

Advisory Committee Meeting Minutes

PROGRAM COMMITTEE NAME:		Emergency Medical Services Professions			
CHAIRPERSON:	Justin Boyd				
MEETING DATE:	10-5-18	MEETING TIME:	8:00 AM	MEETING PLACE:	
RECORDER:	Janet Barton	PREVIOUS MEETING:		WCB 104 10-12-17	
MEMBERS PRESENT					
List all members of the committee, then place an X in the box left of name if present					
	NAME	TITLE	EMPLOYER INFO	PHONE	EMAIL
X	Justin Boyd (Public Rep)	P-RAC Committee Chair	Self	806.270.0870	jboyd348@yahoo.com
X	Will Hendon (Employer/Clinical)	General Manager	Amarillo Medical Services	806-358-7111	will.hendon@amr.net
X	Lt. Jeff Harbin (Fire employer)	Training Lt.	Amarillo Fire Dept.	806-378-3502	jeffery.harbin@amarillo.gov
	Scott Powers (Hospital/Clinical)	Nurse Manager of Emerg. Srv.	BSA Hospital	806.212.5360	scott.powers@bsahs.org
X	Jean Whitehead (Public Rep)	Health Science Educator	AISD – AACAL	806.326.8003	jean.whitehead@amaisd.org
X	Perry Perkins (Employer/Clinical)	EMS Coordinator	BSA EMS	806.655.7726	perry.perkins@bsahs.org
X	Sean Fox (Graduate/Fire)	EMS Program Director	Pantex EMS	806.477.6512	sean.fox@cns.doe.gov
	Doug Adcock (Employer)	Chief Flight Paramedic	RICO Aviation	806.570.5371	doug.adcock@ricoaviation.com
X	Matt Matlock (Graduate)	Paramedic	RICO Aviation	806.335.6635	mtmatlock30@gmail
X	Mark Price (Govt. Official)	Public Health Emerg. Prepar.	City of Amarillo	806.378.6336	mark.price@amarillo.gov
X	Sherree Talkington (Higher Ed.)	OTA Program Director	Amarillo College	806.354.6079	stalkington@actx.edu
X	Brandon Fansler (Hosp/Clinical)	RN	Northwest Texas Healthcare Systems	806.584.4249	bfansler@bfansler.com
	John Smoot (Higher Ed.)	SimCentral Director	Texas Tech University	806.414.9572	john.smoot@ttuhsc.edu
X	Chesney Rendon (Student)	Student Rep	AC student	806-753-6292	cmrendon23@hotmail.com
Ex officio members of the committee, then place an X in the box left of name if present					
X	Dr. Tamara Clunis	VPAA	Amarillo College	806.371.5226	ttclunis@actx.edu
X	Mark Rowh	Dean, Health Sciences	Amarillo College	806.354.6070	merowh@actx.edu
X	Kim Crowley	Associate Dean/CCHCE Director	Amarillo College	806.354.6087	kacrowley@actx.edu
X	Melissa Burns	CCHCE	Amarillo College	806-356-3650	m0084211@actx.edu
X	Dr. Darrell Morgan (Physician)	Program Medical Director	Northwest Texas Healthcare Sys	806.378-3513	dm54@suddenlink.net
	Dr. Stephen Howard (Physician)	Program Assoc. Med. Director	Northwest Texas Healthcare Sys	806.223.6655	stephen.howard65@gmail.com
X	Wade Olsen	Program Director/Instructor	Amarillo College	806.354.6077	cwolsen@actx.edu
X	Richard “Buddy” Todd	Faculty/Instructor	Amarillo College	806.354.6069	r0109878@actx.edu
X	Paul Whitfield	Faculty/Instructor	Amarillo College	806.356.3662	pewhitfield@actx.edu
X	Javier Herrera/Sandra De Larosa	Advisor	Amarillo College	806.354.6007	jfherrera@actx.edu
X	Pam Madden	Perkins Activity Coordinator	Amarillo College	806.371.5087	pjmadden@actx.edu
	Sharon King	DSHS EMS Specialist	Texas Dept. of State Health Services	806.385.2010	sharon.king@dshs.state.tx.us
AGENDA ITEM		ACTION DISCUSSION INFORMATION			
Welcome		Justin Welcomed the group and introductions were made			
		RESPONSIBILITY			
		Justin Boyd			

