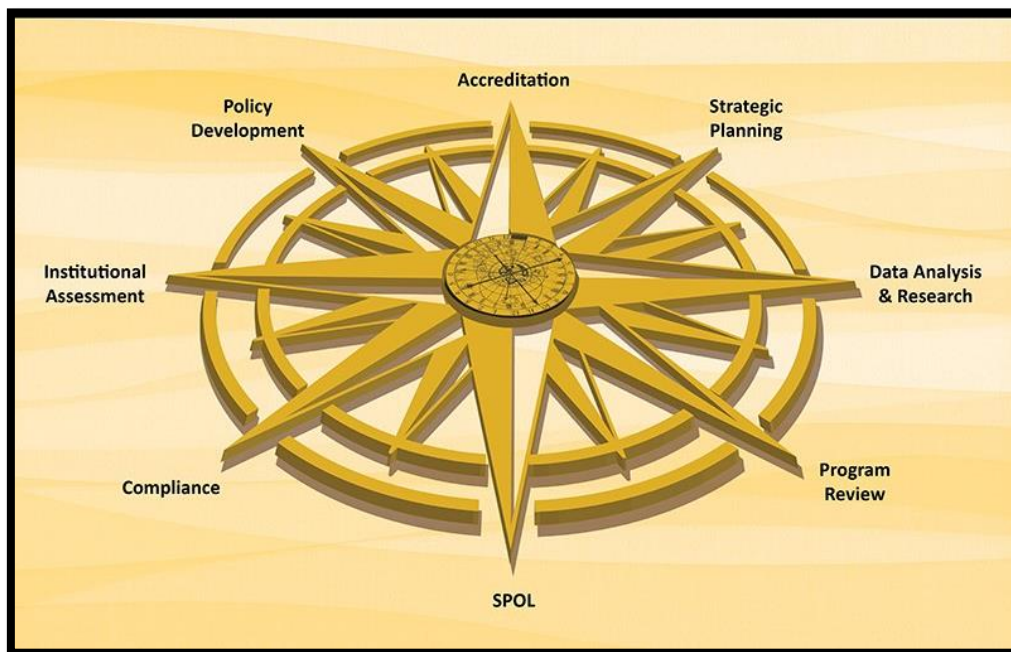


THREE RIVERS COLLEGE

Office of Institutional Effectiveness



Program Review Summary Reports

2018-2019

Program Review

Three Rivers College engages in a three-year program review cycle that includes two years of collection and the review occurring in the fall semester of the third year. The primary purpose of Program Review is to enhance the quality of our academic programs by having faculty identify areas for potential improvement. These areas include the review of student learning outcomes assessment, curriculum revisions, programmatic courses, enrollment and retention, the need for resources, and facilities. Program Review provides a mechanism for Program Managers to engage their faculty and advisory boards in long-range planning using data and information. Program Review data helps to establish priorities and goals for the program and provides the information required to support requests for resources needed to support those goals.

The following reports were completed in 2018-2019:

[Nursing AAS](#)

[Paramedic AAS](#)



THREE RIVERS COLLEGE

PROGRAM REVIEW

Program Title: AAS-Nursing; AAS-LPN-RN Bridge

Dates of Current Review: Academic Year 2018-2019

Dates of Last Review: Initial Review Fall 2016; presented to Advisory Board in January 2017

Faculty Contact: Staci Foster

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Executive Summary:

The Three Rivers College Associate Degree Nursing program has many strengths and challenges. The strengths of the program include dedicated, strong faculty; revised curriculum, and national accreditation (ACEN). The challenges the program faces include higher than desired attrition rate, past years of low applicant numbers, and national licensure examination that changes every three years (2019 next change).

Since the last program review, the program has acquired new faculty members, continued training and development of current faculty members, continued to monitor and revise the curriculum as needed, completed a five-year Missouri State Board of Nursing review, and an Accreditation Commission for Education in Nursing site visit.

An area that the Missouri State Board of Nursing and the Accreditation Commission for Education in Nursing wanted the program to focus on is program completion. The program has placed importance on this area for the past three years with the following results: program completion in 2016 of 56.9%, in 2017 63%, and in 2018 70%. In the past three years, the program has raised the program completion rate by 13%. The program attributes the increase to a variety of factors including a new, evidence-based curriculum; professional development for faculty; increased faculty for the program; new program leadership; tutoring program for nursing students; and the Student Retention and Progression Program designed for at-risk nursing students.

The program had seen years of lower than expected qualified applicants. For the past admission cycle, the number of qualified applicants has increased significantly. In 2017, the number of qualified applicants for the day program was 58 and the evening was 47. In 2018, the number of qualified applicants for the day program was 78 and the evening program 69. The program will

be working to ensure changes made to increase applicant numbers continue (pre-requisite changes, social media marketing, change in evening application deadline).

The program monitors its assessment data to monitor for ways to improve student learning. The student learning outcomes assessment data shows that the students are performing lower in their basic concepts (i.e. first year concepts such as Basic Care and Comfort category). The faculty are implementing several changes to re-emphasize these concepts in the second-year courses to ensure student mastery of content. Additionally, faculty have made changes to lesson plans to add exemplars and medications as appropriate for the NCLEX-RN test plan and current practice. The program continues to monitor the student performance on the HESI examinations and the corresponding performance of those students on the NCLEX-RN for any potential gaps in the curriculum.

The 2019 NCLEX-RN test plan will be release in January 2019 with the first students testing under the plan in May 2019. The program will need to review its curriculum to ensure it is current with the new plan. Additionally, a new passing standard may be set that could negatively impact the program. The Nursing Resource Committee has been tasked with reviewing the new plan for any changes when it is released for presentation to the full faculty body for potential curriculum changes. The program is always at a disadvantage as the new plan is released four months from completion for the May cohort; little additional preparation can be completed during this time.

Section I

Program Overview

College Mission Statement:

Three Rivers College inspires, prepares, and empowers students to succeed through open access to high-quality learning opportunities that meet the needs of the communities we serve.

Program Purpose Statement:

The Associate Degree Nursing program has the following Mission Statement:

The Associate Degree Nursing Program at Three Rivers College prepares students to be professional nurses to meet the needs of the communities we serve.

The program's mission statement aligns with the institution's mission to provide high-quality instruction to students to meet the needs of the communities the college serves.

Catalog Description:

The purpose of this nursing program is to prepare students to achieve an Associate of Applied Science degree, to apply for licensure by examination* as a registered nurse, and to use the nursing process in providing safe and effective nursing care for clients in structured primary or secondary care settings.

The information is accurate and understandable. The * links to a separate section in the catalog that references Missouri Statutes 335.066 and 335.046.1 as required by the Missouri State Board of Nursing.

Pre-requisites:

Indicate the current pre-requisites to include testing requirements for admission into the program (if applicable).

