

**KALAMAZOO VALLEY COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES PROGRAM  
ADVISORY BOARD MEETING MINUTES**

<b>Date:</b> Nov 3, 2017		<b>Time:</b> 1300-1500	<b>Location:</b> CAH
<b>Leader:</b> Dan Benard		<b>Recorder:</b> Dan Benard	
<b>Members:</b>	Daniel Benard Moriya Hurst (A) William Fales, MD Patrick Lickiss (A) Robert Lohrberg Ryan Cronk Connie Cook (A) Karen Robeyn John Pinkster (Phone) Maria Byrwa Chris Stroven (A) Dean McCurdy (A) Matt Godde (A)		<b>Guests:</b> John Storer Mike Bentley (W-Med) David Cook
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>CONCLUSIONS/ RECOMMENDATIONS</b>	<b>FOLLOW UP/ RESP. PARTY</b>
<b>Call to Order</b>	Called to Order at 1400	<i>N/A</i>	<i>N/A</i>
<b>Minutes</b>	Review of Previous Minutes: no changes or corrections to the previous meeting minutes	<i>Robert, Karen</i>	
<b>Accreditation Issues:</b>			
<b>Election of Advisory Board Chair</b>	Remains an open position	<i>No Volunteers, continue to solicit.</i>	<i>Dan</i>
<b>Accreditation Issues</b>	2017 no annual report; CoA is revising annual report format and only pilot programs need report. KVCC is excluded this year.		
<b>Graduate &amp; Employer Survey Administration</b>	tabled	<i>tabled</i>	

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<b>Classes and Enrollments</b>			
<b>Competitive Admissions</b>	College board approved competitive admissions process, based on overall GPA with no prerequisites below 2.0. First admissions will be 4/18 for paramedic cohort starting 9/18. Does not apply to EMT/MFR.	<i>FYI, institution change</i>	<i>Dan / Amy will report on results at a future board meeting.</i>
<b>MFR</b>	Follow-up to last meeting: new course sequence puts everyone into MFR, enrollment continues to be low		
<b>EMT</b>	Related program changes and new course sequencing. Enrollment is holding but still low.	<i>N/A</i>	<i>N/A</i>
<b>Paramedic</b>	Dan has presented at several HS programs to recruit. EMS also present at KRESA event at Fairgrounds. Holding open information sessions on main campus.	<i>Solicit EMT students into Paramedic for fall. Open meetings. Recruitment letters for people enrolled in prerequisite courses.</i>	<i>Dan</i>
<b>Clinical Update</b>			
<b>Preceptor Education and Orientation</b>	Tabled		
<b>Software Updates</b>	FISDAP is being implemented. Some changes need to be made yet, spending more time documenting skills for portfolio and it is taking away from instructional time.	<i>Continue to monitor</i>	<i>Dan</i>
<b>Review of Clinical Competencies</b>	Introduced the new Appendix G. will have to start using with F18 cohort. Will bring to next meeting to approve the numbers.	<i>Bring for next meetings approval</i>	<i>Dan</i>
<b>National Registry Standings</b>			
<b>Portfolio</b>	Portfolio tracking is difficult and we are spending more time documenting than teaching. There are some problems with the reports and FISDAP cannot explain how they compile their numbers.	<i>Continue to implement portfolio and monitor skills and patient tracking for compliance with portfolio requirements</i>	<i>Dan / Moriya</i>
<b>Curriculum Changes</b>			

