Advisory Committee Meeting Minutes

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

SPONSOR / INSTITUTION NAME:	Florida SouthWestern State College		
CoAEMSP PROGRAM NUMBER:	600034	**DATE, TIME, + LOCATION OF MEETING:**	April 20,2021
CHAIR OF THE ADVISORY COMMITTEE:[1]	Chief Dan Seiber		

ATTENDANCE

Community of Interest	**Name(s)** – *List all members. Multiple members may be listed in the same category.*	**Present** – *Place an 'x' for each person present*	**Agency/Organization**
Physician(s) *(may be fulfilled by Medical Director)*	Dr. Alex Rodi, DO		
Employer(s) of Graduates Representative	Bruce Gastineau Larry Arfmann Arthur Wolf Curtis Rine Randy Krause Noemi Fraguela Joseph Maguire	x X x	Assistant Chief Collier County EMS Division Chief Lehigh Acres Fire Collier County Training Captain Charlotte County Fire Training Captain Ft. Myers Beach Division Chief of EMS Training Captain Collier County EMS Deputy Chief Lee County EMS
Key Governmental Official(s)	Dan Summers Britton Holdaway		Director, Emergency Management Services, Collier Planning Manager Lee County
Police and Fire Services	Daniel Sieber Jason Fair Lance Pullen Roy Brown	X	EMS Division Chief San Carlos Park Fire Public Safety Director Charlotte County City of FT Myers Deputy Chief of Operations Fire
Public Member(s)	Tom Brennan James Connelly		Retired EMS/Fire Chief Community Member/Prior Student

[1] The best practice is that the chair is not the Program Director. The Advisory Committee is *advising* the program.

Community of Interest	**Name(s)** – *List all members. Multiple members may be listed in the same category.*	**Present** – *Place an 'x' for each person present*	**Agency/Organization**
Hospital / Clinical Representative(s)	Theresa Foley		Lee Health
	Risa Wildeman		NCH
	Cathy Bartoszek		Physicians Regional
	Lisa Cefalo		Bayfront Health
	Kathleen Boyd		Bayfront Health
	Noah Bourk	x	Lee Health Trauma Center
	Amanda Garcia		Lee Health
	Arlyn Fernandez		Physicians Regional
	Jana Turcotte	x	Lee Health
	Jennifer Craft		Lee Health
	Louisa Smith		Physicians Regional
	Mr. Dolan Abuaouf		Director of Academics and Medical Education at Lee Health
Other			
Faculty [2]	Linda Welch		EMS Support Specialist – EMS/FIRE Programs, FSW
	Mike Knoop		EMS Support Specialist – EMS/FIRE Programs, FSW
	Tracy House		EMS Support Specialist – EMS/FIRE Programs, FSW
	Tamara Mole	X	EMS Support Specialist-EMS/Fire Programs, FSW
	Matthew Stachler		Program Coordinator-FSW
	Tresa Hibben		Program Coordinator-FSW
	Rima Stevens	x	Clinical Coordinator-FSW
	Megan Davis	x	Clinical Adjunct-FSW/Lee County EMS
	Leticia Guevara		Clinical Adjunct-FSW/Lee County EMS
Sponsor Administration[2]	n/a	n/a	n/a
Student (current)	Alicia Keen		Paramedic Student FSW
Graduate	Jared Sullivan		Paramedic Graduate
	Jessica Huckeby		Paramedic Graduate/Collier county EMS
	Becca Green		Paramedic Graduate/Lee county EMS
Program Director, *ex officio, non-voting member*	Joe Washburn	x	
Medical Director, *ex officio, non-voting member*	Dr. Alex Rodi		
[3]			

[2] Additional faculty and administration are ex-officio members.
[3] Add rows for multiple members of the same community of interest
If the program has additional named communities of interest, list the community of interest and the name(s) that represent each.

Community of Interest	**Name(s) –** *List all members. Multiple members may be listed in the same category.*	**Present –** *Place an 'x' for each person present*	**Agency/Organization**

	Agenda Item	Discussion	Action Required	Lead	Goal Date
1.	**Call to order**	Dan Sieber	Yes / No	Sieber	
2.	**Roll call**	Welcome please sign into zoom chat that will be our roll call and record of who was here.	Yes / No	Sieber	
3.	**Review and approval of meeting minutes**	Review Minutes from October 2019 and May 2020. Motion Approved and 100% I's.	Yes / No	Sieber	
4.	***Endorse* the Program's minimum expectation** [CAAHEP Standard II.C. Minimum Expectation] ❑ "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels." ❑ Establish / review additional program goals[4]	Sieber: calls motion to endorse program minimums : "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." Motion Approved and 100% I's.	Yes / No		
5.	***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]	See Below	Yes / No	Washburn	

[4] Additional program goals are not required by the CAAHEP *Standards*. If additional program goals are established, then the program must measure them.