Current Pre-Requisites includes:

- Cumulative GPA of 2.0 or higher
- NLN PAX-RN Admission test score of 110 or higher
- B or higher grade in Anatomy and Physiology I/II and Intermediate Algebra
- LPN-RN Bridge applicants have additional pre-requisites of:
 - Current, unencumbered license to practice as a LPN in the state of Missouri
 - Satisfactory performance on a screening assessment.
 - Currently using the HESI LPN-ADN Mobility examination

1. The pre-requisites for the program need to be continued. Upcoming changes will relate to a possible math course change that is being considered by the faculty (MATH 103/153 to MATH 161). The cumulative GPA was changed from 2.75 to 2.0 since the last program review occurred. The GPA change was as a result of analyzing data that showed it was not able to predict a student's success in the nursing program. The faculty determined this was because GPA is subjective, for instance, number of credit hours taken, difficulty of courses, and number of credit hours taken during a semester.

2. Pre-requisites are required by the Missouri State Board of Nursing's Minimum Standards that state, "Admission and readmission criteria shall reflect consideration of 1) Potential to complete the program; 2) ability to meet the standards to apply for licensure (see sections 335.066.1 and 335.066, RSMO)." The program is then able to determine their pre-requisites with Board approval.
3. The program analyzed students' data from several of the past years to determine if there was a trend in students that were successful or unsuccessful in the program and then subsequent licensure examination. The faculty found that the GPA was not indicative of program success, so they changed the cumulative GPA to 2.0 which is considered Good Academic Standing. The entrance score of 110 or higher was set after reviewing the same data that showed students that were admitted scoring between 105-109 had a higher attrition rate than applicants that scored over the 110 mark at admission. The B or higher grade for Anatomy and Physiology I/II and Intermediate Algebra was set after encouragement by the Board of Nursing to place emphasis on the general education courses that are critical for students to be able to succeed in the nursing program. Based on the rate of the curriculum, nursing faculty are not allowed time to go back and teach anatomy and physiology content prior to each lesson, so Anatomy and Physiology I/II were considered critical courses. As well, dosage calculations are a fundamental part of the nursing profession. Faculty are not able to spend additional time teaching students how to complete conversions and ratio: proportion calculations. The faculty expect the students to be competent in these math skills, so Intermediate Algebra was set as a critical course.

Program Costs:

Are there additional costs and/or fees for students that are associated with the program beyond the institutional tuition and common fees? These are program-specific cost incurred by students.

The Associate Degree Nursing program has the additional fees associated with courses:

- Clinical fee \$175/credit hour
 - Attached to NURS 116, 128, 129, 218, 219, 238, 239
- Nursing course fee of \$50/credit hour
 - Attached to all NURS courses
- Simulation Laboratory fee of \$25/credit hour
 - Attached to NURS 116, 129, 218, 219, and 238

The total estimated cost of the AAS-Nursing program is \$19,708 for in-district students and \$22,780 for out-of-district students. The total estimated cost of the AAS-LPN-RN Bridge program is \$13,192 for in-district student and \$15,448 for out-of-district students.

Section II

Current State of the Program

Enrollment Trends:

Admitted versus Applicants

- Sikeston LPN-RN Bridge September 1, 2016 Deadline
 - 41 applicants; 26 admitted; 9 ineligible
- Poplar Bluff LPN-RN Bridge September 1, 2016 Deadline
 - 8 applicants; 3 admitted; 5 ineligible
- Poplar Bluff Day Program March 1, 2017 Deadline
 - 78 Applicants; 58 eligible; 30 admitted, 20 alternates
- Poplar Bluff Evening Program May 1, 2017 Deadline
 - 65 Applicants; 47 eligible; 30 admitted; 9 alternates
- Sikeston LPN-RN Bridge September 1, 2017 Deadline
 - 46 applicants; 26 admitted; 13 ineligible
- Poplar Bluff LPN-RN Bridge September 1, 2017 Deadline
 - 10 applicants; 4 Alternates (2 admitted); 6 ineligible
- Poplar Bluff Day Program March 1, 2018 Deadline
 - 96 Applicants; 78 eligible; 30 admitted; 16 alternates; 32 turned away
- Poplar Bluff Evening Program May 1, 2018 Deadline
 - 85 Applicants; 69 eligible; 30 admitted; 15 alternates; 21 turned away

Applicants to the generic program (for the purposes of this report the generic program refers to the two-year AAS-Nursing program) have increased significantly. This allows the program to have a good qualified applicant pool from which to select candidates. The program is still struggling with increasing applicants for the LPN-RN Bridge program in Sikeston. The program re-started the LPN Conference Day annually which has increased exposure of the program to the specific demographic.

Course Enrollments versus Course Capacity

- Fall 2018 Course Capacity
 - NURS 116: 30 students enrolled, capacity 30 students
 - NURS 129: 22 students enrolled, capacity 30 students
 - NURS 219: 25 students enrolled, capacity 30 students
 - NURS 238: 23 students enrolled, capacity 30 students
 - NURS 219 (Sikeston): 20 students enrolled, capacity 26 students

Course Capacity has increased in relation to increased program completion. NURS 219 Sikeston course capacity will increase with increased applications to the program (this course is their admission point).

Full-time Enrollment vs. Part-time Enrollment

All nursing students are considered enrolled full-time in the nursing program. Each semester has a minimum of 12 credit hours; however, there are two semesters that have less than 12 credit hours of nursing courses. Those semesters are augmented by required general education

courses. If a student has already completed those courses, they may fall below the minimum 12 credit hours needed to be a full-time student.

Enrollment Evaluation:

With the last admission cycle (March/May 2018) an increase in the evening program applications was seen. This is attributed to increased marketing of the program, a better program image, and changing the start time of the program from 3 pm to 1 pm. At this time, no additional change is needed. The program will continue to investigate ways to improve marketing and program visibility to ensure program application numbers remain high.

Progress & Completion:

1. What is the benchmark for program completion?

- a. The program has set a benchmark of 57%. The faculty reviewed the data as well as best practices to determine an evidence-based completion rate for the program. Multiple resources showed variable retention rates for associate degree nursing programs, ranging from 50-70%. The National Council of State Boards of Nursing showed a 57% retention for associate degree programs as an average. The faculty determined to use this average as the benchmark. The 2016 program completion rate was 56.9% with the 2017 program completion rate at 63%.

2. Are there identifiable points where attrition increases?

- a. The program has identified the second semester as the highest attrition rate point. This semester includes the following courses: NURS 129: Medical Surgical Nursing I, NURS 128: Mental Health Nursing, and NURS 135: Pharmacology for Nurses. The

highest attrition rate point was previously the third semester (NURS 219 and 218) in the old curriculum. Faculty are investigating why the point has moved and any identifiable interventions to decrease attrition at this point in the program.

