first attempt. ➤ Dr Rivera reports the per-credit rate at BHC is \$90. ➤ Paramedic Equipment purchases this summer included over \$8,000 in supplies, a \$19,000 grant to purchase a LifePak 15, plus and an additional \$3,000 grant for equipment. ➤ RIFD advisory member stated RIFD FF job opportunities are now available. FF testing application close in Sept. FF candidate list will be potentially valid for 2 years. Current paramedic students can test. ➤ Moline FD currently not testing but may be testing later in year. ➤ Illini, Erie, & TASI Ambulance Services all report there are on- 	<p>forward. Assessment Matrix will be distributed and reviewed by committee members in future.</p> <p>All paramedic exams and finals will be processed utilizing the Scantron and exam software. Goal to utilize this equipment for EMT courses by spring 2012.</p> <p>Karen did not discuss at meeting. Will address in spring 12' meeting.</p> <p>The exam will be given paramedic students at the end of their program starting in May 2012.</p> <p>Karen mentioned that Medic requires Fit testing for all students riding with their service. She asked that any service or dept that may have a particular policy to let it be known.</p> <p>Karen reported that all students will be required to be vaccinated for seasonal flu as they become available.</p>
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<p>procedures</p> <p>Preceptor Discussion</p> <ul style="list-style-type: none"> • Iowa Waiver • FISDAP • Clinical Field Affiliate Contracts • Clinical Orientation Program Proposal • Field Preceptor Program/Update Proposal <p>Open Discussion</p>	<p>going opening for both EMTs and Paramedics.</p> <ul style="list-style-type: none"> ➤ Mark Guthrie states paramedic students can bid for Illini Amb. paramedic positions while in paramedic program. ➤ No reported changes in service, protocols, or technology. ➤ Once the CoAEMSP Self-Study is complete, the data will be used to expedite the application for the IA Clinical/Field waiver. It is hoped that the IA waiver will be authorized in spring 2012. This will broaden clinical/field site resources for EMS students. ➤ BHC will be using new clinical/field tracking software called Fisdap this school year at the college's expense. It will be a student expense starting the 2012-2013 school year. ➤ BHC has direct support from Genesis Health System: Illini Medical Center, and Illini Ambulance for clinical & field. As enrollments increase, there will a need to expand clinical/field sites. This will also provide increased opportunities for students. Contracts have been sent to Trinity Medical Center, and distributed to Moline Fire Dept and Rock Island Fire Dept. ➤ Karen and Chad (BHC Clinical Coordinator) will be developing a clinical orientation program for all EMS clinical sites/unit. Field preceptor info will be collected for Dr. Gallops' review. Once preceptors are approved, the preceptors will be required to complete preceptor training and attend yearly updates. ➤ Karen presented gift to Stephanie Valdes as a small token of appreciation for her service to the EMS program as Interim EMS program director. Ms Valdes has now completed her work in EMS and will be working on special projects for BHC. 	<p>Chris Webster (Illini EMS System Coord/BHC faculty) to look into placing clinical orientation module in Health Streaming program to assist with info dissemination. Karen will provide clinical/field preceptor training and updates early in school year and as needed.</p>
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Adjournment	5:00 pm	
Next Meeting Date TBA: spring 2012		



Advisory Committee Meeting August 17, 2011

Signature/Print Name	Organization	e-mail Address
<i>Jesse Dehaard</i>	Trinity Medical Center	<i>dehaardj@ihs.org</i>
<i>NANCY FREDERIKSEN</i>	Trinity Medical Center	<i>fredern@ihs.org</i>
<i>Bette Wigand</i>	Lmc - Velina	<i>wigandb@genesishs.health.com</i>
<i>Michael Rivera</i>	Black Hawk College	<i>riverm@bhc.edu</i>
<i>HE SEKERSTROM</i>	Moline Fire	<i>sekerstrom@moline.il.us</i>
<i>Cecelia Walton</i>	TAS	<i>waltonc@ihs.org</i>
<i>Nicholas Borden</i>	Genesis Health System	<i>borden n @ GenesisHealth.com</i>
<i>Joe Schmieder</i>	Rock Island Fire	<i>joeschmieder@aol.com</i>
<i>Trent Mull</i>	Trinity Medical Center	<i>mullt@IHS.ORG</i>
<i>Suzanne Vallejo</i>	Rock Island Fire Dept	<i>vallejo.suzanne@tiger.org</i>
<i>Betsey Northland</i>	BHC	<i>northlandb@bhc.edu</i>
<i>CHRIS WEBSTER</i>	GENESIS / BHL	<i>WEBSTERCHRIS@GENESISHEALTH.SRV</i>
<i>MARK GUTHRIE</i>	Genesis EMS	<i>GuthrieM@GenesisHealth.com</i>

Black Hawk College
EMS Advisory Board Meeting

Date: October 28, 2010
Time: 3:30 to 5:30 p.m.
Place: BHC Room: 3-308
Present: Chris Webster
Bette Wigand
Mark Guthrie
Karla Miley
Stephanie Valdes

New Business:

1. Stephanie Valdes shared that the college was in the process of hiring a Program Director. There are qualified individuals that have applied. Interviews will take place in November with the target hire date sometime in January 2011.
2. Stephanie announced that the Black Hawk College web site has been updated with the new curriculum. All potential EMS students can now access all current information. This would also be an appropriate place for Advisory Board member to access this information.
3. Stephanie shared that the college Administration has not forgotten our need for a Medical Director. The college is searching for funds to support this hiring in the near future.
4. Mark Guthrie shared that our current pass rate for first time students taking the national exam is 98%. This has improved from a pass rate of 58% three to four years ago.
5. Stephanie asked if there were any concerns anyone wished to share. General discussion continued for a few minutes. Stephanie shared that she would schedule an Advisory Board meeting in the spring.

Meeting adjourned at 5:15 p.m.

Respectively submitted,

Stephanie Valdes

Black Hawk College
Emergency Medical Services
Advisory Board Meeting

Date: February 5, 2009

Place: Genesis Medical Center: Illini Campus

Time: 10:00 AM

Present: Chris Webster, Dr. Victoria Fitzgerald, Stephanie Valdes, Jim Eballo, Chad Miner

New Business:

1. Enrollment Numbers:

Stephanie Valdes shared that enrollment for EMS has increased for both fall and spring semesters. We now have two sections of EMS 100 and three sections of EMS 123. Discussion occurred related to potential enrollments for fall 2009.

2. Curriculum Revisions:

Stephanie Valdes circulated a handout that outlined a proposed curriculum revision to both the Certificate and the AAS Degree in EMS. A possible implementation plan was discussed. This curriculum will begin to be implemented in the fall of 2009.

3. Clinical/Ride Time Enrollments:

Stephanie Valdes shared that we were now requiring any student who is completing clinical or ride time to be registered for a clinical component course (Ex: EMS 123). In the recent past this has not been done. This is required because of salary and liability issues.

4. Student Concerns:

General student concerns were discussed and shared with the appropriate faculty. This process will be beneficial as we integrate adjunct faculty into the EMS Program.

5. EMS Office:

We discussed the upgrades made over the semester break to the EMS office. The needed book shelves have been installed so that the office can now be organized. All EMS adjunct faculty are currently using this space.

6. Health Records:

Stephanie Valdes shared that a system has been developed to assure no student does clinical or ride time without completion of all health records. Stephanie Anderson (ASC) and Jim Eballo (Adjunct Faculty) have coordinated this process. Students have been sent off clinical and/or ride time when their records are incomplete.

Adjourned: 11:00 AM

Respectively Submitted,
Stephanie Valdes