Curriculum Committee

New Course Proposal

FLORIDA SOUTHWESTERN STATE COLLEGE

School or Division	School of Health Professions
Program or Certificate	Paramedic certificate/ AS EMS
Proposed by (faculty only)	Joe Washburn
Presenter (faculty only)	Joe Washburn
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	2/28/2019
Course prefix, number, and title	EMS 2600L Introduction to Paramedic Lab

All Curriculum proposals require approval of the Curriculum Committee and the Interim Provost for Academic Affairs. Final approval or denial of a proposal is reflected on the completed and signed proposal.

☒ Approve ☐ Do Not Approve

Mary R. Myers — *Curriculum Committee Chair Signature*

4/12/19 — *Date*

☑ Approve ☐ Do Not Approve

Interim Provost for Academic Affairs Signature

4-17-19 — *Date*

All Curriculum proposals require review by the Office of Accountability & Effectiveness.

☑ Reviewed

Barbara D. Miley — *Office of Accountability & Effectiveness Signature*

4-19-19 — *Date*

Section I, Important Dates and Endorsements Required

NOTE: Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Interim Provost for Academic Affairs' Office.

Term in which approved action will take place	Fall 2019
Provide an explanation below for the requested exception to the effective date.	
Change in the EMS accreditation (CoAEMSP) paramedic skill requirements	

Any exceptions to the term start date requires the signatures of the Academic Dean and Interim Provost for Academic Affairs prior to submission to the Dropbox.		
Dean	**Signature**	**Date**
Dr. Paula Tropello	Dr P Tropello	3-1-19
Interim Provost for Academic Affairs	**Signature**	**Date**
Dr. Eileen DeLuca	Eileen DeLuca	3-11-19

Required Endorsements	**Type in Name**	**Select Date**
Department Chair or Program Coordinator/Director	Joseph Washburn	2/6/2019
Academic Dean or Interim Provost for Academic Affairs	Dr. Eileen Deluca	Click here to enter a date.

List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).
Professor Mathew Stachler, Professor Tresa Hibben , Professor Rima Stevens

Has the Libraries' Collection Manager been contacted about the new course and discussed potential impacts to the libraries' collections?
No

Section II, New Course Information (must complete all items)

List course prerequisite(s) and minimum grade(s) (must include minimum grade if higher than a "D").	No prerequisite Minimum grade of a "C"
Provide justification for the proposed prerequisite(s).	
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 co-requisites.	EMS 2600 Introduction to paramedics
Provide justification for the proposed co-requisite(s).	Content is shared in the lecture
Is any co-requisite for this course listed as a co-requisite on its paired course? (Ex. CHM 2032 is a co-requisite for CHM 2032L, and CHM 2032L is a co-requisite for CHM 2032)	Yes EMS 2600 Introduction to Paramedics
Course credits or clock hours	2 credits
Contact hours (faculty load)	4 hrs.
Are the Contact hours different from the credit/lecture/lab hours?	
Select grade mode	Standard Grading (A, B, C, D, F)
Credit type	College Credit
Possible Delivery Types (Online, Blended, On Campus)	
Course description (provide below)	
Type course description here In Laboratory, Students will demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques, of both adult and child patients, according to the current American Heart Association Guidelines or its equivalent. The laboratory course is an in-depth study of the U.S. Department of Transportation, Paramedic: National EMS Education Standards, which covers "hands-on" skills, related to Introduction to Paramedics.	

General topic outline (type in outline below)
• Professional Roles of the paramedic • Basic Life Support skills • Venous access and medication administration • Advanced patient assessment skills • Advanced Airway management skills • Advanced Cardiac monitoring skills • Emergency Medical Technician Skills

Learning Outcomes: For information purposes only.

IV. Course Competencies, Learning Outcomes and Objectives

A. General Education Competencies and Course Outcomes

1. Integral *General Education Competency or competencies*: **Communicate**

- Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.

2. Supplemental *General Education Competency or competencies*: **Think**

- Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.

B. In accordance with Florida Statute 1007.25 concerning the state's general education core course requirements, this course meets the general education competencies for ....
Part B would only be included in the course outlines of those courses are included in the FSW Catalog as a General Education Core Course. If this is not a core course, then outline letter C would become B.

C. Other Course Objectives/Standards

Copy and Paste the SCNS Course Profile Description below (http://scns.fldoe.org/scns/public/pb_index.jsp).

Discipline166-EMERGENCY MEDICAL SERVICES
Discipline Definition NONE
Prefix EMS-EMERGENCY MEDICAL SERVICES
Prefix Definition EMERGENCY MEDICAL SERVICES IS A SYSTEM BY WHICH VICTIMS OF UNEXPECTED ILLNESS OR INJURY RECEIVE PRE-HOSPITAL EMERGENCY MEDICAL CARE BY TRAINED PERSONNEL. IN THIS DISCIPLINE, LAB REFERS TO LEARNING IN A CLASSROOM SETTING AND CLINICAL REFERS TO THE APPLICATION OF SKILLS IN A REAL PATIENT CARE SETTING. EMERGENCY MEDICAL SERVICES IS A SYSTEM BY WHICH VICTIMS OF UNEXPECTED ILLNESS OR INJURY RECEIVE PRE-HOSPITAL EMERGENCY MEDICAL CARE BY TRAINED PERSONNEL. IN THIS DISCIPLINE, LAB REFERS TO LEARNING IN A CLASSROOM SETTING AND CLINICAL REFERS TO THE APPLICATION OF SKILLS IN A REAL PATIENT CARE SETTING.

