**Sinclair Community College - Continuous Improvement Annual Update 2011-12**

**Program:** Emergency Medical Services

**Section I: Trend Data**

* 1. **Program Trend Data– Please include the three most recent years of data in each area so that trends may be examined.**
     1. **Course Success Rates – Please report the course success rates for:**
        + - **Highest enrollment courses**
          - **Any courses that deviate - high and low - from the typical success rate for your department**
     2. **Degree and certificate completion (where applicable)**
     3. **Any additional data that illustrates what is going on in the program (examples might include course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)**

# TABLE 1

EMS Department Enrollment and Attrition Data

*Organized by beginning quarter. Fall, Winter, Spring, Summer*

*Hyperlink to* [*Analysis Table 1*](#_Analysis_Table_1)

| **Course** | **Subsidy Enrollment** | **In Cycle Course Completion Enrollment** | **Attrition Rate** |
| --- | --- | --- | --- |
| EMS 105: First Responder |  |  |  |
| 2000-2001 | 8 | 7 | 13% |
| 2001-2002 | 19 | 18 | 5% |
| 2002-2003 | 0 | 0 | No Students |
| 2003-2004 | 5 | 4 | 20% |
| 2004-2005 | 5 | 5 | 0% |
| 2005-2006 | 12 | 12 | 0% |
| 2006-2007 | 0 | 0 | No Students |
| 2007-2008 | 0 | 0 | No Students |
| 2008-2009 | 0 | 0 | No Students |
| 2009-2010 | 8 | 6 | 25% |
| 2010-2011 | 3 | 3 | 0% |
| 2011-2012 | 0 (Fall Only) | 0 (Fall Only) | No Students |
| **Totals** | **60** | **55 Average** | **8%** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Subsidy Enrollment** | **In Cycle Course Completion Enrollment** | **Attrition Rate** |
| EMS 117 / 118: EMT-Basic |  |  |  |
| 2000-2001 | 200 | 146 | 27% |
| 2001-2002 | 267 | 151 | 43% |
| 2002-2003 | 289 | 176 | 39% |
| 2003-2004 | 335 | 207 | 38% |
| 2004-2005 | 292 | 160 | 45% |
| 2005-2006 | 286 | 165 | 42% |
| 2006-2007 | 289 | 121 | 58% |
| 2007-2008 | 333 | 186 | 44% |
| 2008-2009 | 471 | 261 | 45% |
| 2009-2010 | 476 | 227 | 52% |
| ***Pre New Curriculum Sub Totals*** | ***3238*** | ***1800*** | ***44%*** |
| 2010-2011 | 432 | 164 | 62% |
| 2011-2012 | 103 (Fall Only) | 29 (Fall Only) | 72% |
| **Grand Totals** | **3773** | **1993 Average** | **47%** |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Subsidy Enrollment** | **In Cycle Course Completion Enrollment** | **Attrition Rate** |
| EMS 135, 136, 137, 138 & 139: Paramedic |  |  |  |
| 2000-2001 | 110 | 54 | 51% |
| 2001-2002 | 126 | 76 | 40% |
| 2002-2003 | 109 | 73 | 33% |
| 2003-2004 | 134 | 87 | 35% |
| 2004-2005 | 132 | 74 | 44% |
| 2005-2006 | 141 | 61 | 57% |
| 2006-2007 | 139 | 76 | 45% |
| 2007-2008 | 155 | 108 | 30% |
| 2008-2009 | 157 | 88 | 44% |
| 2009-2010 | 158 | 81 | 49% |
| 2010-2011 | 72 (Fall only) | 48 (Fall only – Revisions will be needed pending incomplete contracts) | 33% |
| **Grand Totals** | **1433** | **826 Average** | **42%** |
|  | | | |

*Note: Data provided examines enrollment at initial course and final course in a series. Initial cohort size defined through dawn report: This is 14th day enrollment. Course completion defined as having eared an A, B or C in the course. Completion data obtained through EMS department national registry testing results database.*

*At the paramedic level, students who fail a course within a series of courses are then moved into a new cohort when/if that student retakes a course*.

