



Credible education
through accreditation

Advisory Committee Meeting Minutes

SPONSOR / INSTITUTION NAME:	Ventura College		
CoAEMSP PROGRAM NUMBER:	600186	DATE, TIME, + LOCATION OF MEETING:	November 2, 2018 1330-1630
CHAIR OF THE ADVISORY COMMITTEE:	Tom O'Connor/ Todd Larsen		

ATTENDANCE

Community of Interest	Name(s) – List all members. Multiple members may be listed in a single category.	Present	Agency/Organization
Physician(s) <i>may be fulfilled by Medical Director</i>	Todd Larsen Barry Swerdlow Daniel Shepherd Ira Tilles	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ventura College Medical Director; SJRMC/PVH Los Robles Anesthesiology VCMESA Medical Director Adventist Hospital Simi Valley
Employer(s) of Graduates Representative	Mike Sanders Adriane Stefansen James Rosolek Jeff Winter	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	AMR Ventura/ Gold Coast Ambulance AMR Ventura/ Gold Coast Ambulance LifeLine Medical Transport LifeLine Medical Transport
Key Governmental Official(s)	Steve Carroll Chris Rosa	<input type="checkbox"/> <input type="checkbox"/>	VCEMSA - EMS Administrator VCEMSA - Deputy Administrator
Police and Fire Services	Heather Ellis VCFD Mark Komins VCFPD Barry Parker VCFPD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ventura City Fire Department Ventura County Fire Department Ventura County Fire Department
Public Member(s)	Su-Lin Rubicalva Carolina Ugarte	<input type="checkbox"/> <input checked="" type="checkbox"/>	Ventura County Office of Education – VC Innovates Public Safety Ventura County Office of Education – VC Innovates Healthcare

Hospital / Clinical Representative(s)	Kathy McShea Tom Gallegos Megan Shaner Nicole Vorzimer	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Saint John's Regional Medical Center Ventura County Medical Center Los Robles Medical Center Adventist Hospital Simi Valley
Other	Gerry Pantoja	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ventura College Foundation Financial Aid Curriculum
Faculty <i>ex officio, non-voting member,</i>	John Terrusa Justin Johnson	<input checked="" type="checkbox"/> <input type="checkbox"/>	Paramedic Faculty Paramedic Faculty
Sponsor Administration, <i>ex officio, non-voting member</i>	Kim Hoffmans Damien Peña Debbie Newcomb, Dean CEI	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Vice President – Academic Affairs and Student Learning Vice President – Student Affairs Dean – Career Education I
Current Student	Kelly Smyth	<input checked="" type="checkbox"/> <input type="checkbox"/>	Current Paramedic Student
Graduate	Kytana Perez Ryan Robinette Matt Dealy	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Paramedic Graduate 2015-2016 Paramedic Graduate 2016-2017 Paramedic Graduate 2016-2017
Program Director <i>ex officio, non-voting member</i>	Tom O'Connor	<input checked="" type="checkbox"/>	Paramedic Program Director
Medical Director <i>ex officio, non-voting member</i>	Todd Larsen	<input checked="" type="checkbox"/>	Paramedic Program Medical Director

	Agenda Item	Acted	Discussion	Action Required	Lead	Goal Date
1.	Call to Order	1330	Welcome to the annual meeting. Introductions around the room.			
2.	Review and Approval of Meeting Minutes		Prior meeting minutes included with handout.	Minutes were approved	Larsen	11/2/18
3.	<p>Program Goals & Learning Objectives [CAAHEP Standard II.C. Minimum Expectation]</p> <ul style="list-style-type: none"> Endorse the language <i>verbatim</i> for the 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.” Establish / review any additional program goals¹ 		<p>Minimum expectation language approved.</p> <p>Discussion ensued about changes: Student Learning Outcomes were fine as listed.</p> <p>Student learning objectives were discussed. It was suggested that “Trauma” be added to Student Learning Objective #15</p> <p>Discussion of 18.5 units/ semester course vs. smaller course components (Preparatory, Airway/Cardiac, Medical, Trauma, Operations/ Special Populations, ECG/Pharmacology, etc...)</p> <p>Tom explained curriculum changes require about 2 years due to migration from the current system. Anticipated live date for new curriculum system is mid-year 2019. No new changes are permitted until then. Earliest time to roll out curriculum changes would be fall 2020.</p>	<p>Changes approved</p> <p>Revision to handbook</p> <p>Convene a subcommittee to suggest changes to course format.</p>	<p>Larsen</p> <p>Tom</p> <p>Tom</p>	<p>11/2/18</p> <p>11/9/18</p> <p>Summer 2019</p>

