**Sinclair Community College**

**Continuous Improvement Annual Update 2014-15**

**Please submit to your Division Assessment Coordinator / Learning Liaison for feedback no later than March 1, 2015**

**After receiving feedback from your Division Assessment Coordinator, please revise accordingly and make the final submission to your dean and the Provost’s Office no later than May 1, 2015**

**Department:** 0666 – Emergency Medical Services

Year of Last Program Review: FY 2008-2009

Year of Next Program Review: FY 2015-2016

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Figure 1: Original Degree and Certificate Completion Trend Data

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. 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 department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

The interpretation of the above data is problematic. This data reveals an extreme downward completion rate over the past 6 years. The data is flawed. The slope of change is too pronounced. I believe the reason for the flawed data is that in 2007, the college retrospectively determined students who had completed certificates, but were not reported to the state. These past graduates were then reported during that FY, therefore artificially increasing the certificate completion rate for 2007.

Using the following sources, I recalculated the department’s success rate.

* Dawn reports for degree completion.
* EMS department database / spreadsheets. The EMS department is required by state accreditation to track all licensure level students who are eligible for state testing and eventual practice.
	+ EMT-Basic (EMS 117/118) and Paramedic (EMS 135-139).
	+ EMT (EMS 1150/1155) and Paramedic (EMS 2100-2205).
* See amended Appendix A (now called Table 1).
* Updated success rates are now displayed in Figure 2.
* The paramedic program has historically had 2 entry points: Fall and Spring. When planning for semester conversion, it was decided to have the final quarter based paramedic program enter in Fall 2011; therefore finish in Fall 2012.
	+ No paramedic cohort was started in Spring of 2012. This resulted in no graduates in Spring 2013; therefore an overall decrease in completion rate for 2012-2013.

**Table 1– Program Completion and Success Rate Data**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11 - 12 | FY 12-13 | FY 13-14 |
| 0666 | EBST.STC | 291 | 239 | 225 | 161 | 108 | 90 | 111 |
| Emergency Medical Technician Accreditation Data: Number of successful students | 186 | 261 | 258 | 164 | 116 | 97 | 113 |
| Emergency Medical Responder Accreditation Data: Number of successful students |  |  |  |  |  |  | 6 |
| 0666 | EMSFO.AAS |  | 0 | 5 | 5 | 7 | 2 | 3 |
| 0666 | EMSFO.S.AAS |  |  |  |  |  | 4 | 11 |
| 0666 | EMSVS.AAS |  | 1 | 1 | 3 | 1 | 1 | 1 |
| 0666 | EMSVS.S.AAS |  |  |  |  |  | 0 | 1 |
| 0666 | EPST.STC / EPST.CRT | 132 | 109 | 85 | 59 | 83 | 55 | 39 |
| Paramedic Accreditation Data: Number of successful students | 76 | 108 | 88 | 81 | 92 | 58 | 43 |
| GRAND TOTALS | 262 | 370 | 352 | 253 | 216 | 162 | 178 |
| Percentage of Success Derived from Certificates | 100% | 99.7% | 98.3% | 96.8% | 96.3% | 95.7% | 91.0% |

*Table 1 Notes:*

* *Data updated on 02/05/15*
* *Data from Dawn Degree Completion Five Year Trend Report and from EMS department.*
* *Grand Totals are the sum of highlighted areas only.*
* *EMS degrees became available in Fall 2008.*
* *Semester version of EMS degrees became available in Fall 2012.*
* *EMR data added in 2014.*

**Figure 2: EMS Department Recalculated Degree and Certificate Completion Trend Data**

*Figure 2 Notes:*

* *Data updated on 02/04/15*
* *Data from Table 1 , Grand Totals*

As the college is moved into a funding stream that is based on completion, it is important that we capture all students who have completed certificates. When reviewing the data in Table 1, for 6 out of 7 years at the EMT level and 5 out of 7 years at the paramedic level, completion data tracked by the EMS department shows greater completion than that reported by RAR. I believe that this discrepancy is related to GPA. I recommend that the college reexamine how completion is documented. I can attest that the numbers reported by the EMS department are accurate.

Degree utilization within the department appears to be increasing. See figure 3. Of note is that 9% of the success for the department comes from degrees in the 2013-2014 year. This is up from 3-4% in past years.

