



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:	May 26, 2020
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) <i>(may be fulfilled by Medical Director)</i>	Dr. Alex Rodi, DO	x	
Employer(s) of Graduates Representative	Ben Abes Anthony Demos Noemi Fraguela Ryan Lamb Joe Maguire Gerard Mallet Michael Marcus Nathan McManus Lance Pullen Curtis Rine Daniel Sieber Bill VanHelden Arthur Wolf	x	Acting Director, EMS Chief Cape Coral Fire Department Training Captain, Collier County EMS Cape Coral Fire, Chief of Professional Standards Lee County Emergency Medical Services Charlotte County Fire/EMS, Director of Emergency Management Lee Health, Trauma Charlotte County Fire/EMS, EMS Training Captain Fort Myers Fire, Division Chief of Training Charlotte County, Captain of Fire Training San Carlos Park Fire District Charlotte County Public Safety Director Collier County EMS
Key Governmental Official(s)	Dan Summers		Director, Emergency Management Services, Collier
Police and Fire Services	Anthony Demos		Cape Coral Fire Division

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
Public Member(s)	Tom Brennan James Connelly		Retired EMS/Fire Chief Community Member/Prior Student
Hospital / Clinical Representative(s)	Theresa Foley	x	Lee Health
Other			
Faculty ²	Linda Welch Mike Knoop Tracy House Tamara Mole Matthew Stachler Stewart Shrader Tresa Hibben Rima Stevens Kari Duckworth Roy Brown	X X X X x	EMS Support Specialist – EMS/FIRE Programs, FSW EMS Support Specialist – EMS/FIRE Programs, FSW EMS Support Specialist – EMS/FIRE Programs, FSW EMS Support Specialist-EMS/Fire Programs, FSW Clinical Coordinator-FSW Pharmacology Adjunct Professor-FSW Clinical Coordinator-FSW Clinical Coordinator-FSW Pharmacology Adjunct Professor-FSW Clinical Coordinator-FSW
Sponsor Administration ²	n/a	n/a	n/a
Student (current)	Alicia Keen	x	Paramedic Student FSW
Graduate	Jared Sullivan	x	Paramedic Graduate
Program Director, <i>ex officio, non-voting member</i>	Joe Washburn	x	
Medical Director, <i>ex officio, non-voting member</i>	Dr. Alex Rodi	x	
³	Lisa Sofallow	x	Bayfront Health

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.

Agenda Item		Discussion	Action Required	Lead	Goal Date
1.	Call to order	Joseph Washburn	Yes / No	Washburn	
2.	Roll call	Welcome please sign into zoom chat that will be our roll call and record of who was here.	Yes / No	Washburn	
3.	Review and approval of meeting minutes	Review Minutes from October 2019. We talked about areas of the G report. We also spoke about our clinical settings. We spoke about attrition being an issue. We are going to hold off on approve these minutes will Dan Sieber can call a roll call.	Yes / No	Washburn	
4.	<p>Endorse the Program's minimum expectation [CAAHEP Standard II.C. Minimum Expectation]</p> <p><input type="checkbox"/> "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."</p> <p><input type="checkbox"/> Establish / review additional program goals⁴</p>	<p>Washburn: 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."</p> <p>Motion Approved and 100% I's.</p>	Yes / No	Washburn	
5.	<p>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> <p><input type="checkbox"/> NEW Appendix G: Student Minimum Competency Matrix (<i>effective July 1, 2019</i>)</p> <p><input type="checkbox"/> Review summary graduate tracking reports</p>	<p>Washburn: Last meeting we talked about COAemps having a minimum of patient contacts and skills. Etc. (sharing screen of the new appendix G report in FISDAP) We said we wanted to us the same numbers that COAmps has set out for our first cohort till be have a baseline. We are still at that point now. I think we will have to run 2 or 3 cohorts threw to get a good idea of where we can increase numbers accordingly. (pulling up the G report for one of our current students and sharing screen). When the boxes turn green that means we have met the minimums. We were very lucky to be able to be involved with GIVE a Child a Smile Day to help us with our peds numbers. We partnered with the Dental. We were giving them kind of a health and wellness exam.</p> <p>Rima: We also added a day in the spring for Peds rotation.</p>	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
	<p>Washburn: I think we should be able to meet the peds section no problem but I was concerned before. And once we have a few cohorts go threw with these numbers we can figure out what are the realistic numbers for our program. As you can see the first column is skills which we did in there first semester. We are still learning about this report and how to enter the information and where it should be populating in the G report.</p> <p>Summary Tracking report: Washburn: the current summary tracking report are as follows: Med Admin 20 BVM 20 IV/IO 20 Newborn, Infant, preschool , school age, adolescence 2 each with a total of 30 pediatric Adult 54, Geriatric 18, Ob 4, Trauma 30, Cardiac 2 Pysch 6, Dyspnea adult 2, pediatric 2, Syncope 0, abdominal 2, AMS, 2 team leader 20.</p> <p>Most of these represent our requirements on the G report. The program feels the minimums that COAEMSP said we should have are reasonable to start. Once we have a couple of years of data, we can increase our graduation requirements.</p> <p>Seiber: thank you Joe. Does anyone have any questions about the graduation tracking requirements? Can I get a motion to support the program minimums? Wolf, I motion to support program minimums Seiber : all those in favor say yes and those opposed, Motion to keep the program minimums pass unanimously.</p>			
<p>6. Review the program’s annual report and outcomes [CAAHEP Standard IV.B. Outcomes]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Annual Report data <input type="checkbox"/> Thresholds/Outcome data results <input type="checkbox"/> Graduate Survey results <input type="checkbox"/> Employer Survey results <input type="checkbox"/> Resources Assessment Matrix results 	<p>Washburn: (sharing screen of our 2018 annual report). It’s a little misleading, its almost a a year and half in the past. They did this so that we can gather all the data especially the employer and graduate surveys which don’t go out till 6 months after. We graduated 40, we met the retention/attrition threshold. National Registry 40 students took it, 37 passed within 3 attempts. That is a 92.5% pass rate. We would like to have the first attempt number go up it was 26. And the 3rd attempt go down. I think with the changes that we have</p>	<p>Yes / No</p>		