# TABLE 2

**EMT-Basic Pass Rates**

*Source: National Registry Online Database (*[*www.nremt.org*](http://www.nremt.org)*)*

*Hyperlink to*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cohort** | **Graduate Size** | **None Testing Graduates** | **First Time Pass Rate** | **Aggregate Pass Rate** |
| **Fall 2007** | 60 | 8 (13%) | 46 (89%) | 50 (96%) |
| **Winter 2008** | 57 | 9 (16%) | 45 (94%) | 47 (98%) |
| **Spring 2008** | 51 | 2 (4%) | 41 (84%) | 44 (90%) |
| **Summer 2008 (A/C Term)** | 18 | 1 (6%) | 15 (88%) | 16 (94%) |
| **Fall 2008** | 59 | 6 (10%) | 43 (81%) | 50 (94%) |
| **Winter 2009** | 76 | 10 (13%) | 56 (85%) | 63 (96%) |
| **Spring 2009** | 79 | 9 (11%) | 56 (80%) | 59 (84%) |
| **Summer 2009 (A/C Term)** | 47 | 5 (11%) | 37 (88%) | 39 (93%) |
| **Fall 2009** | 91 | 22 (24%) | 47 (68%) | 56 (82%) |
| **Winter 2010** | 75 | 11 (15%) | 46 (72%) | 54 (84%) |
| **Spring 2010** | 45 | 5 (11%) | 32 (80%) | 33 (83%) |
| **Summer 2010 (A/C Term)** | 47 | 4 (9%) | 35 (81%) | 39 (91%) |
| **Fall 2010** | 70 | 10 (14%) | 44 (73%) | 50 (83%) |
| **Winter 2011** | 37 | 3 (8%) | 33 (97%) | 33 (97%) |
| **Spring 2011** | 35 | 5 (14%) | 29 (97%) | 30 (100%) |
| **Summer 2011 (A/C Term)** | 22 | 6 (27%) | 14 (88%) | 14 (88%) |
| **Grand Totals** | **869** | **116 (13%)** | **619 (82%)** | **677 (90%)** |

# TABLE 3

**Cross Tables of Pass Rates: Paramedic Program**

**Comprehensive Final v. National Registry (NREMT) Results**

*Yellow = Percent of students passed the final compared to their NREMT first time pass rate.*