3. Explain any significant findings in different modalities, locations, and settings.

- a. The program has different locations for the program as defined as Poplar Bluff Day, Poplar Bluff evening, and Sikeston. The program identifies a higher program completion rate in the Sikeston LPN-RN Bridge program at 88% versus the overall program average of 63%. The program identifies a lower program completion rate in the evening program at 39% versus the overall program average at 63%. The evening program attrition rate has been attributed to accepting all qualified applicants. As well, the cohort started with 18 students instead of the course capacity of 30. This program completion rate is anticipated to be more in line with the overall program completion rate in 2018.
4. The data from spring 2017 to fall 2018 was reviewed. A total of 41 students have failed, dropped, or withdrawn the nursing program since that time. These are the findings:
 - a. Male vs. Female. 17% of students not completing the program are male, 83% are female. This is not atypical as the majority of the population in the nursing program is female with a larger male presence being seen in recent years (range from 0-30% per cohort).
 - b. LPN vs. RN. 7% (3/41) of students not completing are LPN-RN Bridge students. The remaining 93% are generic students. This is not atypical as the largest population of students starting the program each year are generics (120 vs. 26).

- c. Race. 12% of the students not completing are black and 88% are white. This is again typical of the student population admitted to the program. Race is not identified at application.
- d. Age. 20% of the students not completing were from 18-20 years in age, 31% of students were from 21-25 years in age, 15% were from 26-30 years in age, 20% were from 31-40 years in age, 10% were from 41-50 years in age, 2% were from 51 or greater years in age.

5. Evaluation: Based on these trends, what do you feel are significant factors or barriers influencing student success in your courses and program? What changes (e.g. in curriculum, pedagogy, scheduling, modality) could be implemented to improve these trends?

- a. The increased applicant numbers show that the change to the start time for the evening program was positive. No additional change is needed at this time to increase program enrollment.
- b. The faculty are investigating potential reasons for an increased attrition rate during the second semester of the program. Upon noticing challenge for the students in NURS 129, the faculty meet to have a discussion. Based on that discussion the factor identified the increase in Bloom's testing level from the first semester to the second semester as a potential contributing factor. Additionally, the increased contact hours for the semester with three nursing courses instead of two may contribute.
- c. The increased applicant pool for the evening program is hoped to increase the program completion by admitting higher performing students. As well, the increase

in faculty from 4 to 5 full-time faculty in the program is expected to help provide faculty more time to prepare and assist students in the program.

Student Learning Outcomes Assessment:

1. Are all program-specific course-level student learning objectives being systematically and regularly assessed? Describe your assessment plan.

- a. The program has mapped each lesson plan objective to its corresponding course outcome. All course outcomes are then linked to a program outcome. Students are evaluated on the course outcomes each semester by lesson examinations, clinical performance, and a comprehensive final examination.

2. Do the course offerings provide a clear path to achieving the program learning outcomes? Are the courses sequenced in the most effective manner?

- a. The courses are sequenced following a novice to expert (Benner) flow. The first semester courses lay the foundation for the remainder of the program. Each semester the bloom's taxonomy level increases for the course outcomes to eventually reach the Analysis/Synthesis level required at the end of the program.

3. Does each class have a specific role to play in helping students achieve the program learning outcomes? Is unnecessary duplication of knowledge and/or skills avoided?

- a. Faculty review the curriculum on a bi-annual basis in the Evaluation meeting to determine if there are any potential gaps in the curriculum or a repeat of the curriculum. Currently, there are several concepts that are taught in more than one course in the program with reason. For example, the clinical judgment concept is

taught in NURS 109 to introduce the nursing process to all new nursing students. Additionally, the clinical judgement concept is taught in NURS 245 to re-emphasize the higher-level areas of the concept of delegation and priorities.

4. What improvements in your courses have been implemented through student learning outcome assessment? How has student learning been improved through implemented changes?

- a. Several improvements have been made to the courses to improve student learning. See the 2016-2017 SLO Report and the 2017-2018 SLO Report. An overview of changes is listed below:
 - i. Changed data collection artifact from the Maternal/Pediatrics examination to a Maternal exam only. Rationale: to more closely align with curriculum to assess student learning.
 - ii. Added placenta previa and abruption placenta to NURS 218: Maternal Child Health Nursing Laboratory Lesson. Rationale: students performed low in the Physiological Integrity Category. These are two conditions that are located in that category specific to this course that were not appropriately represented on the lesson plan.
 - iii. Added a Concept Review to the NURS 108: LPN-RN Bridge course. Rationale: Allow the bridge students to review the concepts already covered in the first year of the program.
 - iv. The NURS 135: Pharmacology for Nurses course was implemented during the roll-out of the curriculum.

- v. Removed the Mental Health examination as a data collection tool. Rationale: the examination tested the information at higher level than the course was taught. Students were not performing well on the examination. The content is tested on other examinations throughout the curriculum.
- vi. Added Haldol as a medication to NURS 128: Mental Health Nursing. Rationale: common medication seen in this patient population.
- vii. Added oxytocin, magnesium sulfate, and terbutaline to the NURS 218: Maternal Child Health Nursing Laboratory Lesson. Rationale: Common medications used to treat maternal conditions.
- viii. Changed the instructional methodology for the LPN-RN bridge students in Sikeston (fall 2018 implementation). Rationale: The bridge students performed lower in the dosage calculation examinations than the generic students.
- ix. Increase the coverage of lower level concepts in upper level courses to ensure student's mastery of the material (fall 2018 implementation). Rationale: Students are performing lower on first year, basic concepts on the examinations. The re-emphasizing of the concepts throughout the curriculum will help to improve students' learning.

Program Learning Outcome Assessment:

1. Describe your program-level outcomes assessment plan.

- a. The program outcomes are assessed systematically on a regular basis. The program utilizes data from the standardized HESI examinations given throughout the program

and the NCLEX-RN graduate performance. The HESI examinations break the student performance down by NCLEX-RN categories (similar to the NCLEX-RN performance report). The program has mapped each NCLEX-RN category to a program outcome. See the attached Program Assessment Plan for specific information.

2. What improvements have been implemented as a result of PLO assessment?

Based on the program assessment data review the faculty made several changes to the curriculum and instructional methods that will be detailed below.

- i. Changed data collection artifact from the Maternal/Pediatrics examination to a Maternal exam only. Rationale: to more closely align with curriculum to assess student learning.
- ii. Added placenta previa and abruption placenta to NURS 218: Maternal Child Health Nursing Laboratory Lesson. Rationale: students performed low in the Physiological Integrity Category. These are two conditions that are located in that category specific to this course that were not appropriately represented on the lesson plan.
- iii. Added a Concept Review to the NURS 108: LPN-RN Bridge course. Rationale: Allow the bridge students to review the concepts already covered in the first year of the program.
- iv. The NURS 135: Pharmacology for Nurses course was implemented during the roll-out of the curriculum.
- v. Removed the Mental Health examination as a data collection tool. Rationale: the examination tested the information at higher level than the course was

taught. Students were not performing well on the examination. The content is tested on other examinations throughout the curriculum.

- vi. Added Haldol as a medication to NURS 128: Mental Health Nursing.

Rationale: common medication seen in this patient population.

- vii. Added oxytocin, magnesium sulfate, and terbutaline to the NURS 218:

Maternal Child Health Nursing Laboratory Lesson. Rationale: Common medications used to treat maternal conditions.