**Figure 3: EMS Degrees Awarded**

*Figure 3 Notes:*

* *Data updated on 02/12/15*
* *Data from Table 1, degrees awarded*

**Department FTE Trends**

* FTEs for all quarter based fiscal years have been converted to semester equivalents.
	+ $(Quarter FTE-\left(Quarter FTE\*0.33\right))=Semester Equivalent FTE$
* Years 2008 through 2011 demonstrated a significant increase in enrollment. This corresponded with the nationwide recession. These years now have an effect on the curve of enrollment over the past decade.
	+ See Figure 5
* The paramedic program has historically had 2 entry points: Fall and Spring. When planning for semester conversion, it was decided to have the final quarter based paramedic program occur in Fall 2012.
	+ This resulted in no new class taken in Spring 2012, therefore an overall decrease in FTE in 2011-2012.
* Non-certificate generating courses continues to be a small portion of the department’s FTE, therefore its statistical power is limited. This portion has less than a 5% effect on FTE.
* Figure 4 shows statewide data. The overall numbers of new EMT licensures is decreasing. Paramedic licensure levels are also decreasing, but not at as steeply as EMT.
	+ Reasons for this downward trend are believed to be multifactorial
		- Decreasing numbers of volunteers
		- Increasing numbers of paid / part paid departments
			* As departments moved to a paid system they needed less personnel compared with a volunteer system.
		- Decreasing state funding at the local levels
			* Departments are not filling open positions as frequently as in the past due to financial constraints.
		- Increased requirements for individuals to become and maintain state licensure.
			* Background checks, prerequisites for certification education, increasing complexity of medical knowledge, continuing education, protocol testing, etc.
	+ In response to this downward trend, the department has decreased course offerings in an attempt to maintain average class size.

**Figure 4: Ohio Division of EMS Initial EMT and Paramedic Licensure Levels**

*Figure 4 Notes:*

*• Year of application may not correlate with year of training.*

Figure 5: EMS Department FTE Enrollment

Recession

Unemployment: > 8.5%

*Figure 5 Notes:*

* *Data updated on 02/04/15*
* *Data from RAR*

**Figure 6: Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

See discussion on EMT program enrollment and pass rates on next page.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

**EMT Program Enrollment / Pass Rate**

* There has been an upward movement of departmental success since a trough occurred in 2010-2011. As part of a strategy to manage high attrition within the EMT program, required passing scores for the final exam as well as other administrative requirements within the EMT course have been softened. This has resulted in an increased number of successful students (see Table 2). There has been a decrease in pass rates for 2013-2014.
	+ The increase in attrition corresponded with the change in curriculum. The newest version of the EMT curriculum is more demanding than the version it replaced: increased complexity and breadth of information.
	+ Reviewing Table 2 and comparing departmental success rates demonstrated in Figure 6, one should note a correspondence between the lowest departmental success and the highest EMT attrition. As EMT attrition has improved, so has departmental success.
		- The EMT program accounts for 42% of the FTE’s generated in 2013-2014.
	+ In Fall 2014, increased numbers of practice exams and review activities within the EMT class were implemented. Early evidence is that pass rates are rebounding. Fall 2014 has an aggregate pass rate of 91%.

**Table 2– EMT Program Enrollment / Pass Rate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMT-Basic / EMT** | **Subsidy Enrollment** | **Course Completion** | **Attrition Rate** | **First Time Pass Rate** | **Aggregate Pass Rate** | **Non-Testing Rate** |
| 2007-2008 | 333 | 186 | 44% | 87% | 95% | 11% |
| 2008-2009 | 471 | 261 | 45% | 83% | 92% | 11% |
| 2009-2010 | 476 | 258 | 46% | 74% | 84% | 16% |
| 2010-2011 | 432 | 164 | 62% | 84% | 89% | 11% |
| 2011-2012 | 289 | 116 | 60% | 94% | 96% | 8% |
| 2012-2013 | 196 | 97 | 51% | 81% | 87% | 13% |
| 2013-2014 | 197 | 113 | 43% | 68% | 73% | 17% |

