



Credible education  
through accreditation

## Advisory Committee Meeting Minutes

See last page for the purpose of the program's Advisory Committee, including a description and list of responsibilities.

<b>SPONSOR / INSTITUTION NAME:</b>	Kalamazoo Valley Community College		
<b>CoAEMSP PROGRAM NUMBER:</b>	600276	<b>DATE, TIME, + LOCATION OF MEETING:</b>	June 30, 2022 @ 1300, CAH Private Dining, Zoom option
<b>CHAIR OF THE ADVISORY COMMITTEE:<sup>1</sup></b>	John Pinkster		

### ATTENDANCE

Community of Interest	Name(s) – List all members. Multiple members may be listed in the same category.	Present – Place an 'x' for each person present	Agency/Organization
Physician(s) (may be fulfilled by Medical Director)			
Employer(s) of Graduates Representative	John Pinkster Robert Lohrberg Brian Scribner	X X	Life EMS Pride Care SMCAS
Key Governmental Official(s)	Craig Dieringer	X	5 <sup>th</sup> District Medical Response Coalition
Police and Fire Services			
Public Member(s)	Lee Adams	X	UpJohn Foundation
Hospital / Clinical Representative(s)	Spenser Bogdan Jess Hanley	Z	Borgess/Ascension Bronson Health Group
Other	Mike Bentley Diane Fort Marilyn Hess	X X	Kalamazoo MCA, 5 <sup>th</sup> District Regional MCA KRESA Plainwell Public Schools
Faculty <sup>2</sup>	Moriya Hurst	X	KVCC
Sponsor Administration <sup>2</sup>	Tanya McFadden Amy Murray Ana Abendschein Chris Stroven	X X X	Dean, KVCC Health Careers Admissions, KVCC Pathway Advisor, KVCC Counseling, KVCC
Student (current)	Jackson Couch	X	Class of 22

<sup>1</sup> The best practice is that the chair is not the Program Director. The Advisory Committee is *advising* the program.

<sup>2</sup> Additional faculty and administration are ex-officio members.

Community of Interest	Name(s) – List all members. Multiple members may be listed in the same category.	Present – Place an 'x' for each person present	Agency/Organization
Graduate	Jared Birman	X	Class of 21
Program Director, <i>ex officio</i> , non-voting member	Daniel Benard	X	KVCC
Medical Director, <i>ex officio</i> , non-voting member	William Fales, MD Christopher Milligan, DO	Z Z	Medical Director, Stryker School of Medicine Associate Medical Director, Envision Health (EMPG)
Satellite Representative	Max Kulpinski		Tri-Township Fire
<sup>3</sup>			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
1.	Call to order				
2.	Roll call	Recorded above			
3.	Review and approval of meeting minutes	Diane Fort corrected the minutes to say that there has been no determination regarding EMT programs going to KRESA new facility.	Motion to approve accepted by Michael Bentley and seconded by Craig Dieringer. Faith to change minutes and publish final version.		
4.	<b>Endorse the Program's minimum expectation</b> [CAAHEP Standard II.C. Minimum Expectation] <ul style="list-style-type: none"> <li>Adopted verbatim (see last page)</li> <li>Establish / review additional goals<sup>4</sup></li> </ul>	Fall Agenda Item			
5.	<b>Endorse the Program's required minimum numbers of patient/skill contacts for each of the required patients and conditions</b> [CAAHEP Standard III.C.2. Curriculum] <ul style="list-style-type: none"> <li>Student Minimum Competency</li> <li>Review summary graduate tracking reports</li> </ul>	<ul style="list-style-type: none"> <li>NREMT and CoA collaborated on new SMC effective 2023.</li> <li>Age requirements, cannot sub with simulation, recommend to use minimums <ul style="list-style-type: none"> <li>Bentley suggested using the WMed clinic to meet the peds requirement as they see many children.</li> </ul> </li> </ul>	Keep pediatric pt requirements		

<sup>3</sup> Add rows for multiple members of the same community of interest. If the program has additional named communities of interest, list name(s) that represent each community of interest.

<sup>4</sup> Additional program goals are not required by the CAAHEP *Standards*. If additional program goals are established, then the program must measure them.