	Agenda Item	Discussion	Action Required	Lead	Goal Date
	❑ NEW Appendix G: Student Minimum Competency Matrix (*effective July 1, 2019*) ❑ Review summary graduate tracking reports	Sieber: Now we are going to speak about the G report. It has all the Minimum numbers for skills etc for the students. Washburn: You are currently looking at one students G report. That is in the program they are half way through. The items in red we anticipate them going to green. Keep in mind none of these students have started any field work and or field experience. They have done only so far half of their clinical rotation. If you look in table one the first column, this is what the minimum recommendations are from our accreditation body. We have matched those minimum numbers at this time, this is our 3rd cohort utilizing these numbers. But we just received our first cohorts grad numbers so we feel like we need atleast 3 graduated groups numbers before we make any adjustments. To make sure we are not overzealous in raising them. Sieber: Any questions or comments? About the G report or the minimums. Arfamann: The red numbers are not a bad thing right? Washburn: Its not a bad thing in this groups current position. If this was a student who was getting ready to graduate we would not be able to graduate them because they did not meet the programs minimums. We are constantly reviewing this report and having the students review it as well. Especially in the hospital settings, we have a clinical associate with them to help facilitate some of those peds numbers. Stevens: This new cohort has completed 72 hrs of the 140 hrs of clinical. They still have 65 left. I am adding an extra peds ed shift to each semester. I do have a Clinical Associate who has a peds background to go with them. Sieber: Motion to endorse Program minimums. McGuire: Motion Arfamann: Second Sieber: Motion Approved.			
6.	**Review the program's annual report and outcomes** [CAAHEP Standard IV.B. Outcomes] ❑ Annual Report data ❑ Thresholds/Outcome data results	Sieber: Annual Report and outcome data is next. Washburn: Our annual report as of 2017 was redesigned by our accrediting body. It's looking in the rears of not the past year but the year before that. This is from 2019. One of the reasons for that is that we do not send out any kind of surveys until they have been graduate	Yes / No		

Agenda Item	Discussion	Action Required	Lead	Goal Date
❑ Graduate Survey results ❑ Employer Survey results ❑ Resources Assessment Matrix results ❑ Other	for 6 months. The accreditation body realizes that in order to do that they need to redesign the annual report so that they can have that info. For 2019 we met all of our requirements accept our retention area. All areas need to be at the 70% threshold. We were at a 62.5%. We knew this was going to happen so we need to create a plan of action. What we did was we took applications, required them to take an entrance exam, and then did an interview. We started this with our 2019-2020 cohort. We selected 24 students that did the best across all areas. Prior to that we would take everyone which was anywhere from 50 to 60 students. We would only graduate around 30 students. So with this cohort we had 40 students and only 25 graduate. When we are not selective in the early process we get students who may not be prepared for the long time commitment for our program. I think what you will find in our next annual report is that we will have passed the threshold of 70%. For our pass rates for the National Registry we met that threshold we had 87.5 pass rate. Me also again met the threshold of positive placement. That's them out there working out in the field as a medic and we are at 72% for that. Graduate surveys we sent out 100%. Sieber: Any questions from the group about the annual report? Any suggestions on the retention piece or how to get an employer to respond to the surveys? Ok moving on to other assessment results. Tammy: We do a RAM survey every year. The students and and staff including advisory board fill them out. The summary of reasons for drops 6 failed Theory 1 which is our very first semester. 6 of them dropped for employment reasons. About 7 of them dropped for unknown reasons. The 3 top positive comments that we received, they liked the open lab and the equipment that we have. The hands-on experience and the field internship/ CA's. The negative comments where that there was too much hospital and clinical time. We had a few comments about negativity of preceptors to students. They also did like some of the CA"S. Some people said the CA's where great and then others not so much. I just looked at the recent Ram Surveys from 2020 and they had some of the same comments as well. Washburn: I think the confusion for the Medics when they do the hospital time is that we are giving them the opportunity to be in a variety are areas ICU, stepdown units etc. For them it doesn't seem to			