¹ Additional program goals are not required by the CAAHEP Standards. If additional program goals are established, then the program must measure them.F

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4.	<p>Review and endorse the program's required minimum numbers of patient/skill contacts for each of the required patients and conditions [CAAHEP Standard III.C.2. Curriculum]</p> <ul style="list-style-type: none"> Appendix G: Student Minimum Competency Matrix (<i>effective July 1, 2019</i>) 		<p>Current clinical goals reviewed – categories will be changing per the revised Appendix G. Discussion of the new Appendix G and the new categories added</p> <p>The FISDAP data tracking system will have new data points and reporting capabilities. Currently under revision.</p> <p>Larsen – leave it all at (TABLE 1) minimums required. Go to minimums especially on pediatrics as they are so hard to come by. Can do well-child as pediatric assessment</p> <p>Table 2 discussed and TOC explained column 3 – we no longer do isolated skills entry – two options for fulfilling this – minimums and or O's – looking for advice – since it is combined with other skills – looking to count it as general and isolated. Individual skill has to be signed off first – then a scenario skill competency</p> <p>Must complete all requirements before they can move into field internship and then to Capstone. Capstone is the end evaluation, after all other experiences are completed. Experience levels were discussed. Field experience and field internship capstone are now 2 different categories.</p> <p>Discussed making changes to what they are doing in the field and observational skills. Underlying disconnect between classroom and ER and field. Student to complete observational time to support transition between these different program aspects?</p>	<p>Set all items in the new appendix G to the minimum numbers recommended.</p>	Tom	July 1, 2019

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			<p>One problem encountered in past is getting field ride along time. Ride out times – availability of preceptors. AMR has a large amount of preceptors now – but they will lose that come the clinical phase in January/February.</p> <p>Suggested to reach out to LA County and LA city fire for ride along time. Maybe not a good idea determined by the majority of the group.</p> <p>If it is observational only – don't require a preceptor? Clinical experience <u>will</u> require preceptor. If no preceptor – no ALS procedures. No assessments without preceptor. AMR preceptors mostly available in January.</p> <p>3 different problems</p> <ul style="list-style-type: none"> • Hospital time • Classroom to hospital transition • Hospital to field transition <p>If there are preceptors available during the January clinical phase, naming it “clinical” may change how preceptors react to the students. Propose that the first 5 shifts are more guided in nature (Field Experience) and call the process field observational clinicals for 5 shifts (once cleared) they move into Capstone Field internship.</p> <p>How do we get the middle of the class competent and up to snuff? Extend clinical to include first 5 observational sessions. So deficiencies can be observed and further work in ER Hospital can be done to work through that problem before going into the field internship.</p>			

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			<p>Field observational clinical time vs. field intern. Maybe preceptors need some more education.</p> <p>Go live in January 2019? A segment of 3 shifts is reasonable. These 3 shifts are totally clinical. 3 shifts are observational –only - no grading first 3 shifts only observational. Provide a totally different form to document this. Separate from capstone paperwork.</p> <p>Under Section F – Clinical Areas Adding in ambulance time as observation.</p> <p>Physician shadow rotation needs a check list. ER shift/ physician shadow utilize the same set of items.</p>	<p>Work with field provider to onboard preceptors for this new component.</p> <p>Replace clinical hours in ED to account for time spend in field experience.</p> <p>Convening a subcommittee to evaluate objectives and come back to committee.</p> <p>Revise checklist</p>	<p>Tom</p> <p>Tom</p> <p>Tom</p>	<p>January 2019</p> <p>January 2019</p> <p>Nov 2018</p>
<p>5.</p>	<p>Annual Report and Outcomes [CAAHEP Standard IV.B. Outcomes]</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Graduate Surveys <input checked="" type="checkbox"/> Employer Surveys <input checked="" type="checkbox"/> Resources Assessment Matrix <input checked="" type="checkbox"/> Thresholds/Outcomes 		<p>Annual report was not required in 2017 due to a process revision. Pilot testing of the new system was completed earlier this year by other programs. The anticipated go live date is 2019 for all programs. The annual report will be back for the next meeting</p> <p>All survey data was reviewed. Thresholds were met in all categories. New survey formats (changed to Yes/No from 1-5 scale). All questions discussed. All survey responses discussed.</p> <p>Preceptor training issues and keeping the preceptor on the same page as the program was an issue reflected in the comments of the preceptors and students. Delays in getting preceptors caused students to complete past the end of the regular semester which in turn</p>	<p>Annual report completion 2019</p> <p>Continue to monitor outcomes.</p> <p>Update preceptor survey of students and student survey of preceptors to a yes/no format</p> <p>Continue working with the agencies to facilitate preceptor training in January and have preceptor-intern pairings complete in early February.</p>	<p>Tom</p> <p>Tom</p> <p>Tom</p>	<p>Spring 2019</p> <p>Spring 2019</p> <p>Jan 2019</p>