Minutes	Justin asked for a motion to approve last meetings minutes. Sean Fox 1 st , Perry Perkins 2 nd . All approver. Wade Olsen asked that previous minutes date be corrected to 10-29-16 not 10-29-15.	Committee
Health Science Advisor	Javier reported that current enrollment is over 9000. Advising is gearing up for Spring. Enrollment opens November 12 th . Will be helping students with their applications. Sandra mentioned that the last day to drop... EMS is a 16 week program	Sandra De La Rosa Javier Herrera absent
Medical Director's Report	Dr. Morgan stated he has 3 bases...Dalhart, Tucumcari and Amarillo. Medical Helicopters being added. Upgrading fixed wing in Amarillo. They have three flights per day.	Dr. Darrell Morgan
Director Report	Wade commended Buddy and Paul. Stated they do a great job.	Wade Olsen
<p>PowerPoint</p> <p>Accreditation News</p> <p>*Wade mentioned the program received re-accreditation for 5 years until 2023 on 3-16-18</p> <p>*Last 3 years (2015, 2016, 2017) 96% pass rates on National Registry attempts (49/51 candidates)</p> <p>* Current (May 2018 Paramedic Grads)</p> <p>> 91% written pass rates on National Registry attempts (10/11 candidates)</p> <p>2 students lack completion of their psychomotor skills exam</p> <p>1 lacks completion of written</p>		
<p>ACCREDITATION CHANGES</p> <p>* New CoA Appendix G Implementation</p> <p>> July, 2019</p> <p>> Minimum number of patient encounters [Ill. C.2. Curriculum]</p> <p>a. Didn't we just do that?</p> <p>b. Yes, but we have to do it again</p> <p>• <u>Appendix G</u></p>		
<p>ACCREDITATION CHANGES</p> <p>*Advisory Committee Action</p> <p>> Request discussion/approval to set our Appendix G minimums to align with the CoA recommended Minimums. These minimums to be implemented with the first paramedic cohort scheduled to graduate After July 1, 2019.</p> <p>Dr. Morgan has reviewed and approved contingent on committee approval. Justin asked for a motion, 1st Sean Fox, 2nd Brandon Fansler, all approved.</p>		
<p>CURRENT MINIMUM GRADUATION GOALS</p> <p>(Please see PowerPoint)</p>		

COMMITTEE ACTION (cont.)

Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship

Affiliations

*The program must set and require minimum numbers of patient contacts for each listed category

* Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions.

- ❖ Request discussion/approval to continue current Graduation goals. (Justin requested a motion to approve request. 1st Will Hendon, 2nd Sean Fox. All approved.)
- ❖ Request approval to make any adjustments that may be needed to ensure alignment with the Appendix G minimums if needed. (motion to approve 1st Will Hendon, 2nd Sean Fox, All approved)

Grad requirement Team Lead Report

ACTION PLAN

- ❖ 4. The program does not perform resource assessment as prescribed in the *Standard*. The results of the program-conducted resource assessment do not serve as the basis for ongoing planning and appropriate change
 - ❖ Missing form
 - ❖ Resource surveys were completed and summarized but not entered on form "Appendix A"
 - ❖ This form is only looked at during site visits.
 - ❖ It will not be overlooked again.
- ❖ 5. The program does not conduct summative, comprehensive final evaluations of students' achievement of program-required competencies in the all three (3) learning domains. No summative, comprehensive final examination is administered at the conclusion of the capstone field internship
 - ❖ Comprehensive, summative finals are given
 - ❖ However, a "Final – Final" Summative exam is required
 - ❖ Currently being developed for next semester
 - ❖ Pass this exam or completely fail the program.
- ❖ 6. The sponsor does not make known to applicants and students all of the program's current policies as required in the *Standard*. The program has a policy excluding credit-by-examination; however, there is no evidence of publication/provision of the policy to applicants or students in writing
 - ❖ In the past, students were notified of policies through the various syllabi
 - ❖ However, a 47-page handbook has been developed, and signed for, by the students
 - ❖ Similar design as an employee handbook

