

PORTLAND COMMUNITY COLLEGE

Emergency Services Department

Director: Kal J. Robertson

Emergency Medical Services (EMS/EMT) Program

PROGRAM REVIEW

2010

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Introduction

The Portland Community College Emergency Medical Services Program would like to take this opportunity to provide a brief history of the major events that have made it what it is today. Our objective is that this summarization will provide a clear understanding of the data requested in the program review. We also hope that you gain more insight to the “personality” of this program. The history denotes an abundance of challenges, accomplishments, adjustments, successes, growth, campus relocations, state and national recognition, and student satisfaction. These factors have molded a program that is strong in purpose, professionalism, and pride.

The Program has grown a great deal from its humble beginnings with a few course offerings under the “Industrial Occupations” Department, where it didn’t really “fit” anyway. Even though she is not an EMT, Department Director Kal Robertson has a commitment to quality education, as evidenced in the growth of this Program since she arrived in 1993.

Although we know EMT-Basic classes credited through PCC were taught at what was known as the Ross Island Center as early as 1969, the Office of Instructional Effectiveness was only able to provide Banner records beginning with fall, 1994, when the EMT department was based at Southeast Center. These records indicate six part-time instructors for that term who taught 3 EMT-Basic courses, one EMT-Intermediate course, and one Medical Terminology course. Combined enrollment for those classes was 120 students. Banner records for the fall term of 2009 indicate enrollment in the EMT-Basic classes alone totaled 176 students. Other courses offered to support the associate degree program (including Paramedic-year students) increased student enrollment an additional 151. Sixteen students were also enrolled in an Intermediate class. These numbers provide a grand total of 343 enrolled students in credit courses. The 2009 statistics represent an increase of 285.83% over 1994. Two full-time and eight adjunct faculty were utilized to instruct the classes in Fall, 2009.

In the winter term of 2001, the PCC Paramedic Program started its first cohort of eight students. This was the culmination of a nine year legal battle over charges of adverse impact by a private career school. The program now routinely offers 24 positions per year to candidates selected from nearly 100 applicants.

You will see in this document evidence of a strong program which will continue to thrive with much needed Institutional support. Noteworthy highlights include student success at State and National levels, as well as ongoing State Accreditation and pending mandatory National Accreditation.

1A What are the educational goals/objectives of this program/discipline? Have they changed since the last review, or are they expected to change in the next five years?

AAS: Emergency Medical Technician - Paramedic

- Act in accordance with the ethical and professional medical standards of the entry level Paramedic
- Meet the academic eligibility requirements for taking both cognitive and practical State and National Certification examinations at the Paramedic level
- Demonstrate communication skills of the medical environment in order to develop and maintain professional client relationships at the Paramedic level
- Demonstrate the professional and technical skill set necessary to meet the Paramedic standard of care in a safe manner under diverse conditions. 4.2009

One-Year Certificate: Emergency Medical Technician

- Act in accordance with the ethical and professional medical standards of the entry level EMT Basic
- Meet the academic eligibility requirements for taking both cognitive and practical State and National Certification examinations at the EMT Basic level
- Meet the academic eligibility requirements to enter any Oregon Paramedic AAS degree program
- Demonstrate communication skills of the medical environment in order to develop and maintain professional client relationships at the EMT Basic level
- Demonstrate the professional and technical skill set necessary to meet the EMT Basic standard of care in a safe manner under diverse conditions. 4.2009

In the Emergency Medical Services profession we are assured of change. We anticipate changes will be broad in scope and great in magnitude, and to accommodate this EMS education must be able to adapt quickly. The next three years are expected to be very dynamic for EMS Education nationally. The “EMS Agenda for the Future” of 1996 outlined a vision of EMS as a fully integrated component of a community-based health management system, with the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to the treatment of chronic conditions and community health monitoring. Its goal is to improve community health and result in more appropriate use of acute health care resources – EMS is, and will remain, the public’s emergency medical safety net.

1B Place the Program/Discipline within the context of the institution. Describe how the college’s Mission, Values and Goals are addressed.

Emergency Medical Services is a relatively young profession, but its inherent focus is in alignment with the College’s tenets and values. The Program stresses professionalism, which includes respect for the diversity of all people regardless of background or status, age, race, or culture. EMTs must assess, support, and treat all patients at all hours in all locations; meeting not only their medical needs, but the emotional needs of patients, family, friends, coworkers and bystanders. We offer educational opportunities across the PCC District both on- and off-campus, often in formats customized for the workforce, and at times in partnership with employers and community agencies. Prospective students who do not meet the educational prerequisites are guided to

resources where they can prepare themselves for Program entry. Our Intended Outcomes stress the importance of graduate professional competence, and readiness for entry into the workforce.

2A Evaluate the curriculum using national and/or professional program/discipline guidelines where available.

EMS education is based on National Educational Guidelines, set forth by the US Department of Transportation (USDOT). EMT curriculum in Oregon is determined and defined under the Standardized Statewide EMT Degree plan through the Oregon EMS Education Consortium. This group forms curriculum committees which review, develop, and adopt curricula and changes for various courses and levels. PCC serves an active role on these committees, but no College has authority to significantly alter curricula without Consortium support.

To assure that PCC follows Statewide Standards (including curricula), we undergo extensive and thorough accreditation review every five years. This process is directed and overseen by the Oregon Department of Education, Oregon Department of Community Colleges and Workforce Development and Oregon Department of Human Services EMS Section (DHS-EMS); and includes a site visit where our detailed self-study is reviewed, and our site, faculty, and records are audited by representatives of those State organizations as well as other educational institutions. The site visit team provides a list of commendations, recommendations and deficiencies which are responded to and addressed in a timely fashion to assure continued accreditation by the State.

The State has also proposed significant changes in the EMT certification hierarchy, to be implemented as early as July, 2010. These changes include the addition of a new EMT level (“Advanced EMT”) and PCC is serving on the committee to develop that Statewide curriculum through the Oregon EMS Education Consortium.

PCC is currently pursuing National Accreditation through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), with a projected completion before 2012. This is partly in response to a National mandate that all candidates must successfully complete their Paramedic education through a CoAEMSP-accredited Program to be eligible to take their certification exams after that year.

2B Identify and explain changes that have been made to course content and/or course outcomes since the last review.

Program and course outcomes for the One-Year Certificate and the AAS EMT Paramedic Degree were developed and approved in April, 2009. CCOGs are changed when needed to remain current with the Statewide EMT Degree Standards. In 2008 PCC recognized deficits in incoming Paramedic student competence in the areas of documentation and transportation. We approached the Consortium with this concern and a proposal was made to replace the former 3-credit course (covering that combined content), with two distinct 2-credit courses which better serve the students with regard to employability. As a result, EMT 113 and EMT 114 were first offered in Winter Term, 2009. This also proved a benefit to future employers, and allowed some students with prior certified competence to acquire non-traditional credit.