*Blue =Percent of students who passed the final by attempt number*

*Green = Overall First time and Aggregate NREMT pass rates Hyperlink to*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fall 2008** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 18 (82%) | 22 (73%) | 5 (56%) | **45 (74%)** |
| NREMT Pass 2nd | 4 | 4 | 1 | **9** |
| NREMT Pass 3rd | 0 | 2 | 0 | **2** |
| NREMT Pass 4th | 0 | 2 | 0 | **2** |
| NREMT Pass 5th | 0 | 0 | 1 | **1 (97%)** |
| Yet to Pass | 0 | 0 | 2 | **2** |
| **Totals** | **22 (36%)** | **30 (49%)** | **9 (15%)** | **61** |
| *Last Update: 06/11/10 – Data frozen. This group of students can no longer test.* | | | | |
| **Spring 2009** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 16 (80%) | 10 (67%) | 8 (57%) | **34 (72%)** |
| NREMT Pass 2nd | 2 | 1 | 0 | **3** |
| NREMT Pass 3rd | 1 | 1 | 1 | **3** |
| NREMT Pass 4th | 0 | 1 | 1 | **2 (89%)** |
| Yet to Pass | 1 | 0 | 4 | **5** |
| **Totals** | **20 (42%)** | **13 (28%)** | **14 (30%)** | **47** |
| *Last Update: 12/02/11 – Data frozen. This group of students can no longer test.* | | | | |
| **Fall 2009** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 12 (92%) | 13(57%) | 4 (67%) | **29 (71%)** |
| NREMT Pass 2nd | 0 | 3 | 0 | **3** |
| NREMT Pass 3rd | 1 | 2 | 0 | **3(85%)** |
| Yet to Pass | 0 | 4 | 2 | **6** |
| **Totals** | **13 (32%)** | **22 (54%)** | **6 (14%)** | **41** |
| *Last Updated: 12/02/11* | | | | |
| **Spring 2010** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 16 (94%) | 18 (75%) | 3 (50%) | **37 (79%)** |
| NREMT Pass 2nd | 1 | 3 | 2 | **6** |
| NREMT Pass 3rd | 0 | 1 | 0 | **1 (94%)** |
| Yet to Pass | 0 | 2 | 1 | **3** |
| **Totals** | **17 (36%)** | **24 (51%)** | **6 (13%)** | **47** |
| *Last Updated: 12/02/11* | | | | |
| **Fall 2010** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 17 (100%) | 15 (60%) | 9 (64%) | **41 (73%)** |
| NREMT Pass 2nd | 0 | 6 | 3 | **9** |
| NREMT Pass 3rd | 0 | 2 | 0 | **2** |
| NREMT Pass 4th | 0 | 0 | 1 | **1 (96%)** |
| Yet to Pass | 0 | 1 | 1 | **2** |
| Yet to Test | 0 | 1 | 0 | **1** |
| **Totals** | **17 (30%)** | **25 (45%)** | **14 (25%)** | **56** |
| *Last Updated: 12/02/11* | | | | |
| **Spring 2011** | **Comp Final**  **pass 1st** | **Comp Final**  **pass 2nd** | **Comp Final**  **pass 3rd** | **Totals** |
| NREMT Pass 1st | 8 (80%) | 2 (29%) | 5 (63%) | **15 (63%)** |
| NREMT Pass 2nd | 1 | 4 | 0 | **5** |
| NREMT Pass 3rd | 1 |  | 1 | **2 (92%)** |
| Yet to Pass | 0 | 1 | 1 | **2** |
| Yet to Test |  |  | 1 | **1** |
| **Totals** | **10 (40%)** | **7 (28%)** | **8 (32%)** | **25** |
| *Last Updated: 12/02/11* | | | | |

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# TABLE 4

**EMS Degree Enrollment History**

*Source: Dawn Portal*

*Hyperlink to*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Year** | **EMSVS.AAS** | **EMSVS.AAS**  **Degree Completion**  **(Full Academic Year)** | **EMSFO.AAS** | **EMSFO.AAS**  **Degree Completion**  **(Full Academic Year)** |
| 08/FA | 23 | 1 | 50 | 0 |
| 09/FA | 71 | 1 | 117 | 5 |
| 10/FA | 72 | 3 | 126 | 5 |
| 11/FA | 60 |  | 137 |  |
| **Totals** | **226** | **5** | **430** | **10** |

# TABLE 5

**Employer Survey Spring 2011**

*SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree*

*Percentages indicate totals for strongly agree and agree.*

*Hyperlink to*

|  | **SA** | **A** | **N** | **D** | **SD** |
| --- | --- | --- | --- | --- | --- |
| **I. KNOWLEDGE BASE (Cognitive Domain)** | | | | | |
| Has the EMS knowledge necessary to function in a healthcare setting. | 23 | **15 (95%)** | 2 | 0 | 0 |
| Has the general medical knowledge necessary to function in a healthcare setting. | 21 | **17 (95%)** | 2 | 0 | 0 |
| Is able to collect data from charts and patients. | 24 | **9 (83%)** | 7 | 0 | 0 |
| Is able to interpret patient data. | 21 | **14 (88%)** | 5 | 0 | 0 |
| Is able to recommend appropriate diagnostic and therapeutic procedures. | 21 | **12 (83%)** | 6 | 1 | 0 |
| Uses sound judgment while functioning in a healthcare setting | 21 | **12 (83%)** | 6 | 1 | 0 |
| **II. CLINICAL PROFICIENCY (Psychomotor Domain)** | | | | | |
| Effectively performs a broad range of clinical skills. | 16 | **18 (87%)** | 5 | 0 | 0 |
| Possesses the skills to perform patient assessment. | 20 | **13 (83%)** | 6 | 1 | 0 |
| Is able to perform approved therapeutic procedures and modalities. | 16 | **18 (87%)** | 4 | 1 | 0 |
| Is able to perform and interpret diagnostic procedures. | 17 | **16 (83%)** | 6 | 1 | 0 |
| **III. BEHAVIORAL SKILLS (Affective Domain)** | | | | | |
| Communicates effectively within a healthcare setting. | 17 | **15 (82%)** | 7 | 0 | 0 |
| Conducts himself/herself in an ethical and professional manner. | 22 | **14 (95%)** | 4 | 0 | 0 |
| Functions effectively as a member of the healthcare team. | 19 | **15 (87%)** | 5 | 0 | 0 |
| Accepts supervision and works effectively with supervisory personnel. | 15 | **21 (90%)** | 4 | 0 | 0 |
| Is self-directed and responsible for his/her actions. | 15 | **15 (79%)** | 8 | 0 | 0 |
| Arrives to work prepared and on time. | 21 | **14 (88%)** | 5 | 0 | 0 |
| Contributes to a positive environment within the department. | 19 | **16 (88%)** | 2 | 3 | 0 |