Director Report Continue		Wade Olsen
CURRENTLY	<ul style="list-style-type: none">❖ 3 EMT-Basic courses (66 enrolled on first day)<ul style="list-style-type: none">• Hope this translates into a larger AEMT class in January• Randall County Fire has a CE EMT course in progress as well❖ 15 paramedic students expected to graduate next May<ul style="list-style-type: none">• Accepting Advanced Applications now for Spring❖ Continue to collaborate with Amarillo Fire<ul style="list-style-type: none">• However, No courses this year. (City budget)• We have picked up their CE recert. needs – approx. 265 personnel❖ Spring Dual Credit (2017 Completers)<ul style="list-style-type: none">• AACAL (19) – Candice Elliot & Jean Whitehead<ul style="list-style-type: none">• Gateway project – expansion into Borger, Tulia(?), Dimmitt, and Canadian• Canyon High (8) – Carrie Guthrie• Randall High (9) - Kenna Van Meter• Bushland (0) – Stacey McClain – No students last spring	
AC STRATEGIC PLAN		
6 areas		
❖ 5 points:	<ul style="list-style-type: none">• IDS Data vs. EMSP level Data <ul style="list-style-type: none">❖ Completion – 70% by 2020<ul style="list-style-type: none">• EMSP efforts:<ul style="list-style-type: none">• Mandatory Tutoring when GPA <75%• Online Textbook resources to augment study• Align Degrees/certs with Labor Market<ul style="list-style-type: none">• EMSP efforts:<ul style="list-style-type: none">• 4 exit points (EMT, AEMT, Paramedic Cert, AAS)• Each exit point is “stackable” with the next• Learning<ul style="list-style-type: none">• EMSP efforts:<ul style="list-style-type: none">• High Impact Learning practice implementation by all instructors• Curriculum maps are under review.	
*6 areas (cont.)		
ACSTRATEGIC PLAN		
❖ 5 points:	<ul style="list-style-type: none">• Equity<ul style="list-style-type: none">• EMSP efforts:<ul style="list-style-type: none">• Working with outlying communities (grossly underserved)<ul style="list-style-type: none">• Gateway project• Working with the RAC as opportunities arise• Financial<ul style="list-style-type: none">• EMSP efforts:<ul style="list-style-type: none">• Mostly paperless• Instructional equipment purchases with Perkins grants• Program Budget held at minimums	

SATELLITE LOCATION

- ❖ Last year's discussions with Frank Phillips to establish a satellite location have ended.
 - We will not be expanding into their area
 - RAC survey showed lackluster support among regional services.
 - Results did not justify the expense and Accreditation regulations necessary to engage

OTHER BOARD TOPICS

- ❖ CAAHEP Standard II. B: Appropriateness of Goals and Learning Domains.
 - Committee must review program goals and outcomes for the classes in the last year and make recommendations...

Current goal:

- To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," with or without exit points at the Emergency Medical Technician-Intermediate, and/or Emergency Medical Technician-Basic, and/or First Responder levels.

Outcomes (2018):

- 91% National Registry pass rate (12 Students: 11 attempted, Currently 2 still testing skills – we anticipate 100% success)

- Committee should also include review of all minimum competency requirements, including team leads, achievement of goals, and analysis of the goals, action plan, and results of action where appropriate and review of the annual report and other objective data that supports program evaluation.