	Agenda Item	Discussion	Action Required	Lead	Goal Date
		translate into emergency. A lot of the medics feel a lot of the hospital time should be spent in the ER. They fail to understand that they are getting exposed to the whole healthcare system. I think that we could do a better job of getting to understand that early. But if you compare our clinical hours to other schools nationally we are probably very low in our hrs. When you look at the state of FL compared to other states we are one of the lowest numbers for hours in the Medic program. We can work on getting them to understand it better. But where we are placing them today they need to understand the continued health care system and gets them to see a variety of medical conditions. Stevens: I think their challenges are when I put them in a regular unit, they feel being with one nurse they only see what that nurse gets to see aka 4 same patients, they are medics they only want to see them for a limited time. I explained to them that that's where they get most of the skills met and they can see the treatment progression. Im trying to explain the medic side of it to the nurses and educators, it's a different culture. Its just a matter of miscommunication etc. Davis: Playing off what Washburn was saying we need to instill into the students that's it's not all about what we are doing its about why we are doing it as well. All of the different floors play off of our emergency side of things. Which makes everyone a better provider at the entry level. Turrcotte: As we move forward, I know now we are (Lee Health) are currently closed for Medics and EMT's, I really hope for Fall we are able to open up. We won't know till mid-summer. As we do move forward, if there is anything I can do to help support your message to the units and the directors so that they can filter that down. So that they know how important it is to have those medics on those floors. So they can say this is what they look when they come in the ER here is the transition though the diseases process. Stevens: Yes, that would be wonderful thank you Jana.			
7.	**Review the program's other assessment results** [CAAHEP Standard III.D. Resource Assessment] ❑ Long-range planning	See above.	Yes / No		

	Agenda Item	Discussion	Action Required	Lead	Goal Date
	❑ Student evaluations of instruction and program ❑ Faculty evaluations of program ❑ Course/Program final evaluations ❑ Other evaluation methods				
8.	**Review program changes** *(possible changes)* ❑ Course changes (schedule, organization, staffing, other) ❑ Preceptor changes ❑ Clinical and field affiliation changes ❑ Curriculum changes ○ Content ○ Sequencing	Sieber: Moving on to changes in the program. Stevens: Because of Covid we had to make some changes, we where having trouble getting the students into the OR to get our intubations and other skills. We where able to reach out to a cadaver lab service and we booked for 2 days in June. And we are going to have the students do some intubations. Washburn: When Professor Stevens was convinced we were not going to get back into the OR. She was able to reach out to company out of Sarasota that will transport a cadaver to our facilities. The cadaver will be here for 48 hrs. in that 48 hrs we will do multiple rotations with the students for them to achieve the intubations. Are hope is that that wont be the end of there intubations experience our hope is that if OR services did open up in Fall that even though the clinical is done, maybe we can try to get them in the OR for one day. To do a couple more lives intubations. Speaking with Dr. Rodi between the cadaver lab and the sim lab those will be their intubation commitment and sign off. Sieber: Unfortunately, that's the sign of the times.	Yes / No		
9.	**Review substantive changes** *(possible changes)* [CAAHEP Standard V.E. Substantive Change] ❑ Program status ❑ Program personnel: PD, Lead Instructor, other ❑ Addition of distance education component ❑ Addition of satellite program	Sieber: Now moving on to substantive changes to the program. Washburn: From a personnel perspective the college is in the search for a Dean for the School of Health Professions. Currently we are under the interim Dean who is the Vice Provost of the college Dr. Norman. They have started a search committee. I was hopeful that was going to happen by July 1. But it appears the first round many of the candidates withdrew or dropped out. So the search was closed. I think they will be starting a new coming up shortly. I don't anticipate them filling the position until January 1st. From a program prespective we have lost one of our program coordinators. Professor Tressa Hibben is no longer working for FSW. So we are in the process of filiing that postion. We hope to have interviews at the end of the month. Hopefully we will	Yes / No		

