

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

Date: 10/16/2019		Time: 3:00 PM – 5:00 PM	Location: CAH
Leader: John Pinkster		Recorder: Faith Bentley	
Members:	Present: Susan Kay Ryan, Patti Henning, Moriya Hurst, Bethel Mwenze, Amy Murray, Ana Abendschein, John Pinkster, Robert Lohrberg, Michael Bentley, Karen Robyn, Marilyn Hess, Dr. William Fales, Chris Stroven, Brian Scribner Call in: Dr. Chris Milligen	Absent: Maria Byrwa, Connie Cook, Craig Dieringer, John Storer	Guests:
AGENDA ITEM	DISCUSSION	CONCLUSIONS/ RECOMMENDATIONS	FOLLOW UP/ RESP. PARTY
Call to Order	<ul style="list-style-type: none"> Called to Order at 1500 	<i>N/A</i>	<i>N/A</i>
Minutes	<ul style="list-style-type: none"> Review of Previous Minutes: no changes or corrections to the previous meeting minutes 	<i>Motion approved by Robert Lohberg; 2nd by Karen Robyn</i>	
Advisory Board Open Positions	<ul style="list-style-type: none"> Introduction: Bethel Menzwe, student representative 		
Perkins V	<ul style="list-style-type: none"> Patti Henning, Dean of Health Careers and Sustainable Food Systems, distributed a required survey to be filled out by members EMS is an approved program eligible for Perkins Federal Grant monies. Perkins dollars provide students help with the cost of attendance as well as equipment and learning support services. The EMS program currently has 3 learning 	<i>Survey completed and the forms were collected.</i>	

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	<p>assistants available to students. It also provides money for staff development. (May not be used for professional development courses.)</p> <ul style="list-style-type: none"> • Special needs assessment is required for Perkins 5. This is a comprehensive assessment. This survey is required as part of the assessment. • This survey will be sent out via email to all members not present today. 		
PROE Review:	<ul style="list-style-type: none"> • 5 years Perkins review: this is different than the above survey. Paper Surveys handed out and completed by members present 	<i>Survey results collected</i>	<i>Dan to finish student surveys, compile and return to IR.</i>
Accreditation Issues:	<ul style="list-style-type: none"> • Surveys <ul style="list-style-type: none"> ○ RAM: Moodle survey distributed <ul style="list-style-type: none"> i. Laptops used to provide survey: annual Resource Assessment Matrix ○ RAM: previous year's results <ul style="list-style-type: none"> i. Physician interaction – “How often is the Medical Director in the class?” These numbers came in low. Explained; students took question literally not recognizing that Dr. Fales sent in a delegate, Dr Aguilar. ii. “Facilities provide adequate equipment for labs.” – Missing equipment bags. iii. Clinical resources to achieve outcomes. Birthing Center experience specifically. ○ Review/Adoption of mission statement: Paramedic: “To prepare competent entry-level Paramedics in the cognitive (knowledge), 	<p><i>Drug bag updates were delayed when the release of regional bag updates were delayed.</i></p> <p><i>Susan K. specifically addressed OB rotation and the results were greatly improved</i></p>	

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	<p>psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”</p> <ul style="list-style-type: none"> ○ MDHHS 136a Sponsor Re-Approval 9/30 /19. ○ Site Visit by MDHHS scheduled for 11/5/19. ○ COA scheduled for February or March of 2020. Schedule done at time of receipt of the EA from the CSSR. 	<p><i>Motion to approve by Patti Henning; Seconded by Robert Lohberg. All approved.</i></p> <p><i>MDHHS CSSR sent prior to deadline. First program in state to use new form.</i></p>	
Classes and Enrollments:	<ul style="list-style-type: none"> ● 11 Basic EMT students accepted with 8 waiting on CPR certification. 5 accepted to MFR only with one additional applicant needing CPR certification ● Satellite Campus – On hold until next budget year. KVCC has to make the final decision on providing resources to support this endeavor. <ul style="list-style-type: none"> ○ Discussed writing a proposal to support this ask ○ Robert Berrien MCA ○ 5th District meeting 	<p><i>Dr. Fales suggested gaining some support from the medical/EMS community on the importance and need for rural EMS initiatives to help KVCC’s decision.</i></p>	
Clinical	<ul style="list-style-type: none"> ● Contract and Clinical Requirements: specialty unit concerns <ul style="list-style-type: none"> ○ Students were able to perform on frozen cadavers (not ideal, but the overall experience was great.) <ul style="list-style-type: none"> i. Will secure unfrozen cadavers in the future ii. This experience will be a budget item from here forward. ● Preceptor Training Program 	<p><i>Dr Fales indicated that our contact person Dr Isaac has left.</i></p>	<p><i>Dan will need to pursue new contact person for W-Med cadaver lab experience.</i></p>

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	<ul style="list-style-type: none"> ○ Needs to be revamped and reintroduced; looking at incorporating with credentialing <ul style="list-style-type: none"> i. EMS Preceptors ii. Discussion surrounding M. Bentley and D. Benard..... 		<i>Dan working to revamp and roll out updates after significant curriculum changes to program.</i>
National Registry or MDHHS Issues:	<ul style="list-style-type: none"> ● Pass Rates <ul style="list-style-type: none"> ○ Reported overall pass rates: across 3 years (F2016 – S2019) Overall includes multiple attempts, within first three. First attempts not reported. Expressed as percentages. <ul style="list-style-type: none"> i. Class: low, high, average; retention ii. MFR: 50, 100, 83; 92 iii. EMT: 67, 100, 76; 83 iv. Medic: 90, 100, 94; 76 ○ New practical exam licensing process for paramedics; handout 	<i>Continue to Monitor</i>	
Curriculum:	<ul style="list-style-type: none"> ● Independent Study course creation <ul style="list-style-type: none"> ○ Dan suggested a need to create this course for students that aren't ready to graduate; instead of issuing an incomplete. ● BDLS (Basic Disaster Life Support) incorporated into EMT <ul style="list-style-type: none"> ○ The state is looking to include this training as a requirement and looked at KVCC as a great example of success. ● Moriya implemented a new lab format of open skills lab punctuated with ambulance calls during summer as an attempt to introduce soft skills <ul style="list-style-type: none"> ○ Lab instructors find this addition enhances the learning and students were better prepared. 	<i>Dan, need input on Lab rotation</i>	