The Consortium recently found that, due to changes in the definition of a one-year certificate, the Statewide EMT Certificate now falls into the category of a two-year certificate (greater than 60 credits). As a result, the Consortium Curriculum Committee met at PCC on February 26, 2009 to study and recommend changes to allow continued classification as a one-year certificate, without compromising the two-year degree. Adoption and implementation of these recommendations is anticipated for implementation in the 2010/2011 Catalogs throughout the State.

2C Assessment of course outcomes:

i. Are assessments that address the course outcomes described in the Course Content and Outcome Guides (CCOGS)

Yes. This review process has brought our attention to some areas where we can do better: our “assessment” statements in the CCOGs are quite broad, and we need to focus them more specifically to our subject area, as well as to specific courses to which they pertain.

ii. Describe evidence that students are meeting course outcomes.

One measure of student success is seen in the grade distribution table, where EMT has a higher percentage of grades A and B than All Credit Courses, Career/Tech Professional Courses, and Lower Division Transfer Courses. EMT also has a lower percentage of withdrawals and incompletes/audits than the other categories listed.

Institutional evidence of PCC EMT student success includes:

Grade Distribution (Credit Courses Only): 2008-09

Within-Term Successful Completion	A	B	C	D	PASS	F/No Pass	Withdraw	Other/ Incompl/ Audit
Emergency Medical Services	55.0%	26.3%	3.7%	0.0%	5.7%	3.6%	3.2%	2.5%
All Credit Courses	40.3%	23.0%	11.8%	3.3%	4.6%	7.0%	7.1%	3.1%
Career/Tech/Professional Courses (Excludes Math)	47.3%	19.9%	7.2%	1.4%	10.6%	5.3%	4.7%	3.7%
Lower Division Transfer Courses	40.1%	24.5%	12.8%	3.4%	2.3%	6.5%	7.4%	3.1%

(source: PCC Office of Institutional Effectiveness)

National statistical examples of PCC EMT student success include:

- Nationally standardized competence evidenced by high pass rates on NREMT examinations at EMT Basic and Paramedic levels. Oregon success rate is higher than the US National average, and PCC success rate is higher than the Oregon average.

NREMT Computer Based Testing Statistics Pass/Fail Report

EMT Basic: 1 st quarter 2007 to 1 st quarter 2010 (prior statistics not available in this format)							
	Attempted Exam	Passed First Attempt	Passed Within 3 Attempts	Passed within 6 Attempts	Failed all 6 Attempts	Eligible to Retest	Did not complete Within 2 years
National	100%	66%	78%	79%	0%	14%	7%
	205061	136261	160321	161830	167	28972	14234
PCC	100%	88%	92%	92%	0%	6%	2%
	633	557	583	583	0	38	12

(source: www.nremt.org 3/10/10)

EMT Paramedic: 1 st quarter 2007 to 1 st quarter 2010 (prior statistics not available in this format)							
	Attempted Exam	Passed First Attempt	Passed Within 3 Attempts	Passed within 6 Attempts	Failed all 6 Attempts	Eligible to Retest	Did not complete Within 2 years
National	100%	66%	82%	84%	1%	9%	6%
	31008	20535	25354	26182	213	2924	1707
PCC	100%	86%	96%	96%	0%	4%	0%
	57	49	55	55	0	2	0

(source: www.nremt.org 3/10/10)

- In 2006, at the request of the National Registry of Emergency Medical Technicians (NREMT) PCC participated in a “research project intended to identify best practices in EMT education.” PCC was selected as a participant in this study because our Program was “identified as a consistently high performing EMT-Basic Educational Program”, and NREMT anticipated our input would “help improve the quality of EMT education nationwide.” (quotes from NREMT Associate Director, Gregg S. Margolis, Ph.D, NREMT-P, letter dated July 28, 2006)

Statewide statistical examples of PCC EMT student success include:

- Success rates on the Oregon EMT Basic practical examinations, provided by Oregon DHS-EMS show both the numbers of students attempting these exams, as well as student performance for all schools in the State:

Course Location (School/Hospital)	Number of students testing	Pass First Attempt	Pass Second Attempt	Pass Third Attempt	Overall Pass
Blue Mt	24 (2%)	1 (4%)	9 (38%)	4 (17%)	58%
Central OR	88 (7%)	39(44%)	31 (35%)	4 (5%)	84%
CES (NCTI)	69 (6%)	11 (16%)	31 (45%)	15 (22%)	82%
Chemeketa	191 (16%)	43 (23%)	89 (47%)	26 (14%)	82%
Clackamas	60 (5%)	15 (25%)	34 (57%)	5 (8%)	90%
Clatsop	11 (1%)	7 (34%)	2 (18%)	0	82%
Columbia Gorge	20 (2%)	7 (35%)	9 (45%)	1 (5%)	85%
Klamath	16 (1%)	11 (69%)	5 (31%)	0	100%
Lane	82 (7%)	18 (22%)	44 (54%)	11 (14%)	89%
Linn-Benton	47 (4%)	27 (57%)	17 (36%)	3 (6%)	100%
Mt Hood	58 (5%)	18 (31%)	22 (38%)	12 (21%)	90%
Oregon Coast	4 (0.3%)	0	4 (100%)	0	100%
OHSU/OIT	38 (3%)	23 (61%)	11 (29%)	1 (3%)	92%
Portland	309 (26%)	132 (43%)	128 (41%)	20 (6%)	91%
Rogue	50 (4%)	19 (38%)	22 (44%)	2 (4%)	86%
St Charles	25 (2%)	5 (20%)	11 (22)	4 (16)	80%
SWOCC	29 (2%)	15 (52%)	10 (34%)	1 (3)	90%
Tillamook Bay	0	0	0	0	0%
Treasure Valley	10 (1%)	4 (40%)	3 (30%)	1(10%)	80%
Umpqua	48 (4%)	15 (31%)	22 (46%)	4 (8%)	85%
Wallowa Memorial Hospital	5 (0.4%)	4 (80%)	1 (20%)	0	100%
TOTALS	1184 (100%)	414 (35%)	505 (43%)	114 (10%)	87%

(source: Oregon DHS-EMSTS “2009 EMT-Basic Practical Exam Results” dated January, 2010)

A number of noteworthy points shown in this table include:

- PCC is just one of 21 approved EMT education sites in Oregon, yet PCC prepares 26% of the EMT Basic candidates in the state AND boasts a 91% pass rate.
- The Overall State pass rate is 87%.
- The second largest Oregon Program prepares 16% of the candidates, with an 82% pass rate.

- The only five sites with practical exam pass rates higher than PCC prepare just 9% of the candidates combined.