- viii. Changed the instructional methodology for the LPN-RN bridge students in Sikeston (fall 2018 implementation). Rationale: The bridge students performed lower in the dosage calculation examinations than the generic students.

- ix. Increase the coverage of lower level concepts in upper level courses to ensure student's mastery of the material (fall 2018 implementation).

Rationale: Students are performing lower on first year, basic concepts on the examinations. The re-emphasizing of the concepts throughout the curriculum will help to improve students' learning.

3. Is the program arranged so that a full-time student can complete the program in two years or less regardless of modality, location, or setting? If not, what changes could be implemented to facilitate this goal?

- a. The AAS-Nursing program is arranged so the student can complete it in five semesters or two years. The AAS-LPN-RN Bridge program is arranged so the student can complete it in four semesters or a year and a half.

4. What specific needs does the program fill at the institution that are not filled by similar programs?

- a. The AAS-Nursing and AAS-LPN-RN Nursing programs are the only two-year nursing programs at the institution. The program is unique in its offerings and is not replicated at the institution.

Job Placement:

1. What is the program's job placement rate in the appropriate field of study?

- a. May 2016 Poplar Bluff: 90.9%
- b. May 2016 Sikeston: 89.4%
- c. December 2016 Poplar Bluff: 94.7%
- d. May 2017 Poplar Bluff: 90%
- e. May 2017 Sikeston: 86.3%
- f. December 2017 Poplar Bluff: 100%
- g. May 2018 Poplar Bluff: 81.25%
- h. May 2018 Sikeston: 90.9%

2. Does the labor market indicate sufficient need for the program? What are future trends, opportunities, and challenges?

- a. Based on the high employment of graduates, the labor market has been determined to be adequate for program sustainability.
- b. Potential challenges include the constant threat of employers only wanting to hire BSN prepared nurses related to the "BSN in 10" push. However, this has been an ongoing battle in nursing education for years. There does not appear to be any more

momentum in this region regarding this initiative. The state of New York did pass legislation requiring BSN in 10, so it will be interesting to follow the progress of that state.

3. Are graduates sufficiently prepared to enter the workforce based on the feedback from employers and advisory board?

- a. 2016: 90-100% of employer responses were positive. Areas the employers responded could use improvement included: confidence, plan of care, sterile field, managing workload, critical thinking, PICC lines and ports, and sepsis.

4. What activities does your program participate in to assist students with job placement?

- a. Nursing Orientations and Practical Nursing conference: the program invites employers in for free booths during nursing orientations (first day of class) and during the Practical Nursing conference to allow students to meet with employers.
- b. Employer Luncheons: several regional employers meet with the graduating cohorts immediately following or before class time and provide meals. This allows employers to have the opportunity to discuss employment at their facility.

Continuous Improvement Planning:

How will you address the opportunities for improvement that you identified in the above sections?

Identify timelines for implementation, responsible party, and resource requirements.

Action Plan Objective	Timeline	Responsible Party	Resources required
Improve program retention rate by 5% overall	FY20	Nursing Faculty Director of Nursing Education Department Chair, Nursing and Allied Health	Faculty motivation
Review program curriculum to ensure alignment with NCLEX-RN 2019 test plan	FY19	Nursing Faculty Director of Nursing Education Department Chair, Nursing and Allied Health	Faculty time 2019 NCLEX-RN test plan

Section III

Analysis of the Program

Articulation (If applicable):

1. Identify articulation agreements with other institutions.

- a. Currently the program has RN-BSN articulation agreements with Southeast Missouri State University, Hannibal LaGrange University, Central Methodist University, University of Wisconsin, and Indiana Wesleyan University.
- b. Currently the program has LPN-RN articulation agreements with Three Rivers College LPN program, Sikeston LPN program, and the Cape Girardeau LPN program.

2. How often are these agreements updated, reviewed, renewed? When was last update, review?

- a. The agreements are updated with any new curriculum change.
- b. SEMO-reviewed and updated 2017
- c. Hannibal-LaGrange University-reviewed and updated 2017
- d. Central Methodist University-reviewed and updated 2016
- e. University of Wisconsin-reviewed and updated 2016
- f. Indiana Wesleyan University-reviewed and updated 2017
- g. Three Rivers College LPN Program-reviewed and updated 2016
- h. Cape Girardeau LPN Program-reviewed and updated 2016
- i. Sikeston LPN Program-reviewed and updated 2016

3. What programmatic changes are needed to accommodate articulation agreements?

- a. Currently, there are no program changes needed to accommodate any articulation agreements.

4. Are there any opportunities for new or additional agreements?

- a. The RN program has multiple opportunities for additional RN-BSN programs. However, the program realizes that the majority of students attend one of the partner institutions (i.e. SEMO, HLG, or CMU). As well, with the program being accredited, graduates should be able to transfer into any RN-BSN program in the nation without an articulation agreement.

Transfer Rates (If applicable):

Not applicable as this program is an Associate of Applied Science degree. We do have several students that continue to their RN-BSN degree through Central Methodist University, Southeast Missouri State University, or Hannibal-LaGrange University. There are no identified barriers currently as the program has articulation agreements with all three institutions.

Changes in Curriculum:

1. Several improvements have been made to the courses to improve student learning. An overview of changes is listed below:
 - a. Changed data collection artifact from the Maternal/Pediatrics examination to a Maternal exam only. Rationale: to more closely align with curriculum to assess student learning.

- b. Added placenta previa and abruption placenta to NURS 218: Maternal Child Health Nursing Laboratory Lesson. Rationale: students performed low in the Physiological Integrity Category. These are two conditions that are located in that category specific to this course that were not appropriately represented on the lesson plan.
- c. Added a Concept Review to the NURS 108: LPN-RN Bridge course. Rationale: Allow the bridge students to review the concepts already covered in the first year of the program.
- d. The NURS 135: Pharmacology for Nurses course was implemented during the roll-out of the curriculum.
- e. Removed the Mental Health examination as a data collection tool. Rationale: the examination tested the information at higher level than the course was taught. Students were not performing well on the examination. The content is tested on other examinations throughout the curriculum.
- f. Added Haldol as a medication to NURS 128: Mental Health Nursing. Rationale: common medication seen in this patient population.
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- h. Changed the instructional methodology for the LPN-RN bridge students in Sikeston (fall 2018 implementation). Rationale: The bridge students performed lower in the dosage calculation examinations than the generic students.

- i. Increase the coverage of lower level concepts in upper level courses to ensure student's mastery of the material (fall 2018 implementation). Rationale: Students are performing lower on first year, basic concepts on the examinations. The re-emphasizing of the concepts throughout the curriculum will help to improve students' learning.

External Needs Assessment:

1. Does the advisory board meet regularly?

- a. The advisory board meets annually, usually each January.

2. How do the external factors impact the curriculum?

- a. The program is accredited by the Missouri State Board of Nursing and accredited by the Accreditation Commission for Education in Nursing which both require certain standards be met.
- b. Clinical facilities require certain competencies in the graduates to be able to be workplace ready at graduation.
- c. Limited clinical space requires scheduling and limits potential curriculum changes.