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	<ul style="list-style-type: none"> ○ Students did not like it because they felt like they didn't know enough in the beginning. ○ This will be included in EMT 112 moving forward 		
Capital Equipment Purchases and Budget:	<ul style="list-style-type: none"> ● Review of Learning Assistant Program ● Review of Budget <ul style="list-style-type: none"> ○ Lab IV arms ● Recommendations <ul style="list-style-type: none"> ○ Requesting additional full-time faculty. Clinical coordinator, full-time paramedic and a full-time EMS. 	<i>Motion to recommend a full-time position by Robert Lohberg and seconded by John Pinkster; all approved.</i>	
Future Directions of EMS Program: Program Goals and Objectives:	<ul style="list-style-type: none"> ● Site Visit: February or March of 2020 		
Other:	<ul style="list-style-type: none"> ● Looking into EMT to RN program ● Military Medic to EMS; we currently do not have an advanced placement option: Partnership with LCC fell through when LCC lost grant funding. ● All of the MFR student applicants are hoping to gain points to get into the Nursing program. If they don't make it into the Nursing program, they can continue into the EMT program. ● Need a signed affiliation agreement from Lakeland College for a clinical site (inclusion of Paramedic) <ul style="list-style-type: none"> ○ Dr. Milligen and Brian Scribner will speak with Lakeland's legal counsel. ● Fire Science program has dropped EMT as a requirement for their program. 		

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Next Meeting:	<ul style="list-style-type: none">• Date and Time TBD		
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Respectfully Submitted, Faith Bentley.

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Zimbra

dbenard@kvcc.edu

**CoAEMSP --600276 - 2017 Annual Report REVIEW - Kalamazoo Valley
Community College**

From : Lynn Caruthers <Lynn@coaemsp.org>


Wed, Aug 07, 2019 05:26 PM

Subject : CoAEMSP --600276 - 2017 Annual Report
REVIEW - Kalamazoo Valley Community
College 2 attachments**To :** Daniel Benard <dbenard@kvcc.edu>Re: Kalamazoo Valley Community College
Program Number: 600276**RE: CoAEMSP 2017 Annual Report Review Results**

Dear College:

This email is sent on behalf of CoAEMSP and Dr George Hatch, Executive Director.

The CoAEMSP Quality Improvement (QI) subcommittee has reviewed the 2017 Annual Report. The new Annual Report based the success rate on the number of total *graduates*, rather than the number of individuals *attempting* the NREMT or state exam. The CoAEMSP recognized that this approach could produce a numerical result that did not reflect the actual success of program graduates.

Since programs must accurately post the outcome success measures from the Annual Report on the home page of the Paramedic Program website, programs who chose not to publish their certification results for the 2017 calendar year were informed they would not be penalized. Programs who did choose to publish certification results were urged to do so with caution  ensuring the data reflected the percentage of individuals passing the exam based on the number attempting the exam. The 2018 Annual Report will address this issue by requesting data based on the number of *graduates attempting* the NREMT or state exam.

Based on the outcomes reported for 2017, here are your program's results related to thresholds of 70% or greater for

NREMT/State Written Exam: 85

Retention: 85.7

Positive (Job) Placement: 95

Thank you for your valued time and hard work.

George W. Hatch, Jr., EdD, LP, EMT-P | Executive Director
CoAEMSP | Committee on Accreditation for the EMS Professions
8301 Lakeview Pkwy, Suite 111-312 | Rowlett TX 75088
P: 214-703-8445, x112 | george@coaemsp.org

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May 27-31, 2020 @ Omni Hotel, Louisville KY

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Resource Assessment Matrix (RAM)

CoAEMSP
Program #: 600276

(the 600xxx number assigned by CoAEMSP)

Sponsor Name / Year: Kalamazoo Valley Community College

Date Completed:

(e.g., m/d/yyyy)

2018
<== Revise
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NOTE: The "DATE(S) OF MEASURE" (Column D) is designed to autopopulate once the dates in Section 1 "FACULTY" have been completed and row heights may be manually adjusted to display all the text contained in cells. Be sure to select 'Enable Editing' at the top of the form when prompted in order to enter data.

Accredited programs must conduct Resource Assessment at least annually (Standard IIID) and are required to complete ALL columns of this matrix. Programs seeking a Letter of Review (LoR) are required to complete at least columns B, C, and D of this matrix (Purpose, Measurement System, and Dates of Measurement).

The Program Resource Survey (PRS) - Students and Program Resource Survey (PRS) - Program Personnel data analysis is most easily accomplished using the 'RAM and PRS Data Collection' Excel spreadsheet available on the CoAEMSP website. This tool includes four (4) worksheets (tabs): Instructions, PRS Students, PRS Personnel, and RAM. Data from the individual surveys is entered into the appropriate cells and automatically calculates the totals and averages for each of the categories. For each content area that receives a rating of LESS than 80%, the Program must summarize the results and complete an analysis (Column E) and develop an action plan (Column F). When results are above 80%, indicate that 'results met threshold' in Column E and 'continue to monitor' in Column F. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s). Programs are also responsible for internally addressing individual questions that do not meet the 80% cut score.

Link to access the forms available on the CoAEMSP website ==>>

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey.

The Advisory Committee is involved in both assessing the resources and reviewing the results.