* 1. **Interpretation and Analysis of Trend Data Included in the Section Above *Suggestions of questions that might be addressed in this section:***  *What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the program or department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

# Analysis Table 1

This table shows the enrollment and success within the EMS department certification courses for the past 10+ years.

* First Responder enrollment is low and has consistently remained low. Demand for this certificate is limited to those individuals who provide care before EMS arrives. This is typically non-EMS fire departments, police and safety teams within industry. There are limited state mandates for this certification. The Homeland Security short term certificate uses this education. Maintaining this course within the catalog does require the department to stay current with state and national changes. Any capital / facilities / personnel resources needed to execute this certificate are also used within the EMT-Basic and Paramedic programs.
  + Future plans – Continue to offer this short term certificate as part of the Homeland Security Short Term Certificate.
  + Hyperlink to data.
* EMT-Basic has demonstrated robust enrollment. A marked increase is apparent in 2008 corresponding with the national / state economic downturn. In Winter 2011, a new curriculum was implemented with new exams / text / remediation assignments / etc. Corresponding with this change was an increase in attrition. Average prior to new curriculum was 44%. 2010-2011 had a 62% and Fall 2011 showed a 72% attrition.
  + Examination of reasons / circumstances associated with increased attrition.
    - Attendance, completion of clinical requirements, written examination scores, remediation completion, laboratory skills.
    - Difficulty of exams.
    - Policy and procedures within the program.
    - Faculty involved with this curriculum.
    - Determinations
      * No new faculty, no new clinical requirements, no new laboratory skill requirements, new curriculum with more difficult material, new exams, new comprehensive final.
      * 12% of students who fail, complete all aspects of the program but do not score high enough to pass.
  + Future Plans – Adjust the value of the comprehensive final within the EMT-basic program. This exam is now a competency based exam and therefore the scores earned should reflect competency based scoring / not norm referenced scoring. Students will now earn a 100% if he/she passes the exam on the first attempt and 93% if passed on the second. This will result in an increase in the number of students who pass the course overall. This will be implemented Winter 2012.
    - Close attention will be paid to NREMT pass rates from upcoming courses.
  + Hyperlink to data.
* Paramedic has demonstrated relatively stable attrition with 42% aggregate over 10 years. A minor uptick in enrollment has occurred since 2008.
  + The EMS department at Sinclair produces one out of every ten paramedics within the entire state. This program is the largest EMS educator within the state of Ohio.
  + In Fall of 2012, the paramedic program will begin to require a prerequisite of BIO 1107. This prerequisite will undoubtedly impact attrition and enrollment.
  + Future Plans – Continue to monitor enrollment and attrition trends. Ensure that NREMT pass rates maintain at or above current levels.
  + Hyperlink to data.

# Analysis Table 2

Table 2 shows the pass rates for graduates of the EMT-Basic short term certificate. This entry level course is used by a larger proportion of students as a means of career exploration as compared to the paramedic program.