Agenda Item	Discussion	Action Required	Lead	Goal Date
<p><input type="checkbox"/> Other</p>	<p>implemented we will see that start to happen. Job placement it was a 29 positive placed. So a 72.5%. This number going forward will depend on what the economy does and if the agencies go on a hiring freeze etc. Graduate surveys we had 13 respond and it is always difficult to get any feedback once they are gone. But the response that we did get back we have to do an analysis and create an action plan. Overall they were really good. We need to make sure that we get these surveys out. We have come up with a plan to capture emails and phone numbers. Also we have a much smaller cohort size now so it will be easier to get them all. Our action plan was and is what we did, reduced the size of our cohort. Employer surveys we suffer in getting them back. We had 6 returns 4 of them said the students didn't need any prompting. 2 said there was some cognitive marginal and that they wait for instructions. Comments where all very positive. I am hoping that the advisory board can help us get these survey's back to us. Ram results showed that we were deficient in two areas. One of them is a repeated one which is physician interaction. That is outside of Dr. Rodi. It is the other ER physician interaction. We are now with the current cohort having them also be around an ER physician that Dr. Rodi recommended and a PA. We are trying to increase their exposure, but I cant predict how often if at all they will on the truck see or speak with a physician.</p> <p>The second area was Financial resources, this is the first time we have seen this one come up. We were a little confused because we have our own academic advisors for our program as well as the college having a very robust financial aid department. I think we should just watch it.</p> <p>Tammy: It did not pop up on the most rest ram surveys.</p> <p>Washburn: So yes I think it was an anomaly.</p> <p>Stachler: Do you have any data from other schools that we can compare ourselves to in regards to the financial aid? Because I feel like we do pretty well with getting students the money they need.</p> <p>Washburn: I am not sure and I don't know if anyone does a comparison. Matt I would like you to share with the group this last group that just graduated the accolades that you received.</p> <p>Matt: I just received a phone call last week from an instructor for the National Registry. He told me he ran one of our students threw testing and the student was by far one of the best students he has every seen take the National Registry. He wanted to reach out to us and let us</p>			