CoAEMSP Forms Available
Program Resource Survey-Program Personnel
Program Resource Survey-Students
RAM and PRS Data Collection
Resource Assessment Matrix (RAM) (individual form only)

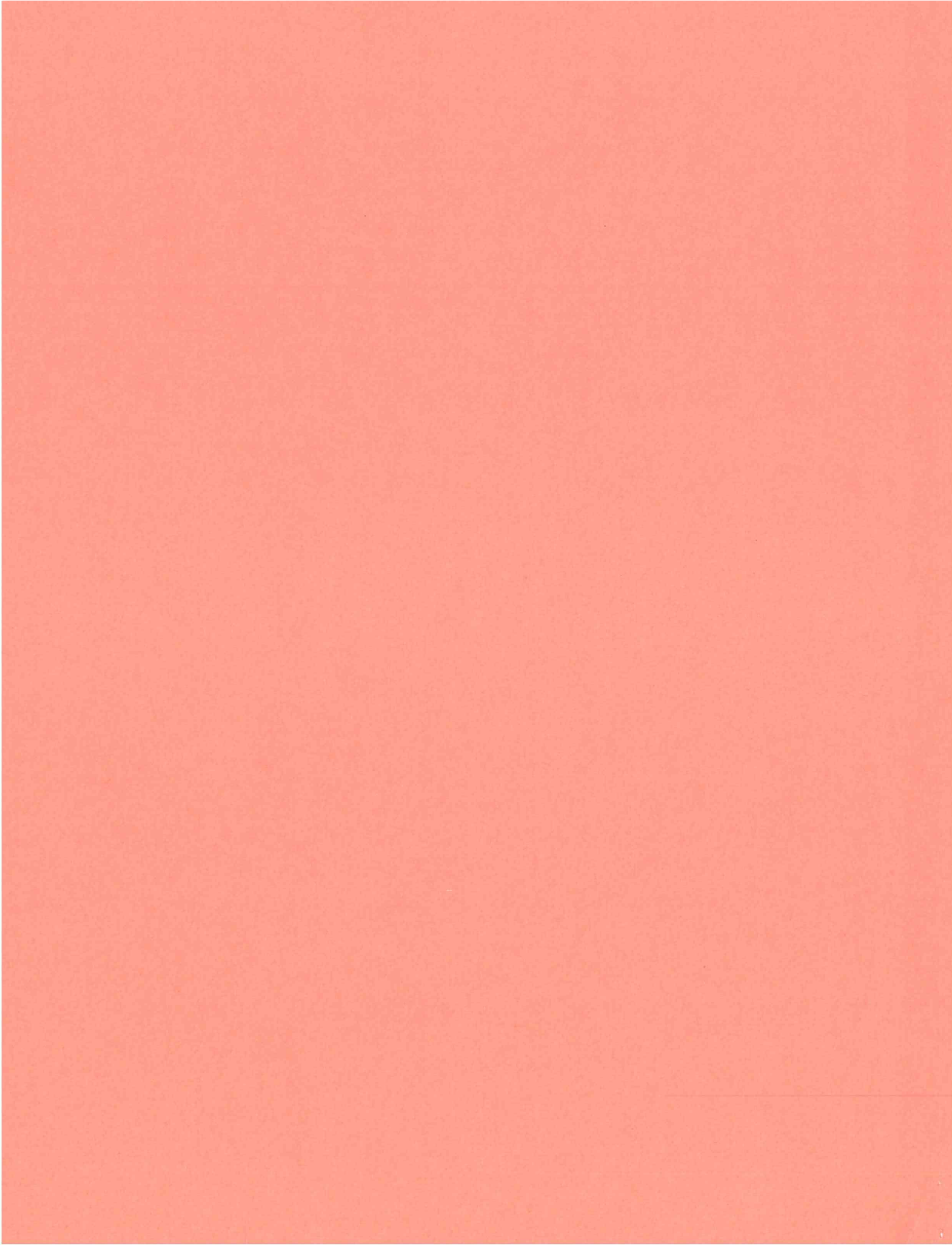
#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE(S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s))	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1.	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	12-Feb-19 22-Aug-18	threshold met threshold met	continue to monitor continue to monitor
	Additional Faculty Purpose(s) =>					
			1. Program Personnel Resource Survey	12-Feb-19	threshold met	continue to monitor

2.	MEDICAL DIRECTOR	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	2. Student Resource Survey	22-Aug-18	Threshold Not Met: Item II.B. 2018 graduating cohort of 6 students. All knew who the medical director was. Threshold fell below for "interacts with students". The only comment regarding the medical director was that "he was not in class". PMD met with class early in the program but was not available for several sessions, including the ACLS course. Physician interaction was rated as threshold met, so students recognized a consistent physician interaction with Dr.'s Aguilar and Brunken, EM Residents, but I believe that the students took literally that the PMD, rather than his delegates.	PMD will actively place teaching assignments on the MD calendar, so that he, and not just his delegates, is present more often. Between the time the student survey and personnel survey were done the program had appointed an Associate MD; Chris Milligan, DO.
	Additional Medical Director Purpose(s) =>		1. Program Personnel Resource Survey	12-Feb-19	threshold met	continue to monitor
3.	SUPPORT PERSONNEL	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, advising, clerical)	2. Student Resource Survey	22-Aug-18	threshold met	continue to monitor
	Additional Personnel Purpose(s) =>		1. Program Personnel Resource Survey	12-Feb-19	threshold met	continue to monitor
4.	CURRICULUM	Provide specialty core and support courses to ensure the achievement of program goals and learning domains. Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.	2. Student Resource Survey	22-Aug-18	threshold met	continue to monitor
	Additional Curriculum Purpose(s) =>		1. Program Personnel Resource Survey	12-Feb-19	threshold met	continue to monitor
5.	FINANCIAL RESOURCES	Provide fiscal support for personnel, acquisition and maintenance of equipment/supplies, and faculty/staff continuing education.	2. Student Resource Survey	22-Aug-18	threshold met	continue to monitor
	Additional Financial Purpose(s) =>		1. Program Personnel Resource Survey	12-Feb-19	threshold met	continue to monitor