Other examples of PCC EMT student success include:

- Testimonials from employers that they prefer hiring PCC EMT graduates over other Programs
- Testimonials from students and former students that they are successful, and felt well-prepared and thankful for their PCC education
- Students entering the workplace and going on to achieving awards and recognition for high performance
 - Scott Lind, EMT-Paramedic, received 2008 “Paramedic of the Year” award from Medix Ambulance
 - Beth MacNicoll, EMT-Paramedic, received the “2009 EMS Meritorious Service Award” from the State of Oregon
 - Louisa Partain, EMT-Paramedic, received the “2006 EMS Educator of the Year” award from the State of Oregon – Louisa is also now the Quality Improvement and Education Coordinator for Washington County EMS Office.
- Instructor evaluations by students consistently indicate above average performance
- Paramedic preceptors evaluate student performance every shift, as well as cumulative evaluations of each student at the end of their internships. Internships last one to four months; sometimes longer.
- Laboratory assistants provide feedback to instructors on student performance at all levels
- State and Nationally recognized certifications are awarded after successful completion of various PCC EMT courses, indicating student competence in various subjects (e.g. Health Care Provider/Basic Life Support, Advanced Cardiac Life Support, Pre Hospital Trauma Life Support, Pediatric Emergencies for Prehospital Providers, Coaching the Emergency Vehicle Operator). Some of these evaluative tools are scored and managed by agencies outside of PCC.

iii. Identify/give examples of assessment-driven changes made towards improving attainment of course-level outcomes

Examples include:

- Paramedic intern daily evaluations – these quickly identified a student lacking competence in specific patient assessment skills. This led to increased exposure and class time for exercises devoted to vital sign assessment, developing improved mastery of the skill.
- Each time EMT Basic or Intermediate clinical rosters are submitted to our agency/community partners, a request is included for feedback on student performance (particularly regarding professionalism). In response to this we receive prompt information regarding student shortcomings or exceptional performance with regard to timeliness, uniform conformity, professional attitude, and competence. This has led to more clear instruction in the classroom pertinent to acquisition and maintenance of student future employment.
- Prior to 1996 PCC suffered from a lack of professional student behavior in and around the classroom. In response, we were the first Program to institute a professional uniform policy (dress code) in the EMT classroom. This policy extended to the clinical educational experience. Clinical site managers and staff thanked us for this move. Since that time classroom management has improved greatly for the entire Program. There have also been fewer problems with inter-student conflicts.

2D Assessment of College Core outcomes

i. Describe how courses in the program/discipline address the College Core Outcomes.

Communication – Effective communication is a core intended outcome for both the EMT one-year certificate and the EMT-Paramedic degree programs, and is required in every EMT course and position. Students must effectively communicate in order to assess as well as treat every patient. Communication is addressed in every EMT certification course, and the one-year certificate program has a full two-credit course devoted to aspects of communication in oral, written, and non-verbal forms. Students are evaluated on documentation skills, interviewing skills, and face-to-face and radio verbal skills. Intermediate and Paramedic candidates must also prepare for and pass specific oral skills examination components to become certified.

Community and Environmental Responsibility – The EMS Profession serves a very prominent role in community and environmental activities. Various examples include: Bicycle/Helmet Safety Programs, Child Safety Seat Programs, Seat Belt Programs, and Health Education and Screening Programs. In October, 2009, the Oregon Medical Board responded to the potential H1N1 crisis by enhancing the scope of practice of EMT-Intermediates and EMT-Paramedics to permit the administration of non-emergency public vaccinations. Oregon EMT personnel have provided services in catastrophic events in Oklahoma City, New York City, Haiti, and more. Our students are informed about, and have repeatedly requested information on how to participate in efforts such as these.

Critical Thinking and Problem Solving – The very nature of the EMT function is to identify and address problems. Chapters and sections of standardized curricula are devoted specifically to critical thinking. Using scenario based learning, and with the addition of modern patient simulation technology, students are placed in classroom and laboratory environments to learn and practice their critical thinking and problem solving skills. After class and lab competencies are met, students are placed in clinical and emergency prehospital settings with qualified preceptors to further hone these skills with real patients and situations.

Cultural Awareness – In classroom and laboratory activities students work together in small groups. These experiences help to develop working relationships which reflect what the actual working environment will be like. Working with other students from different backgrounds to form a cooperative action plan allows students to learn from and teach each other. This also provides an opportunity to develop respect for others while enhancing the competence of themselves and their classmates, much as they will be required to do on the job. Cultural awareness is also addressed in the Emergency Services Communication and Documentation course.

Professional Competence – Professional competence is a core intended outcome for both the EMT one-year certificate and the EMT-Paramedic degree programs. Technical and professional competence is required before any EMT of any level can become certified and work in the profession. Professionalism is addressed from “day-one” in the EMT courses, where students learn the requirements, as well as the consequences of non-adherence to professional standards. An early mandatory assignment in EMT Basic, Intermediate, and Paramedic courses requires students to read and understand the Oregon Prehospital Standards Process (formerly known as “Professional Standards”).

Self Reflection – In addition to initial certification requirements, Oregon DHS requires recertification for EMTs every 2 years. This process includes verification of completion of the applicable continuing education hours for each level of certification for the purpose of providing/maintaining quality care to the public it serves. Legal and

ethical issues are incorporated in this training as well, to provide a well balanced approach to the pre-hospital patient. Crisis intervention training is another critical component introduced at all levels of EMT education and taught much more comprehensively in a 3 credit course which is a required course for both the EMT academic certificate and degree. Designed not only to prepare EMS personnel to assist patients, bystanders, and loved ones in dealing with emotional aspects of traumatic events, this course helps the EMT maintain good emotional, mental and psychological health, as well as career longevity and success despite constant exposure to severe hardships in the lives of others.

ii. Please revisit the Core Outcomes Mapping Matrix for your SAC and update as appropriate.

Mapping Level Indicators:

0. Not Applicable
1. Limited demonstration or application of knowledge and skills
2. Basic demonstration and application of knowledge and skills
3. Demonstrates comprehension and is able to apply essential knowledge and skills
4. Demonstrates thorough, effective and/or sophisticated application of knowledge and skills

Core Outcomes:

1. Communication
2. Community and Environmental Responsibility
3. Critical Thinking and Problem Solving
4. Cultural Awareness
5. Professional Competence
6. Self-Reflection

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
EMT 100	Intro to EMS	1	1	1	1	1	1
EMT 105	EMT-Basic Part 1	1	1	1	1	1	1
EMT 106	EMT-Basic Part 2	2	2	2	2	2	2
EMT 113	Emerg Svc Communications	3	2	2	3	2	2
EMT 114	Emerg Svc Transportation	2	2	3	3	2	2
EMT 115	Crisis Intervention	3	3	2	3	3	3
EMT 116	EMT Rescue	2	3	3	2	2	3
EMT 118	EMT Med Terminology	2	2	2	2	3	2
EMT 240	Paramedic I	2	2	2	2	2	2
EMT 242	Paramedic II	3	3	2	3	3	3
EMT 244	Paramedic Clinical I	3	3	2	3	3	3
EMT 246	Paramedic Clinical II	3	3	3	3	3	3
EMT 248	Paramedic Field Internship I	3	3	3	3	3	4
EMT 250	Paramedic Field Internship II	4	4	4	3	4	4
EMT 252	Paramedic III	4	4	4	3	4	4

iii. What strategies are used to determine how well students are meeting the College Core outcomes?