	Agenda Item	Discussion	Action Required	Lead	Goal Date
		have someone to till that slot and have them teach in both EMT and Paramedic. We will then send out a notification to the Advisory Board when that happens as well as post on social media. Nothing else is changing. We spoke in our last meeting about increasing clinical hours but due to covid we are going to have to wait until we get back to normal.			
10.	**Other identified strengths**	Sieber: We are video the final testing, opened up some eyes and created as much objectivity as possible with grading. Arfmann: We have found that the last few hires that went through FSW they have been very prepared. Both EMT and Medics. Mcgurie: I think that Covid unfortunately caused major problems but I think with this group coming though now they have a lot more experience in distributive technology. That will only help with outcomes. And what we are seeing is that the younger folks are coming in and helping the old folks adapt to different ways of learning. And it will probably only improve going forward.	Yes / No		
11.	**Other identified weaknesses**	Sieber: Concerns me that we are not getting into the clinical areas. Not sure there is a lot we can do about that. Washburn: Yes, I would agree. The cadaver is going to the first time that we have that or use one. I agree they won't be able to see a variety of airways. I am feeling better that we will have a human body vs. a simulated mannequin. Even pre covid the OR continues to be a challenge for our program. Especially with the increase in the nurse anesthetist programs. I know that Professor Stevens has tried to reach out to even just free standing OR centers. We just haven't been successful. Stevens: I did get a hold of NCH and they turned us down. Physical Regional same thing. The only place right now taking students is Cape Coral OR. We are waiting on the green light from Lee Health learning department. Turcotte: I have been in this position since mid-summer last year. Let make sure I am clear with Lee Health only Cape coral hospital will allow medics in for intubations in the OR.	Yes / No		

	Agenda Item	Discussion	Action Required	Lead	Goal Date
		Stevens: Yes, that is the only one we have been utilizing for the last 2 years. I reached out to Health park they said no. Lee memorial we had a scheduling conflict with the EMTs so they said no more students. So, we would really like your help Jana when this is all over. If we can get 2 OR sites that would be great. Turcotte: I know we have had some turnover with our educators. I will keep this on my radar. I would like to use the acute care OR before the ambulatory surgical centers. Stevens: I did reach out to Sancutary and Coconut point and both said no. Turcotte: I will touch base with you about this because intubations are really critical in there role so we want them to be proficient before they graduate.			
12.	**Identify action plans for improvement**		Yes / No		
13.	**Other comments/recommendations**		Yes / No		
14.	**Staff/professional education**		Yes / No		
15.	**CoAEMSP/CAAHEP updates**	See below. They are doing Accredicon this year but it is virtual. They have revamp anywhere from 25 to 30 forms. And created 15 forms for Covid.	Yes / No		
16.	**Next accreditation process** (i.e., self-study report, site visit, progress report)	We are in the backlog for self-study report, so we are not sure when our site visit will happen. They are allowing virtual site visits.	Yes / No		
17.	**Other business**	Stevens: I am going to reach out to urgent cares and free- standing ERs. Hopefully we can send some EMT and Medics to those after we get affiliation agreements if they will let us in. Just to secure more options. Dr. Rodi our Medical Director has tested positive for Covid.	Yes / No		
18.	**Next meeting(s)**	4/2022	Yes / No		
19.	**Adjourn**	Thank you everyone!	Yes / No		

Minutes prepared by Tamara Noble Date 5/28/2021

Minutes approved by [signature] Date 2/15/2021

If item #5 above was acted on, then:

Medical Director's signature [signature] Date 2/15/2021

Attach **Appendix G > Table 1** to verify which required minimum numbers were reviewed and endorsed (*if item #4 above was acted on*)

PURPOSE OF THE ADVISORY COMMITTEE

The Advisory Committee must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. [CAAHEP Standard II.B. Appropriate of Goals and Learning Domains]

Additionally, program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. [CAAHEP Standard II.A.]

Responsibilities of the Advisory Committee

- Review and endorse the minimum program goal.
- Review and endorse the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.

Student Minimum Competency (SMC) Matrix [formerly known as Appendix G]

Revised 2020.09

CoAEMSP Program #: 600034 (the 600xxx number assigned by CoAEMSP)

Sponsor/Institution Name / Year: Florida SouthWestern State College | 2021 <== Revise year as needed

Current Accreditation Status: Continuing Accreditation

Date Completed: 4/19/2021 (e.g., m/d/yyyy)

Number of Students Evaluated: 15

The tables below have been populated with the CoAEMSP's ***Recommended*** Minimum Numbers of student competencies for each listed category except for the pediactric age subgroups. The **REQUIRED** minimum numbers of student competencies for each of the pediactric age subgroups is two (2) or more. If the program required minimum number(s) differ(s) from the CoAEMSP ***Recommended*** Minimum Number(s) for any competencies other than the pedictric age subgroups, the number(s) in the Program Required Minimum Numbers column should be adjusted accordingly. If desired, programs can determine their own required minimum number for any student competency category that does not contain a CoAEMSP ***Recommended*** Minimum Number.