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<p><b>General Education Course Proposals</b></p>	<p>This is the second presentation of the new curriculum to the advisory board with changes based on the last discussions.</p> <p>The vast majority of this meeting was spent on curriculum changes.</p> <ol style="list-style-type: none"> <li>1. BIO 110, ENG 110, MATH 100 remain unchanged</li> <li>2. BIO 210, Physiology is currently in the degree program. Now require it as a prerequisite.</li> <li>3. PSY 150, General Psychology is currently in the degree program. Replaces the behavioral emergencies didactic portion and is now required for graduation and NREMT eligibility.</li> <li>4. WPE 101, Principles of Health and Fitness and WPE 128, Stress Management replace the well being portion of the program and are required for graduation and NREMT eligibility.</li> <li>5. COM 210, Professional communications focuses on team management communications and replaces the COM 113, personal communication courses in the AAS. It also replaces the communications portion of the paramedic didactic. The instructor has agreed to add a module to his class specifically for paramedic students.</li> </ol>	<p><i>Dan, will have to build the online module for communications that outlines an SBAR communications format as well as information on radio and communications systems technology.</i></p>	<p><i>Dan</i></p>
<p><b>Paramedic Course Structure and Sequence</b></p>	<p>EMT courses were broken down into 8 week sessions for all levels. EMT 115 and EMT 265 remain unchanged.</p> <ol style="list-style-type: none"> <li>1. MFR strategy change in contact hours of lect/lab</li> <li>2. EMT             <ol style="list-style-type: none"> <li>a. 108/109 are eliminated.</li> <li>b. EMT is a 4 course sequence beginning with MFR. It is now a two term course which we anticipate will increase pass rates.</li> </ol> </li> <li>3. Paramedic courses:</li> </ol>		

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	<ul style="list-style-type: none"> <li>a. Pharmacology is now a prerequisite course to enter the paramedic program.</li> <li>b. Lab hours in each course were increased to account for more simulation activity.</li> <li>c. All clinical courses have a required simulation component</li> <li>d. All field work courses have a required simulation component</li> <li>e. There are 7 lecture lab courses, 4 ALS courses, 3 clinical.</li> <li>f. Capstone course provides ACLS, PHTLS, EPC certifications</li> </ul> <p>4. There was about an hour of discussion on the new course structures and sequence.</p>		
<p><b>AAS and Certificate Considerations</b></p>	<p>The certificate program for Paramedic is being eliminated in the new model, all students will enroll in the AAS in EMS degree pathway.</p> <p>The current 76 credit degree will become a 69-70 credit pathway</p> <p>The time to graduation is shorter with the elimination of duplicate material that was also covered in the gen ed and prerequisite courses.</p> <p>There was a lengthy discussion regarding the costs implications, especially in relationship to student's costs. It is estimated that the cost to the student who is a certificate only student would increase approximately \$500, while comparing the current AAS to the revised AAS would generate a \$1500 savings. Most of the cost were due to elimination of the Political Science requirement and the change in strategy from clinic to field work for courses with ALS ride time.</p> <p>John was able to participate in a majority of the discussion by phone, providing a quorum.</p>	<p><i>Motion: a Motion was made to approve the curriculum changes as presented. (Bill/Karen) The motion passed.</i></p> <p><i>Next action is to present to the course and curriculum committee in December and academic leadership council in January.</i></p> <p><i>Estimated costs sheets were emailed to the advisory board the week after the meeting.</i></p>	<p><i>Dan will complete the documentation and committee process for college board approval of the curriculum.</i></p>
<b>Capital Equipment Purchases and Budget</b>			

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<b>Recommendations</b>	tabled		
<b>EMS Program Future Directions and Goals</b>			
<b>Reinstatement Policy</b>	Tabled		
<b>Certification Courses</b>	Some discussions regarding the value of providing certifications as part of the capstone course if the vast majority of paramedic students are completing them prior, through their employers, to maintain eligibility to work on an ambulance as an EMT. At this time it is believed that these courses provide a significant review and recap that helps to better prepare the students for NREMT examination and that the approach should not yet be eliminated. This will need to be re-evaluated on an annual basis.	<i>Re-evaluate this position at the next advisory board meeting.</i>	<i>Dan</i>
<b>Other</b>	None after the lengthy discussion regarding the curriculum changes		
<b>Next Meeting</b>			
<b>Date and Time</b>		<i>TBA</i>	<i>Dan</i>

Respectfully Submitted,  
Dan Benard MBA, EMT-P I/C  
EMS Program Director

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