Agenda Item	Discussion	Action Required	Lead	Goal Date
	<p>know that the program must be doing an amazing job. He was from Georgia.</p> <p>Washburn: Also we have had discussions with the agency's locally they are all pleased with the entry level students we are graduating from our program.</p> <p>Matt S: I am still in contact with individuals at the agency I used to work for and they have been telling me that the students from our program are ready to credential almost right away. Also Collier EMS has gotten a few of our students and they have said they have made quite an impact down there.</p> <p>Washburn: Do you know who? Art is here.</p> <p>Matt: Jessica Huckaby.</p> <p>Wolf: Yes, I can verify that. She has.</p>			
<p>7. Review the program's other assessment results [CAAHEP Standard III.D. Resource Assessment]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long-range planning <input type="checkbox"/> Student evaluations of instruction and program <input type="checkbox"/> Faculty evaluations of program <input type="checkbox"/> Course/Program final evaluations <input type="checkbox"/> Other evaluation methods 	<p>Washburn: Lets talk about Covid. As soon as the stay at home order was put in place we tried to figure out the best course of action. We stopped the Medics Lab time. At that time the state did not give any direction. But we knew how important it was to do face to face training. We also pulled the Medics from the hospital about a week before the hospitals kicked everyone out. Last meeting, we spoke about expanding the clinical time over two semester which we did. Now we are waiting for the hospitals to open back up to students so they can finish their clinical hours. We did finish their didactic portion. Through zoom. May 18th they allowed us EMS back on campus under strict guidelines. So we will be finishing up there lab section over summer. There summer classes have been pushed to start in the Fall 2020. Then capstone/ride will begin in January 2021. Since then the state has come out with standing orders till at least October to allow programs to simulate at least 50% for both clinical and field time. Our position is that we don't want to have to exercise that yet. One of the reasons is that we don't know what it would look like? If you tell me you just are giving them a scenario in the lab then you are really actually extending lab time. We can definitely simulate their ride time we have multiple ambulances. If we do have to do this because this</p>	Yes / No		

Agenda Item	Discussion	Action Required	Lead	Goal Date
	<p>continues we can use the sim lab over in the nursing area. It will take planning and resources for to do that.</p> <p>Lisa: We are hoping to be able to let students back in the Fall Semester. But no guarantees.</p>			
<p>8.</p> <p>Review program changes (possible changes)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Course changes (schedule, organization, staffing, other) <input type="checkbox"/> Preceptor changes <input type="checkbox"/> Clinical and field affiliation changes <input type="checkbox"/> Curriculum changes <ul style="list-style-type: none"> o Content o Sequencing 	<p>Washburn: The input we have received from the new cohort has overall been good with the changes we made. The initial lab that they have now in the beginning we where going to do a couple testing days, what we found was we were over zealous. We tested them on all there skills we just don't test them in large groups. We start testing them after a few labs on the things they learned. Matt what have you been seeing?</p> <p>Matt: When I get them in the spring they would come in as EMTs and not have done a lot of the medic skills. It's very difficult to get going. It has helped tremendously we can start doing scenarios much sooner.</p> <p>Washburn: Rima can you let us know what you had emailed me about in terms of clinicals.</p> <p>Rima: Well we have extend the clinical hrs. till from Jan to Aug. With the lab being added in the beginning it has helped to prepare them more for clinicals. We did add Psych rotation. But with COVID we did not get into before shut down. Park Royal was very excited to have there first Medic group. The only part we are having some challenges is the OR. Cape coral is the only one that does a lot of ET intubations. Lisa is that something that maybe we can work with Bayfront on getting some medics into your OR?</p> <p>Lisa: I can talk our surgical services directors. I thought we always did have your medics rotating?</p> <p>Rima: No, I have been in contact with Kathleen Boyd in the past and nothing came of it.</p> <p>Lisa: I will see what I can do for you.</p> <p>Washburn: We did lose two students out of this cohort. They wanted to get there certificates faster then what we where offering. They went to a different school. We have only lost one for academic reasons.</p> <p>Matt: We would really like to have our graduates to come back and be CA's if possible. We would really like to have them because they know</p>	<p>Yes / No</p>		