Standard III.C.2 Programs must establish and require minimum numbers of student competencies (i.e., skills, patient ages, differential diagnosis or complaints, team leads, etc). The minimum competency numbers must be approved by the Medical Director, endorsed by the Advisory Committee, and documented in Advisory Committee minutes. There must be at least an annual documented evaluation of the established minimums to determine ongoing graduate competency.

Standard IV.A.2.b. Programs must track at least all of the procedures listed below. Program tracking documentation must show 100% of program graduates have met 100% of the program minimums.

NOTE: Programs holding the status of Letter of Review (LoR) MUST also establish and track minimum competencies to ensure graduate competency.

TABLE 1

<=== Hover cursor here to see definitions

Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship	CoAEMSP *Recommended* Minimum Numbers	Program Required Minimum Numbers	Average [most recent graduating cohort]	Range (provide actual numbers) [lowest number]	[highest number]
Trauma	**30 Total**	**30**	**64**	**52**	**88**
Trauma - Pediatric	6	6	15	7	23
Trauma - Geriatric	6	6	22	14	40
Pediatrics* *Each pediatric age subgroup REQUIRES at least two (2) or more live encounters	**18 Total**	**18**	**60**	**51**	**92**
Newborn*	2	2	4	2	10
Infant*	2	2	6	3	13
Toddler*	2	2	9	2	16
Preschool*	2	2	8	3	16
School-Aged*	2	2	20	14	35
Adolescent*	2	2	13	6	18
Medical	**60 Total**	**60**	**217**	**194**	**285**
Medical - Pediatric	12	12	45	31	72
Medical - Geriatric	12	12	77	68	101
Stroke and/or TIA	2	2	9	6	14
Acute Coronary Syndrome	2	2	19	7	51
Cardiac Dysrhythmia	2	2	119	58	199
Respiratory Distress and/or Failure	2	2	89	53	135
Hypoglycemia or DKA or HHS	2	2	7	2	12
Sepsis	2	2	21	12	36
Shock	2	2	7	4	18
Toxicological Event and/or OD	2	2	13	8	24
Psychiatric	6	6	14	7	28
Altered Mental Status	2	2	49	30	88
Abdominal Pain	2	2	29	17	51
Chest Pain	2	2	41	30	77
Skills					
IV Medication Administration	20	20	98	58	196
IM or SQ Injection	2	2	10	6	15
Inhaled Medication (MDI, Nebulizer)	2	2	8	5	11
Team Leads in Capstone Field Internship	**20 Total**	**20**	**62**	**54**	**88**

Hover cursor over above cell to see definition of team leads

Please Select (dropdown)

Programs may elect to strictly follow the progression sequence in Table 2 (completing 100% of each column prior to advancing to the next column) or they may choose to vary progression slightly according to the NREMT PPCP. Select "Yes" if the program strictly followed the progression sequence of Table 2. Select "No" if the program routinely varied progression from one column to next. (Note: There is no incorrect response).

TABLE 2

Sequence of Learning Progression: Individual Skill Evaluation → Individual Skill Scenario → Live Application Individual Skills → "Putting it all together" Evaluation of Skills in a Comprehensive Laboratory Scenario or Live Patient Encounter → Capstone Field Internship