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			<p>caused financial difficulties which were compounded by the issuance of an incomplete for each student that triggered a request for funding return by financial aid. Working closely with the agencies that provide the preceptors, we have not been able to work out the bugs in the process for efficiently transitioning from clinical to field in spite of the efforts of the college and the agencies. The average time from clinical to field was 2 to 3 weeks.</p> <p>DATA Arc surveys –difficult to read with the new format. Consider using a new data collection platform.</p>	<p>Check Survey monkey or FISDAP capabilities</p>	<p>Tom</p>	<p>Spring 2019</p>
<p>6.</p>	<p>Other Assessment Results [CAAHEP Standard III.D. Resource Assessment] <input checked="" type="checkbox"/> Long-Range Planning <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Faculty <input checked="" type="checkbox"/> Program <input checked="" type="checkbox"/> Other</p>		<p>More paramedics needed locally. Request to add an additional paramedic cohort. This would require contract negotiations with AFT to work around the college calendar without adjustment to the curriculum.</p> <p>3 families supporting program scholarships for current students. Other ideas are being worked on to increase # of scholarships avail to paramedics. Foundation offered to help to set up endowment of the program to provide extra funds</p> <p>Equipment changes? Mechanical chest compressor? No intent to have in the field at this time. Requested that field providers let the program know if there are any changes associated with this.</p>	<p>Continue discussions with the VC Foundation</p>	<p>Tom</p>	<p>Spring 2019</p>

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			<p>Retired LP 12 Cardiac Monitors AMR/Gold Coast upgraded to LP 15. The program will need access to a device for training purposes.</p> <p>Looking to upgrade the simulation monitor iPads to have the look of a LP15. Can turn in all existing and get the newer version for about \$20-30K. Planning for funding from Perkins and Swift grant next fiscal year.</p>	<p>Submit Perkins Request for funding to upgrade ALSi Cardiac Monitor simulators</p>	<p>Tom</p>	<p>April 2019</p>
<p>7.</p>	<p>Discuss challenges to the effectiveness of clinical and capstone field internship <i>This may include the impediments to attaining or retaining affiliates</i></p>		<p>The number of available preceptors continues to be a problem. At the prior meeting, the cohort of 29 students produced a great difficulty with placements. There was an equal difficulty with 19 students from the last cohort. The current cohort has 26 students.</p> <p>Agencies continue to be impacted by fire department hiring of preceptors around the same time students move to the field each year.</p> <p>Preceptors: Any way to provide a financial component for the preceptors? If it needs to be a money source the Foundation may be able to help. Currently we issue CE, but does not really have any effect. Only incentive that would be helpful is \$.</p>	<p>Student; Timing of class – waiting of class financial hardship due to not being able to work while taking class. Difficulties of getting financial aid – can’t really do it with working full time. Not cost of program – it is the lack of/no income component.</p>		
<p>8.</p>	<p>Program Changes (possible changes)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Course changes <input checked="" type="checkbox"/> Preceptor changes <input checked="" type="checkbox"/> Clinical and field <ul style="list-style-type: none"> • Curriculum <ul style="list-style-type: none"> ○ Content ○ Sequencing 		<p>Curriculum review</p> <p>Program hours exceed required state hours. Excess load. Curriculum matches what C-ID states, but we are short time to meet the requirements need to be considered a C-ID approved course.</p>			

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			<p>Do we...</p> <ul style="list-style-type: none"> • drop hours to meet state minimums (450 didactic, 160 Clinical, 480-720 Field Capstone) • remain the same (500 didactic, 216 Clinical, 480-720 Field Capstone) • increase hours to match the C-ID descriptors (600 didactic, 160 Clinical, 480-720 Field Capstone) <p>Could possibly lengthen program to a year and a half from current 10 months. Impacts to financial requirements are almost insurmountable. Promise program, guided pathways project, Veterans Promise were discussed as possibly a method to alleviate some of this.</p> <p>Conversion to smaller segments – puts it into a constant loop (Los Positas College model). Maybe the earliest change time would be Fall of 2020 for part time program. Part time program could continue to allow students to work while getting their coursework done. Potential effects of transition year would be fewer medics available, but after caught up – each fall would be new crop of medics.</p> <p>Would # of students be increased from 24-to-50 (EXP) IF PART TIME SCHEDULE IS IMPLEMENTED. Could give a little more breathing room for internships. If you can keep more EMTs working, more would enroll in a part time program. Possible problem exists with summer program. Long discussion of barriers to expanding to 2 programs. Wish list would be 1 full time and 1 part time program. Program review process is a barrier.</p>			