Request approval of currently established levels and goal – 1st Matt Matlock, 2nd Shawn Fox, all Approved

OTHER BOARD TOPICS

- ❖ CAAHEP Standard III. A.2: Resources: Clinical/Field Affiliations
 - The clinical/field experience/internship resources **must ensure exposure to, and assessment and management of the following patients and conditions:** adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

OTHER BOARD TOPICS

- ❖ CAAHEP Standard III. A.2: Resources: Clinical/Field Affiliations
 - Current internship breakdown (640 total hours):

- AEMT (324 total hours)

- 4 in class

- 24 hours – Allergy ARTS
- 72 hours – Emergency Departments
- 224 hours ALS Ambulance
- Paramedic (320 hours)

- 12 hours L&D
- 12 hours OR

- 72 hours Emergency Departments
- 36 hours with Dr. Anderson (pedi)
- 24 hours with Dr. Nazim (SICU)
- 168 hours Paramedic Ambulance

- ❖ Board Discussion of adequate exposures...

OTHER BUSINESS

❖ PHTLS

- Instructors are extremely few and far between
- Are “cards” REQUIRED by services in this area
- What if we quit issuing NAEMT PHTLS cards

- We would still teach “PHTLS” as a capstone-type course to trauma

- ❖ WECM: EMSP-1149; **Trauma Life Support** (16 clock hrs.)

- ❖ Use the same book

- ❖ No cards issued

- Committee advised to continue using cards

- ❖ EMT National Registry success rates have been drifting downward; with a “crash” this first half of 2018

- ❖ Numerous teaching techniques and strategies tried for a number of years

- Flipping classrooms

- Using a smaller EMR textbook; supplementing the missing EMT information

- Requiring students to purchase the Premier learning package for more study resources

- Currently, AACAL is trying a 1-year EMT course

- Limiting “lecture” time, etc.

- Results similar for all instructors

- On the West campus, the same three instructors who are responsible for the near 100% *advanced* student success rate, each teach EMT classes too – a paradox

Request grant funding

- ❖ 2018 Program Numbers so far...

- 137 Completers (Finished an EMT class and are eligible for NR Testing)

- Not all Completers choose to test NR

- Overall NR results (Academic & CE [both on/off campus])

- Pass 59% (55/93 students)

- Fail 41% (38/93 students)

- ❖ 2015-2017 3-year Overall Average

- Pass 75% (192/256)

- Fail 25% (64/256)

- An old problem that has resurfaced

- ❖ 1973 Results


Need State/National average

- ❖ EMT National Registry success rates (cont.)
 - Currently EMT classes are open enrollment
 - We require TSI compliance in reading
 - Developmental Education Students (DeveEd) are allowed to take EMT classes concurrent with DeveEd classes
- ❖ Request Committee discussion to guide further efforts
 - Should we make TSI compliance in ALL categories mandatory prior to enrollment (reading, writing, and math)? How about NO TSI requirements?
 - If possible, should we prevent DeveEd concurrent enrollment?
 - Success rates can go up, but at the expense of high attrition (withdrawals + "F")
 - FYI: poor success rates could bring DSHS sanctions (rule 157.32, (u)(2)(P))

Questions? Concerns?

Paul Whitfield	<p>Paul reported on pass rates- rates have been unacceptable for years. Goal is to decrease attrition. Only lost 1. 1st 6 grades are passing, next 5 Fail. Going back to discuss paragraph by paragraph. Mid term coming up. Basic class all but 3 are not passing. Has asked students if they are reading the chapter. Most are not. High Schools are not teaching students to study. In the tutoring center they give study strategies. EMT is the hardest in the curriculum. Have to pass. Has asked what he can do differently. Students have said it is not his fault.</p> <p>Paul stated he is not continuing with the new book. Jean stated she took the test. Very hard and very specific. Her students are struggling with this. Brandon stated he used AC test at Randall. Had a 75% fail rate. Question was asked if we are testing at National Registry standards. Dr. mentioned AC test taking course. Should it be required? Combine this with study strategies. Will not diminish rigor.</p> <p>Need to align skills and desire/expectations. Bump up pre-reqs. Should A&P be required?</p> <p>A lot of discussion on what we need to do to increase pass rates.</p>	Paul Whitfield
Student Representative	<p>Chesney Rendon – Chesney Thanked Wade and the instructors for all they do for students. Chesney mention AC No Excuses program...making sure barriers are removed to help students succeed. He also mentioned the tutoring center is available if students need assistance. Chesney stated if students have questions they can go to Wade or any instructor for help.</p>	Chesney Rendon