Required Competencies and Skills Prior to Capstone Field Internship *must have at least one successful instructor evaluated and documented performance before starting the related individual skill scenario	Individual Student Competency Evaluation in the Laboratory (Min # of Times)		Individual Student Competency Evaluation in a Laboratory Scenario (Min # of Times)		Isolated Skill Competency Performed and Evaluated on Live Patient ONLY (Total Min # of Times)		Skill Competency Performed and Evaluated in a Laboratory Scenario or on a Live Patient in the Clinical or Field Experience (Total Min # of Times)	
	CoAEMSP *Recommended*	Program Required Minimum	CoAEMSP *Recommended*	Program Required Minimum	CoAEMSP *Recommended*	Program Required Minimum	CoAEMSP *Recommended*	Program Required Minimum
*Obtain a Patient History from an Alert and Oriented Patient	2	2					8	8
*Comprehensive Normal Physical Assessment - Adult	2	2						
*Comprehensive Normal Physical Assessment - Pediatric	2	2	2	2	2	2		
*Direct Orotracheal Intubation - Adult	10	10	2	2			12	12
*Direct Orotracheal Intubation - Pediatric	10	10	2	2			12	12
Nasotracheal Intubation - Adult	2	2						
Supraglottic Airway Device - Adult	2	2	6	6			12	12
*Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	2	2	4	4			2	2
CPAP and PEEP	1	1	2	2			2	2
*Trauma Physical Assessment - Adult	2	2	2	2	6	6	6	6
Trauma Endotracheal Intubation - Adults	2	2	2	2			2	2
*Pleural Decompression (Needle Thoracostormy)	2	2	2	2			2	2
*Medical including Cardiac Physical Assessment	2	2	2	2	40	40	10	10
*Intravenous Therapy	2	2	10	10	20	20	15	15
*IV Medication Administration	2	2	2	2	2	2	10	10
*Intravenous Piggyback Infusion	2	2	2	2				
*Intraosseous Infusion	2	2	4	4			2	2
*Intramuscular Medication Administration	1	1	1	1			1	1
*Subcutaneous Medication Administration	1	1	1	1			1	1

*Synchronized Cardioversion	2	2	4	4			10	10
12-Lead ECG Placement					4	4		
*Defibrillation	2	2	4	4			10	10
*Transcutaneous Pacing	2	2	4	4			10	10
Normal Delivery with Newborn Care	1	1	2	2			4	4
*Abnormal Delivery with Newborn Care	1	1	2	2			4	4
Neonatal Resuscitation Beyond Routine Newborn Care	1	1	2	2			4	4
Totals	60	60	64	64	74	74	139	139

TABLE 3

Total Minimum Number of Scenarios Where the Student serves as Team Leader *OR* Total Minimum Number of Scenarios Where the Student serves as Team Member but Prior to Capstone Field Internship

Laboratory Scenario Pathology or Patient Complaint	CoAEMSP *Recommended* Minimum # as Team Leader	Program Required Minimum # as Team Leader			CoAEMSP *Recommended* Minimum # as Team Member	Program Required Minimum # as Team Member		
		Pediatric	Adult	Geriatric		Pediatric	Adult	Geriatric
Respiratory Distress and/or Failure	1 Pediatric	1			Total of 10 Team Member Evaluations in *ANY* Scenario*			
Chest Pain			2					
Cardiac Dysrhythmia and/or Cardiac Arrest	1 Adult		2					
Stroke	1 Geriatric			1				
Overdose								
Abdominal Pain								
Allergic Reaction and/or Anaphylaxis								
Hypoglycemia or DKA or HHNS								
Psychiatric								
Seizure								
Obstetric or Gynecologic	1 Adult		1					
Delivery with Neonatal Resuscitation	1 Neonate	1						
Trauma (blunt, penetrating, burns, or hemorrhage)	1 Pediatric & 1 Adult	1	1					
Shock								
Sepsis	1 Geriatric			1				
Elective (any two additional from above)* **A total of ten (10) Team Lead Evaluations are required; eight (8) are recommended for each student.* *How many elective Team Lead Evaluations does the program require for each student?* *Please Note: The program will be required to identify those electives for each student in the summary tracking documentation.*	2 (any two additional from above)	2			**A total of ten (10) Team Member Evaluations are required for each student.* *How many Team Member Evaluations does the program require for each student?* *Please Note: The program will be required to identify those Team Member Evaluations for each student in the summary tracking documentation.*	10		
Minimum Number of Team Lead Evaluations (with all recommended minimums achieved)	10	5	6	2	**Total of 10 Team Member Evaluations in *ANY* Scenario**	10		