3. How does your advisory board adequately represent the community and workforce needs?

- a. The advisory board contains a lawyer, media representative, a representative from each major clinical facility (VA, Missouri Delta Medical, Poplar Bluff Medical Center, Westwood Hills Health and Rehabilitation Center), past graduates, and a physician.

Adequacy of Facilities, Equipment, and Technology:

1. Are facilities safe and sufficient to support and assure the integrity and quality of the program? Is access assured for all facilities?

- a. Poplar Bluff location: The facilities support the program. The program has three master classrooms, an eight-bed skills laboratory, a two-bed simulation laboratory, a debrief room, and fifteen private faculty offices. The building is centrally located on campus with locking exterior doors. The facility does not have cameras or an intercom system for emergency announcements. There is a plan to install both in FY19 if funds are available.
- b. Sikeston location: The facility supports the program. The program has two master classrooms, a five-bed skills laboratory, one simulation bay, and four private faculty offices. The program is located on the third floor of the Sikeston building.

2. Is equipment adequate?

- a. The equipment for both locations is adequate with numerous IV pumps, feeding pumps, PCA pumps, ventilator, manikins, task trainers, and simulation equipment. The equipment is updated annually as needed through the enhancement grant.

3. Is it sufficiently modernized?

- a. The program stays modernized by updating equipment annually to ensure current equipment for skill acquisition.

4. What recommended program improvements could be made through upgrades to facilities, equipment and/or technology?

- a. At this time, there are no improvements that can be recommended. The faculty have the necessary resources to promote student learning.

5. Are all facilities, equipment, and technologies in compliance with regulatory agencies and standards?

- a. All equipment and supplies meet the regulatory body's standards at this time.

Impact of Resources to Support Teaching and Learning:

1. Does the institution provide adequate resources to support teaching and learning in the program?

a. Faculty and staff

- i. The program has three full-time faculty for the Sikeston LPN-RN bridge program (cohort of 26), five full-time faculty for the Poplar Bluff day program (two cohorts of 30), and five full-time faculty for the Poplar Bluff evening program (two cohorts of 30). This allows for appropriate faculty to student ratios as well as preparatory time for faculty members.
- ii. The program has one full-time senior administrative assistant to the Department Chair, one part-time faculty secretary in Poplar Bluff, and one part-time faculty secretary in Sikeston. Based on the workload provided to the part-time Secretary as well as faculty comments, the current support staff for the program is adequate. Faculty survey results from 2016 showed that 91.67% of the faculty agree that the support staff for the program are sufficient to meet the needs of the program.

b. Revenue vs. expenditures

- i. For FY18 the program generated \$829,712.88 in revenue and had \$868,358.33 in expenses for a loss of \$38,645.45. Based on changes made to the program to increase program completion and no longer requiring

master's prepared faculty should even the balance in coming years. For example, in 2016 the program had a 56.9% program completion rate in 2017 the program increased this to 63% and in 2018 to 70%. This will increase course enrollment thus increasing revenue generation. As well, after December 2018, no faculty members are receiving tuition reimbursement for obtaining their master's degree. This will decrease the expense for the program. For example, in 2018, the program had five faculty members attending a master's program for a total approximate cost of \$30,000. The program will continue to monitor the revenue versus expenditures to ensure the loss does not continue.

c. Disposable resources

- i. The program has adequate disposable resources. For the past two FY years (18 and 19), the program has seen a reduction in its budget. This has limited the disposable supply available to students for skill acquisition. The program does take donation of expired supplies from local healthcare facilities to try to augment the budget.

2. Are there any areas within the program that could reduce expenses for the students?

- a. Currently, there are no identifiable areas to reduce program costs.

3. For CTE programs, is the cost of the program proportionate to the eventual prevailing wages?

- a. The program costs \$19,708 for in-district students and \$22,780 for out-of-district students in the AAS program. The program costs \$13,192 for in-district students

and \$15,488 for out-of-district students for the AAS: LPN-RN Bridge program. According to the U.S. Department of Labor (May 2017), the median hourly wage for a Registered Nurse is \$29.21 (range \$23.41- \$50.05). The average wage per year is \$63,300. The mean annual wage for our area is \$25,680 to \$59,520.

- b. Based on the cost of the program and the prevailing wage, the program cost is equitable.

4. Does the program have an obsolescence plan for large equipment purchases?

- a. Yes, the program has an obsolescence plan for its large equipment. New equipment is placed on there at the time of purchase.

Evaluation of Resources to Support Teaching and Learning:

1. What recommendations for resources that impact teaching and learning could be made based on the information above?

- a. The reduction in disposable supply budget may not be sustainable long-term. The program has mitigated impact to the students by accepting expired supplies from local facilities and managing stock supply (using all available accessory stock). State approval agencies have questioned the decreasing supply budget over the past several years to the program and its impact on the function of the program. The program continues to input the request for additional supply funds into the budget with supporting justification.

Professional Development:

- 1. Identify any CEU or professional development requirements in order to maintain certification/licensure.**
 - a. There are no CEU or professional development requirements for maintaining a Registered Nurse license in the state of Missouri.
 - b. Faculty are required to show educational and clinical professional development to maintain currency per the accreditation and regulatory standards.

- 2. Identify any barriers to obtaining professional development requirements or remaining current within the field of study.**
 - a. Cost of practice CEUS is a barrier for faculty members. Faculty maintain currency in the clinical environment through the clinical requirements of the program. Additionally, some clinical practice professional development is offered through the program.

External Accreditation & Documentation:

- 1. Name of accrediting organization**
 - a. Accrediting organization: Accreditation Commission for Education in Nursing
 - b. Regulatory organization: Missouri State Board of Nursing

- 2. Date of last visit**
 - a. ACEN: September 19-21, 2017
 - b. MOSBN: September 26-27, 2017

- 3. Date of next upcoming visit**
 - a. ACEN: spring 2023

b. MOSBN: fall 2022

4. Are any reports, recommendations, etc. required for the program at this time?

- a. There are currently no additional reports or recommendations required for the program at this time beyond the annual report.

Progress Report:

The Accreditation Commission for Education in Nursing identified program completion as an area needing development. Since that time, the program has increased the program completion rate from 56.9% in 2016 to 63% in 2017. The program continues to investigate ways to increase program completion.

Section IV

External Review of the Program

The Accreditation Commission for Education in Nursing identified one area needing development, Standard 6, Criterion 6.3, program completion. The visitors reviewed three of the six standards including Standard 2: Faculty and Staff, Standard 4: Curriculum, and Standard 6: Program Outcomes. The commission decided to remove the warning status from the program and schedule the next visit for spring 2023.

The Missouri State Board of Nursing report showed the program moving from conditional to full-approval status with the increase in the NCLEX-RN pass rates consistently above 80% with the next site visit due in 2022. The board noted there was minimal data with the new admission criteria and readmission rubric. The board recommends that data collection be ongoing for those two pieces.