Agenda Item	Discussion	Action Required	Lead	Goal Date
	<p>what we expect. They have to have 3 years worth of paramedic work to be a CA. But we are going to start reaching out to them.</p> <p>Dr.Rodi: The students that I had in the ER did a good job with what they tried to expose them to and I let them do some hands on things. A few watched me do an LP. We had them during the time of year when our census wasn't very high. Now its even worse. They cut all our hours. Biggest issue right now is PPE. We are seeing now more walking COVID patients. And we are not allowing any visitors. The students all liked Dr. Guthery. She loves to teach.</p> <p>Rima: I think the variety of schedules between Dr.Rodi and Dr. Guthery and the PA Bess has given the students a lot more options. We are able to get them in quicker that way.</p> <p>Dr.Rodi: Bess is a great teach, she has great clinical experience having done surgery and medicine and ER and OB.</p>			
<p>9. Review substantive changes (possible changes) [CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program status <input type="checkbox"/> Program personnel: PD, Lead Instructor, other <input type="checkbox"/> Addition of distance education component <input type="checkbox"/> Addition of satellite program 	n/a	Yes / No		
10. Other identified strengths	Of Advisory Board being able to have meetings like this aka zoom.	Yes / No		
11. Other identified weaknesses	We are not getting the OR rotations for ET intubations.	Yes / No		
12. Identify action plans for improvement	We want to wait to move forward with simulation just yet.	Yes / No		
13. Other comments/recommendations	Ask anyone on board if they have recommendations.	Yes / No		
14. Staff/professional education		Yes / No		
15. CoAEMSP/CAAHEP updates	The changes made on the annual report in regards to attrition and retention. If a student drops with in the first quarter we do not have to	Yes / No		

Agenda Item		Discussion	Action Required	Lead	Goal Date
		count them. A lot of new paperwork for COVID but it does not apply to us just yet.			
16.	Next accreditation process (i.e., self-study report, site visit, progress report)	We were supposed to have our site visit the end of this year. For right now everything is cancelled until further notice.	Yes / No		
17.	Other business	We are in the process now of choosing the students for our next cohort. They will be on C shift. We will just rotate every year. We have 28 applicants for 24 slots which is far less then what we have had in the past. We usually have 50 to 55. We think part of it is COVID.	Yes / No		
18.	Next meeting(s)	4/2021	Yes / No		
19.	Adjourn	Thank you everyone!	Yes / No		

Minutes prepared by  Tamara Mole

Date 5/28/2020

Minutes approved by 

Date 4/20/2021

If item #5 above was acted on, then:

Medical Director's signature 

Date 4/20/2021

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

APPENDIX G - Student Minimum Competency Matrix

CoAEMSP Program #:

(the 600xxx number assigned by CoAEMSP)

Sponsor/Institution Name:

[Florida SouthWesternState College](#)

Programs must track at least all of the procedures listed below.

The tables below have been populated with the CoAEMSP's **Recommended** Minimum Numbers of student competencies for each listed category. If the program required minimum number(s) differ(s) from the CoAEMSP **Recommended** Minimum Number(s), 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.

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. Program tracking documentation must show 100% of program graduates have met 100% of the program minimums. There must be documented periodic evaluation of the established minimums to determine ongoing graduate competency.

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 <i>Recommended</i> Minimum Numbers	Program Required Minimum Numbers	Average [most recent graduating cohort]	Range (provide actual numbers) [lowest number] — [highest number]
Trauma	30 Total	30		—
Trauma - Pediatric	6	6		—
Trauma - Geriatric	6	6		—
Pediatrics	18 Total	18		—
Newborn	2	2		—
Infant	2	2		—
Toddler	2	2		—
Preschool	2	2		—
School-Aged	2	2		—
Adolescent	2	2		—
Medical	60 Total	60		—
Medical - Pediatric	12	12		—
Medical - Geriatric	12	12		—
Stroke and/or TIA	2	2		—
Acute Coronary Syndrome	2	2		—
Cardiac Dysrhythmia	2	2		—
Respiratory Distress and/or Failure	2	2		—
Hypoglycemia or DKA or HHS	2	2		—
Sepsis	2	2		—
Shock	2	2		—
Toxicological Event and/or OD	2	2		—
Psychiatric	6	6		—
Altered Mental Status	2	2		—
Abdominal Pain	2	2		—
Chest Pain	2	2		—
Skills				
IV Medication Administration	20	20		—
IM or SQ Injection	2	2		—
Inhaled Medication (MDI, Nebulizer)	2	2		—
Team Leads in Capstone Field Internship	20 Total	20		—