TABLE 4

Basic Competencies to be Evaluated in Laboratory Prior to Any Live Patient Encounters in Clinical, Field Experience or Capstone Field Internship	Peer Evaluation with Instructor Oversight		Instructor Evaluation in Scenario Prior to Capstone Field Internship	
Basic Competencies Lab overseen by instructor as students check off each other (peer evaluation). There must be at least 1 peer evaluation for each of the following Competencies.	**CoAEMSP *Recommended***	**Program Required Minimum**	**CoAEMSP *Recommended***	**Program Required Minimum**
Spinal Immobilization Adult (Supine Patient)	1	1	2	2
Spinal Immobilization Adult (Seated Patient)	1	1	2	2
Joint Splinting	1	1	2	2
Long Bone Splinting	1	1	2	2
Traction Splinting	1	1	2	2
Hemorrhage Control	1	1	2	2
Intranasal Medication Administration	2	2	2	2
Inhaled Medication Administration	2	2	2	2
Glucometer	2	2		2
12-lead ECG placement	2	2	2	2
CPR Competencies Lab equivalent to AHA BLS for Healthcare Providers overseen by instructor as students check off each other:				
1 & 2 Rescuer CPR for Adults	1	1	2	2
1 & 2 Rescuer CPR for Children	1	1	2	2
1 & 2 Rescuer CPR for Infants	1	1	2	2
Bag-Mask Technique and Rescue Breathing for Adults	1	1	1	1
Bag-Mask Technique and Rescue Breathing for Children	1	1	1	1
Automated External Defibrillator	1	1		1
Relief of Choking in Infants	1	1	1	1
Relief of Choking in Patients 1 Year of Age and Older	1	1	1	1

Briefly describe the tracking system by which the program will collect the above data.

We currently use FISDAP

State the Program's specific action plan for students who do not meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical experience and field experience/internship activities).

The students would have to extend their capstone by 2 weeks or receive a failing grade and retake their capstone course.

Medical Director Approval Required

	04/20/2021
Print Name in Box Above	Date (mm/dd/yyyy)
Checking this box constitutes an electronic signature for Medical Director approval for the above program required minimum numbers.	
Please Note: If the Associate Medical Director has approved the above program required minimum numbers, then the program must be able to provide evidence the program Medical Director has delegated this duty to the Associate Medical Director for review during on-site evaluations or at any point evidence is requested by the CoAEMSP.	

Advisory Committee Endorsement Required

Date on which the Advisory Committee ENDORSED the above program required numbers: 04/20/2021 (mm/dd/yyyy)

Note: The Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G] and the program Advisory Committee meeting minutes indicating endorsement should be kept together and provided as a single PDF file when submitting as evidence to the CoAEMSP.

Total number of competencies less than the CoAEMSP's Recommended Minimum Numbers:	0

Programs must provide one (1) or more Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G] Rationale Form which address EACH of the Program Required Minimum Competency numbers that are *less than* the CoAEMSP's Recommended Minimum Numbers. If a single Student Minimum Competency (SMC) Matrix Rationale Form addresses more than one (1) competency number less than the CoAEMSP's Recomnended Minimum Numbers, then each competency addressed must be listed on the Student Minimum Competency (SMC) Matrix Rationale Form. The Total number of competencies less than the CoAEMSP's Recommended Minimum Number is immediately above this box and must be addressed using the Student Minimum Competency (SMC) Matrix Rationale Form in addition to the Student Minimum Competency (SMC) Matrix [formerly known as APPENDIX G]. This total number is based on the completed tables (1-4) above and have remained "RED" in the Program Required Minimum columns, along with an alert note on the right side of the table which indicates further documentation is required. For example, if a number "3" appears in the Total number of of competencies less than the CoAEMSP's Recommended Minimum Numbers box, then there are three (3) competencies that have remained "RED" in the Program Required Minimum columns and the program will need to address each of the competencies that have remained "RED" in the Program Required Minimum columns.

The Student Minimum Competency (SMC) Matrix Rationale Form requires the program to provide the (1) rationale, (2) process for that specific competency number, and (3) evidence used in establishing any minimum competency numbers that are *less than* the CoAEMSP's Recommended Minimum Numbers. Once this documentation has been gathered and completed, then the documentation must be included and named as instructed for either the self-study or response to the Findings Letter/Progress Reports. The Student Minimum Competency (SMC) Matrix Rationale Form is availabe on the Resource Library page in the Resource Assessment section of the CoAEMSP website.

The program should contact Mr. Doug York at the CoAEMSP with any questions regarding minimum competency numbers which are less than the CoAEMSP's Recommended Minimum Numbers.

The program should contact Lisa Collard at the CoAEMSP with any questions regarding the instructions for including the documentation in the Self Study Reports or the response to the Findings Letter/Progress Reports.