Between both visits, the program was systematically and comprehensively assessed. The program has two priorities at this time based on the review: 1) evaluate new admission/readmission criteria for outcomes and 2) improve program completion.

Presented report information to the Nursing Advisory Board on 1/11/19. Advisory members had no concerns or suggestions after presentation of the information.

Section V

Final Report of Findings

The Nursing Advisory Board met on January 11, 2019 and received information from the Program Review.



THREE RIVERS COLLEGE

PROGRAM REVIEW

Program Title: AAS-Paramedic, One-Year Certificate- Paramedic

Dates of Current Review: Academic Year 2018-2019

Dates of Last Review: Initial Review Fall 2016; presented to Advisory Board in January 2017

Faculty Contact: Tami Cunningham

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Phone: 573-840-9672

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Executive Summary:

After review of the information required for the Program Review the program has identified areas of strengths including program resources (classroom, laboratory space, equipment), qualified and dedicated Coordinator and faculty, and program accreditation. Challenges and areas of opportunities for the program still include program enrollment. This has led the program to recommend a hybrid modality that will be a challenge to implement in fall 2019. The continuous improvement plan focuses on increasing enrollment, moving to a hybrid modality, and increasing certification pass rates for the program.

The EMS Advisory Board met on October 2, 2018, to hear the findings from the Program Review. The Board was also presented the new Hybrid Paramedic program proposal. The Board approved the new curriculum that moved the program to a hybrid modality. The Board stated that it felt the program needed to stay current with the times to increase program enrollment and viability. See attached meeting minutes.

Section I

Program Overview

College Mission Statement:

Three Rivers College inspires, prepares, and empowers students to succeed through open access to high-quality learning opportunities that meet the needs of the communities we serve.

Program Purpose Statement:

AAS-Paramedic Purpose Statement: This program prepares EMTs to achieve an Associate of Applied Science degree, to apply for National Registry Examination for paramedic licensure, and to provide safe and effective pre-hospital emergency care for sick and injured adults and children.

Both general education and paramedic courses are included in the program of study. Clinical internship experiences are planned in local healthcare facilities under direct guidance of experienced preceptors.

One-Year Certificate Paramedic Purpose Statement: The purpose of the program is to prepare graduates to apply for the National Registry Examinations for paramedic licensure and to provide safe and effective entry-level pre-hospital emergency care for sick and injured adults and children. The certificate program is a yearlong, three-semester program of study consisting of 48 credit hours of theory and clinical or internship courses. Clinical internship experiences are planned in local healthcare facilities under direct guidance of experienced preceptors.

The programs' purpose statements align with the College's mission to prepare student with a high-quality Paramedic program to obtain licensure and practice within the community.

Catalog Description:

Place an "X" in the box if this section is identical to the Program Purpose Statement.

X

Pre-requisites:

Indicate the current pre-requisites to include testing requirements for admission into the program (if applicable).

Admission Criteria:

To become an eligible applicant, individuals must:

- Have a program application on file in the Allied Health Office by May 1
 - Be a Missouri licensed EMT
 - Have a current Basic Life Support for Healthcare Providers status
 - Place into College Writing and Beginning Algebra on the ACT or ACCUPLACER placement tests (scores are valid for 2 years)
 - Complete the Test of Essential Academic Skills (TEAS) with a 50% or higher
 - Satisfactorily complete a confidential medical history, physical examination, negative preadmission drug screen, and clear criminal background check after acceptance in the program.
1. The pre-requisites need to continue to ensure that students are able to complete the program and then successfully pass the certification examinations (cognitive and psychomotor) at the end of the program. Change to the language for "Beginning Algebra" should now state "Mathematical Reasoning and Probability." The program included the TEAS benchmark score of 50% or higher for the 2018-2019 cohort.

2. CoAEMSP, the accrediting body, does not state any specific pre-requisites needed. The pre-requisites are self-imposed by the program to help with program retention.
3. The students are required to have an EMT license and BLS for Healthcare Providers to allow for progression into the Paramedic program. Placement into College Writing and Mathematical Reasoning allow for the student to complete the required general education courses. The TEAS score placement was put into place after monitoring four cohorts of students' performance in the program and on the certification examinations (cognitive and psychomotor).

Program Costs:

Are there additional costs and/or fees for students that are associated with the program beyond the institutional tuition and common fees? These are program-specific cost incurred by students.

The program has additional fees to allow for program costs. Fees include: \$50/credit hour clinical fee and \$40/course laboratory fee. The estimated total cost of the program for in-district students is \$10,786.35 for the AAS degree and \$7730.50 for the one-year certificate.

Note: These costs are based on the 2018 curriculum changes that will go into effect for the 2019-2020 cohort.

Section II

Current State of the Program

Enrollment Trends:

<u>Cohort</u>	<u>Admitted/Applicants</u>	<u>Enrollment/Capacity</u>	<u>FTE/PTE</u>
15-16	4/10	4/16	4 FTE
16-17	4/12	4/16	4 FTE
17-18	9/15	9/16	9 FTE

Enrollment Evaluation:

The main program concern is program enrollment. The program is seeing the appropriate number of applicants; however, based on the program schedule and other issues, students are not starting the program. The program is proposing a hybrid Paramedic program that would allow for less on-campus time for students. This allows the student the ability to have a flexible schedule to better fit the EMS work schedules. Additionally, with the hybrid program students will be able to benefit from the self-directed learning activities while advancing their critical-thinking skills.

Hybrid paramedic courses are offered in most of the regions teaching entities. Moving to a hybrid paramedic course the enrollment should increase.

Progress & Completion:

- 1. What is the benchmark for program completion? Please explain the rationale for this benchmark.**

The benchmarks are set at 70% for our program by our accrediting body Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), Commission on Accreditation of Allied Health Education Programs (CAAHEP), National Registry of Emergency Medical Technicians (NREMT) and the National Standards for Emergency Medical Service Education.

- 2. Are there identifiable points where attrition increases?**

Not at this time.

- 3. Explain any significant findings in different modalities, locations, and settings.**

The program has a single location and modality, on-campus face-to-face at this time.

- 4. Describe trends in student success and retention disaggregated by: ethnicity, gender, age, and enrollment status, settings. Cite quantitative data and specific tables from the data packets.**

Cohort	Ethnicity	Gender	AGE	ENROLLMENT STATUS
<u>15-16</u>	3-white	2 male 1 female	Unknown	FT
<u>16-17</u>	3 white	3 female	Unknown	FT
<u>17-18</u>	7- white	3 male 4 female	Unknown	FT

- 5. Evaluation: Based on these trends, what do you feel are significant factors or barriers influencing student success in your courses and program? What changes (e.g. in curriculum, pedagogy, scheduling, modality) could be implemented to improve these trends?**

The typical student is a working EMT, which works a 48 plus hour a week work schedule. The student has trouble getting off work to attend class or is working when they are not attending class. This leaves the student coming into class straight from work and makes for a tired student that is ill-prepared for the day of class. This paramedic course has class 2 days a week with internship courses that have to be scheduled on the students off time. The EMS work schedule makes it very hard for the student to make the time to come to class two days a week, complete internship hours, work a fulltime job, and have small amount of personal time. In doing this the faculty feels the best course of action would be to offer the paramedic program as a hybrid program.