Affiliation Reports		Committee
	<p>a. BSA EMS – Perry Perkins: Community Paramedic program over 600 patients. Last meeting was 400. Two different programs HUG and post care. People who have serious problems have reduced re-admits by 42%. Post care program reduced readmission rate by 7%. Program is continuing to evolve. Hospital offers scholarship for employees who go to college. Consider themselves to be a spring board for employees. Fully staffed at this time. Dr. Morgan asked 7% down from what? Perry stated the average was 15%. Dr. Morgan asked if there is a way to capture savings.</p> <p>b. BSA ED – Scott Powers: Absent</p> <p>c. AMS – Will Hendon: AMS expanded. Covering Hutchinson County. Took operation as is...did not cut pay. Working on being sustainable. Have to make decisions to break even. Use buying power. May be able to help pay for supplies for students.</p> <p>d. Amarillo Fire Department – Lt. Jeff Harbin: Fire Department is still 1st responder. More advanced providers. AC is helping to boost numbers by providing courses. Goal to have all paramedics. Ultimate goal is to be tiered. Hard to get people on hiring list. Work to get college employees to attend off work.</p> <p>e. Pantex Fire Department – Sean Fox: Have had growth and replacement. Currently short personnel. Six openings. Sean graduated from AC. Great team to work with. Sean stated that to work at Pantex have to be a fireman first. Pantex purchased ladder trucks. New trucks have a memory function. First truck in the US that has this capability. Pantex has agreements with several counties.</p> <p>f. Regional Advisory Council (RAC – A) – Justin Boyd: Voted to take M.A.S.T. out of curriculum. It is still there and have to teach them. Voted in Communication. Minimum hours move to 128 lecture, 48 clinical for a total of 176 hours. Requirement...at least 50% of instructors will have to be EMS Certified Instructor. Wade stated we are already compliant.</p> <p>g. Public Rep. – Jean Whitehead: 21 students in EMT basic, 7 in Gateway Class. Expanded to full year to help students.</p>	
Perkins Coordinator	Recent Sacs visit Wade played a big role. Site visitors spoke well of Wade and were pleased and impressed with program.	
Continuing Healthcare Education	Melissa – CCHCE provides CE's if members want a conference and need CEs. West TX Panhandle on November 10 th offering EMS and Nursing CEs. Go to website or contact Debby at Tech.	Melissa Burns

Vice President of Academic Affairs	Tamara thanked the committee for attending. Knows it is hard to make meetings. Tamara stated she is trying to attend all AB meetings. Happy to hear about dual credit. How can we help provide the best training? We want to have cutting edge equipment and want to prevent extra training. We also want to ensure no stress in attending multiple AB meetings.	Dr. Tamara Clunis
Dean, Health Sciences	Kim is the new Dean. Kim has worked with several AB members in different capacities. We want members to share needs so we can improve program.	Kim Crowley
Other Business		
Adjournment	Being no further business the meeting adjourned at 10:26 a.m.	Justin Boyd
Date: 10 / 5 / 2018	Executive Secretary Signature: 	Next Meeting: Fall 2019



AMARILLO COLLEGE EMSP PROGRAM

Fall 2018 Advisory Committee Meeting

Director's Report

October 5, 2018

ACCREDITATION NEWS

- ❖ Last 3-years (2015, 2016, 2017)
 - 96% pass rates on National Registry attempts (49/51 candidates)
- ❖ Current (May 2018 Paramedic Grads)
 - 91% written pass rates on National Registry attempts (10/11 candidates)
 - 2 students lack completion of their psychomotor skills exam
 - 1 lacks completion of written
- ❖ 3-16-2018: Received Re-accreditation for the next, 5-year cycle (2023)

ACCREDITATION CHANGES

❖ New CoA Appendix G Implementation

- July 1, 2019
- Minimum number of patient encounters [III.C.2. Curriculum]
 - Hey didn't we just do that?
 - Yes, but we have to do it again
- [Appendix G](#)