*Table 2 Notes:*

* *Data updated on 02/09/15*
* *Data from EMS department pass rate database.*
* *Gray area indicates implementation of newest EMT curriculum*

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

**Paramedic Program Attrition Rates**

* Cohort Definitions
	+ Quarter Based System
		- Cohorts are defined by the completion semester.
		- Initial cohort size is defined through a dawn report: This is 14th day enrollment. Completion data obtained through EMS department national registry testing results database / paratracking spreadsheet.
	+ Semester System
		- Students are placed within a cohort based on their beginning course. Cohorts are labeled with the letter S for semester and a numeral for the number of cohorts within semesters (S1, S2, etc.). Regardless of how they perform, students remain within their initial course cohort.
* To comply with CoAEMSP (national accreditor of paramedic programs) attrition standards, effective Fall of 2012, all attrition is subcategorized by reason.
	+ Students who leave the program for financial, life, scheduling issues are categorized as non-academic attrition.
	+ Those who fail due to educational reasons are categorized as educational attrition.

**Table 3 – Paramedic Program Attrition Rates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Paramedic****Ending Term** | **Subsidy Enrollment** | **In Cycle Course Completion Enrollment** | **Attrition Rate** |
| 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 | 149 | 93 | 38% |
| 2011-2012 | 73 (no Spring Cohort) | 57 | 22% |
| **Totals** | **1583** | **930 Average** | **41%** |

**Table 3a – Paramedic Program Attrition Rate with Subcategories**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ParamedicStarting Term | Subsidy Enrollment | Course Completion  | Educational Attrition | Non-Academic Attrition |
| S1: Fall 2012 | 45  | 35 (85%) | 6 (15%) | 4 (9%) |
| S2: Spring 2013 | 28 | 14 (70%) | 7 (30%) | 6 (22%) |
| S3: Fall 2013 | 50 | 36 (96%) | 2 (4%) | 12 (24%) |
| S4: Spring 2014 | 16 | In progress | In progress | In progress |
| S5: Fall 2014 | 34 | In progress | In progress | In progress |
| S6: Spring 2015 | 18 | In progress | In progress | In progress |

Table 3a *Notes*

* *Last Updated: 02/09/2015.*

**Paramedic Program Pass Rates**

* Aggregate pass rates for the paramedic program historically been greater than 84% for the past 12 cohorts.
* National comparable for 2014 is an aggregate pass rate of 86%.
* State accreditation minimum requirements are 80%. CoAEMSP minimums are 70%.
* Shaded area on right of figure 7 indicates cohorts within the semester system.

**Figure 7: Paramedic Program Aggregate Pass Rates**

Figure 7 *Notes*

* *Last Updated: 04/21/2015.*

**Paramedic Clinical Activity:**

* Scheduling
	+ Students are required to schedule some of their clinical activity using an online environment. This database tracks when students will be at various sites and informs both the student and clinical site via email about the scheduled shift.
* Recording Information
	+ Starting in Fall of 2013, the EMS department began to digitally collect clinical activity logs. The first year in which a complete calendar year of data was available occurred in 2014. Students are required to enter this information using an online format.
	+ Data Limitations
		- An audit of records from Fall of 2014 reviewed multiple inaccuracies with data entry: duplicate records, records not entered and records entered with incorrect data were the most common mistakes found.
		- Steps are now in place to have clinical faculty review the data generated by the students to ensure accuracy.
* Data Results
	+ Figure 8 shows all paramedic clinical activity from 01/01/2014 through 12/31/2014.
	+ Students are required to enter this information through an online portal. Skills students must have to enter this records include:
		- Web capabilities
		- Hyperlink capabilities
		- Keyboard skills
		- Mouse / touch screen skills
		- Navigation
		- Read emails generated by the scheduling system