<p>6. FACILITIES</p>	<p>Provide adequate classroom, laboratory, and ancillary facilities for students and faculty.</p>	<p>2. Student Resource Survey</p> <p>22-Aug-18</p>	<p>Threshold Not Met: Items VI.B.3.4 equipment and supply for laboratory. There were two comments: first, "often missign equipment for the bags"; second, "The sim-lab mannequins were slow and inconsistent. Each one provided different information about vitals and students were punished for these inconsistencies. Example: pulses, respirations, BP etc were not consistently available on all types nor was it communicated to students what was available to assess, and what needed to verbally asked to the lab instructor." The first comment I believe to be in reference to the institution of regional drug bags provided to the program. Due to a delay by the regional medical control, we delayed in replacing some of the drug supply used in the existing bags. This caused low supply and some reuse. After a lot of hype about new drug bags, including introducing a sample bag, this cohort never saw the new equipment. The simulator comments reflect several</p>	<p>1. At the next clinician update the program will review and reinforce the issues of instructor expectations, that will be added to the clinician manual revisions. Program staff will work more closely with the sim-tech to bring technology issue forward and ensure the simulators are fully functional prior to the start of lab. 2. The program will purchase more moulage supplies and attempt to more frequently utilize moulage for contextual purposes to reduce the amount of information that must be gleaned from the instructor during scenario presentation. This includes increasing the use of standardized patients.</p>
<p>Additional Facilities Purpose(s) =></p>		<p>1. Program Personnel Resource Survey</p> <p>12-Feb-19</p>	<p>threshold met</p>	<p>continue to monitor</p>

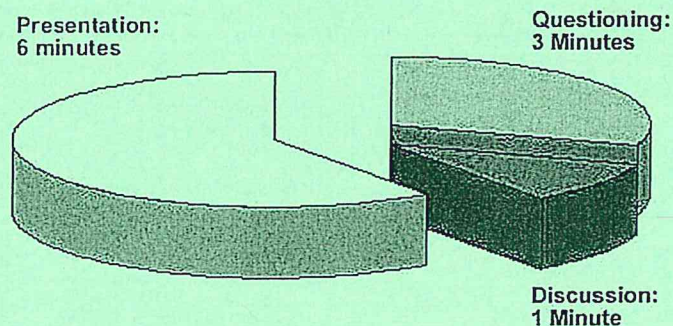
<p>7. CLINICAL RESOURCES</p>	<p>Provide a variety of clinical experiences to achieve the program goals and outcomes.</p>	<p>2. Student Resource Survey</p>	<p>22-Aug-18</p>	<p>Threshold Not Met: Items VII.A.2 and B.2,3 meeting objectives and preceptor. Students complete the clinical and field PRS for each affiliate independently. Bronson had no negative ratings: "The clinical experience at Bronson is great. Generally, preceptors are interested in teaching which made clinical objectives easy to meet." Borgess had multiple "No" responses including NS, M ratings with no S: "About 75% of the preceptors I was placed with were clearly not OK with having a student placed with them. Those preceptors made minimal or no efforts to include me as a student or to even have hands on time with the patients. Specifically the OB rotation was quite poor." "Birthing center, did not let students in the rooms and left them in a room all day to study which is not helpful without pt contacts." "Overall I would not recommend other students to attend clinicals at Borgess." While OB was cited as a poor resource, CVL @ Borgess was labeled as one of the strongest experiences. This is clearly</p>	<p>Faculty were aware of this problem while the class was ongoing. Several students were moved from the OB floor at Borgess to the OB floor at Bronson as a result. The program will continue to address concerns with the birthing center staff as well as look for new venues for OB experience. Susan Kay Ryan to be added to the advisory board to ensure Borgess representation and more open communication.</p>
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Additional Clinical Resources Purpose(s) =>						
8. FIELD INTERNSHIP RESOURCES	Provide a variety of field internship experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey	12-Feb-19 22-Aug-18	threshold met threshold met	continue to monitor continue to monitor	
9. LEARNING RESOURCES	Provide learning resources to support student learning and faculty instruction.	1. Program Personnel Resource Survey 2. Student Resource Survey	12-Feb-19 22-Aug-18	threshold met threshold met	continue to monitor continue to monitor	
10. PHYSICIAN INTERACTION	Provide educational interactions with physicians, as ensured by the Medical Director.	1. Program Personnel Resource Survey 2. Student Resource Survey	12-Feb-19 22-Aug-18	threshold met threshold met	continue to monitor continue to monitor	
Additional Physician Interaction Purpose(s) =>						



EMS is different than the typical medical education environment. Unfortunately there is little information on the best interactions between EMS preceptors and their students. However in traditional clinical environment the student/preceptor interaction only last 10 minutes. That teachable moment and time to discuss the case are just as brief in EMS, so lets see what we take from other clinical education models that will benefit us in EMS.

How Time is Spent Teaching



Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in inpatient and community based settings. Studies have indicated that, on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result, only about one minute of time is actually spent in discussion and teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than one minute, but the time spent is more efficiently used and the teaching effectiveness is optimized.

The One Minute Preceptor Method

1. Get a commitment
2. Probe for supporting evidence
3. Reinforce what was done well
4. Give Guidance about omissions and errors
5. Teach a Principle
6. Conclusion

