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| **School or Division** | School of Health Professions |
| **Program or Certificate or** | CCC, Paramedic |
| **New degree or certificate program** |  |
| **Proposed by (faculty only)** | Jeff Ziomek, Harrison Davis |
| **Presenter (faculty only)** | Joseph Washburn, Program Director |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be submitted for a later date. |
| **Submission date** | 2/5/2016 |
| **Course prefix, number, and title** | EMS 2646L Paramedic Clinical Experience |

**Section I, New Course Information (must complete all items)**

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| **List School or Division** | School of Health Professions |
| **List course prerequisite(s) and minimum grade(s) (must include minimum grade if higher than a “D”)** | BSC 1086C or BSC 1094C, EMS2601L, and EMS 2601L  |
| **Will students be taking any of the prerequisites listed for this course in different parts of the same term (ex. Term A and Term B)** | No |
| **List course corequisites** | EMS 2602, EMS 2602L and EMS 2648L |
| **Is any corequisite for this course listed as a corequisite on its paired course?**(Ex. CHM 2032 is a corequisite for CHM 2032L, and CHM 2032L is a corequisite for CHM 2032) | NoList the corequisite |
| **Course credits or clock hours** | 2 |
| **Contact hours (faculty load)** | 1 |
| **Select grade mode** | Standard Grading (A, B, C, D, F) |
| **Credit type** | College Credit |
| **Course description** (provide below) |
| This course is an in-depth study of the U.S. Department of Transportation, EMT Paramedic: National Standard Curriculum/EMS Education Standards which provides for directed supervised experiences in local hospitals including patient assessment, documentation, and recording of patient care. |
| **General topic outline** (type in outline below) |
| * Directed supervised experience in local hospitals
* Patient assessment
* Patient documentation
* Patient recording of care
 |

**Learning Outcomes:** For information purposes only. Type in all learning outcomes, assessments, and general education competencies as they should be displayed in the syllabus. More rows can be added if necessary.

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| **Learning Outcomes** | **Assessments** | **General Education Competencies** |
| Participate in directed supervised experiences in local hospitals for 113 total hours. | Site Supervisor EvaluationsPatient Care Reports | COM, CT, TIM |
| Provide patient assessment, documentation, and recording of patient care activities. | Site Supervisor EvaluationsPatient Care Reports | COM, CT, TIM, GSR |
| Demonstrate national standards of practice for the paramedic in hospital settings. | Site Supervisor EvaluationsPatient Care Reports | COM, CT, TIM |

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| **ICS code for this course** | ADVANCED AND PROFESSIONAL - 1.11.12 - HEALTH PROFESSIONS |
| **Should any major restriction(s) be listed on this course? If so, select "yes" and list the appropriate major restriction code(s) or select "no".** | YesEMTP |
| **Is the course an “International or Diversity Focus” course?** | No, not International or Diversity Focus |
| **Is the course a General Education course?** | No |
| **Is the course a Writing Intensive course?** | No |
| **Is the course repeatable\*?**(A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3 credit hour course can be repeated 1 time and a student can earn a maximum of 6 credits). \*Not the same as Multiple Attempts or Grade Forgiveness | NoIf repeatable, list maximum number of credits  |
| **Do you expect to offer this course three times or less (experimental)?** | No |

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| **Impact of Course Proposal** |
| **Will this new course proposal impact other courses, programs, departments, or budgets?** | No |
| **If the answer to the question above is “yes”, list the impact on other courses, programs, or budgets?** | N/A |
| **Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below.** |
| N/A |

**Section II, Justification for proposal**

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| **Provide justification (below) for this proposed curriculum action**  |
| Creation of this course will assist the program with alignment to national curriculum guidelines and national accreditation standards, both effective January 1, 2016. |

**Section III, Important Dates and Endorsements Required**

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Jeff Ziomek, Harrison Davis  |

**nOTE:** Changes for the Fall 2016 term must be submitted to the Dropbox by the February 5, 2016 deadline and approved no later than the March 4, 2016 Curriculum Committee meeting. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate Dean or Associate Vice President as well as the Provost and Vice President of Academic Affairs to begin in either the Spring 2016 or Summer 2016 term.

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| **Term in which approved action will take place** | Fall 2016 |

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| **Required Endorsements** | **Type in Name** | **Select Date** |
| **Department Chair or Program Coordinator/Director** | Joseph Washburn | 2/5/2016 |
| **Academic Dean or Associate Vice President** | Dr. Marie A. Collins | 2/5/2016 |

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| **Select Curriculum Committee Meeting Date** | March 4, 2016 |