**Figure 8: Paramedic Clinical Activity for 2014**

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

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

|  |  |  |
| --- | --- | --- |
| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Implement the new state curriculum when it becomes available | In progress [ ] Completed [x] No longer applicable [ ]  | EMS 2175, 2180, 2200 and 2205 are offered for the first time in Fall of 2013. As of the conclusion of Fall 2013, all National EMS Education Standards will have been implemented. Due to feedback from our CoAEMSP accreditation site visit, minor changes will occur within EMS 2105, 2125, 2150, and 2175. * Infectious Disease, Geriatrics, Psychiatric Disorders, Patients with Special Challenges, and Hazardous Materials Management / Terrorism will be covered earlier within the curriculum
* These topics will be reviewed within EMS 2175.
 |
| Become nationally accredited | In progress [ ] Completed [x] No longer applicable [ ]  | At the writing of this annual update, the self-study was submitted in Fall of 2012. A consultant was hired to provide input on the CoAEMSP accreditation process. CoAEMSP site visit occurred on October 2 and 3, 2013. Site visit revealed two minor curricular concerns. * Correction plans must be submitted by December 1, 2013.
* Formal voting regarding awarding of accreditation by CoAEMSP will occur in February of 2014.
	+ Everything indicates the college will be awarded national accreditation for the Paramedic program.
* The EMS Program has been fully accredited with an expiration date of March 2019.
 |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| --- | --- | --- |
| 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. | In progress [ ] Completed [ ] No longer applicable [x]  | Mandatory attendance is now in effect for both EMT and Paramedic courses.  |
| Continue to investigate the potential benefits and problems that might be associated with on-line/hybrid course delivery of 200 level EMS courses | In progress [ ] Completed [ ] No longer applicable [x]  | At this time, enrollment within the degree courses (2300 series) is too low to justify deployment of web development resources for online course creation.  |
| As the new associate’s degree program is implemented, monitor the demand and completion rates to determine the long term viability of the program.  | In progress [x] Completed [ ] No longer applicable [ ]  | See figure 3. The number of credit hours required for the EMSVS.S.AAS degree is being dropped from 66 to 60 effective Fall 2015. This should positively impact degree completion.  |
| 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. | In progress [x] Completed [ ] No longer applicable [ ]  | Information is obtained through graduate surveys, employer surveys, program resource surveys and by having employers on the EMS advisory committee. * During the CoAEMSP site visit, 14 people from local employers and/or the EMS Department Advisory Committee spoke on behalf of the program.
* The site team indicated this was a very large turnout – indicative of a very unique and supportive EMS community.
 |

Please respond to the following items regarding external program accreditation.

|  |  |
| --- | --- |
| **Date of Most Recent Program Accreditation Review** | Date of most recent accreditation review: \_October 2013\_\_\_\_\_\_\_\_\_\_\_\_**OR**[ ]  Programs in this department do not have external accreditation  |
| **Please describe any issues or recommendations from your last accreditation review (if applicable)** | III.C.1. Curriculum Sequencing* Discrepancies exist between clinical and internship hour requirements in course syllabi and student manuals. (300 hrs in syllabi vs. 512 hrs in manual and clinical documentation) Students appear to be meeting course objectives however documented requirements are unclear.

III.C.3. Curriculum – Field Internship * Students are starting and completing the final field internship and team lead process while still completing classroom didactic lectures and activities.
 |
| **Please describe progress made on any issues or recommendations from your last accreditation review (if applicable)** | * Curriculum Sequencing: All documentation streams aligned to ensure lesson plans, syllabi, clinical documentation and student handbooks have the same hours requirements.
	+ Changes made in Fall 2013.
* Curriculum – Field Internship Curriculum has been reshuffled to ensure that during the time students are doing field internship team leads, they have been exposed to all components of the curriculum. The last semester is now for refinement and review.
	+ Changes made in Fall 2013 with implementation in Fall 2014. Delay time for implementation due to cohort based curriculum. To execute the changes, courses offered in the 1st and 2nd semesters of paramedic needed changed.
 |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

**PLEASE NOTE – FOR THE NEXT TWO YEARS, GENERAL EDUCATION OUTCOME ASSESSMENT WILL BE TEMPORARILY POSTPONED. WE WOULD ASK THAT IN THIS ANNUAL UPDATE YOU IDENTIFY AT LEAST ONE COURSE IN YOUR DEGREE PROGRAM(S) WHERE ASSESSEMENT AT THE MASTERY LEVEL WILL OCCUR FOR THE FOLLOWING THREE GENERAL EDUCATION OUTCOMES:**