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			<p>Lifeline and Gold Coast / AMR are willing to write letters in support of a 2nd program. Really needed in the community to support service levels. Foundation indicated that maybe a program endowment would help.</p> <p>Do we move into C-ID hours? Recommended an increase in hours to match C-ID requirements</p>			
9.	<p>Substantive Change (<i>possible changes</i>) [CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program Status <input type="checkbox"/> Sponsorship <input type="checkbox"/> Sponsor Administrator Personnel <input type="checkbox"/> Program Personnel <input type="checkbox"/> Addition of Distance Education <input type="checkbox"/> Addition of Satellite Program 		<p>Self-study will be in 2019 or 2020 with the site visit to follow in the subsequent year</p> <p>Request for a second full-time instructor continues to be submitted for the college program review process.</p>	<p>Further investigation of adding another program (part time model)</p> <p>Continue submitting as part of program review</p>	<p>Tom</p> <p>Tom</p>	<p>Dec 2019</p> <p>Fall 2019</p>
10.	<p>Other Identified Strengths</p>		<p>Program graduates entering the workplace have been well prepared.</p> <p>ED physicians have increased the intubations offered to paramedic students in the ED decreasing time in the surgical rotations.</p>	<p>None</p>	<p>n/a</p>	<p>n/a</p>
11.	<p>Other Identified Opportunities</p>		<p>Expansion of the Physician shadow as it has had a good impact on the students in the last cohort. Look to continue offering this type of rotation to replace ED hours.</p>	<p>Reach out to other PSC physicians about taking interns for shadow shifts</p>	<p>Tom</p>	<p>Spring 2019</p>
12.	<p>Other Identified Threats</p>		<p>Need for additional instructors With a potential second cohort offering, additional instructional staff would be required. Having EMS educator training will be needed to grow the next group of instructors.</p>	<p>Contact NAEMSE to host an EMS instructor course at Ventura College</p>	<p>Tom</p>	<p>Dec 2019</p>

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13.	Other Identified Weaknesses		<p>Preceptor availability changes well past the point of committing to students. Verifying there are enough preceptors to take a cohort of a certain size in August doesn't necessarily mean there will be enough preceptors to transition from the clinical practicum to the field internship when the time comes.</p> <p>Inconsistencies in preceptor grading of intern performance. Inconsistencies in the number and types of calls each student experiences during the field internship phase of the program</p>	<p>Continue working with providers to provide preceptor training to those eligible to be a preceptor (minimum two years working as a paramedic).</p> <p>Balancing call load by moving students and/or preceptors from an area with high/low call volume to an area with the reciprocal</p>	<p>Tom</p> <p>Tom</p>	<p>Ongoing</p> <p>Spring 2019</p>
14.	Action Plan for Improvement		<p>Equipment upgrades to cardiac monitor simulators</p> <p>Update curriculum to meet C-ID hour requirements</p> <p>Prepare to host an EMS Educator training course to increase instructor base</p> <p>Revisions to Appendix G as listed</p>	<p>As listed in the items above</p>	<p>Tom</p>	<p>As listed above</p>
15.	Other Business		<p>No current intent to add additional equipment to the field use as stated in prior sections.</p> <p>Note to Program: As a best practice, programs should appoint someone other than the Program Director to serve as the Advisory Committee Chair. The Advisory Committee is <i>advising</i> the program.</p> <p>Request made to the group to have two non-program people co-chair the committee next year.</p>	<p>Request volunteers to chair the next meeting</p>	<p>Tom</p>	<p>Spring 2019</p>
16.	Next Meeting(s)		<p>Best day/time to meet?</p> <p>Data collection typically takes most of the summer to compile. Target late September or early October?</p>	<p>9/27/2019 1:30 start time.</p> <p>Check with EMS Agency</p>	<p>Tom</p>	<p>Spring 2019</p>

	Agenda Item	Acted	Discussion	Action Required	Lead	Goal Date
			Fridays 9/20, 9/27, 10/4, 10/11			
17.	Adjourn			4:15 pm		

Minutes prepared by Lisette Alivandivafa – Administrative Asst

Date November 2, 2018

Minutes approved by _____

Date _____