NREMT Pass/Fail v GPA
Column Labels

Row Labels	1	2	3	105 Total	115	1	2	3 (blank)	115 Total	265	1	2	3	4	5 (blank)	265 Total	Grand Total
0																	
Count of Attempt #	10	3		13	34	4			38	5	2	2	2	1		10	61
Min Program GPA	2.33	2.5		2.33	1	2.31			1	2.48	2.53	2.53	2.53	2.53		2.48	1
Average Program GPA	2.81	2.50		2.78	2.71	2.99			2.74	2.80	2.75	2.75	2.75	2.53		2.75	2.75
Max Program GPA	3.5	2.5		3.5	4	3.5			4	3.22	2.97	2.97	2.97	2.53		3.22	4
1																	
Count of Attempt #	15	4	2	21	57	11	1		69	11	3				15	105	
Min Program GPA	2.5	2.5	2.5	2.5	2	2	3.13		2	2.38	2.48				2.38	2	
Average Program GPA	3.32	2.88	2.50	3.16	3.19	3.11	3.13		3.18	2.92	2.83				2.87	3.13	
Max Program GPA	4	3.5	2.5	4	4	4	3.13		4	3.63	3.22				3.63	4	
(blank)																	
Count of Attempt #				0					0								
Min Program GPA				2.83					2.68						2.23	2.23	0
Average Program GPA				4					4						3.07	3.07	2.78
Max Program GPA										4					3.5	3.5	4
Total Count of Attempt #	25	7	2	34	91	15	1		107	16	5	2	1	1		25	166
Total Min Program GPA	2.33	2.5	2.5	0	0	1	2	3.13	0	2.38	2.48	2.53	2.53	2.53		2.23	0
Total Average Program GPA	3.14	2.80	2.50	2.86	3.01	3.08	3.13		2.68	2.88	2.80	2.75	2.53	2.53		2.94	2.85
Total Max Program GPA	4	3.5	2.5	4	4	4	3.13		4	3.63	3.22	2.97	2.53	2.53		3.63	4

Row Labels	105	115	265	Total Total Average Overall GPA
Column Labels				
Average Program G Aver. Aver. Averag	3.14	3.17	3.01	3.02
Average F Average Overall GPA	2.88	2.89	3.02	3.03
	2.80	2.84	3.08	2.97
	2.50	2.42	3.13	3.13
	2.83	2.91	2.68	2.61
(blank)	2.86	2.93	2.82	2.77
Grand Total	2.94	2.96	2.85	2.86

NREMT Pass/Fail v Overall KVCC GPA
Column Labels

Row Labels	105	115	155	265	265 Total	Grand Total
Count of Attempt #	10	34	4	38	5	61
Min of	1.95	1.17	1.89	1.17	2.53	1.17
Average of	2.93	2.70	2.68	2.70	2.81	2.80
Max of	3.50	4.00	3.13	4.00	3.21	2.74
Count of Attempt #	15	57	11	69	11	4.00
Min of	2.22	2.38	2.22	2.22	2.56	1.95
Average of	3.32	3.21	3.07	3.19	2.93	1.95
Max of	4.00	4.00	4.00	4.00	3.67	3.15
(blank)					3.21	4.00
Count of Attempt #	25	91	15	107	16	166
Min of	1.95	1.17	1.89	1.17	2.53	1.17
Average of	3.17	3.02	2.97	2.77	2.89	2.80
Max of	4.00	4.00	4.00	4.00	3.67	2.75
Total Count of Attempt #	105	115	155	265	265	4.00
Total Min of	1.95	1.17	1.89	1.17	2.53	1.17
Total Average of	3.17	3.02	2.97	2.77	2.89	2.80
Total Max of	4.00	4.00	4.00	4.00	3.67	2.75

Column Labels
105 265
Average Program G Aver: Aver: Average F Average Overall GPA

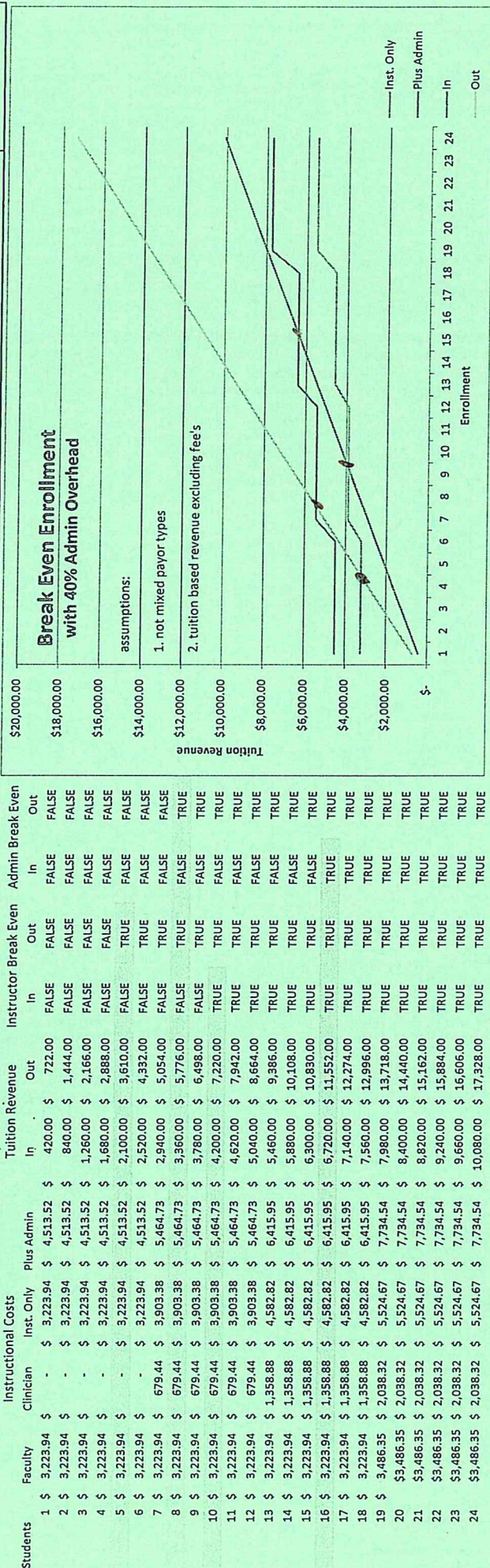
Row Labels	105	265	Total Total Average Overall GPA
1	3.14	3.02	2.88
2	2.80	2.97	2.81
3	2.50	3.13	2.82
4			2.75
5			2.75
(blank)	2.83	2.61	3.07
Grand Total	2.86	2.77	2.96

Organization Budget Status Report
 By Account
 Period Ending Jun 30, 2020
 As of Oct 16, 2019