ACCREDITATION CHANGES

❖ Advisory Committee Action:

- **Request discussion/approval to set our Appendix G minimums to align with the CoA recommended minimums. These minimums to be implemented with the first paramedic cohort scheduled to graduate after July 1, 2019.**
 - **Dr. Morgan has reviewed and approved contingent on committee approval**

CURRENT MINIMUM GRADUATION GOALS

Ages:

New Born	Infant	Toddler	Preschool	Schl Age	Adolescent	Pediatric	Adult	Geriatric
2	2	2	2	2	2	12	30	20

Airway Management:

Attempts
50

Complaints:

Chg in Respo	Dizziness	Abdo Pain	AMS	Weakness	Chest Pain	Pedi Dyspnea	Adult Dyspnea	Hdache/B lurred Vision
5	5	5	8	5	8	2	8	2

Impressions:

Medical	Psych	Cardiac Arrest	Cardiac	Abdominal	Respiratory	Neuro	CVA	Trauma	OB
10	2	2	2	2	2	2	2	10	2

Skills:

Medications	IVs	Live ETT	Ventilations	ETT
15	25	2	20	10

Team Lead:

ALS	Team Lead Total	Unconscious	Pediatrics
2	10	2	2

COMMITTEE ACTION

❖ Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations

- ❖ *The program must set and require minimum numbers of patient contacts for each listed category*
- ❖ *Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions.*
 - ❖ Request discussion/approval to continue current Graduation goals.
 - ❖ Request approval to make any adjustments that may be needed to ensure alignment with the new Appendix G minimums – if needed.
- ❖ Grad Requirement Report Team Lead Report

CURRENTLY

- ❖ 3 EMT-Basic courses. 66(ish) enrolled on first day (currently down approx. 1/3)
 - Hope this translates into a larger AEMT class in January
 - Randall County Fire has a CE EMT course in progress as well
- ❖ 17 paramedic students expected to graduate next May
 - Accepting Advanced Applications now for Spring
- ❖ Continue to collaborate with Amarillo Fire
 - Working on an AEMT class to start October 23, 2018
 - We continue to provide their quarterly CE – approx. 265 personnel
- ❖ Spring Dual Credit (2018 Spring Completers)
 - AACAL (20) – Jean Whitehead & Candice Elliot (Candice resigned this last summer)
 - Gateway project
 - Canyon High (5) – Carrie Guthrie
 - Randall High (5) - Kenna Van Meter
 - Bushland (5) – Stacey McClain (no longer with BISD)
 - New instructor for 2019 – Sarrissa Elder

AC STRATEGIC PLAN

❖ 6 areas:

- IDS Data vs. EMSP level Data
- Completion – 70% by 2020
 - EMSP efforts:
 - Mandatory Tutoring when GPA <75%
 - Online Textbook resources to augment study
- Align Degrees/certs with Labor Market
 - EMSP efforts:
 - 4 exit points (EMT, AEMT, Paramedic Cert, AAS)
 - Each exit point is “stackable” with the next
- Learning
 - EMSP efforts:
 - High Impact Learning practice implementation by all instructors
 - Curriculum maps are under review.

AC STRATEGIC PLAN

❖ 6 areas (con't):

- Equity
 - EMSP efforts:
 - Working with outlying communities (grossly underserved)
 - Gateway project
 - Working with the RAC as opportunities arise
- Financial
 - EMSP efforts:
 - Mostly paperless
 - Instructional equipment purchases with Perkins grants
 - Program Budget held at minimums

OTHER BOARD TOPICS

❖ CAAHEP Standard II. B: Appropriateness of Goals and Learning Domains.