* **CRITICAL THINKING/PROBLEM SOLVING**
* **INFORMATION LITERACY**
* **COMPUTER LITERACY**

**NOTE THAT THERE WILL NEED TO BE AT LEAST ONE EXAM / ASSIGNMENT / ACTIVITY IN THIS COURSE THAT CAN BE USED TO ASSESS MASTERY OF THE COMPETENCY.**

**YOU MAY ALSO SUBMIT ASSESSMENT RESULTS FOR THESE GENERAL EDUCATION COMPETENCIES IF YOU HAVE THEM, BUT IT WILL BE CONSIDERED OPTIONAL**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year courses identified where mastery of general education competency will be assessed. | PLEASE INDICATE AT LEAST ONE COURSE WHERE MASTERY OF THE COMPETENCY WILL BE ASSESSED FOR EACH OF YOUR DEGREE PROGRAMS | What were the assessment results for this General Education competency? (Please provide brief summary data)**NOTE: - THIS IS OPTIONAL FOR THE FY 2014-15 AND FY 2015-16 ANNUAL UPDATES** |
| Critical Thinking/Problem Solving | All programs | **2014-2015** | EMS 2205 | A patient care scenario is presented to students via a teamwork environment. This requires high quality assessment and critical thinking skills. *(Para Team Leader FAC).* This test must be passed to pass EMS 2205.1. Fall 2013: 35 students assessed. 97% first test. 100% passed second.
2. Spring 2014: 16 students assessed. 100% passed on first test.
3. Fall 2014. 38 students assessed. 92% passed on first test. 100% passed by second test.
 |
| Information Literacy | All programs | **2014-2015** | EMS 2175 | Students are required to read journal articles written for medical professionals. At the conclusion, they then must answer questions. Some questions require web research. These articles account for 40% of EMS 2175’s grade. First time these articles were used was Fall 2014. 1. Fall 2014: 38 students evaluated. Average score for all 4 articles is 90.86. High score is 100% and low score is 61.63%. Average question difficulty 91.43%.
2. Spring 2015: 12 students evaluated. Average score for all 4 articles is 88.14%. High score 98.86% low score 76.73%. Average question difficulty 88.99%.
 |
| Computer Literacy | All programs | **2014-2015** | EMS 2135, EMS 2160, EMS 2180 | The clinical system for the paramedic program requires competency in a variety of computer skills: data entry, web access and use, keyboarding, and email utilization. Data was first available for 2014.* 3133 logs were entered
	+ Maximum per student = 97.
	+ Minimum per student = 1
	+ Average number of logs was 39.8 per student.
* Note – This is a calendar years’ worth of data, so this includes students who have failed out of the program and students who are early in the clinical activity. This is the reason for students with very low numbers of log entries.
 |
| Values/Citizenship/Community | All programs | **2015-2016** | EMS 2180 | During this capstone clinical setting, students are competency evaluated on the following affective characteristics: Appearance & Preparedness, Coordination & Flexibility of Treatment, Attitude & Affect, Communication & Documentation, Leadership, and Overall Affective. Students must perform at a 1 level or better to pass (0-2 scale). 1. Fall 2013: 33 students evaluated. Average performance reported.
2. Appearance/Preparedness = 1.27
3. Coordination/Treatment Flexibility = 1.09
4. Attitude/Affect = 1.18
5. Communication/ Documentation = 1.06
6. Leadership = 1.03
7. Overall Affective = 1.06
8. Spring 2014: 16 students evaluated. Average performance reported.
9. Appearance/Preparedness = 1.33
10. Coordination/Treatment Flexibility = 1.07
11. Attitude/Affect = 1.13
12. Communication/ Documentation = 1.07
13. Leadership = 1.07
14. Overall Affective = 1.00
15. Fall 2014: 34 students evaluated. Average performance reported.
16. Appearance/Preparedness = 1.18
17. Coordination/Treatment Flexibility = 1.09
18. Attitude/Affect = 1.15
19. Communication/ Documentation = 1.03
20. Leadership = 1.09
21. Overall Affective = 1.09
 |
| Oral Communication | All programs | **N/A** | EMS 2205 | A patient care scenario is presented to students via a question / answer framework. This requires high quality communication and critical thinking skills. *(Para NREMT Oral FAC).* This test must be passed to pass EMS 2205.1. Fall 2013: 35 students evaluated. 94% pass on first test. 100% pass on second test.
2. Spring 2014: 16 students evaluated. 81% passed on first test. 100% passed on second.
3. Fall 2014: 39 students evaluated. 92% passed on first test. 100% passed by second test.
 |
| Written Communication | All programs | **N/A** | EMS 2105, EMS 2150, EMS 2135, EMS 2160, EMS 2180 | EMS 2105: Students are required to complete a 2-page research paper on a topic related to EMS.* 1. Fall 2014: 34 students evaluated. The average score was a 92.65%. The high score was 100%, the low score was 75%.
	2. Spring 2014: 14 students evaluated. The average score was 86.54%. The high score was 100%, the low score 78%.