Hover cursor over above cell to see definition of team leads

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 <i>*must have at least one successful instructor evaluated and documented performance before starting the related individual skill scenario</i>	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 <i>Recommended</i>	Program Required Minimum	CoAEMSP <i>Recommended</i>	Program Required Minimum	CoAEMSP <i>Recommended</i>	Program Required Minimum	CoAEMSP <i>Recommended</i>	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 Thoracostomy)	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 <i>Recommended</i> Minimum # as <u>Team Leader</u>	Program Required Minimum # as <u>Team Leader</u>			CoAEMSP <i>Recommended</i> Minimum # as <u>Team Member</u>	Program Required Minimum # as <u>Team Member</u>		
		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								
Cardiac Dysrhythmia and/or Cardiac Arrest	1 Adult		1					
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	3	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 <i>Recommended</i>	Program Required Minimum	CoAEMSP <i>Recommended</i>	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		
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		
Relief of Choking in Infants	1	1	1	1
Relief of Choking in Patients 1 Year of Age and Older	1	1	1	1

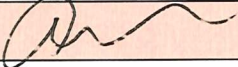
Briefly describe the tracking system by which the program will collect the above data.

We are using FSDAP to track our Data

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).

If a student does not meet the minimums for tracking the student must continue to perform in the field for an extended period of time or receive a failing grade to repeat the capstone course.

Medical Director Approval Required

	5/26/20
Printed Name	Date (mm/dd/yyyy)
<input type="checkbox"/> Checking this box constitutes an electronic signature for Medical Director approval for the above program required minimum numbers.	

Advisory Committee Endorsement Required

Date on which the Advisory Committee ENDORSED the above program required numbers:

05/26/2020 (mm/dd/yyyy)

Place in the APPENDIX G sub-folder, Minutes indicating endorsement.

Filename ==>

Total number of APPENDIX G - Rationale Forms To Be Completed:

0

Place all Appendix G - Rationale Forms
in the Appendix G sub-folder.

Filename
Example ==>

[Appendix G - Rationale Form - Table 2 Intravenous Therapy](#)
[Appendix G - Rationale Evidence - Table 2 Intravenous Therapy](#)

Programs must provide an APPENDIX G - Rationale Form for **EACH** of the Program Required Minimum Competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers. The Total number of APPENDIX G - Rationale Forms To Be Completed number is immediately above this box and has calculated the number of forms due in addition to the Appendix G - Student Minimum Competency Matrix. 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 APPENDIX G - Rationale Forms To Be Completed box, then there are three (3) boxes that have remained "RED" in the Program Required Minimum columns and the program will need to complete three (3) separate forms for each of the competencies that have remained "RED" in the Program Required Minimum columns.

The APPENDIX G - Rationale Form requires the program to provide the (1) rationale and (2) process for that specific competency number. However, the (3) evidence used in establishing any minimum competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers must be included separately. Once this documentation has been gathered and completed, then each of the forms will be placed in the Appendix G sub-folder using the format shown in the Filename Example above. The APPENDIX G - Rationale Form is located on the CoAEMSP website or by selecting the link below.

The program should contact Dr. Gordon Kokx at the CoAEMSP Executive Office with any questions regarding minimum competency numbers which are less than the CoAEMSP's Recommended Minimum Numbers.

[Appendix G - Rationale Form Link](#)

Gordon Kokx
Contact:

gordy@coaemsp.org

214-703-8445 ext 117

FIELD HRS.	CLIN. HRS.		
360	136		
0	44	Not Complete	
0	60	Not Complete	
0	52	Not Complete	
0	60	Not Complete	
0	60	Not Complete	
0	60	Not Complete	
0	52	Not Complete	
0	60	Not Complete	
0	54	Not Complete	
0	60	Not Complete	
0	48	Not Complete	
0	60	Not Complete	
0	40	Not Complete	
0	60	Not Complete	
0	52	Not Complete	
0	60	Not Complete	
0	40	Not Complete	
0	40	Not Complete	
0	48	Not Complete	

Report options

Goal set: Florida SouthWestern State College 2018-2019

Location(s) All Clinical sites, All Field sites, All Lab sites

Patient typ Human (live), Human (dead), Manikin (sim), Manikin (other)