- **Committee must review program goals and outcomes for the classes in the last year and make recommendations...**
 - **Current goal:**
 - To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician-Intermediate, and/or Emergency Medical Technician-Basic, and/or First Responder levels.
 - **Outcomes (2018):**
 - 91% National Registry written pass rate (12 Students: 11 attempted, Currently 2 still testing skills; 1 still testing written – we anticipate 100% success)
- **Committee should also include review of all minimum competency requirements, including team leads achievement of goals, analysis of the goals, action plan, and results of action where appropriate and review of the annual report and other objective data that supports program evaluation.**
 - **Request approval of currently established levels and goal...**

OTHER BOARD TOPICS

❖ CAAHEP Standard III. A.2: Resources: Clinical/Field Affiliations

- The clinical/field experience/internship resources **must ensure exposure to, and assessment and management of the following patients and conditions:** adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

OTHER BOARD TOPICS

❖ CAAHEP Standard III. A.2: Resources: Clinical/Field Affiliations

- Pediatric exposure is difficult in this area
 - Students attend “rounds” with Texas Tech Pedi
 - Thanks Dr. Morgan
 - Students in January will start doing neonatal “rounds” with Dr. Kelly Clements
 - We are working on getting our students on the BSA pedi floor – hopefully by this next spring.
- Grads “LIVE” Report

OTHER BOARD TOPICS

❖ CAAHEP Standard III. A.2: Resources: Clinical/Field Affiliations

- Current internship breakdown (640 total hours):
 - AEMT (320 total hours)
 - 24 hours – Allergy ARTS
 - 72 hours – Emergency Departments
 - 224 hours ALS Ambulance
 - Paramedic (320 hours)
 - 12 hours L&D
 - 12 hours OR
 - 72 hours Emergency Departments
 - 36 hours (T Tech pedi; Dr. Clements...)
 - 24 hours with Dr. Nazim (SICU)
 - 168 hours Paramedic Ambulance

❖ Board Discussion of adequate exposures...

- Request continued approval

OTHER BUSINESS

❖ PHTLS

- Instructors are extremely few and far between
- Are “cards” REQUIRED by services in this area
- What if we quit issuing NAEMT PHTLS cards
 - We would still teach “PHTLS” as a capstone-type course to trauma
 - WECM: EMSP-1149; **Trauma Life Support** (16 clock hrs.)
 - Use the same book
 - No cards issued

OTHER BUSINESS

- ❖ EMT National Registry success rates have been drifting downward; with a “crash” this first half of 2018
- ❖ Numerous teaching techniques and strategies tried for a number of years
 - Flipping classrooms
 - Using a smaller EMR textbook; supplementing the missing EMT information
 - Requiring students to purchase the Premier learning package for more study resources
 - Currently, AACAL is trying a 1-year EMT course
 - Limiting “lecture” time, etc.
- Results similar for all instructors
 - On the West campus, the same three instructors who are responsible for the near 100% *advanced* student success rate, each teach EMT classes too – a paradox

OTHER BUSINESS

❖ 2018 Program Numbers so far...

- 137 Completers (Finished an EMT class and are eligible for NR Testing)
 - Not all Completers choose to test NR
- Overall NR results (Academic & CE [both on/off campus])
 - Pass 59% (55/93 students)
 - Fail 41% (38/93 students)

❖ 2015-2017 3-year Overall Average

- Pass 75% (192/256)
- Fail 25% (64/256)
 - An old problem that has resurfaced
 - [1973 Results](#)

❖ [State/National Averages](#)

OTHER BUSINESS

❖ EMT National Registry success rates (con't)

- Currently EMT classes are open enrollment
 - We require TSI compliance in reading
 - Developmental Education Students (DevEd) are allowed to take EMT classes concurrent with DevEd classes

❖ Request Committee discussion to guide further efforts

- Should we make TSI compliance in ALL categories mandatory prior to enrollment (reading, writing, math)? How about NO TSI requirements?
- If possible, should we prevent DevEd concurrent enrollment?
- Success rates can go up, but at the expense of high attrition (withdrawals + “F”)
 - FYI: poor success rates could bring DSHS sanctions (rule 157.32, (u)(2)(P))



QUESTIONS? CONCERNS?

We GREATLY APPRECIATE your time, energy, and
dedication to our program.

Thank you!

Paul, Buddy, & Wade