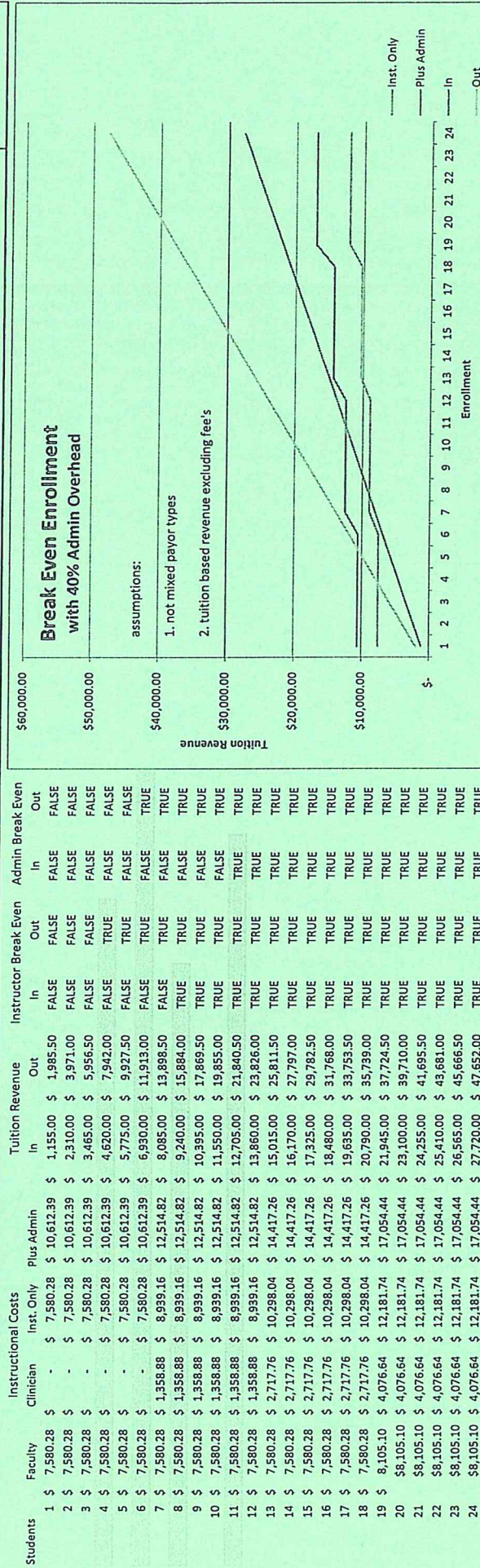
Chart of Ac C Kalamazoo Valley Community College
 Fund 1111 TX Credit General Fund
 Organization 1452 Emergency Medical Tech.
 Account 7%
 Program All
 Activity All
 Location All
 Commitment All

chart	Fund Type	Fund Type	Organization	Account	T1	Account	T1	Adopted B Budget Adj.	Adjusted B	Temporary	Accounted Year to Date	Encumbrance	Reservatio	Commitment	Available Balance	
C	11	General Fl	1452	Emergency	7215	Other Com Services	5835	0	5835	0	5835	0	0	0	385	
C	11	General Fl	1452	Emergency	72157	Contractor Services	0	3450	3450	3450	0	0	0	0	3450	
C	11	General Fl	1452	Emergency	7231	Lab Equipr Services	645	0	645	0	645	0	0	0	645	
C	11	General Fl	1452	Emergency	7311	Classroom Supplies	1395	0	1395	0	1395	0	0	0	1357.9	
C	11	General Fl	1452	Emergency	7312	Laboratory Supplies	7546	0	7546	0	7546	0	0	0	4895.2	
C	11	General Fl	1452	Emergency	7340	General OI Supplies	338	0	338	0	338	0	0	0	338	
C	11	General Fl	1452	Emergency	73401	Supply/Pr: Supplies	150	0	150	0	150	0	0	0	132.22	
C	11	General Fl	1452	Emergency	7345	Print & Cop Supplies	414	0	414	0	414	0	0	0	379.65	
C	11	General Fl	1452	Emergency	7350	Other Supl Supplies	1036	0	1036	0	1036	0	0	0	576	
C	11	General Fl	1452	Emergency	7355	Small Capit Supplies	3450	-3450	0	0	0	0	0	0	-3450	
C	11	General Fl	1452	Emergency	7511	Dues for Pr: Other Ope	175	0	175	0	175	0	0	0	175	
C	11	General Fl	1452	Emergency	7514	Mileage Other Ope	1670	0	1670	0	1670	0	0	0	1670	
C	11	General Fl	1452	Emergency	7543	Other Ever Other Ope	0	0	0	0	189.48	0	0	0	-189.48	
C	11	General Fl	1452	Emergency	7760	Office Supl Allocations	0	0	0	0	23.34	0	0	0	-23.34	
C	11	General Fl	1452	Emergency	7770	Printing & Allocations	0	0	0	0	160.85	0	0	0	-160.85	
					Report Total (of all records):		22654	0	22654	3450	22654	9822.9	2650.8	0	2650.8	10180.3

Course		Strategy										Costs				Tuition Revenue	
Students	Faculty	lecture	credits	lab <18	lab >18	clinic	field	contact	lecture hours	lab hours	lab <18	lab >18	clinic hours	cost of instruction	In	Out	
EMT 105	Medical First Responder	2.5	3	1.5	1.5	0	0	4	40	24	\$524.81	\$699.75	0	\$3,486.35	\$105.00	\$180.50	
80/20 split	Subtotal	2.5	3	1.5	1.5	0	0	4	40	24	\$787.22	\$1,049.63	0	\$3,486.35	\$420.00	\$722.00	