Agenda Item	Discussion	Motions, Action Required	Lead	Goal Date
	<ul style="list-style-type: none"> <li>• Conditions: complicated v normal delivery, 2 of each, arrest and arrythmia are new categories, can use sims. Recommended to use minimums</li> <li>• Skills; no substantial changes, recommend minimum                             <ul style="list-style-type: none"> <li>○ Summary: 80% success across attempts, requires tracking all attempts, not just successes.</li> </ul> </li> <li>• Robert: Pride’s in Situ sims, “Do students have to be supervised here for all approved simulations?” Expect student participation in that activity. There is no way to document that without faculty creating a simulation in Planner.                             <ul style="list-style-type: none"> <li>○ Moriya indicated that this documentation is not an issue as all on-site simulations cover the minimum competencies.</li> </ul> </li> <li>• Request has been made to lower the number of internship team leads from 60 to 40.</li> <li>• Extensive discussion regarding BLS calls with EMT in attendance. Paramedic students cannot be precepted by EMT’s, they must be precepted by someone of a higher level of licensure than they already possess.                             <ul style="list-style-type: none"> <li>○ Encourage preceptors to attend call as BLS pts with EMT in attendance cannot count toward competency</li> <li>○ Fales, most medics willing to take BLS calls when they have an intern.</li> <li>○ Milligan: Observational experience: contact time is beneficial, student should attend even if EMT. compared physician, its an overreaction, they are already licensed to do BLS skills. Not count as encounter but should do the time.</li> <li>○ Lohrberg: paramedic decides prior to transport so it is low risk.</li> <li>○ Pinkster: low risk as they just document student performed assessment.</li> </ul> </li> <li>• Basic Skills Verification: recommended that we verify competency at the beginning of program.</li> </ul> <p>Benard: Motion to approve the student minimum competency as recommended by CoA, except for Capstone</p>	<p>Expect that students can participate in in-Situ sims</p> <p>Internship TL from 60 to 40</p> <p>Students can attend on BLS calls with EMT in attendance, will not count toward SMC contacts, observational experience only</p> <p>Verify in House, no change to current practice. Robert Lohrberg moved to approve motion and all agreed.</p>		

Agenda Item	Discussion	Motions, Action Required	Lead	Goal Date
	<p>Team Lead requirement of 40. Please reference meeting minutes attachments</p>			
<p>6. <b>Review the program’s annual report and outcomes</b>                      [CAAHEP Standard IV.B. Outcomes]</p> <ul style="list-style-type: none"> <li>• Annual Report data: 2020</li> <li>• Thresholds/Outcome data results</li> <li>• Graduate Survey results</li> <li>• Employer Survey results</li> <li>• Resources Assessment Matrix results: 2021</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• KVCC’s EMT program did not meet the minimum requirements for each point.                             <ul style="list-style-type: none"> <li>○ Retention 60%: 71/75 trend 1 student was stopped out due to HPPA violation and 1 was accepted into the Nursing</li> <li>○ Pass: 33% annual, 85/89 trend</li> <li>○ Placement: 33% annual</li> </ul> </li> <li>• The annual report includes resource assessment matrix data as well as graduate and employer surveys: reviewed grad and employer survey data</li> <li>• CoA citation for not presenting RAM data to board, we assumed it was inclusive in the AR but going forward RAM data will be shared and recorded in the minutes.</li> <li>• Platinum Ed Accred Assist: new implementation; distribute and collate grad and employer survey.                             <ul style="list-style-type: none"> <li>○ Plat survey sent June 1.</li> <li>○ Employers have not received any of the surveys. Will have to work with employers who want to submit aggregate survey data.</li> </ul> </li> <li>• RAM Data 2021                             <ul style="list-style-type: none"> <li>○ 3.1 support; overall met, item; personnel; item 1, specific to need for clinical/clerical support</li> <li>○ 5.1 financial; overall met, item; personnel; 3 items, clinical coordinator and faculty professional development</li> <li>○ 10.1 physician interaction, category; personnel; MD involvement is improved from last RAM and met, so reflective of physician interaction in clinical. Milligan would like to see the EMS fellows in the field with paramedic students.</li> </ul> </li> <li>• Reference supporting documents</li> </ul>	<p>Approval for a clinical support scheduler. This position will support all Health Careers. Investigate embedded CE for fac development</p> <p>Utilize the EMS Fellows and Residents Michael Bentley suggested use of fellows vs. residents.</p> <p>Moriya to provide schedule for EMS Fellows.</p>		