Date range All dates

Shift status All shifts

Student(s): 25 students

Created by Joe Washburn on 05/25/20 at 11:40

CoAEMSP Summary Tracking

	Male Patient	Female Patient	MED ADMIN	ETT	BVM/VENT	IV / IO	NEWBORN	INFANT	TODDLER	PRE-SCHOOL	SCHOOL AGE	ADOLESCENT	TOTAL PED
Requirement			20	5	2	20	2	2	2	2	2	2	18
Donald Arc	91	61	70	53	92	69	2	3	4	4	3	5	21
Brian Baue	88	80	108	49	80	98	2	3	6	4	3	4	22
Rhyvon Bor	93	65	81	46	72	91	4	2	3	2	5	3	19
JOSHUA CA	83	60	180	57	94	73	4	2	6	3	8	5	28
Ryan Chase	95	78	65	45	81	53	3	2	6	3	8	4	26
Jeremy Col	81	74	67	46	67	77	6	3	6	2	7	4	28
Kristin Eng	86	86	151	57	93	107	5	2	4	4	5	7	27
Marlon Equ	116	71	69	45	72	67	5	2	5	3	7	4	26
Kyle Fabreg	83	75	99	64	83	111	4	3	5	4	9	3	28
Damon Fle	97	94	93	53	77	137	2	8	5	4	6	4	29
Dillon Haire	100	66	134	59	94	114	5	3	3	6	6	8	31
Donald Har	113	80	119	58	88	72	3	2	6	2	5	5	23
Hanna Hull	118	73	118	57	82	135	6	2	6	6	11	6	37
GUISEPPI L	102	60	121	53	85	121	3	3	4	5	7	4	26
Dawson La	76	66	53	44	73	35	4	2	4	4	6	7	27
Angela LEU	83	87	118	51	75	78	3	2	3	4	9	5	26
Sean Lineh	85	84	83	66	88	86	3	3	7	3	9	5	30
Logan Mas	146	106	206	59	81	125	7	8	6	4	9	6	40
Dailet Mire	125	88	76	55	67	57	3	2	5	4	8	6	28
Brandon Ne	94	79	111	50	76	86	3	3	4	4	3	3	20
Jace Perkin	71	75	70	47	62	57	2	2	4	5	5	4	22
Augusto Sa	99	72	128	55	79	107	5	3	2	5	6	5	26

Matthew S	100	63	90	66	73	67	2	4	5	3	6	6	26
Christian S	88	65	84	52	77	74	3	5	3	3	10	3	27
Grayson W	93	83	128	47	67	72	5	6	6	5	10	8	40

ADULT	GERIATRIC	OB	TRAUMA	CARDIAC	PSYCH	A. DYS/PNEA	P. DYS/PNEA	SYNCOPE	ABDOMINA	AMS	TEAM LEAD	FIELD HRS.	CLIN. HRS.
40	18	4	30	2	6	5	2	2	2	5	20	432	136
66	58	5	40	31	11	28	6	47	17	34	107	470	138
58	66	6	49	36	14	27	7	28	9	43	112	444	140
71	43	11	39	30	8	27	7	17	12	27	109	432	138
62	40	8	45	25	13	30	12	24	22	22	97	432	138
71	64	8	50	19	9	26	5	16	19	21	109	432	140
60	44	8	40	27	15	23	4	6	13	20	97	432	144
62	73	7	32	31	10	39	11	33	12	31	120	433	138
66	57	11	56	33	13	24	8	27	11	29	116	432	140
64	55	9	39	33	10	24	11	41	13	45	110	468	140
75	54	8	51	29	9	26	10	32	14	43	118	447	140
76	57	6	56	28	10	28	13	64	21	38	111	461	140
64	54	8	42	54	15	31	6	21	13	37	108	436	139
77	61	9	55	31	10	19	4	24	13	25	127	432	136
76	49	8	40	53	13	33	12	51	13	58	114	432	139
62	41	12	42	30	13	15	4	21	16	19	102	432	140
49	58	9	53	41	9	10	7	24	8	10	104	468	140
70	66	6	38	34	15	21	8	31	9	28	112	432	136
89	74	9	57	47	8	15	4	20	19	20	126	432	138
60	82	11	51	37	17	23	4	16	26	19	116	432	140
71	72	7	50	37	10	31	9	33	21	50	113	457	140
50	59	5	51	25	8	8	6	9	9	7	98	456	140
69	67	10	54	36	17	24	7	56	19	60	100	432	138

47	69	6	47	41	11	29	9	31	24	23	100	432	144
68	51	4	36	32	8	22	11	10	3	41	110	432	138
62	53	9	48	30	19	15	10	24	17	28	121	432	140

Complete

Complete

Complete