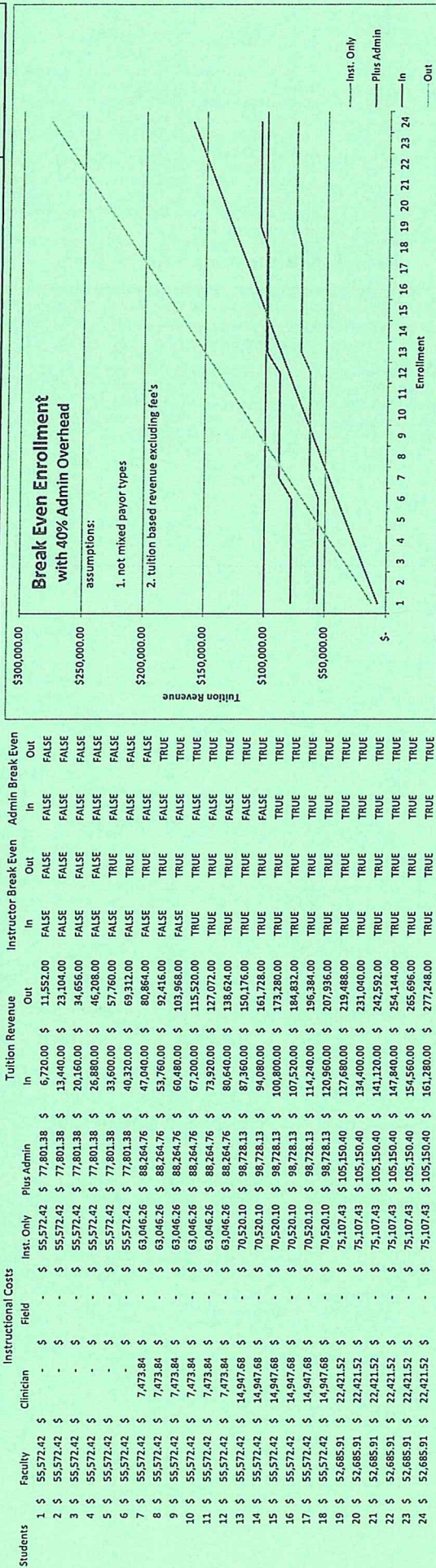


Course	Strategy										contact	field	clinic	lab >18	lab <18	lab hours	lecture hours	Costs			Cost of Instruction	Tuition Revenue		
	credits	lecture	lab <18	lab >18	lab <18	lab >18	lab <18	lab >18	lab <18	lab >18								lab <18	lab >18	lab <18		lab >18	lab <18	lab >18
EMT 111 EMT Basic Part 1	3	2.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	4					24	\$974.69	\$524.81	\$699.75	\$0.00	\$0.00	\$180.50	\$105.00	\$180.50
EMT 112 EMT Basic Part 2	3	2.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	4					24	\$2,436.73	\$787.22	\$1,049.63	\$0.00	\$0.00	\$420.00	\$420.00	\$722.00
EMT 115 EMT Clinical	1	5	3	3	3	3	3	3	3	3	3					0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$420.00	\$420.00	\$722.00
Subtotal	7										11					80	\$4,873.45	\$1,574.43	\$2,099.25	\$0.00	\$0.00	\$1,155.00	\$1,155.00	\$1,985.50

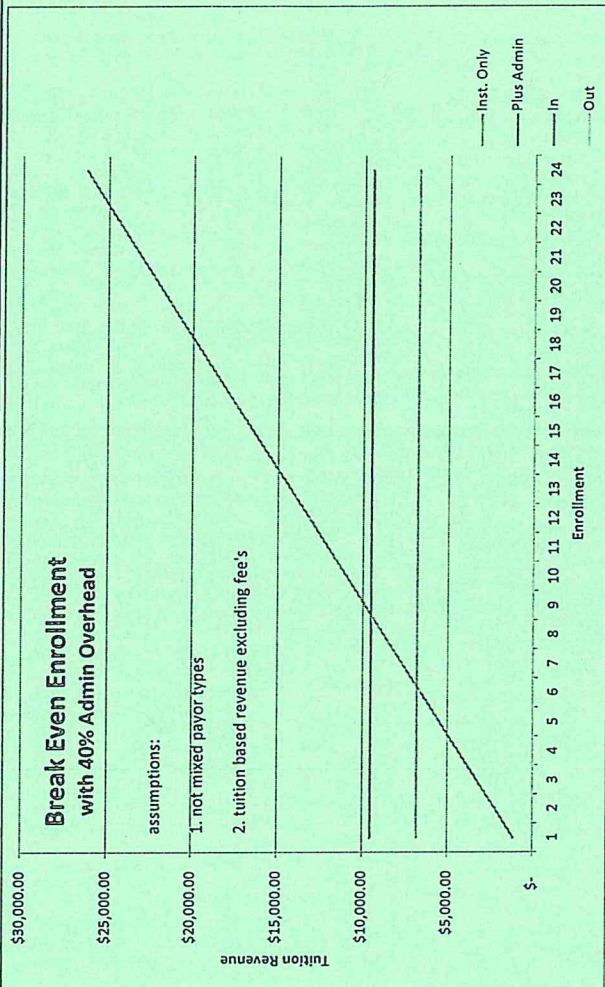


Students	Instructional Costs		Tuition Revenue		Instructor Break Even		Admin Break Even	
	Faculty	Clinician	In	Out	In	Out	In	Out
1	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 1,155.00	FALSE	FALSE	FALSE	FALSE
2	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 2,310.00	FALSE	FALSE	FALSE	FALSE
3	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 3,465.00	FALSE	FALSE	FALSE	FALSE
4	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 4,620.00	FALSE	FALSE	FALSE	FALSE
5	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 5,775.00	FALSE	FALSE	FALSE	FALSE
6	\$ 7,580.28	\$ -	\$ 10,612.39	\$ 6,930.00	FALSE	FALSE	FALSE	FALSE
7	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 8,085.00	FALSE	FALSE	FALSE	FALSE
8	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 9,240.00	TRUE	TRUE	FALSE	FALSE
9	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 10,395.00	TRUE	TRUE	FALSE	FALSE
10	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 11,550.00	TRUE	TRUE	FALSE	FALSE
11	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 12,705.00	TRUE	TRUE	FALSE	FALSE
12	\$ 7,580.28	\$ 1,358.88	\$ 8,999.16	\$ 13,860.00	TRUE	TRUE	TRUE	TRUE
13	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 15,015.00	TRUE	TRUE	TRUE	TRUE
14	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 16,170.00	TRUE	TRUE	TRUE	TRUE
15	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 17,325.00	TRUE	TRUE	TRUE	TRUE
16	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 18,480.00	TRUE	TRUE	TRUE	TRUE
17	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 19,635.00	TRUE	TRUE	TRUE	TRUE
18	\$ 7,580.28	\$ 2,717.76	\$ 10,298.04	\$ 20,790.00	TRUE	TRUE	TRUE	TRUE
19	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 21,945.00	TRUE	TRUE	TRUE	TRUE
20	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 23,100.00	TRUE	TRUE	TRUE	TRUE
21	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 24,255.00	TRUE	TRUE	TRUE	TRUE
22	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 25,410.00	TRUE	TRUE	TRUE	TRUE
23	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 26,565.00	TRUE	TRUE	TRUE	TRUE
24	\$ 8,105.10	\$ 4,076.64	\$ 12,181.74	\$ 27,720.00	TRUE	TRUE	TRUE	TRUE