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
7.	<p><b>Review the program’s other assessment results</b> [CAAHEP Standard III.D. Resource Assessment]</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Long-range planning</li> <li><input type="checkbox"/> Student evaluations (included in RAM)</li> <li><input type="checkbox"/> Faculty evaluations (included in RAM)</li> <li><input type="checkbox"/> Course/Program final evaluations</li> <li><input type="checkbox"/> Enrollment data by level and location (Amy)</li> <li><input type="checkbox"/> Other evaluation methods</li> </ul>	<p>Amy Murray shared program applicant specifics. 13 Medic apps. Applications updated to include Sturgis EMT satellite.</p> <p>Discussion surrounding moving the Health Career Information sessions from TTC to CAH so that potential students are able to see our campus.</p> <p>Dan meeting with Sturgis Fire re Paramedic. Also meeting with St. Joseph’s to recruit for MFR/EMT.</p>	<p>Michael Bentley suggested that we have a truck and Dr. Milligan present to showcase the EMT program.</p>		
8.	<p><b>Review program changes (possible changes)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advanced Placement Policy request</li> <li><input type="checkbox"/> Course changes (schedule, organization, staffing, other)                             <ul style="list-style-type: none"> <li>o 7-week parts, 14-week terms</li> </ul> </li> <li><input type="checkbox"/> Preceptor changes</li> <li><input type="checkbox"/> Clinical and field affiliation changes</li> <li><input type="checkbox"/> Curriculum changes                             <ul style="list-style-type: none"> <li>o Content: MDHHS Update (Audits)</li> <li>o Sequencing: MFR/EMT changes</li> </ul> </li> </ul>	<p>An RN student would like to enroll in the program. Dan would like to petition the advisory board to consider an advanced placement option for this student, as a one-time exception to AP policy. Student will still have to meet the minimum competencies.</p> <p>The college has moved to a 14 week semester, 7 week parts of terms. This will balance out number of class times per term. We are losing a lab session but adding minutes to remaining ones.</p>	<p>A motion was made by Michael Bentley to support this request. John Pinkster seconded and the group accepted.</p>		
9.	<p><b>Review substantive changes (possible changes)</b> [CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> <li>• Program status</li> <li>• Sponsorship</li> <li>• Sponsor administrative personnel</li> <li>• Program personnel: PD, Lead Instructor, other</li> <li>• Addition of distance education component</li> <li>• Addition of satellite program</li> </ul>	<ul style="list-style-type: none"> <li>• Reference NREMT proposal to allow state sponsorship for paramedic and eliminates CoA requirement                             <ul style="list-style-type: none"> <li>o Significant discussion regarding NREMT proposal</li> </ul> </li> <li>• Parallels state legislation proposal</li> <li>• NREMT eliminating practical exam but proposed MI legislation maintains practical exam</li> </ul>			
10.	<p><b>CoAEMSP/CAAHEP updates</b></p>				
11.	<p><b>Registration and Licensing Issues</b></p> <ul style="list-style-type: none"> <li>• New MDHHS process on e-licensing portal</li> <li>• NREMT TEI on exam</li> <li>• NREMT discontinuing practical exam</li> </ul>	<ul style="list-style-type: none"> <li>• There is an online roster where students must register and program must approve.</li> <li>• Practical exam will be eliminated from NREMT</li> </ul>			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
		<ul style="list-style-type: none"> <li>Technology enhancement will now be added to the exam.</li> </ul>			
12.	<b>Capital Equipment Purchases and Budget</b> <ul style="list-style-type: none"> <li>Review Budget (review ops budget)</li> <li>Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>The program got pediatric mannequins (Perkins)</li> <li>The clinical coordinator position has been approved.</li> <li>Moriya requested that the program ask for a Zoll ventilator in the next capital request.</li> </ul>	Dan: Include Zoll Ventilator request on next capital cycle		
13.	<b>Perkins Core Performance Indicators (Spring Agenda Only)</b> <ul style="list-style-type: none"> <li>Satisfaction with student placement</li> <li>Satisfaction with skill level of graduates</li> <li>Gaps in skills</li> <li>Gaps in the program</li> <li>Suggestions for improving student/graduate success</li> </ul>	<ul style="list-style-type: none"> <li>Review of the annual report and RAM addressed this item.</li> </ul>			
14.	<b>Other identified strengths</b>	No discussion			
15.	<b>Other identified weaknesses</b>	No discussion			
16.	<b>Identify action plans for improvement</b>	Continue to monitor program changes to curriculum and scheduling			
17.	<b>Other comments/recommendations</b>	<p>John Pinkster brought up a suggestion to consider for a capital request: Power load</p> <p>Jackson wanted to have it on record that he fully supports having fellows present during clinicals.</p>	Dan: include Power Load request on next capital cycle		
18.	<b>Staff/professional education</b>	Dan just returned from the COA conference in Louisville. All IC's now have NAEMT membership through KVCC			
19.	<b>Next accreditation process</b> (i.e., self-study report, site visit, progress report)	<p>MDHHS Annual reports are due July 30.</p> <p>September 1 a response to CoA SV finding is due.</p> <p>Program sponsor approval into Lansing September 30.</p> <p>COA review for CAAHEP is in November.</p>			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
20.	Other business	No discussion			
21.	Next meeting(s)	December 9, 2022; CAH; time TBD March 3, 2023; TTC; Noon			
22.	Adjourn				

Minutes prepared by Faith Bentley

Date 6/30/22

Minutes approved by \_\_\_\_\_

Date \_\_\_\_\_

*If item #5 above was acted on, then:*

Medical Director’s signature \_\_\_\_\_

Date \_\_\_\_\_

- Attach Student Minimum Competency (formerly known as the Appendix G) > **Table 1** to verify which required minimum numbers were reviewed and endorsed (*if item #5 above was acted on*)

**Endorse the Program’s minimum expectation**

[CAAHEP Standard II.C. Minimum Expectation]

- “To prepare competent entry-level Paramedics in the cognitive (knowledge), 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.”

**PURPOSE OF THE ADVISORY COMMITTEE**

The Advisory Committee must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. [CAAHEP Standard II.B. Appropriate of Goals and Learning Domains]

Additionally, program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. [CAAHEP Standard II.A.]

**Responsibilities of the Advisory Committee**

- Review and endorse the minimum program goal.
- Review and endorse the required minimum numbers of patient/skill contacts for each of the required patients and conditions.

- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.