EMS 2150: Students are required to take 2 patients they have encountered in the clinical setting, and develop a differential diagnosis for each patient. The diagnosis must be supported by reliable medical resources. 1. Summer 2014: 54 students were evaluated. The average score was 91.65%. The high score was 100%, the low score 74%.

During clinical activity, students are required to assess patients. At the conclusion of their assessment, a patient care document is generated. This document is used as part of the student evaluation. 2014 is the first year we have data to this detail. 1. During all of 2014, 9409 patients were assessed by paramedic students. Average student performance was measured at 1.39 (0-2 scale). 1 is minimal acceptable behavior.
 |
| Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes | **OPTIONAL FOR FY 2014-15** |
| How will you determine whether those changes had an impact?  | **OPTIONAL FOR FY 2014-15** |

| **Program Outcomes** | **To which course(s) is this program outcome related?** | **Year assessed or to be assessed.** | **Assessment Methods****Used** | **What were the assessment results?** **(Please provide brief summary data)** |
| --- | --- | --- | --- | --- |
| 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.  | ENG 1101, COM 2206, COM 2211 EMS 2300,EMS 2305, EMS 2310, EMS 2315 EMS 2180EMS 2200, EMS 2205 | Starting 2013-2014 | EMS Department Degree Graduate Survey | Survey sent to all EMS degree graduates in Fall 2014 (n= 16).* Response Rate = 31% (5/16)
* 100% either agree or strongly agree to
	+ “As an EMS Degree holder, I have the skills needed to handle complex patients”
* 80% either agree or strongly agree to
	+ “As an EMS degree holder, I am better prepared to limit my liability when functioning in the healthcare setting”
	+ “As an EMS Degree holder, I am a better healthcare provider”
	+ 0% negative responses
 |
| Demonstrate entry-level competency in the cognitive, psychomotor and affective domains of paramedic education.  | PE Elect, MAT 1130, MAT 1440 HIM Elect, BIO 1107EMS 1150, EMS 1155, EMS 2100, EMS 2105, EMS 2110, EMS 2125, EMS 2130, EMS 2135, EMS 2150, EMS 2155, EMS 2160, EMS 2175, EMS 2180, EMS 2200, EMS 2205 | Yearly | Graduate SurveysEmployer Surveys | *Threshold areas defined as**1) Aggregate score below 3.0**2) Positive response rate (agree and strongly agree) below 70%**3) N/a response rate above 25%*1. Graduate Surveys: S1:Fall 2012. This group finished Fall 2013, surveys sent Summer 2014.
	1. Trends
		1. 72% overall response rate (21/29). After three mailings and numerous phone calls.
			1. CoAEMSP wants 70%.
		2. No statement beyond threshold
		3. Overall score = 4.69 out of 5.0
		4. Comment Themes:
			1. High quality program, well prepared (18)
			2. Strengths
				1. Curriculum (7)
				2. Faculty (6)
				3. Critical thinking (4)
				4. Assessment (5)
				5. Equipment (4)
				6. Skills (3)
				7. Clinical experience (3)
			3. Weaknesses
				1. Local protocols not taught (6)
				2. Increased pediatric experience (3)
				3. More field time / less hospital clinical time (3)
				4. More lab scenarios / leadership experiences (3)
				5. More radio reports (2)
				6. Ambulance driving 92)
2. Employer Surveys: Fall 2014
3. Trends
4. 45% overall response rate (21/47). After three mailings and numerous phone calls.
5. CoAEMSP wants 70%.
6. No statements beyond threshold
7. Overall score = 4.43 out of 5.0
8. Comment Themes
9. Strengths
	1. Knowledgeable (12)
	2. Clinical skills (5)
	3. Documentation (2)
10. Weaknesses
	1. Documentation (6)
	2. Customer service (3)
	3. Leadership (2)
	4. Teamwork (2)
	5. Street Knowledge (2)
 |
| Discuss the behaviors of people when dealing with public service emergencies. Include characteristics related to EMS and fire and reflect on local, regional and historical perspectives.  | HUM Elect, ENG 1101, COM 2206, COM 2211 FST 1111, FST 1113, PSY 1100EMS 2135, EMS 2160, EMS 2175, EMS 2180 | Starting 2013-2014 | EMS Department Degree Graduate Survey | Survey sent to all EMS degree graduates in Fall 2014 (n=16).* Response Rate = 31% (5/16)
* 100% either agree or strongly agree to
	+ “As an EMS Degree holder, I know more about the history of EMS and EMS/Fire services.”
* 100% either agree or strongly agree to
	+ “As an EMS Degree holder, I am able to make positive changes within the department where I work as a healthcare provider.”
 |
| Describe how EMS operates within a fire service model: Include characteristics of crew configurations, job duties, job satisfaction, cross training and delivery of health care services.  | ENG 1101, COM 2206, COM 2211, FST 1112, FST 2230, EMS 2180EMS 2200, EMS 2205 | Starting 2013-2014 | EMS Department Degree Graduate Survey | Survey sent to all EMS degree graduates Fall 2014 (n=16).* Response Rate = 31% (5/16)
* 100% either agree or strongly agree to
	+ “As an EMS Degree holder, I know more about how EMS operates within the fire service.”
* 100% either agree or strongly agree to
	+ “As an EMS Degree holder, I feel more like a professional”
 |