iv. Describe evidence that students are meeting the Core outcomes

v. Describe changes made towards improving attainment of the Core outcomes

The core outcomes are embedded within the Program’s student evaluations, which address these at appropriate levels across all three domains of learning by the time the student has completed the Paramedic degree. In addition, feedback is elicited from employers and Advisory Committee members to determine how well students are performing once they are in the field; and periodically from graduates after they leave the Program. Faculty and preceptors evaluate student competencies through faculty survey tools which also address the needs of the Program regarding available and desired resources. Recent changes toward improving attainment of outcomes include adoption of nationally validated performance rating standards and evaluation tools.

2E. To what degree are courses offered in a Distance modality? Have any significant revelations, concerns or questions arisen in the area of DL delivery?

The PCC Paramedic Program began utilizing some aspects of WebCT in 2007. This was replaced by Blackboard, which is in continued use today, but we have not yet offered any EMT-specific course through primarily Distance modality. However, PCC is currently exploring and developing a pilot program for DL delivery of an EMT-Basic course through Blackboard. This has been attempted in the past by other schools through the Ed-Net program via closed channel television. PCC was even involved with a project of this type for the EMT Intermediate course in 1998, where difficulties arose for both staff and students largely due to technology limitations. With current technological advances in Distance Learning, success appears more likely in the future.

2F. Has the SAC made any curricular changes as a result of exploring/adopting educational initiatives (e.g. Service Learning, Internationalization of the Curriculum, Inquiry-Based Learning)? If so, please describe.

Curriculum is determined by the Statewide EMS Education Consortium, and therefore changes are not adopted by an individual Program.

3A. What is the effect of student demographics on instruction and have there been any notable changes since the last review?

EMT curriculum, and the educational methods used are based on national standards and essential physical capabilities listed in a formal Functional Job Analysis (USDOT/NHTSA). Oregon law requires First Responders to be at least 16 years old, and EMT Basics must be at least 18 with high school completion. The essential physical capabilities of this profession may contribute to its attractiveness (or lack thereof) for some student demographic groups. The highest student age population category is 21 to 25 at over 35%; about half of that (18%) is aged 31 to 40; and one-tenth (3.9%) of EMT students over 40.

PCC Office of Institutional Effectiveness reports the following :

Characteristics of Students in 2008-09 (Note: distributions based on known/non-missing data)

Race/Ethnicity Distribution	African American	Asian/Pacific Islander	American Ind/Alaska Native	Hispanic	White Non-Hispanic
Emergency Medical Services	2.1%	5.2%	0.8%	4.4%	87.5%
All Credit Students	5.9%	10.5%	1.6%	8.3%	73.8%
Career/Tech/Professional Courses (Excludes Math)	6.0%	9.7%	1.6%	7.7%	75.1%

Lower Division Transfer Students	5.9%	11.1%	1.6%	8.2%	73.3%
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Gender Distribution	Female	Male
Emergency Medical Services	28.9%	71.1%
All Credit Students	53.9%	46.1%
Career/Tech/Professional Courses (Excludes Math)	50.2%	49.8%
Lower Division Transfer Students	56.5%	43.5%

(note: current gender distribution of PCC EMT instructors is 43% female and 57% male)

Age Distribution	14-17	18-20	21-25	26-30	31-40	41-50	51-60	61+
Emergency Medical Services	0.2%	16.0%	35.1%	25.3%	18.0%	3.9%	1.1%	0.3%
All Credit Students	5.4%	19.7%	25.7%	17.4%	17.6%	8.4%	4.5%	1.2%
Career/Tech/Professional Courses (Excludes Math)	6.5%	14.3%	21.2%	17.9%	21.0%	11.5%	6.5%	1.2%
Lower Division Transfer Students	4.0%	21.3%	28.5%	18.2%	16.7%	7.0%	3.3%	1.0%

Enrolled Number of Credits at PCC (in all coursework)*	Full Time Student: 12+ credits	Half Time Student: 6-11 credits	Part Time Student: < 6 credits
Emergency Medical Services	33.9%	44.6%	21.4%
All Credit Students	41.4%	33.6%	25.1%
Career/Tech/Professional Courses (Excludes Math)	46.0%	31.2%	22.8%
Lower Division Transfer Students	46.0%	34.6%	19.4%

*Fall term only

Degree Seeking Status*	Degree Seeking Student	Non-Degree Seeking Student
Emergency Medical Services	87.9%	12.1%
All Credit Students	79.8%	20.2%
Career/Tech/Professional Courses (Excludes Math)	80.8%	19.3%
Lower Division Transfer Students	83.1%	16.9%

*Self-declared on student application

3B. Has feedback from students, community groups, transfer institutions, business and industry or government been used to make curriculum or instructional changes? If so, describe.

PCC EMT Program stays abreast of the needs of these through our Advisory Committee. This group is made up of representatives from:

- Local ambulance agencies
- Local fire districts
- General community members
- Current and former students
- Internship sites
- Medical Director

A number of these Advisory Committee members are the future employers of our students, who have a significant interest in the competence of our graduates. While curriculum changes are limited to decisions by the EMS Consortium and the State, suggestions regarding curriculum presentation are welcome. Advisory Committee members and other EMT employers have asked for more Continuing Education courses to help their workers meet certification requirements. For a number of years PCC has offered more EMT continuing education and refresher courses at various levels than any other institution in Oregon. We attract students from around the state (e.g. Bend, Ashland, Tillamook, etc.) and often find students referred to us for these courses by other institutions (e.g. Clackamas Community College, Mt Hood Community College, Columbia Gorge Community College) as well as by Oregon DHS-EMS. Employers particularly have asked for, and appreciated our response in providing, specialized training for reciprocity candidates coming from outside the State.

3C. Describe current and projected demand and enrollment pattern. Include discussion of any impact this will have on the program or discipline.

Current EMT enrollment is at an all-time high. Demand is expected to continue in anticipation of hundreds of EMTs preparing to retire after many years of service in this relatively young profession. This growth will require additional full-time staff.

3D. What strategies are used within the program/discipline to facilitate access and diversity?