* State accreditation requires that this certificate maintain at least a first time pass rate of 65% and or an aggregate pass rate of at least 80%. This course has not demonstrated any difficulties in maintaining that requirement.
* As attrition changes, it is important to ensure that the department is screening those students who will be successful from those who are less likely to be successful. The pass rates indicate that even as attrition has climbed, the program is not allowing an increased number of non-prepared graduates into the national testing situation.
* Interestingly, there appears to be an increase in first time pass rates that corresponds to implementation of the new national curriculum. This can indicate that the requirements / expectations of students have increased beyond the level needed to ensure success within the NREMT examination.
* Future Plans – Compare pass rate information with attrition analysis. Monitor pass rates to ensure no major decline.
* Hyperlink to

# Analysis Table 3

Table 3 shows information comparing the successful attempt of the paramedic comprehensive final to that successful attempt of the NREMT exam. Candidates within this course series are typically very career driven

* State accreditation requires that this certificate maintain at least a first time pass rate of 65% and or an aggregate pass rate of at least 80%. This course has not demonstrated any difficulties in maintaining that requirement. The combined first time pass rate of 74% and a combined, aggregate pass rate of 93% is well within the state requirements.
* The data reveals that those who prepare well for the comprehensive final (as defined as those who passed that exam on the 1st attempt), have an 87% chance of passing the NREMT exam on the first attempt. Additionally, those students have a 99% chance of passing the registry regardless of number of attempts. This yields a 99% sensitivity.
* Analysis of NREMT failures reveals the following data. Since Fall 2008 …
  + 120 students have passed the comprehensive final on the 2nd attempt. Of those, 8 have failed the NREMT exam. This is a 7% fail rate.
  + 56 students have passed the exam on the 3rd attempt. Of those, 11 have failed the NREMT exam. This is a 20% fail rate. This rate is significantly higher than for 1st and 2nd attempts.
  + 20 total students have failed the NREMT exam. Of those students, 8 (40%) passed the comprehensive final on the 2nd attempt and 11 (55%) passed the comprehensive final on the 3rd attempt.
  + It should also be noted, that candidates within more recent cohorts still have the ability to retest. This will affect the sensitivity of the comprehensive final.
* The sensitivity of the comprehensive final at the first offering is relatively high. As the test is offered the 2nd and 3rd time, its sensitivity drops. Yet, even those who pass the final on the 3rd attempt have an 80% chance of passing the NREMT exam. It is the opinion of this department, that the decreased sensitivity does not reach a level where large numbers of students are mislead as to their likelihood of passing the NREMT exam.
* Future Plans – Monitor pass rates and correlations between comprehensive final attempts / NREMT pass rates. Ensure that the offering of the third comprehensive final attempt does not significantly increase.
* Hyperlink to

# Analysis Table 4

Table 4 shows information regarding the enrollment and graduation data for the EMS degrees. Fall of 2008 was the first quarter when an EMS degree was available. Within that time, 461 students have indicated that completing an EMS degree is his/her goal.

* Students can select these degree options with or without career guidance. It is recommended that all students seeking an EMS degree have an advising session with the EMS department faculty. This is to ensure the degree will meet the students’ goals.
* My understanding is that students at Sinclair, on average, take greater than 2 years to complete their degree. It will take time to determine the true graduation rate of these degrees.
* Future Plans – Continue to monitor degree selection rate (number of student selecting this degree choice) and degree completion rate.
* Hyperlink to

# Analysis Table 5

Table 5 shows the most recent employer survey for paramedic grads.

* Local employers of paramedic consistently report positive results. 16 of the 17 questions yielded combined strongly agree and agree results of greater than 80% with the remaining question having a positive indicator of 79%.
* The highest negative indicator occurred with the statement, “Contributes to a positive environment within the department”. This question yielded a negative indicator of 8%. It is difficult to know the frame from which the employer was answering this question. An inference can be made to team dynamics. If a person is not good within teams, then they would not be contributing to a positive environment.
* Future plans – As the department moves to semesters, more team based activities are planned within the paramedic labs. Plans for this movement into a more team based approach to lab education was in place before the latest employer survey was available. The department should continue to gather and analyze both graduate and employers survey results.
* Hyperlink to

**Section II: Progress Since the Most Recent Review**

* What was the fiscal year of the most recent Program Review for this program? (The most recent Program Review self-study can be found at <http://www.sinclair.edu/about/administrative/vpi/pdreview/> ).  2008-2009

1. Briefly summarize the goals that were listed in Section IV part E of the most recent Program Review Self-Study (this section of the Self-Study asks “What are the department’s/program’s goals and rationale for expanding and improving student learning, including new courses, programs, delivery formats and locations”)?