Doug York Contact:	doug@coaemsp.org	214-703-8445 ext 119
Lisa Collard Contact:	lisa@coaemsp.org	214-703-8445 ext 118

Report options
Goal set: 2021-2022 FSW Template
Location(s) All Clinical sites, All Field sites, All Lab sites
Patient typ Human (live), Human (dead), Manikin (sim), Manikin (other)
Date range Through April 19, 2021
Shift status All shifts
Student(s): 17 students
Created by Joe Washburn on 04/19/21 at 13:37

CoAEMSP Summary Tracking

	Male Patie	Female Pat	MED ADMI	ETT	BVM/VENT	IV / IO	NEWBORN	INFANT	TODDLER	PRE-SCHOC	SCHOOL AC	ADOLESCEI
Requirem			20	5	20	20	2	2	2	2	2	2
Isabel Aray	77	28	83	6	10	46	0	4	6	3	4	5
Ashley Bog	70	29	155	12	14	82	0	1	7	4	7	1
Daniel Can	59	20	58	8	13	53	0	0	2	2	3	4
hannah Cha	74	26	132	13	19	69	0	2	3	2	2	2
Molly Chas	0	0	0	0	0	0	0	0	0	0	0	0
Bryan Clem	78	44	134	13	16	72	0	3	6	2	6	5
Dwane Eck	109	58	179	15	15	92	0	1	8	5	12	7
BROOKE FL	78	31	90	7	22	61	2	2	8	2	2	3
Catherine (	81	25	110	10	21	60	0	4	1	1	5	4
robert lloyd	90	42	148	8	13	93	0	2	8	5	6	11
Jonathan M	94	43	266	14	22	122	2	6	9	3	10	8
Arielle New	63	28	72	12	15	33	0	0	2	1	9	2
Grayson Pi	79	32	79	10	14	68	0	3	10	4	8	6
tony santo	67	18	90	6	14	64	0	1	2	2	4	4
Michael Sh	96	38	158	17	16	77	0	1	5	0	8	4
Phillip turn	77	36	110	9	4	56	0	2	4	3	5	7
cesar valen	66	24	124	12	5	44	0	0	3	1	4	5

TOTAL PED	ADULT	GERIATRIC	OB	TRAUMA	CARDIAC	PSYCH	A. DYSPNEA	P. DYSPNEA	SYNCOPE	ABDOMINA	AMS	TEAM LEAD
18	20	18	4	30	2	6	2	0	0	2	2	50
22	43	40	0	6	38	3	32	3	27	3	22	41
20	42	39	1	7	38	2	33	6	23	13	30	42
11	33	36	0	5	31	4	27	2	7	5	13	36
11	59	32	0	11	55	7	57	2	49	8	31	35
0	0	0	0	0	0	0	0	0	0	0	0	0
22	45	55	1	14	40	1	35	4	18	16	18	43
33	65	68	1	17	60	8	48	11	18	17	36	46
19	43	50	3	9	40	2	33	5	18	10	21	41
15	48	45	0	12	39	2	32	5	24	4	20	42
32	53	47	1	15	52	5	33	5	16	7	18	40
38	42	61	0	22	51	8	60	5	13	11	20	42
14	40	40	0	18	31	0	26	0	9	5	18	46
31	30	52	1	16	43	2	22	12	15	15	12	35
13	35	39	1	12	31	1	29	1	20	6	19	37
18	72	44	0	23	57	3	40	3	21	12	10	47
21	51	43	1	14	36	4	35	3	19	9	8	37
13	45	34	0	12	40	5	25	2	23	6	17	40

FIELD HRS.	CLIN. HRS.		
360	136		
0	72	Not Complete	
0	76	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	0	Not Complete	
0	72	Not Complete	
4	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
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0	0	0	0	0	0	0	0	0	0	0	0	0
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32	53	47	1	15	52	5	33	5	16	7	18	40
38	42	61	0	22	51	8	60	5	13	11	20	42
14	40	40	0	18	31	0	26	0	9	5	18	46
31	30	52	1	16	43	2	22	12	15	15	12	35
13	35	39	1	12	31	1	29	1	20	6	19	37
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FIELD HRS.	CLIN. HRS.		
360	136		
0	72	Not Complete	
0	76	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	0	Not Complete	
0	72	Not Complete	
4	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	
0	72	Not Complete	