In an effort to meet our mission of meeting the needs of the community, the PCC EMT Program has sought to facilitate access by providing standardized, accelerated, and customized EMT courses throughout its District. EMT Basic courses, for example, have been provided at a number sites including:

PCC Sites:

- Cascade Campus
- Southeast Center
- Rock Creek Campus
- Capitol Center
- Willow Creek Center

Off-campus sites:

- Westview High School
- Banks Fire Station #13
- Portland Fire and Rescue Station #2
- Scappoose Fire District
- Tualatin Valley Fire and rescue Simulation Center (Sherwood)
- Sauvie Island Fire District
- Vernonia Fire District
- Metro West Ambulance
- Hillsboro School District
- Hillsboro Fire District Ronler Acres Station
- Cornelius Fire District #8

Course formats include mornings, daytimes, and evenings; and meet from one to four days per week. This variety of schedules is unmatched by other EMT Programs in the State. In addition, continuing education classes are available on weekends. Courses are also offered through the high schools in dual-credit programs (e.g. Hillsboro, Banks). Other activities used to recruit students from diverse backgrounds include presentations and participation at:

- Job fairs
- High School Career Fairs
- National Night Out
- Oregon EMS Conference
- High School Student facility tours
- Emergency Services Programs Open House
- ES Interdiscipline staged scenario drills for the public

4. Faculty: reflect on the composition, qualifications and development of the faculty

4A. Provide information on

- Rationale for the size, distribution and composition of the faculty in the subject area.**
- Quantity and quality of the faculty needed to meet the needs of the program/discipline**
- Extent of faculty turnover and changes anticipated for the future**
- Extent of the reliance upon adjunct faculty and how they compare with full-time faculty in terms of educational and experiential backgrounds**
- How the faculty composition reflects the diversity and cultural competency goals of the institution**

The EMS Program instructional staff includes two full-time faculty, one full-time Academic Professional, and eleven part-time faculty. In addition to instructional staff is our Medical Director, Dr. Greg Hoskins, MD, who provides medical oversight as required by Oregon Rule and National Standards. Degrees for the full-time faculty and AP include an AAS in Pre-Nursing, a BS in Business Administration, and a MS in Nursing; all three are certified paramedics. Although not all adjunct faculty have degrees, (a degree is not a requirement of the Department of Human Services EMS and Trauma Systems Section for teaching non-Paramedic level courses), those held by adjunct faculty include: multiple AAS degrees in EMT; multiple Bachelor degrees in Sociology, Education, Fire Service Administration, Sports Medicine. Of the eleven adjunct faculty, two are EMT-Basics, two are Intermediates, and seven are Paramedics. Gender distribution of this 14-instructor cadre is 43% female and 57% male. (Encarta Dictionary: “cadre: tightly knit, highly trained group of people”).

Enrollment, established FTE limitations, and the number of courses necessary to adequately support the 1-year certificate (as well as the 2-year degree program) are all factors in determining adequate staffing. This program offers every EMT course in the one-year certificate every term. (This is not the case with any other EMS program in the state.) Credit courses are rarely cancelled due to low enrollment; in fact, additional course offerings are sometimes needed to meet demand. Another strong determinant in demands for instructors is continuing education. The state of Oregon requires all four levels of EMTs to recertify every two years. This process requires CEU ranging from 12 to 48 hours. The National Registry of EMTs requires recertification every 3 years and has even greater CEU mandates. In our efforts to meet the needs of certified EMTs, PCC offers many more EMT CEU opportunities than any other institution in Oregon. A recent CEU course had students from Klamath Falls and Ashland; this is not atypical. Certified EMTs coming into Oregon from other states must complete specific training requirements for reciprocity. In response to requests from local EMS employers, PCC has developed customized courses to meet workforce needs.

The bulk of the courses taught at this time are located at the Cascade Campus. However, as of winter term, 2010, several courses are now offered at the new Willow Creek Center. As mentioned, dual credit, outreach, and contract courses are taught at other locations as requested.

Oregon Administrative Rule 333-265 determines the qualifications for an EMT First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic “Course Directors” (the OAR term used synonymously with “instructor” at PCC). These qualifications include:

(1) A First Responder Course Director must:

(a) Have appropriate training and experience to fulfill the role and have the credentials that demonstrate such training and experience;

(b) Be currently certified in Oregon as an EMT-Basic or higher with three years of pre-hospital care experience and in good standing with the Division, or an EMS medical director or his or her designee;

(c) Be currently certified by the American Heart Association, American Red Cross, or a similar organization approved by the Division as a CPR instructor; and

(d) Have successfully completed one of the following:

(A) The National Association of EMS Educator Course, developed by the U.S. Department of Transportation, 2002;

(B) The National Fire Protection Association (NFPA) Fire Instructor I or Fire Service Instructor I and II programs developed by the Department of Public Safety and Standards and Training (DPSST);

(C) Have at least 40 hours of the Instructor Development Program offered by the DPSST; or

(D) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning.

(e) Have participated in a course director program offered by the Division; and

(f) Agree to participate in the course director program updates offered by the Division.

(2) A Course Director for a Specific Course must:

(a) Be an EMS Medical Director; or

(b) Hold at least the level of certification as the course being taught and be in good standing with the Division, and have at least three years of experience at that certification level or higher, and:

(A) Have a certificate that is current from the American Heart Association, American Red Cross, or a similar organization approved by the Division as a CPR instructor;

(B) Have successfully completed one of the following:

(i) The National Association of EMS Educator Course, developed by the U.S. Department of Transportation, 2002;

(ii) The National Fire Protection Association (NFPA) Fire Instructor I or Fire Service Instructor I and II programs developed by the Department of Public Safety and Standards and Training (DPSST);

(iii) At least 40 hours of the Instructor Development Program offered by the DPSST; or

(iv) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning;

(C) Participated in the Course Director Program offered by the Division; and

(D) Participated in the Course Director Program updates offered by the Division.

(3) In addition to the Course Director requirements in section (2) of this rule, an EMT-Paramedic Course Director must:

(a) Be an EMS Medical Director and hold a current:

(A) American Board of Emergency Medicine Certificate; or

(B) Advance Cardiac Life Support (ACLS) Instructor certificate and Advance Trauma Life Support certificate or equivalent as approved by the Division; or

(b) Be a certified Paramedic in good standing with the Division with at least three years of experience at the certification level and:

(A) Possess at least an associate's degree of applied science from an accredited institution of higher learning;

(B) Hold an Advance Cardiac Life Support (ACLS) Instructor certificate from the American Heart Association or equivalent that has been approved by the Division; and

(C) Hold a Basic Trauma Life Support (BTLS) Instructor certificate or equivalent that has been approved by the Division, or a Pre-hospital Trauma Life Support (PHTLS) Instructor certificate or equivalent that has been approved by the Division.