Student Learning Outcomes Assessment:

- 1. Are all program-specific course-level student learning objectives being systematically and regularly assessed? Describe your assessment plan.**

Each course level outcome is assessed, measure and data recorded. During the courses, each level has a simulations rubric or a preceptor assessment tool (rubric) that is used multiple times on each student. This ensures the students are being assessed as well as our methods being used. (See attached document; assessment plan)

- 2. Do the course offerings provide a clear path to achieving the program learning outcomes? Are the courses sequenced in the most effective manner?**

The EMDS courses are a clear pathway for aligning program learning outcomes. The courses are in a sequence that most all EMS educator use as well as the National Registry of Emergency Medical Technicians suggest as modules. The modules start in preparation, airway, cardiovascular, medical, trauma, special considerations, and operations. I feel this is an important sequence to allow the student to build on the knowledge and skill as they are learning with each module.

3. Does each class have a specific role to play in helping students achieve the program learning outcomes? Is unnecessary duplication of knowledge and/or skills avoided?

Yes, each course has increased the level of learning and builds on the knowledge and skill level from the previous course. The student is still using the knowledge and skills that were learned in a prior course to increase their knowledge and skill level as the progress on throughout the program.

Duplication of content was noted in EMDS 150 and EMDS 201. After the last program review, the EMDS 150 course was removed to increase student learning and remove an enrollment barrier. The first cohort without EMDS 150 was in 17-18.

4. What improvements in your courses have been implemented through student learning outcome assessment? How has student learning been improved through implemented changes?

- a. The removal of EMDS 150 will allow the student to have exposure of the content of this material and application all in the same course and semester. Hoping to increase the student's retention of pharmacology applications and knowledge. The first cohort was in 17-18. The data has shown this to be a positive reflection of this change. All 8

- students move to competency in the first semester (EMDS 201) and 2 out of the 8 moved to mastery in the second semester (EMDS 205) during the program.
- b. Course Description in all of the EMS courses: The course is based on the current National Emergency Medical Services Educational Standards and the National EMS Scope of Practice Model. Changed the verbiage to meet the EMS Educational Standards.
 - c. New Student Learning Outcomes:
 - a. **Student Learning Outcomes: EMDS 201**
 - i. Demonstrate professional conduct and communication skills with patient, families, healthcare team, and the community as a professional paramedic.
 - ii. Initiate intravenous administration with/without fluid and/or medication administration by all routes.
 - iii. Place advanced airway devices and administer care of an advanced airway.
 - b. **Student Learning Outcomes: EMDS 204**
 - i. Apply the general concepts of pathophysiology principles of pharmacology, of cardiology; formulate a field impression; implement a pharmacologic management plan.
 - ii. Demonstrate the basic skill to perform a patient assessment with proper treatment for the medical patients.

- iii. Identify, assess, and safely manage pre-hospital patients with head, neck, and spinal injuries, with body cavity trauma, with musculoskeletal injuries and all traumatic injuries.
- iv. Identify, assess, and safely manage pre-hospital patients with gynecological emergencies including pelvic inflammatory disease (PID), non-traumatic gynecological abdominal pain, and rape and sexual assault. (Outcome #2)
- v. Recognize, assess, and safely manage pre-hospital patients suffering obstetric emergencies and complications of pregnancy, labor, delivery, postpartum, and care of newborns.
- vi. Recognize, assess, and safely manage pre-hospital patients exhibiting behavioral and psychiatric emergencies.

The rationale for the revisions was to meet the current national curriculum paramedic guidelines and to align the student learning outcome to the instructional course material to improve student learning.

Program Learning Outcome Assessment:

1. Describe your program-level outcomes assessment plan.

The paramedic program assessment plan is to bring in an entry level EMT and train that student as they would be expected to work in the EMS field. In order to do this there are key areas that are focused on and assessed to see if each student is meeting the expectations of competent (entry level paramedic). Assessment measures are in place

throughout the courses using course-specific rubrics, simulation rubrics, patient assessment documents, and final examinations.

2. *What improvements have been implemented as a result of PLO assessment?*

With the PLO assessment plan there were and are changes that need to be made. Changes were made to better align the SLO with each class that is offered in the program (EMS 202 and 204 changes).

Data collection methods were showing there could possibly be inadequate data. To correct this, we will start using better artifact with less subjective assessment points and use more objective data assessment (fall19).

3. *Is the program arranged so that full-time students can complete the program in two years or less regardless of modality, location, or setting? If not, what changes could be implemented to facilitate this goal?*

Yes. The AAS program is arranged to be completed in a two-year time frame.

4. *What specific needs does the program fill at the institution that are not filled by similar programs?*

This program provides training for entry-level Paramedics. This is a specific career field that is not provided for with any other program at the institution.

Job Placement:

1. *What is the program's job placement rate in the appropriate field of study?*

The Paramedic Program has 100% job placements.

2. *Does the labor market indicate sufficient need for the program? What are future trends, opportunities, and challenges?*

The labor market does show a need for the program. Trends for the EMS field include: high turn-over rate for paramedics, providers moving on to air medical or nursing after three to five years of ground experience, and low starting salary.

Opportunities for growth at the institution would include a Paramedic to RN degree program.

3. *Are graduates sufficiently prepared to enter the workforce based on the feedback from employers and advisory board?*

We send out a 6-month post-graduation survey, employer surveys, and our advisory board has a healthy number of service area representation of all local services. The feedback received is the student is a prepared entry-level paramedic.

4. *What activities does your program participate in to assist students with job placement?*

The best participation for job placement a future paramedic can do is represent themselves professionally on clinical rotation. As a college, the program director makes monthly visits to the area services and maintains a professional working relationship with the services and their employees.

Continuous Improvement Planning:

How will you address the opportunities for improvement that you identified in the above sections? Identify timelines for implementation, responsible party, and resource requirements.

Action Plan Objective	Timeline	Responsible Party	Resources required
Offer Hybrid Paramedic course.	Fall 19	Program Director	Curriculum Approval Faculty Approval

			President Approval
Monitor SLO Changes	Fall 19	Program Director	Departmental
Monitor National Registry Pass rates	Summer/Fall 20	Program Director	Departmental

Section III

Analysis of the Program

Articulation (If applicable):

- 1. Identify articulation agreements with other institutions.**

ASU – Bachelor of Science in Disaster Preparedness and Emergency Management.

- 2. How often are these agreements updated, reviewed, renewed? When was last update, review?**

This articulation has just occurred in 09/2018.

- 3. What programmatic changes are needed to accommodate articulation agreements?**

None at this time

- 4. Are there any opportunities for new or additional agreements?**

Very possibly, with this agreement signed it might open new pathways to other universities.