|  |  |
| --- | --- |
| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?**  |  |
| **How will you determine whether those changes had an impact?**  |  |

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Division | Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 |
| BPS | 0666 | Emergency Medical Services | EBST.S.STC | . | . | . | . | . | 65 | 103 |
| BPS | 0666 | Emergency Medical Services | EBST.STC | 272 | 214 | 227 | 179 | 126 | 11 | 3 |
| BPS | 0666 | Emergency Medical Services | EMR.S.STC | . | . | . | . | . | 5 | 5 |
| BPS | 0666 | Emergency Medical Services | EMSFO.AAS | . | . | 5 | 2 | 8 | 4 | 3 |
| BPS | 0666 | Emergency Medical Services | EMSFO.S.AAS | . | . | . | . | . | 3 | 8 |
| BPS | 0666 | Emergency Medical Services | EMSVS.AAS | . | 1 | 1 | 1 | 3 | 1 | 1 |
| BPS | 0666 | Emergency Medical Services | EMSVS.S.AAS | . | . | . | . | . | . | 1 |
| BPS | 0666 | Emergency Medical Services | EPST.CRT | . | . | . | 37 | 79 | 53 | 5 |
| BPS | 0666 | Emergency Medical Services | EPST.S.CRT | . | . | . | . | . | . | 30 |
| BPS | 0666 | Emergency Medical Services | EPST.STC | 129 | 112 | 85 | 20 | 5 | 1 | . |