Faculty turnover has been minimal over the past ten years. Full time career opportunities, inflexibility of scheduling for a primary job, moves out of the Portland area, or the pursuit of advanced education have accounted for the vast majority of turnover in this department. It is important to emphasize, however, that it is often very difficult to replace existing faculty, both adjunct and full-time, for several reasons. These include the extensive OAR requirements for course directors; the fact that most adjunct faculty have another primary job; and, very often in this profession, work schedules include alternating shifts and involve late calls that negatively affect instructor availability.

In the case of full-time faculty, time consuming national searches significantly extend the time frames for replacement. The difficulty in finding new faculty, either adjunct or full-time, severely impacts this department during the period that a position is vacant. Three years ago, after the lead Paramedic instructor left the program to pursue a license as a physician's assistant, two full-time department staff assumed the responsibilities of that position in addition to their own. After months, a replacement was hired with disastrous results that actually became more counterproductive and labor intensive than had he not been here at all. His departure resulted in another national search and extended delay. In total, eighteen months had passed before a permanent faculty member was in place, and that faculty member has just recently been offered a probationary, rather than temporary, appointment. Changes anticipated for the future are difficult to predict. However, it is known that one full-time faculty will be retiring in approximately 3.5 years.

This department relies on adjunct faculty heavily. Deans Enrollment Reports for the 2009 calendar year, indicate that adjunct faculty taught 71.6% of 225 FTE. The three full-time EMT staff members have a cumulative total of over 65 years of experience in the EMS profession. Five of our adjunct faculty members have a cumulative total of over 115 years of experience. Every one of the current adjunct faculty have completed some level of EMT training at PCC, worked in the field, and then returned to teach.

5. Facilities and Support

5A. If classroom space, computers/technology and library/media, laboratory space and equipment impact success, please describe.

Ample classroom and lab space as well as specialized equipment and technology is critical, and we currently have very nice EMT class/lab space and equipment; however access to computers for use “as a class” is limited, and sometimes not available at all for certain courses.

The (mostly) dedicated EMT classrooms with attached labs (2) at Cascade offer very good and flexible use of class time. The physical arrangement of these spaces enables instructors to coordinate sessions such that, when needed, a single class can make use of both lab spaces while a separate class is in didactic session. This also allows for simultaneous functioning of courses of different levels (i.e. Paramedic and EMT-Basic) without interference. A similar arrangement of a single classroom with attached lab is also available at Willow Creek Center.

While most EMT classes do not currently require the use of a computer lab type space for all sessions, there are components of each of the certification courses (First Responder, EMT Basic, Intermediate, Paramedic) where such a resource would prove invaluable. In addition, the Emergency Service: Communications course (EMT 113) is not consistently able to present certain aspects of current field use of technology without the regular availability of a computer lab.

Historically, the EMT Program was able to utilize funds generated by Program Fees to maintain a state-of-the art array of equipment. Since these funds have been redirected to the General Fund, it is increasingly difficult to maintain what was once declared “the best equipped EMT lab in the State” (Tim Hennigan, Oregon Health Division, during 1998 Accreditation Visit). We are grateful that the Willow Creek Center EMT lab was endowed with Bond Funds to build its resident EMT equipment stores, but we are unfortunately lacking the same budgetary support at Cascade Campus.

5B. Describe how students are using the library or other outside-the-classroom information resources.

More and more, EMT instructors are taking advantage of technological resources such as MyPCC Tools and Blackboard for their students. Since some students do not have computer or internet resources at home, some do use the PCC library for access to these. Since our 2008 State Accreditation Visit we have taken advantage of the library’s offer to update its holdings pertaining to Emergency Medical Services. The selection of materials purchased was researched and recommended by EMT faculty, both Part- time and Full-time. The PCC library also benefits students with its cooperative access to links with other libraries, many of which are also available online.

5C. Provide information on clerical, technical, administrative and/or tutoring support.

The size and complexity of the EMT Program demands a great deal of clerical, technical, and administrative support. We are fortunate to have Administrative Assistants for the Emergency Services Department, however faculty typically must do most clerical work themselves due to the technical nature of this Program. The Program Specialist (an AP position) provides much of the professional/technical support needed by faculty, students, and administrators; this includes most of the interface between the Program and regulatory agencies (i.e. DHS-EMS, NREMT). The other AP position deals with much of the student advising, outside recruitment, and application processing. All full-time positions, to some degree, are involved in supporting clinical coordination.

The Student Learning Center at Cascade Campus has indicated they do not have budgetary resources to provide tutoring services for EMT topics, so student access to tutoring is limited to what is available from instructors during class time and other limited on-campus hours.

5D. Provide information on how Advising, the Office for Students with Disabilities and other student services impact students.

Michelle Butler is usually the primary “in-the-know” general academic advisor (Perkins funded) for Emergency Services students. She has been a welcome additional resource, since formerly nearly all EMT-specific student advising was done by AP personnel. This Program has some intricacies and complexities unusual to many other technical paths, hence general advisors in the past could not meet certain student needs. Significant technical advising still must be provided by EMT Program staff, and Advising knows where to direct students with those needs: EMT Academic Professionals and Faculty.

As demanded by Oregon DHS many years ago, on the first day of each certification course students are informed of the essential physical capabilities of an EMT in writing (Student Declaration section of PCC EMT Program Handbook). At that time, they are given instructions on procedures and where to find resources (Office for Students with Disabilities/Disability Access Services/Disability Counseling Services) should accommodations be needed to facilitate their learning.

5E. Describe current patterns of scheduling (such as class size, duration, times, location, or other) address the pedagogy of the discipline and the needs of students.

Class size is determined by a combination of factors. EMT classes are typically a combination of lecture and lab components, and the so lecture hall atmospheres do not lend themselves well for use in this Program, and the College standard classroom size usually comfortably fits up to 30 students. Additionally, sometimes different student and class needs require flexibility in the time committed to lecture versus lab time so the opportunity to move from classroom to lab quickly is important. This need for flexibility is inherent with EMT classes in particular, as curricula stress critical thinking, adaptability, and problem solving.

Experience has shown us that increasing enrollment much beyond 24 students for certification courses (e.g. EMT Basic) results in lower student satisfaction and retention. Also, the preferred professional standard for instructor-to-student ratio for laboratory/skills sessions is 1:6; so the physical limitations of classrooms and lab space inhibit larger class sizes.

The number of hours needed for any EMT-related course is primarily determined by the standards set by the EMS Consortium. Times of classes vary in an effort to meet the needs of our students, and locations are somewhat limited by the needs for specialized equipment in many classes. All the while, limited access to additional classrooms for non-lab courses and computer-enhanced courses has a significant impact on scheduling these classes, as some of them also require the availability of certain specialized equipment.

6A. Evaluate the impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes.

The EMT Program Advisory Committee primarily consists of EMT professionals and employers in the PCC Service District. The Advisory Committee provides input in terms of focus for rapid employability of students upon completion of their coursework. It also makes recommendations regarding acquisition of certain types of equipment with which students must be familiar, based on local protocols and standards of care (e.g. defibrillators, gurneys, patient assessment tools, simulation models).