Course	Strategy				Costs				Tuition Revenue									
	credits	lecture	lab <18	lab >18	clinic	field	contact	lecture hours	lecture	lab hours	lab <18	lab >18	clinic hours	clinic	field	Instruction	In	Out
EMT 105 Medical First Responder	3	2.5	1.5	1.5			4	40	\$2,436.73	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$3,223.94	\$420.00	\$722.00
EMT 111 EMT Basic Part 1	3	2.5	1.5	1.5			4	40	\$2,436.73	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$3,223.94	\$420.00	\$722.00
EMT 112 EMT Basic Part 2	3	2.5	1.5	1.5			4	40	\$2,436.73	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$3,223.94	\$420.00	\$722.00
EMT 115 EMT Clinical	1				3		3	0	\$0.00	0	\$0.00	\$0.00	40	\$1,132.40	\$0.00	\$1,132.40	\$315.00	\$541.50
EMT 124 Emergency Pharmacology	2.5	2.5					2.5	40	\$2,436.73	0	\$0.00	\$0.00	0	\$0.00	\$0.00	\$2,436.73	\$282.50	\$451.25
EMT 134 Fundamentals of Emergency Care	3	2.5	1.5	1.5			4	40	\$2,436.73	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$3,223.94	\$420.00	\$722.00
EMT 144 Patient Assessment	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 154 Advanced Cardiac Life Support	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 164 EMS Systems and Operations	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 136 Advanced Life Support I	1.5				4.5		1.5	0	\$0.00	0	\$0.00	\$0.00	60	\$1,698.60	\$4,386.11	\$6,084.71	\$157.50	\$270.75
EMT 138 Trauma and Emergency Care I	1.5				4.5		1.5	0	\$0.00	0	\$0.00	\$0.00	60	\$1,698.60	\$0.00	\$1,698.60	\$472.50	\$812.25
EMT 234 Medical Emergencies	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 244 Prehospital Trauma Life Support	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 236 Advanced Life Support 2	2				6		2	0	\$0.00	0	\$0.00	\$0.00	80	\$2,264.80	\$5,848.14	\$8,112.94	\$210.00	\$361.00
EMT 238 Trauma and Emergency Care 2	1.5				4.5		1.5	0	\$0.00	0	\$0.00	\$0.00	60	\$1,698.60	\$0.00	\$1,698.60	\$472.50	\$812.25
EMT 254 Special Considerations	2.5	2	1.5	1.5			3.5	32	\$1,949.38	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,736.60	\$367.50	\$631.75
EMT 246 Advanced Life Support 3	2				6		2	0	\$0.00	0	\$0.00	\$0.00	80	\$2,264.80	\$5,848.14	\$8,112.94	\$210.00	\$361.00
EMT 248 Intensive and Critical Care	2	1.5	1.5	1.5			3	24	\$1,462.04	24	\$1,049.63	\$787.22	0	\$0.00	\$0.00	\$2,264.80	\$315.00	\$541.50
EMT 263 Employability Certifications	5				15		5	0	\$0.00	0	\$0.00	\$0.00	200	\$5,662.00	\$14,620.35	\$20,282.35	\$525.00	\$902.50
EMT 265 Field Internship	48	26	16.5	16.5	18	31.5	64	416	\$25,341.94	264	\$11,545.88	\$8,659.37	660	\$18,684.60	\$30,702.74	\$83,388.64	\$6,720.00	\$11,552.00
Subtotal																		



Course		Strategy						Costs						Tuition Revenue				
Students	Faculty	lab <18	lab >18	clinic	field	contact	lecture	credits	lecture	lab <18	lab >18	clinic	hours	clinic	field	Cost of Instruction	In	Out
EMT 105	Medical First Responder			30	0	140	140		\$40.00	\$0.00	\$0.00	400	\$1,200.00	\$0.00	\$6,800.00	\$1,095.00	\$1,095.00	
	Subtotal			30	0	140	140		\$5,600.00	\$0.00	\$0.00	400	\$1,200.00	\$0.00	\$6,800.00	\$1,095.00	\$1,095.00	



Students	Instructional Costs		Tuition Revenue		Instructor Break Even		Admin Break Even	
	Faculty	Clinician	In	Out	In	Out	In	Out
1	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
2	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
3	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
4	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
5	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
6	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
7	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	FALSE	FALSE	FALSE	FALSE
8	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	FALSE	FALSE
9	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
10	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
11	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
12	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
13	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
14	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
15	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
16	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
17	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
18	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
19	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
20	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
21	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
22	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
23	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE
24	\$ 6,800.00	\$ -	\$ 6,800.00	\$ 9,520.00	TRUE	TRUE	TRUE	TRUE

notes from Kaitlyn Vinson on 2017 information	
975 tuition in 2017	Dan \$ 2,400.00
6623 pay plus benefits	Marilyn \$ 3,200.00
300 marketing costs	Benefits \$ 1,023.00
6500 for total costs	Total Pay \$ 6,623.00
	Marketing \$ 300.00
	Total costs \$ 6,923.00

HOW TO APPLY AND REGISTER FOR THE NREMT PSYCHOMOTOR EXAM