**Course Success Rates**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Department Name** | **Course** |  | **FY 07-08** | **FY 08-09** | **FY 09-10** | **FY 10-11** | **FY 11-12** | **FY 12-13** | **FY 13-14** |
| 0666 | Emergency Medical Services | EMS-105 |   | . | . | 85.7% | 100.0% | 83.3% | . | . |
| 0666 | Emergency Medical Services | EMS-1100 |  | . | . | . | . | . | 62.5% | 66.7% |
| 0666 | Emergency Medical Services | EMS-1150 |   | . | . | . | . | . | 47.5% | 58.7% |
| 0666 | Emergency Medical Services | EMS-1155 |  | . | . | . | . | . | 58.9% | 61.8% |
| 0666 | Emergency Medical Services | EMS-117 |   | 53.7% | 54.0% | 54.6% | 42.6% | 40.8% | 63.6% | . |
| 0666 | Emergency Medical Services | EMS-118 |  | . | . | . | . | . | . | . |
| 0666 | Emergency Medical Services | EMS-120 |   | 100.0% | 100.0% | 93.3% | 92.9% | 90.0% | 77.8% | . |
| 0666 | Emergency Medical Services | EMS-135 |  | 87.7% | 86.6% | 86.0% | 85.8% | 81.3% | . | . |
| 0666 | Emergency Medical Services | EMS-136 |   | 71.1% | 79.0% | 69.6% | 74.5% | 82.0% | . | . |
| 0666 | Emergency Medical Services | EMS-137 |  | 85.8% | 83.3% | 84.1% | 79.0% | 89.9% | . | . |
| 0666 | Emergency Medical Services | EMS-138 |   | 84.3% | 90.4% | 92.2% | 85.3% | 91.1% | 96.4% | . |
| 0666 | Emergency Medical Services | EMS-139 |  | 97.4% | 91.8% | 92.6% | 97.0% | 96.7% | . | . |
| 0666 | Emergency Medical Services | EMS-150 |   | 100.0% | 100.0% | 100.0% | 100.0% | 94.1% | . | . |
| 0666 | Emergency Medical Services | EMS-201 |  | . | 100.0% | 100.0% | 100.0% | 64.3% | . | . |
| 0666 | Emergency Medical Services | EMS-202 |   | . | 100.0% | 100.0% | 100.0% | 83.3% | . | . |
| 0666 | Emergency Medical Services | EMS-2100 |  | . | . | . | . | . | 89.7% | 85.3% |
| 0666 | Emergency Medical Services | EMS-2105 |   | . | . | . | . | . | 93.2% | 84.8% |
| 0666 | Emergency Medical Services | EMS-2110 |  | . | . | . | . | . | 95.8% | 93.8% |
| 0666 | Emergency Medical Services | EMS-2125 |   | . | . | . | . | . | 89.5% | 85.1% |
| 0666 | Emergency Medical Services | EMS-2130 |  | . | . | . | . | . | 92.3% | 89.2% |
| 0666 | Emergency Medical Services | EMS-2135 |   | . | . | . | . | . | 83.8% | 80.6% |
| 0666 | Emergency Medical Services | EMS-215 |  | . | 66.7% | 75.5% | 57.1% | 58.8% | . | . |
| 0666 | Emergency Medical Services | EMS-2150 |   | . | . | . | . | . | . | 92.9% |
| 0666 | Emergency Medical Services | EMS-2155 |  | . | . | . | . | . | . | 100.0% |
| 0666 | Emergency Medical Services | EMS-2160 |   | . | . | . | . | . | . | 88.9% |
| 0666 | Emergency Medical Services | EMS-2175 |  | . | . | . | . | . | . | 100.0% |
| 0666 | Emergency Medical Services | EMS-2180 |   | . | . | . | . | . | . | 97.6% |
| 0666 | Emergency Medical Services | EMS-220 |  | . | 100.0% | 100.0% | 77.8% | 75.0% | . | . |
| 0666 | Emergency Medical Services | EMS-2200 |   | . | . | . | . | . | . | 97.7% |
| 0666 | Emergency Medical Services | EMS-2205 |  | . | . | . | . | . | . | 100.0% |
| 0666 | Emergency Medical Services | EMS-221 |   | . | . | 66.7% | 77.8% | 50.0% | . | . |
| 0666 | Emergency Medical Services | EMS-222 |  | . | . | 83.3% | 88.9% | . | . | . |
| 0666 | Emergency Medical Services | EMS-2250 |   | . | . | . | . | . | . | 60.0% |
| 0666 | Emergency Medical Services | EMS-230 |  | . | 100.0% | 100.0% | 80.0% | 80.0% | . | . |
| 0666 | Emergency Medical Services | EMS-2300 |   | . | . | . | . | . | . | 80.0% |
| 0666 | Emergency Medical Services | EMS-2305 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0666 | Emergency Medical Services | EMS-2310 |   | . | . | . | . | . | 62.5% | 100.0% |
| 0666 | Emergency Medical Services | EMS-2315 |  | . | . | . | . | . | 100.0% | 88.9% |
| 0666 | Emergency Medical Services | EMS-9139 |   | . | . | . | . | . | 96.6% | . |