6B. Degree and Certificate Outcomes:

- i. Identify and explain any changes that have been made to degree and certificate learning outcomes since the last program review**
- ii. What strategies are in place to assess degree and certificate outcomes?**
- iii. Give evidence that students are meeting these outcomes.**
- iv. Describe any changes made towards improving attainment of the degree and/or certificate outcomes.**

Formal degree and certificate learning outcomes for the EMT Program were reviewed and approved by the PCC Degrees and Certificates Committee in April, 2009.

The principle strategy used to assess achievement of intended outcomes is currently in place through daily observation reports completed by preceptors of our Paramedic students. These instruments evaluate students in all three domains of learning: cognitive, psychomotor, and affective; and they are a mandatory component of all clinical and internship experiences. Students in the Paramedic Program have already completed all components of the one-year certificate, and are nearing completion of their Associate Degrees.

Surveys are sent to employers, requesting input and feedback on PCC graduates whom they have hired, as well as to students who have completed the Program. This is a standard required component of National Accreditation, which is expected to be completed by 2012. Feedback is also sought from members of our Advisory Committee. Other strategies include tracking of student success rates on National certification exams, and requesting general feedback on Certificate students who go on to Paramedic Programs at other schools.

The affective domain and "Professionalism" outcomes are also particularly addressed any time a student violates a standard of professionalism that is reported to us by a clinical experience site. These occurrences, while rare, have included violations of uniform policy/dress code, timeliness in reporting for shift, behavioral issues, or medical customs and courtesy standards.

6C. Review job placement data for students over the last five years, including salary information where available.

No verifiable job placement data is currently available for student in the EMT Program, however published salary information from the US Bureau of Labor and Statistics and by human resources professionals (e.g., Salary.com) for 2008 as published in the Journal of Emergency Medical Services includes the following text and tables (2009 data is anticipate to be released in October of 2010):

“When an ambulance is dispatched to the scene, it’s traditionally staffed with a combination of emergency medical technicians (EMTs), EMT-Intermediates, or paramedics based on the level of service or crew configuration preferred by the jurisdiction. The median annual wage for an **EMT** is \$28,196.99; the market range is from \$25,066.80 to \$33,229.80. **EMT-Intermediates** have a median wage of \$27,588 (below an EMT-Basic); the market range is from \$25,587.37 to \$30,863.54. **Paramedic** annual earnings are usually about \$10,000 greater than that of EMTs and EMT-Intermediates and that’s reasonably true this year with a median annual wage of \$37,699.78; the market range is from \$32,909.29 to \$41,809.34.

If one works hard in the field, is a sound clinician and shows competencies for teaching and mentoring, they’re often considered for the first rung of the EMS career ladder—the field training officer (FTO). The position and its roles and responsibilities can vary greatly from service to service, but in general, it’s often only a small percentage increase above what an experienced provider makes. The median annual wage for an **FTO** is \$45,538.47; the market range is wide from \$40,783.54 to \$51,085.13.

Although EMS management rarely comes with the proper training and preparation, it’s clear that good EMS field supervision and leadership from a dedicated operations manager are important to service delivery and field crew work satisfaction. The median annual wage for a **field supervisor** is \$51,129.28; the market range is from \$43,525.94 to \$58,801.03. The **operations manager**, in charge of day-to-day operations and guiding field supervision, has a median annual income of \$74,588.43; the market range is from \$63,372.02 to \$86,344.92.”

Salaries by Regions (\$US): (Oregon is in region X, which also includes Washington, Idaho, and Alaska)

EMT-Basics (percentile)	10 th	25th	50th	75th	90th
I	34,848.19	35,551.79	36,724.45	37,897.11	38,600.70
II	25,555.56	30,000.00	36,266.67	45,420.00	51,822.68
III	25,075.63	30,381.38	33,120.00	34,320.00	39,037.44
IV	20,643.98	51,502.68	23,295.94	24,806.12	27,627.22
V	19,797.51	22,597.69	28,363.64	33,611.11	39,393.49
VI	18,457.50	19,453.13	22,608.70	33,401.27	45,365.00
VII	20,624.53	22,201.00	24,186.05	32,866.30	40,184.19
VIII	18,835.73	19,133.94	19,630.96	20,127.98	20,426.19
IX	19,657.10	20,406.53	24,391.54	34,407.13	47,464.93
X	27,074.53	29,439.82	33,381.96	35,440.98	36,676.39

EMT-Paramedics (percentile)	10th	25th	50th	75th	90th
I	38,844.70	41,161.74	45,023.48	45,767.55	46,214.00
II	34,222.22	36,598.29	48,000.00	52,666.67	57,200.00
III	36,758.70	37,607.94	42,732.09	45,921.20	47,078.66
IV	24,100.00	28,052.50	30,803.74	41,838.00	46,267.14
V	27,453.54	29,115.13	33,870.02	38,787.33	45,141.64
VI	24,395.05	27,158.28	33,756.79	39,603.58	45,052.96
VII	28,676.64	30,214.73	33,654.97	35,152.06	41,074.60
VIII	25,219.73	26,486.83	28,598.65	30,710.48	31,977.58
IX	29,046.00	32,072.45	39,396.15	44,569.60	47,075.92
X	39,326.92	40,625.00	41,161.86	43,076.92	48,905.15

6D. Forecast future employment opportunities for students.

- Portland Fire and Rescue advertised earlier this year over the radio for anticipated firefighter positions. These positions require EMT certification; they were limiting the number of applications they would accept to around 4000.
- Demand for EMTs at various levels fluctuates seasonally to some extent, however it is apparent that employers (especially the private ambulance agencies) are challenged regularly when it comes to keeping their shifts and units fully staffed.
- Oregon State Medical Director, Dr. Ritu Sahni, MD, announced at the January, 2010 Oregon EMS Education Consortium meeting that there is currently a shortage of EMS workers.

6E. Analyze any barriers to degree or certificate completion that your students face, and consider the reason that students may leave before completion.

Some examples of barriers to successful completion include:

- Time management has proven to be a real factor in the unsuccessful completion of the degree. Despite detailed information describing the rigors of this Program, and testimony provided by past students in an orientation setting, several students have been academically unsuccessful due to personal choices regarding time management.
- Others have determined they are unable to flex their academic schedules adequately around family, friends, and jobs.
- At least one Paramedic student seemed clinically competent in the field, however was not able to adapt to the demands of the Profession with regard to documentation and communication skills.
- One student completed all prerequisites and completed didactic phase of Paramedic year - hired into a full-time career as an EMT-Basic/Firefighter with Portland Fire and Rescue during Spring Term, 2005
- A student nearly completed Paramedic year – deployed to active duty in the Middle East before completion of Fall Term, 2007.
- A student accepted into the 2010 cohort left for military duty before the end of the second week of class
- Students sometimes independently realize that this career is not suited to them for personal reasons
- Some find that their criminal backgrounds limit their likelihood for successful completion and/or certification
- Some become certified at the EMT Basic level and find that driving records really can make them ineligible for hire with certain agencies

7. Recommendations for improvement

7A. Assess the strengths in your program/discipline.