Revised: 11/11, 6/12, 6/13, 7/14, 8/15, 8/16, 8/17, 5/18, 6/18;10/18

Century Title600-699-1998 PARAMEDIC CURRICULUM
Decade Title600-609-LECTURE, LAB (L), OR LECTURE/LAB (C)
State Wide Course EMS 600-PARAMEDIC FUNDAMENTALS
Status ACTIVE
Transfer GUARANTEED TRANSFER TO INSTITUTION OFFERING SAME COURSE.
Course Intent LOWER
Prerequisites EMT CERTIFICATE
Corequisites PARAMEDIC PREPARATORY
Profile Description THIS COURSE IS THE SECOND COURSE IN A SEQUENCE OF INSTRUCTION FOR THE PARAMEDIC CERTIFICATE PROGRAM AND MEETS THE REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION NATIONAL STANDARD CURRICULUM. COURSE INSTRUCTION INCLUDES VENOUS ACCESS AND MEDICATION ADMINISTRATION, HISTORY TAKING, TECHNIQUES OF PATIENT ASSESSMENT, COMMUNICATION, DOCUMENTATION, AND AIRWAY VENTILATION. ers, FL 33908

Revised: 11/11, 6/12, 6/13, 7/14, 8/15, 8/16, 8/17, 5/18, 6/18;10/18

ICS code for this course	ADVANCED AND PROFESSIONAL - 1.11.12 - HEALTH PROFESSIONS
Institutional Reporting Code	11112 HEALTH PROFESSIONS
Degree Attributes	AS AS COURSE
Degree Attributes (if needed)	Choose an item.
Degree Attributes (if needed)	Choose an item.
Degree Attributes (if needed)	Choose an item.
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".	Yes Must be accepted into the paramedic program
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
If Replacing a course, combining a Lecture/Lab or splitting a C course – Is there a course equivalency?	
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	No If repeatable, list maximum number of credits
Do you expect to offer this course three times or less (experimental)?	No

Impact of Course Proposal	
Will this new course proposal impact other courses, programs, departments, or budgets?	Yes
If the answer to the question above is "yes", list the impact on other courses, programs, or budgets?	It will change the AS in EMS degree requirements. No impact in any other areas.

Revised: 11/11, 6/12, 6/13, 7/14, 8/15, 8/16, 8/17, 5/18, 6/18;10/18

Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below. **The course was discussed with the Medical Director, Program Coordinator's, The Dean of Health Professions, and the Provost and all agree to the new course.**

Section III, Justification for proposal

Provide justification (below) for this proposed curriculum action.
CoAEMSP accreditation standards: ***Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations Critical components to this process are demonstrating the program is providing "adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care"*** Possible Evidence of Compliance For This Standard: ¬ Completed Appendix G – Student Patient Contact Matrix [Appendix G – Student Patient Contact Matrix for available at http://coaemsp.org/Self_Study_Reports.htm]. ¬ Advisory committee minutes [Advisory Committee Agenda and Checklist form available at http://coaemsp.org/Evaluations.htm]. The clinical resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies. The program must set and require minimum competency numbers of patient contacts for each listed category. Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions. The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. No minimum number can be fewer than two (2), including each pediatric age subgroup. The objectives must clearly state the intent of the rotation and outcomes required. While the specific units/rooms may provide the types of patients to meet the objectives, there are likely other locations and creative activities that can provide the necessary type of patient encounters.

The access and availability of the patients is the critical issue. The location of the experiences is at the discretion of the program. For example, psychiatric patient exposures may occur in the emergency department.

Live patient encounters must occur; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program must show that this method of instruction is contributing to the attainment of the program's goals and outcomes.

In order for an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.

For airway management: Each student must demonstrate competency in airway management. The program sets the required minimum competency numbers approved by the Medical Director and Advisory Committee as described above.

For example, the paramedic student should be successful in any combination of live patients, high definition simulations, low fidelity simulations, and/or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High definition simulation is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads. Paramedic students should have exposure to diverse environments of learning, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory surgical centers, and out of hospital settings (e.g., ambulance or field environments) and laboratories (floor, varied noise levels, varied lighting conditions).

The paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels, with a 90% success rate utilizing endotracheal intubation models in their last ten (10) attempts. The paramedic student needs to be 100% successful in the management of their last twenty (20) attempts at airway management. The majority of airway attempts should be emphasized

with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director's signature.

Evaluation of the clinical and capstone field internship sites should be done by the program. They should ensure, through tracking (Standard III.C.2) that the clinical and capstone field internship sites provide the minimum requirements for competency (See II.C and IV.A.1).

Standard III.C.1. Curriculum (Sequencing) Showing progression of learning from the class to the lab to clinical to field to the capstone field internship

Progression of learning typically involves didactic/theory followed by laboratory practice followed by clinical experience followed by capstone field internship.

The required curriculum content topics should be documented through course syllabi, lesson plans, supplemental instructional materials, textbooks, reference materials, etc, which lead to accomplishment of the program goals and outcomes.

In order to assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio which documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, clinical and capstone field internship. The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement and documentation of the affective, cognitive, and psychomotor domains.

Program completion is defined as successful completion of all phases (didactic, clinical, field experience, and capstone field internship).

Standard III.C.2. Curriculum (Establishing Minimums) Establishing a minimum number of patient encounters prior to program completion

The program must establish the minimum number of encounters for each of the competencies for each of the defined distributions. (see Interpretation III.A.2)