* Implement the new national / state curriculum
* Become nationally accredited

1. What Recommendations for Action were made by the review team to the most recent Program Review?

* Continue to collect and analyze attrition/retention data to determine the effect of the mandatory attendance policy for paramedic students. If data supports, consider instituting the policy for EMT Basic students.
* Continue to investigate the potential benefits and problems that might be associated with on-line/hybrid course delivery of 200 level EMS courses.
* As the new associate’s degree program is implemented, monitor the demand and completion rates to determine the long term viability of the program.
* Because most of the employment opportunity for graduates of this program is with regional fire departments, the department should ensure it continues to maintain a close and effective working relationship with the leadership of area fire departments.
* Institutional or Resource Barriers to the Department’s Ability to accomplish its Goals, if any: Realignment of academic divisions resulted in the Emergency Medical Services Department moving to the Business and Public Services Division. Although the department chair and faculty have been made to feel welcome in the new division, they express experiencing a loss of collaboration and sharing of ideas and resources with the departments in the Life and Health Sciences Division.

1. Have the goals in your self-study changed since your last Program Review Self-Study as a result of the Review Team recommendations or for any other reason?  If so, please describe the changes.

* The goals have not changed. The department is on track to submit its self study for national accreditation by Dec 2012. Additionally, as the department moves into semesters, all new version of curriculum were updated to reflect new national EMS education standards.

1. What progress has been made toward meeting any of the goals listed in the sections above (b, c, and d) in the past year?

* Goals
  + A National Accreditation Proposed Schedule has been created. This document outlines deliverables, assignments, and deadlines in regards to the many tasks needing accomplished for the self study.
  + New curriculum was incorporated in semester conversion efforts. Minor lab equipment purchases will need to be made within the next budget year. All faculty will need to be updated regarding an increase in the paramedic scope of practice as reflected in the national EMS education standards. These include chest tube monitoring, blood analysis, monitoring of blood product administration, etc.
    - These updates will occur in Spring / Summer 2012.
* Recommendations for Action
  + Attendance policy. Both the paramedic program and the EMT Basic program have a similar attendance policy. There is no evidence that this policy has effected attrition negatively.
  + Hybrid Course. The EMS department has low enrollment within its 200 level courses. These are the courses that would benefit from online modality. However, the cost associated with the creation of these offering would not be recuperated efficiently.
  + Demand for associate degrees. See
  + Close relationship with local fire departments. Most of the EMS faculty, as well as the chairperson, are active members of local fire departments working in the role of an EMS provider. Fire departments are represented on the EMS advisory committee.
  + Realignment. To current date, no conversations regarding the appropriateness of the EMS department within the BPS division have involved any of the EMS faculty.
    - The EMS department is an educator of allied health personnel; therefore, belongs in LHS.

**Section III: Assessment of Outcomes**

The Program Outcomes for this program are listed below. **At least one-third of your program outcomes must be assessed as part of this Annual Update, and across the next three years all of these program outcomes must be assessed at least once**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Medical Services** Program Outcomes | In which courses are these program outcomes addressed? | Which of these program outcomes were assessed during the last fiscal year? | Assessment Methods  Used |
| **1)**. Demonstrate entry-level competency in the cognitive domain of EMT education (EMT Basic short term cert) | EMS 117/ EMS 118 | ASSESSED IN  FY 10-11 | * Pass rates for national certification exam |
| **2)**. Demonstrate entry-level competency in the cognitive domain of paramedic education (Paramedic one year cert). | EMS 139 | ASSESSED IN  FY 10-11 | * Pass rates for national certification exam |
| **3)** Demonstrate personal behaviors and attitudes consistent with and appropriate to the delivery of prehospital emergency medical care. | EMS 139 | ASSESSED IN  FY 10-11 | * EMS Department Graduate and Employer Surveys |
| **4)** Demonstrate the ability to comprehend, apply, and evaluate information relevant to the job description of the entry level EMT-paramedic | EMS 139 | ASSESSED IN  FY 10-11 | * EMS Department Graduate and Employer Surveys |
| 5) Discuss how EMS management and critical care medicine knowledge can be used to motivate and change behaviors of EMS providers and EMS institutions. Include quality improvement, legal perspectives, funding streams, critical thinking skills, and direct patient care applications. | Completion of EMS degrees. EMSVS.AAS and EMSFO.AAS | A degree graduate survey will need to be developed. The number of grads is too low to meaningfully evaluate.  Efforts will be made when number of grads is > 25. | * EMS Department Degree Graduate Surveys |

