



Advisory Committee Meeting Minutes

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

SPONSOR / INSTITUTION NAME:	Kalamazoo Valley Community College		
CoAEMSP PROGRAM NUMBER:	600276	DATE, TIME, + LOCATION OF MEETING:	Friday, March 14, 2025 1300-1500 Allied Health Campus, Private Dining Room
Alternate Attendance Option:	Join Zoom Meeting: https://zoom.us/j/94466047825 Meeting ID: 944 6604 7825 Passcode: 527950		
Chair of the Advisory Committee:¹	John Pinkster, Life EMS		

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)			
Public Member(s)	Lee Adams		UpJohn Foundation
Employer(s) and Capstone Field Internship Representative(s)	John Pinkster (vacant) Brian Scribner (vacant)	X	Life EMS LifeCare SMCAS VBEMS
Clinical Representatives	Ryan Cronk Jess Hanley	April Serne, Proxy	Ascension Borgess Bronson Health Group
Other	Mike Bentley Moises Hernandez Nikki Kendall Joshua Mastenbrook, MD	X X X	KCMCA, 5 th District Regional MCA Kalamazoo Promise KDPS MFR, Richland
Faculty ²	Moriya Hurst Paige Woodstock	Z X	KVCC Faculty KVCC Adjunct Faculty

The chair should not be employed by the sponsor of the program. The Advisory Committee is *advising* the program.

² 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
Sponsor Administration ²	Amy Murray		Health Careers Admissions, KVCC Pathway Advisor, KVCC
Student (current)	Michael Solis Saeed Saidali	X	Class of 25
Graduate(s)	Kelly Taylor		Class of 24
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	X Z	Medical Director, Stryker School of Medicine Associate Medical Director, Envision Health (EMPG)
Other: Satellite Representative	Max Kulpinski Aya Hashimoto		Tri-Township Fire Duncan Aviation

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
1.	Call to order <input type="checkbox"/> <i>Need someone to take minutes</i>	Paige will take minutes in Martha's absence Called to order 1304, Introductions		Pinkster	
2.	Review and approval of meeting minutes (requires signatures from Martha, John, and Bill)	Board given a few min to review.	Bentley motion, Woodstock second: Approved and Signed		
3.	Review Advisory Board Purpose and Responsibilities <input type="checkbox"/> <i>New positions</i> <input type="checkbox"/> <i>Chair</i>	Introduction of new members; Kendall, Hernandez, Mastenbrook Chair position has not been reviewed/open for 7+ years. Pinkster has been chair and is willing to continue if no other. Bentley volunteers.	Milligan motion for Bentley to chair, seconded: Approved Thank You John for your many years of service as chair.	Bentley will assume at next meeting	
4.	Endorse the Program's minimum expectation: Fall Agenda [CAAHEP Standard II.C.]	Tabled for Fall Agenda			
5.	Program's required minimum numbers for CoA SMC-23: Spring Agenda; [CAAHEP Standard III.C.2. Curriculum]	Reviewed data from the 2 previous cohorts (only available on SMC-23). Presented min, avg, max values for each competency. Some graduated with minimum numbers, esp peds and those requiring live encounters. Would not make	Pinkster, Bentley: motion to expand PICU experience to include Ped General Floor, Approved.	SMC Summary Tracking form for CoA	