The adage: “There is strength in numbers” might be applicable to assessing the strengths of the PCC EMS Program. We have emphasized the size of this program in relationship to the other programs across the state of Oregon. Although we certainly recognize that the geographical location of our program is a benefit in number of students, it is our belief that many other factors can be identified as attractors for the many EMT students who choose PCC. It is important to note at this time that there are four other institutions in the Portland metropolitan area that offer EMT training: Mt. Hood CC, Clackamas CC, OHSU/OIT, and the National College of Technical Instruction (NCTI).

These factors include:

Scheduling flexibility – EMT-Basic courses are consistently offered in morning, afternoon, evening, one day per week, two days per week, one term/accelerated, and two term/non accelerated formats.

Accessibility – The availability of courses at the Cascade Campus, the Willow Creek Center, and by request, at specific contracted locations further shows the desire to truly serve the needs of the community.

Professionalism – Professionalism is taught in the classroom and reinforced in all clinical and field settings for all levels of EMT students. This program was the first in the state to have a mandatory uniform policy as well as student IDs. Several clinical and field internship sites have commented favorably that PCC is the only program that includes a photographic roster of the paramedic students scheduled in their facility. The intent of this simple “added touch” is to offer the facility a tool for added security measures, instill a sense of professionalism, and stand out above other schools. We feel it has been very effective.

Success – PCC has a very high ratio of students who graduate from the EMT program and then successfully pass the Oregon and/or National Registry written and practical certification exams. Section 2A of this document gives specific data and provides detailed statistics that support this accomplishment. The 2006 letter from the National Registry of Emergency Medical Technicians, mentioned previously, review is perhaps the highest recognition this department could ever hope for. The letter states: “You were selected as a participant in this study because your program has been identified as a consistently high performing EMT-Basic Educational program. Sharing your insights and experiences during this project has enabled us to identify strategies that will help other EMT-Basic programs to improve.” This letter is proudly exhibited in the lobby of the PSEB building.

7B. Identify the areas in need of improvement.

There are several distinct areas in the EMS Program in need of improvement. The most critical area, without question, is staffing; specifically, a full-time clinical/lab coordinator and an additional full-time faculty position. Increased and dedicated accessibility to a computer lab, more frequent replacement of worn equipment, and a separate simulation lab also represent areas that need improvement. If the PCC EMS Program is to retain its reputation of excellence and continue to provide quality education, all of these items need to be addressed.

It is impossible to over-emphasize how labor-intensive this department is. It is a technical program that is regulated, in varying degrees, by the National Registry of EMTs, Oregon Department of Human Services EMS and Trauma Systems Section, Oregon Department of Education, and Oregon EMS Consortium. This program is

required to utilize clinical and field internship sites for all EMT-Basic, Intermediate, and Paramedic students. For example, each paramedic student typically participates in a minimum of 580 hours in clinical and field experiences in approximately eleven different locations. Although the scheduling involved with the utilization of so many facilities/agencies is by far the most overwhelming component of the project, all facilities have specific and individualized requirements that address HIPAA, vaccinations, criminal background checks, drug screens, safety, and dress code; each of which may require multiple encounters with each student and each site.

Approximately one-half of the enrollment in this program is restricted. This places additional demands on personnel to provide the necessary one-on-one contact, verification of compliance with academic, background, and biological prerequisites, and approval for entry. Every EMT-Basic student receives an American Heart Association BLS-Healthcare Provider card from this department. AHA has very strict regulations on maintaining proper documentation and records, and requires yearly reports.

PCC EMS provides CEU to more individuals than any other school in the state. Each student must receive official documentation that specifies date, topic, instructor, and hours of attendance. The many technical questions that this department receives must be forwarded to appropriate certified staff members for accurate response.

The program is now in the arduous, but crucial, process of applying for National Accreditation which, once attained, will place new and significant demands upon staff. Currently, the department prepares a lengthy self-study and participates in a two-day accreditation visit with the Department of Education/CCWD every five years. National Accreditation site visits are scheduled every five years as well.

The maintenance, inventory, and replacement of the equipment and disposable supplies utilized so heavily in this program represents another large and ongoing task.

At the conclusion of every term, the department is required to host practical certification exams for all EMT students who successfully completed their courses, as well as returning candidates who were previously unsuccessful. With new restrictions from DHS regarding maximum numbers of students tested at one exam, PCC must now provide two exams per term. Room availability limitations and scheduling requires that these be held on Saturdays and Sundays. Each exam utilizes every classroom in the PSEB building – as well as a number of offices, conference room, and common areas. A typical exam involving 75 students will require 4-5 full-time staff, approximately 27 paid evaluators, and 30 volunteers serving as programmed patients and assistants. Set-up and break-down is additional.

Modern simulation lab equipment has already been secured for the Program through efforts of the district-wide “Sim Now” committee, and additional equipment resources are anticipated, however we do not yet have adequate essential and appropriate space and staff to implement its full intended use. A “Sim Lab” will require at least one full-time dedicated position in addition to dedicated physical rooms to make this a reality.

In summary, these events represent most of the major demands placed on the EMS program; but, assuredly, not all.

7C. Given the above analysis and other findings of the SAC,

- i. Prepare a set of recommendations relevant to areas such as curriculum and professional development, access and success for students, obtaining needed resources, and being responsive to community needs.**
- ii. For recommendations that require additional funding, please identify those that are of greatest importance to the SAC.**

A full-time clinical/lab coordinator would greatly relieve current faculty and academic professionals of some of the more clerical and time-consuming tasks that now overburden their positions. This restructuring of job descriptions will have a very positive impact on performance and efficiency in the department.

The addition of one full-time faculty position would also provide for better instructional continuity and scheduling reliability. Currently a number of adjunct faculty are willing to take on greater loads, and student demand exists, but contract obligations prohibit workloads at or above .82 FTE (the equivalent of one accelerated EMT-Basic course per term).

Computer use in EMS training is now standard in the industry. All EMT textbooks are accompanied by CDs/DVDs for augmenting optimal learning opportunities. Written certification exams are now exclusively computer-based. All of this indicates that increased and dedicated accessibility to the computer lab that is already in place in the PSEB building is vital.

Students pay significant program fees (e.g., \$75 - \$150 per course) specific to the EMT courses for which they register. The elimination of the Program's use of program fees collected has negatively affected the ability to provide and/or replace state of the art equipment. Return of these student-paid fees to the program they are attending makes sense and would appropriately relieve current budgetary constraints.