1. For the assessment methods listed in the table above, what were the results?

See tables 1-5.

1. Were changes planned as a result of the data? If so, what were those changes?

See analysis of tables 1-5.

1. How will you determine whether those changes had an impact?

See analysis of tables 1-5

c) Starting with next year’s Annual Update, this section will ask about assessment of general education outcomes. For FY 2012-13, you will be asked how the department is assessing Oral Communication and Written Communication in your courses, and in addition you will be asked to share the results of those assessments. Please be prepared to address this in next year’s Annual Update.

d) Does your department have courses where there are common assignments or exams across all sections of the course? If so, please list those courses, and indicate whether you are currently examining results across all sections of those courses.

* All EMS courses use a common course model. Regardless of the location and or faculty, the same exams, texts, assignments, remediation activities, etc are used. This is to ensure compliance with accreditation. Though the EMS 200 level course are not controlled by EMS accreditation, the same philosophy has been adopted.
* Master course materials are stored on the shared drive for all full time faculty to share / update.

**Section IV: Improvement Efforts for the Fiscal Year**

1. **FY 10-11:** What other improvement efforts did the department make in FY 10-11?  How successful were these efforts?  What further efforts need to be made? If your department didn’t make improvement efforts during the fiscal year, discuss the strengths and weaknesses of the department over the last year and how the department plans to address them in the coming year.

* Major changes are planned as the department moves into semesters.
  + The paramedic program was fractured into separate lab, lecture and clinical based courses. This should allow more accurate payload and resource scheduling.
  + Increased lab activities are planned within the lab setting.
  + A prerequisite of BIO 1107 should improve students understanding of pathophysiology.
    - This course will certainly have an impact of enrollment. It should also have an impact on attrition.
  + The EMT Basic course will now be offered over 16 weeks. This will hopefully give students more time to digest and assimilate information. Hopefully, it will have a positive impact on attrition.
  + Due to credit limits and other factors, EMS 2300, 2305, 2310 and 2315 will not be required within the EMSFO.S.AAS degree.
    - Viability of these courses and the EMSVS.S.AAS degree will need to be monitored.
  + Conversations are ongoing with the Web development department related to the creation of a tablet based skills tracking system. If created, this system would allow faculty to record student behavior in the laboratory and clinical setting. It would also allow students to easily monitor their progress towards program completion. Additionally, students would be able to monitor achievements across multiple courses / quarters.

1. **FY 11-12:** What improvement efforts does the department have planned for FY 11-12? How will you know whether you have been successful?

* Implementation of semesters.
  + Enrollment is relatively stable.
  + Attrition is improved
  + NREMT pass rate maintain or improves.
* Closeout of the quarter system
  + Students currently within the quarter system (specifically paramedic students) are not able to move into the semester system of the paramedic program. The new program is incompatible with the old program.
    - All students enrollment within the Fall 2011 start of the paramedic program are being monitored closely. If a student fails one of the courses in the series, it will be determined if it is possible and appropriate, to offer concurrent classes to ensure a chance at completing the program.
  + Update all faculty on new scopes of practice and new curriculum.
* Apply for national accreditation
  + Complete and submit the self study by Dec 2012.

Questions regarding completion of the Annual Update? Please contact the Director of Curriculum and Assessment at 512-2789 to schedule a time to review the template and ask any questions.