Transfer Rates (If applicable):

1. *What are the transfer rates of graduates of the program? N/A*
2. *What are the main receiving schools of our graduates? N/A*
3. *What are the barriers to transferring from this program?*

The barrier has always been no courses offered that related to EMS. Now with the university's recognizing the Paramedic as a professional "Paramedicine" and the career as a profession the pathways are starting to open up. This allows the student to further their paramedic career past AAS-Paramedic.

Changes in Curriculum:

- Changed the verbiage of the course descriptions to meet the National Standards.
- Changed the SLO to better align with the courses being offered. No data yet.
- The removal of EMDS 150

External Needs Assessment:

1. *Does the advisory committee meet regularly?*

The EMS advisory committee meets usually once a year in the spring semester.

2. *How do the external factors impact the curriculum?*

The external EMS Educational standards and governing bodies have very high standard for the EMS programs. With these standards in place the program outcomes and curriculum has been designed around the guidelines. (See attachment Paramedic National Standards)

3. How does your Advisory Board adequately represent the community and workforce needs?

CoAEMSP request all programs use the same templates for consistency.

- Community of Interest
- Physician(s) (may be fulfilled by Medical Director)
- Employer(s) of Graduates Representative
- Key Governmental Official(s)
- Police and Fire Services
- Public Member(s)
- Hospital / Clinical Representative(s)
- Other
- Faculty
- Medical Director
- Program Director
- Sponsor Administration
- Current Student
- Graduate

Adequacy of Facilities, Equipment, and Technology:

- 1. Are facilities safe and sufficient to support and assure the integrity and quality of the program? Is access assured for all facilities?***

The program has a dedicated master classroom, a simbulance room, and a static skills laboratory for student learning. Equipment and supplies are up to date with requests for new equipment made annually based on program needs.

- 2. Is equipment adequate?***

The program has adequate equipment and supplies. New purchases pending include a portable ventilator and auto-pulse to update equipment similar to that the services use.

- 3. Is it sufficiently modernized?***

The equipment and supplies are kept in line with current services' practice. While they may not match exactly, they do comply with recent updates.

- 4. What recommended program improvements could be made through upgrades to facilities, equipment and/or technology?***

The facilities, equipment and technology are above average and could not ask for anything better. The only thing that could be improved is the new advances in trauma called the trauma suit. This is a new training suit that is used for trauma simulations.

- 5. Is all facilities, equipment, and technologies in compliance with regulatory agencies and standards?***

Yes, the facilities, equipment and technology are all in compliance with regulatory and accreditation standards.

Impact of Resources to Support Teaching and Learning:

1. Does the institution provide adequate resources to support teaching and learning in the program?

a. Faculty and Staff

The College has many professional instructors to help achieve this goal by starting with the EMS Coordinator, Tami Cunningham, MBA, BAS, AAS-Paramedic. Mrs. Cunningham has continued to enhance her education by obtaining her Masters in Business Administration while continually keeping up with new regulations in EMS and to better her classroom performance.

Mike Willis – RN, MSN, MBA- HC, EMT- Paramedic, who is the Simulation Lab Coordinator for Nursing and Allied Health. Mr. Willis is responsible for creating the simulations that are used to help the students to develop their critical thinking and practice skills for assessment and evaluation of the students.

At this time the EMS program is still seeking a part-time EMS secretary to assist the program director. The job of the EMS Secretary is to perform secretarial and clerical support for the paramedic faculty, such as, but not limited to: preparing correspondence, receiving and handling incoming calls or visitors, and working with the EMS Coordinator on departmental budget, ordering the supplies, creating monthly calendar, and maintaining filing systems within the office.

The program has two Paramedic Lab Assistants, Dan Stocksdale and Kevin Tidwell, that assist the Program Coordinator.

At this time there is adequate faculty, adjuncts and staff to perform the duties of the paramedic program.

b. Revenue vs. Expenditures

Revenue for 2017-2018 for the EMDS programs was calculated at \$111,943.62 with expenses at \$102,612.69. This left a program generate income of \$9330.93.

c. Disposable resources

Disposable resources are adequate the Paramedic budget has an allotted amount of such items that require replacement.

2. Are there any areas within the program that could reduce expenses for students?

The program is looking into ways to decrease the cost of the program to the student. At this time, we are looking to decrease the credit hours to the students which would reduce the overall cost of the program.

3. For CTE programs, is the cost of the program proportionate to the eventual prevailing wages?

Yes. The cost of the program is proportionate to the eventual prevailing wage.

4. Does the program have an [obsolescence plan](#) for large equipment purchases?

Yes

Evaluation of Resources to Support Teaching and Learning:

What recommendations for resources that impact teaching and learning could be made based on the information above?

Based on a review of the above information the program has the need for an EMS Secretary and a Trauma Suit. The part-time EMS secretary has been advertised for a while with recent interviews occurring in fall 2018. The trauma suit will be put into the FY20 Budget requests.

Professional Development:

Identify any professional development activities completed by instructors teaching within the program.

- 1. Identify any CEU or professional development requirements in order to maintain certification/licensure.***

CORE REQUIREMENTS FOR EMT-PARAMEDIC for Initial and Renewal Licenses issued after February 2003 Relicensing Emergency Medical Technician-Paramedic applicants must acquire 144 hours of Continuing Education every 5 years. This includes 96 hours of Core Requirements. Core requirements can be obtained by attending two 48-hour EMT-P refresher programs or attending continuing education programs containing the topical content of the refresher. Previous versions of core requirements cannot be used. These changes reflect the 1999 DOT EMT-P curriculum. For a 5-year license period those hours are: Division or Module Mandatory Hours Preparatory 12 EMS Systems/Roles and Responsibilities, Medical/Legal Ethics Airway Management & Ventilation 12 Trauma 20

Medical 36 (Including cardiology and behavioral) Special Considerations 12 Infants, OB/GYN, Geriatrics, Abuse and Special Needs Operations 4 Incident Command, Rescue, HAZMAT, Ambulance ops etc. Total 96 Hours The remaining 48 hours must be EMS related programs.

- 2. Identify any barriers to obtaining professional development requirements or remaining current within the field of study.***

None

External Accreditation & Documentation:

If an external accreditation is required for the program, please provide the following information and documentation:

- 1. Name of accrediting organization***

Commission on Accreditation of Allied Health Education Programs (CAAHEP) and Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

- 2. Date of last visit***

June 22nd and 23rd, 2015

- 3. Date of next upcoming visit***

March 2021

- 4. Are any reports, recommendations, etc. required for the program at this time?***

If you have received any notification, response, etc. from the accreditors, please provide a copy of the correspondence.

No reports are due at this time. However, the program is required to submit information for a self-study two years prior to the visit. The program will submit information by April 2019 to meet the requirement.

Progress Report:

Please discuss all recommendations received on your last program review or program accreditation visit and report on progress made on previous action plans and toward your strategic goals.

No recommendations received during the last accreditation visit to report on. The previous action plan of the program included increasing enrollment for the program. The program continues to struggle with enrollment; however, applications numbers are adequate. The program is moving to a hybrid modality beginning in 2019 to attempt to increase enrollment. This remains an action item for the program.