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
	<input type="checkbox"/> Review of historical data, and recommendations for AY26 cohort	<p>numbers without simulation for OB, Neo, and several procedures. Everyone had at least 1 live cardiac arrest encounter. PD recommends that we continue CoA minimum numbers except Internship Team Leads, which will remain at 40. (no changes from previous year)</p> <p>Discussion regarding change in PICU requirement, expand to includes peds floor: changes in census, and difficult interactions between students and preceptors, sentiment also expressed by other consortium members. Clarification that PICU is only unit with difficulty and others have great overall interaction, especially BBC OB.</p>	<p>Consent: Fales agreed with maintaining minimum competencies, with 40 team leads.</p> <p>April Serne was an active participant in conversation and will provide feedback to Bronson.</p>	signed by Fales and Benard	
6.	<p>Review the program's annual report and outcomes: Fall Agenda [CAAHEP Standard IV.B. Outcomes]</p> <ul style="list-style-type: none"> • Annual reports • Thresholds/Outcome data results • Graduate Survey • Employer Survey • RAM Results Matrix 	<p>Annual Report Review: table in fall. 2023 due 5/15/25. 2022 did not meet threshold for retention (69.2%). Reported this year was higher in academic attrition; attributed to two students who failed clinical courses for not completing documentation, just did not turn it in. 2022 AR evaluated role of PD, 2023 AR is looking more at MD role.</p> <p>Reviewed MDHHS annual reports and PIP for MFR/EMT, 2022. Faculty: re-examine approach to testing vendors (timing of EMS Testing correlates to decrease in pass rates). Policy; correlate NREMT pass rates with admissions scores. Student Evals support returning to F2F instruction.</p> <p>RAM reviewed for 2023, 2024. Both have same category not meeting threshold. Physician involvement: MD's have good results. Student comments that some hospital preceptors were discouraging physician interactions. Feb 25 medic class participated in MSU-1 training with PGY-1,3 EM Residents. Discussion on how to increase: ride with MSU, be assigned a clinical shift (residents or MD) in ER with physicians.</p>			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
7.	Review the program's other assessment results [CAAHEP Standard III.D. Resource Assessment] <ul style="list-style-type: none"> • Enrollment data by level and location (Amy) • Long Range Planning • Student evaluations of instruction • Faculty evaluations of the program • Course/Program final evaluations 	<p>PD shared enrollment data for AAS. Amy tracking number of applications and admissions, decreasing trend for 4 straight years. MFR/EMT not reported.</p> <p>Discussion regarding MFR programs. KDPS class Jan end date with 15/16 passing, and 1 not testing to date. This class forced college admin to set up NC academy through Groves which provides articulated credit for EMT 105. Advantage is we can now run outside of the normal parts of terms without violating FA laws. Gives flexibility, especially for those interested in academy style classes. Opportunity discussion regarding FD's not offering MFR through Fire Academy this year.</p> <p>LR Planning table for next meeting.</p> <p>Discussed outreach efforts; WMU, PN, KRESA Airzoo event, Promise...</p>	Mastenbrook to facilitate invite to Fire Chiefs meeting so Dan/Paige can present MFR offerings.	Mastenbrook	April 25
8.	CoAEMSP/CAAHEP updates <input type="checkbox"/>	Fee increases; up \$500 this year, 3% increase each year for next 3 years			
9.	Next Accreditation Process <input type="checkbox"/> MDHHS <input type="checkbox"/> CoAEMSP	<p>MDHHS: AR due 7/30/25 for CY 2023, Program Sponsor expires 11/30/25, self study due 9/30/25 with onsite 11/25.</p> <p>CoAEMSP; AR due 5/15/25, next cycle is 2028</p>			
10.	Perkins Core Performance Indicators: <i>Spring Agenda</i> Item; <ul style="list-style-type: none"> • Satisfaction with student placement • Satisfaction with skill level of graduates • Gaps in skills • Gaps in the program 	Presented 2023-24 data for enrollment, referred back to discussion on AR/RAM and grad/employer surveys. Handout circulated.			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
	<ul style="list-style-type: none"> Suggestions for improving student/graduate success 				
11.	<p>Review (possible) program changes</p> <ul style="list-style-type: none"> IC Course: move to credit AEMT Associates Degree v Certificate IBSC Critical Care 	<p>IC course; 5/12/25; no longer able to run without support 40% admin overhead for Groves, increased tuition to \$1450 (\$1225) and minimum enrollment of 9. PD suggest change to credit, lower enrollment required, in-district tuition is cheaper. 10 credit course; still need to determine if one v two classes with student teaching as a separate course. Discussion if credits could be included in AAS and increase AAS graduates. IC course Flier distributed.</p> <p>AEMT and Paramedic Certificate: PA 48 supports program sponsorship of non-accredited programs and alternate pathway to MDHHS paramedic licensing. Discussion regarding re-instating the paramedic certificate with an elective course to replace prerequisite classes and include AEMT requirements. Est 4 credits; web based with lab. Probably need for additional field course to meet 50 contacts. PD needs to meet with MD's before brining to board for approval.</p> <p>Critical Care discussed. Unanimous that class needs clinical component. Discussion that supports IBSC approach to course, including final testing.</p>	<p>Pinkster, Bentley: motion to take IC class to credit, Approved.</p> <p>Benard, Fales, Milligan need a separate meeting to discuss. Will have an additional advisory board (June?) to present curriculum changes.</p> <p>Will have an additional advisory board (June?) to present curriculum changes.</p>	Benard	June 25
12.	<p>(possible) Substantive Changes [CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> Sponsor and Accreditation status Satellites and Alternative Locations Health Careers Handbook Drug Screening Personnel Changes 	Tuition Free Pathway to Community College. Flier distributed.			
13.	<p>Upcoming Courses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regular Credit <input type="checkbox"/> Non-credit 	Tabled; out of time			

Agenda Item		Discussion	Motions, Action Required	Lead	Goal Date
	<input type="checkbox"/> Satellites				
14.	Staff/professional education	Tabled; out of time			
15.	Registration and Licensing Issues	Tabled; out of time			
16.	Capital Equipment Purchases and Budget <ul style="list-style-type: none"> Review Budget (review ops budget) Recommendations 	Tabled; out of time			
17.	Student and Graduate Rep Comments	Tabled; out of time			
18.	Others: other business, open comment	Tabled; out of time			
19.	Next meeting(s)	Establish for June, will not be Friday (closure for summer term)			
20.	Adjourn	1510			

Minutes prepared by _____

Date _____

Minutes approved by _____

Date _____

If item #4 above [**Endorse the Program's required minimum numbers of patient/skill contacts for each of the required patients and conditions**] was acted on, then:

Medical Director's signature _____

Date _____

- Attach Student Minimum Competency (formerly known as 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.