Advisory Committee Meeting Agenda and Minutes
Paramedic Program

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

PROGRAM SPONSOR:	Florida SouthWestern State College		
CoAEMSP PROGRAM NUMBER:	600034	**DATE, TIME, + LOCATION OF MEETING:**	June 27, 2025 10AM, Zoom
CHAIR OF THE ADVISORY COMMITTEE:[1]			

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. Benjamin Abo	X	FSW – Medical Director
Employer(s) of Graduates Representative(s)	Roy Brown	X	Lieutenant, Bonita Springs FD and Committee Chair
	Rich Billian	X	EMS Training Captain, Lehigh Acres Fire Rescue
	Adrian Corujo		Deputy Chief, EMS
	Kelli Wilson		Deputy Chief of EMS, Bonita Springs Fire Control & Rescue District
	Jorge Aguilera		Deputy Chief, North Collier Fire Control & Rescue District
	Michael Murphy	X	City of Naples Fire Rescue
	Cody Allen	X	Assistant Chief of EMS, Matlacha /Pine Island Fire Control District
	Dan Sieber		EMS Division Chief, San Carlos Park FD
	Juan Salinas		Division Chief, City of Fort Myers FD
Public Member(s)	Belinda Snyder	X	Community Member

[1] The chair should not be employed by the sponsor of the program. 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**
Clinical and Capstone Field Internship Representative(s)	Angela Katz	X	LARC, INC
	Risa Wildeman		Naples Community Hospital
	Jana Turcotte		Lee Health
	Amy Stafford	X	Hendry County Public Safety EMS/Fire Operations Chief
	Brendan Betancourt		Lieutenant, Training Division, Charlotte County
	Brandon Morris	X	EMS Battalion Chief, City of Cape Coral FD
	Gil Mendoza	X	Lehigh Acres Fire Rescue
	Phillip Mastres	X	Lee County EMS
Faculty [2]	Jordan Green		FSW – EMS Instructor
	Giovanni Zamora	X	FSW – EMS Instructor
	Ben Rohde	X	FSW – Program Coordinator, PT
	Christine Crato	X	FSW – Program Coordinator, PT
	Lynn Disomma-Sentner	X	FSW – Program Coordinator
	Jennifer Hoar	X	FSW – Program Coordinator
Sponsor Administration[2]	Dr. Elizabeth Schott	X	Dean, School of Pure and Applied Sciences and Acting Dean, School of Allied Health, FSW
	Cassie Billian	X	FSW – Director, Emergency Services
Student(s) (current)	Whittney Turner	X	2024-25 Paramedic Student FSW Lee Campus
	Matthew Howard	X	2024-25 Paramedic Student FSW N. Collier Campus
	Allen Espinal	X	2024-25 Paramedic Student FSW Lee Campus
Graduate(s)	Myles Diaz		2024 Paramedic Graduate
	Michael Mueller	X	2024 Paramedic Graduate

[2] Faculty and administration are ex-officio members.

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**
Program Director, *ex officio, non-voting member*	Michael Jimenez, Interim Program Manager, EMS	X	Florida SouthWestern State College
Medical Director, *ex officio, non-voting member*	Dr. Benjamin Abo	X	FSW – Medical Director
Other			
[3]			

	Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*	**Completed/ Discussed** *(Yes/No)*	**Discussion** *include key details of the discussion*	**Action(s) Taken**
1.	**Call to order**		10:02 AM	
2.	**Review and approval of meeting minutes**		The group approved the 2024 meeting minutes and the program's minimum expectations statement. Before starting the main agenda, Cassie noted that some participants were unfamiliar, so attendees were asked to introduce themselves and their affiliations in the chat.	
3.	***Review* the Program's minimum expectations** [2023 CAAHEP Standard II.A. Minimum Expectations] • "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession." • Establish / review additional program goals[4]		The meeting focused on reviewing program goals for the 2023-2024 and 2024-2025 paramedic cohorts. The program reported that the retention rate for the 2023-2024 cohort exceeded the goal at 87%, attributing the success to a more flexible schedule. For the 2024-2025 cohort, the team set a goal to improve pass rates on the National Registry exam by establishing cut scores for high-stakes exams based on data from previous cohorts. Roy	

[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.
[4] Additional program goals are not required by the CAAHEP *Standards*. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to the entry into the field.

Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*		Completed/ Discussed *(Yes/No)*	Discussion *include key details of the discussion*	Action(s) Taken
			presented the required minimum number of patient skills and contacts for approval. 2023-24 Operational Goal: The 23-24 Paramedic cohort will maintain an 85% retention rate from Fall 2023 to June 2023. We began the cohort with 25 Lee students and 16 NCFR students. **Results:** In the Fall 2023-Fall 2024 Paramedic cohort, we initially had 41 students at the Lee campus and North Collier satellite location. After the add/drop period in the Summer 2024 semester, 4 students dropped out during the Spring semester (2nd semester), and 1 student was added from a previous cohort. This means that 36 out of 41 students were retained from the Fall 2024 semester through the Summer 2024 semester. *The retention rate is 87%, which exceeds our goal of 85%.* These results showcase our capacity to retain students across multiple campuses, despite increases in cohort sizes. The outcome highlights the dedication of our staff to ensuring the success of the students within our program. **2024-25: Student Learning Outcome:** Last year's effectiveness plan informed us that pass rates from last year's certification exam and the 3-year average provide a foundation for our current goal of seeking a more accurate predictor of success through the FISDAP and National Registry correlation. This data highlights the need to better understand the factors influencing exam success. The relatively low first-time pass rate (64% for last year, 65% 3-year average) indicates that our current FISDAP cut score may not be accurately predicting National Registry success. The results showing pass rates below 70% have prompted us to look for ways to improve.	

Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*		Completed/ Discussed *(Yes/No)*	Discussion *include key details of the discussion*	Action(s) Taken
4.	***Support* the Program's required minimum numbers of patient/skill contacts for each of the required patients and conditions** [2023 CAAHEP Standard III.C. Curriculum] • Student Minimum Competency (SMC) Recommendations • Review summary graduate tracking reports		The program presented changes to the student minimum competencies tracking system, explaining that formative exposures would be increased to better reflect realistic patient encounters during clinical and field settings. The new numbers, which were developed in consultation with lead instructors and based on previous data, aim to provide more accurate tracking of student performance. After discussion, the proposed changes were approved by the group. The program also mentioned that the annual report data for 2022-2023 was recently submitted.	
5.	**Review the program's annual report and outcomes** [2023 CAAHEP Standard IV.B. Outcomes] • Annual Report data • Thresholds/Outcome data results • Graduate Survey results • Employer Survey results • Resources Assessment Matrix (RAM) results • Other		The program presented data on the paramedic program's graduates, including retention rates, National Registry exam outcomes, and employment outcomes. She highlighted a 97% retention rate for the 2023 cohort and a 94.4% passing rate for the 2024 cohort. The program's positive placement rate was 93.9% for 2023 graduates, and employer surveys were mostly positive, with some areas for improvement noted in teamwork and leadership. The program presented data from the resource assessment matrix (RAM) surveys, showing positive results for 2023 and 2024, with 2025 still in progress. Dr. Abo requested information on the correlation between passing the test and completion time, which the program agreed to provide during the next meeting. Annual Report Data: Cohort: 8/22/2022-12/12/2023 – 34 students enrolled after 10%. **Attrition/ Retention** 1 dismissed due to grades 2.9% Attrition, and 97.1% Retention = 33 graduates **National Registry**	

Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*		Completed/ Discussed *(Yes/No)*	Discussion *include key details of the discussion*	Action(s) Taken
			33 – Attempted 21 – First Attempt Pass 32 – 3rd Attempt Cumulative Pass 97% **Positive Placement** 30 – Employed 1 – Military/Continuing Education 31 Total – 93.9%	
6.	**Review the program's other assessment results** [2023 CAAHEP Standard III.D. Resource Assessment] • Long-range planning • Student evaluations of instruction and program • Course/Program final evaluations		The program discussed updates on equipment funding, the implementation of shift-friendly classes, and increases in hourly rates for clinical associates. The conversation ended with a review of progress on previously identified obstacles, including student retention and equipment updates. The program presented a comprehensive review of the department's strengths and weaknesses, highlighting dedicated instructors with field experience, a culture of feedback, and continuous improvement efforts. Areas for improvement were noted, including difficulty recruiting and retaining quality CA staff, below-average national registry pass rates, and limited access to professional development resources. Opportunities for growth were identified, such as collaboration with other paramedic programs, enhancing clinical partnerships, and recognizing exceptional preceptors. Threats to the program include mid-program student departures, potential reduced enrollment due to economic factors, and competition for clinical and field site availability. Dr. Abo mentioned that these issues had been discussed at state meetings and emphasized the need for increased resources rather than lowering standards. Dr. Abo discussed efforts to improve access for paramedic and EMT students to rotation sites, emphasizing the need for equal	

Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*		Completed/ Discussed *(Yes/No)*	Discussion *include key details of the discussion*	Action(s) Taken
			opportunity and better education of sites about paramedic roles. He highlighted the importance of reaching out to surgery centers for airway management training. Mike McSheehy mentioned that access cards have been obtained for instructors to enter hospitals, which is a work in progress aimed at improving connections with preceptors and addressing disconnects in emergency response settings. The program presented student feedback from recent surveys, highlighting positive comments about lecture homework and lab experiences, while noting concerns about clinical schedules and instructor communication. The program implemented several changes including Mega code Kelly advanced mannequins, increased hourly rates for CAs, and with approval new student competency requirements. Administrative changes were announced, including Dr. Elizabeth Schott transitioning out as Dean of Allied Health and Dr. Mary Catherine Faust joining as the new Dean, along with Giovanni Zamora taking over as program manager and two new program coordinators being hired.	

7.	**Review program changes** *(possible changes)*
	• Course changes
	(schedule, organization, staffing, other)
			• Introduced key staff changes, including Giovanni Zamora as the new program manager starting July 1, and acknowledging Chief Jimenez's interim leadership role. Roy explained the meeting procedures, including the need for motions before discussions and methods for voting using hand raises or chat features.
			• (2) shift friendly paramedic classes to begin Fall 2025.
			  ○ Lee Campus – (22) – A Shift
			  ○ North Collier – (24) – C Shift
			• CA hourly rates – increases were proposed based on longevity, degree, and teaching EMT vs. Medic (Pending Board Approval – decision by July 1)	

	Agenda Item *Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed*	Completed/ Discussed *(Yes/No)*	Discussion *include key details of the discussion*	Action(s) Taken
8.	**Review substantive changes** *(possible changes)* [2023 CAAHEP Standard V.E. Substantive Change] • Sponsor administrative personnel: Dean • Program personnel: PD- Interm		• Mike Jimenez, Interim Program Manager, EMS • Dr. Elizabeth Schott, Dean, School of Pure and Applied Sciences and Acting Dean, School of Allied Health • Dr. Cathy Faust has accepted the position of Dean, School of Allied Health – July 1, 2025	
9.	**Other identified strengths**		See attached Notes	
10.	**Other identified weaknesses**		See attached Notes	
11.	**Identify action plans for improvement**		See attached Notes	
12.	**Next meeting(s)**		June 2026	
13.	**Adjourn**		11:47AM	

Minutes prepared by Cassie Billian

Minutes approved by _____ Date _____

Medical Director's signature (for item #5 above) Separate Document Signed

Attach program's required **Student Minimum Competency** numbers (Summary Tracking tab) to verify which required minimum numbers were reviewed and supported (*item #5 above*)

Formative (Column 1): Exposure in a Clinical or Field setting prior to Capstone -Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with the development of a management plan in patient exposures with some assistance for evaluation

Competency Exam/Summative (Column 2): Exposure in Clinical or Field Experience and Capstone Field Internship - Students conduct a patient assessment and develop a management plan for each patient, with minimal to no assistance.

(Students are only to report successful attempts)

Ages	Formative Exposures	Summative Exposures	Total
Assessment of Pediatric Patient (Newborn to 18 years)	10	5	15
Assessment of Adult Patient (19 to 64 years)	15	35	50
Assessment of Geriatric Patient (65 and older)	15	25	40
Pathology/ Complaint (Conditions)	**(*) Simulation Permitted**		
Trauma	10	15	25
Psychiatric/Behavioral	1	6	7
(2) Obstetric delivery w/ normal newborn care and (2) complicated obstetric delivery*	2	2	4
Distressed neonate (birth to 30 days)*	2	2	4
Cardiac pathology or complaint	10	15	25
Cardiac arrest*	2	1	3
Cardiac dysrhythmia	3	10	13
Medical neurologic pathology or complaint	5	5	10
Respiratory pathology or complaint	10	10	20
Other medical conditions or complaints	4	6	10
Successful Motor Skills Assessed on a Patient in Clinical, Field Experience, or Capstone (*) Simulation Permitted			
Establish IV access	10	25	35
Administer IV infusion medication*	2	2	4
Administer IV bolus medication	10	10	20
Administer IM injection	2	2	4
Establish IO access*	4	4	8
Perform PPV with BVM*	10	5	15
Perform oral endotracheal intubation*	10	10	20
Perform endotracheal suctioning*	2	2	4
Perform FBAO removal using Magill Forceps*	2	2	4
Perform cricothyrotomy*	5	2	7
Insert supraglottic airway*	5	10	15
Perform needle decompression of the chest*	5	2	7
Perform synchronized cardioversion*	5	2	7
Perform defibrillation *	5	2	7
Transcutaneous pacing*	5	2	7
Perform chest compressions*	2	2	4
Field Experience – Assessment and Management of Patient w/ Assistance			
Team Leader or Team Member	10		
Capstone Field Internship Team Leads			
Capstone Field Internship Team Leads	40		

EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	Competency Met
Insert NPA	1
Insert OPA	1
Perform oral suctioning	1
Perform FBAO - adult	1
Perform FBAO - infant	1
Administer oxygen by nasal cannula	1
Administer oxygen by face mask	1
Ventilate an adult patient with a BVM	1
Ventilate a pediatric patient with a BVM	1
Ventilate a neonate patient with a BVM	1
Apply a tourniquet	1
Apply a cervical collar	1
Perform spine motion restriction	1
Lift and transfer a patient to the stretcher	1
Splint a suspected long bone injury	1
Splint a suspected joint injury	1
Stabilize an impaled object	1
Dress and bandage a soft tissue injury	1
Apply an occlusive dressing to an open wound to the thorax	1
Perform uncomplicated delivery	1
Assess vital signs	1
Perform a Comprehensive Physical Assessment	1
Perform CPR - adult	1
Perform CPR - pediatric	1
Perform CPR - neonate	1

Advisory Committee Review and Approved on June 27, 2025

Medical Director Review and Approval: 08/05/2025

[illegible]bo (Aug 5, 2025 01:38:48 GMT+7)

Benjamin Abo, DO, Paramedic

Purpose of the Advisory Committee (CAAHEP Standard II.B.)

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, clinical and capstone field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.

Program advisory committee meetings may be conducted using synchronous electronic means.

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

Responsibilities of the Advisory Committee

- Review the minimum program goal.
- Review and support 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.

EMS Advisory Committee Meeting

June 27, 2025

Meeting Notes/Summary:

The meeting covered a wide range of topics related to the paramedic program, including agenda planning, program goals, student outcomes, and administrative changes. Participants reviewed and approved various program elements, such as minimum requirements, competency tracking, and resource assessments, while also discussing challenges and opportunities for improvement. The conversation ended with updates on program enhancements, student feedback, and expressions of gratitude for recent improvements and leadership.

Agenda

- Review and approval of meeting minutes
- Review the Program's minimum expectations
  - "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
- 2023-24 Operational Goal and Results
- 2024-25 Student Learning Goal
- Required minimum number of patient/skill contacts for each of the required patients and conditions. (Student Minimum Competency (SMC) Recommendations.
- Review of 2023-24 Summary Tracking Reports
- Annual Report Data and Outcomes
- Long-range planning
- Student course evaluations
- Program Changes
- Questions, Concerns, Feedback

9/23/2025

The meeting began with introducing key staff changes, including Giovanni Zamora as the new program manager starting July 1, and acknowledging Chief Jimenez's interim leadership role. Roy explained the meeting procedures, including the need for motions before discussions and methods for voting using hand raises or chat features.

Review and approval of meeting minutes

Last meeting was held on:

February 7, 2025

9/23/2025

The group approved the 2024 meeting minutes and the program's minimum expectations statement. Before starting the main agenda, Cassie noted that some participants were unfamiliar, so attendees were asked to introduce themselves and their affiliations in the chat.

- “To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Review the Program's minimum expectations

Review Program Goals

- **2023-24 Operational Goal:** The 23-24 Paramedic cohort will maintain an 85% retention rate from Fall 2023 to June 2023. We began the cohort with 25 Lee students and 16 NCFR students.
- **Results:** In the Fall 2023-Fall 2024 Paramedic cohort, we initially had 41 students at the Lee campus and North Collier satellite location. After the add/drop period in the Summer 2024 semester, 4 students dropped out during the Spring semester (2nd semester), and 1 student was added from a previous cohort. This means that 36 out of 41 students were retained from the Fall 2024 semester through the Summer 2024 semester. *The retention rate is 87%, which exceeds our goal of 85%.* These results showcase our capacity to retain students across multiple campuses, despite increases in cohort sizes. The outcome highlights the dedication of our staff to ensuring the success of the students within our program.

The meeting focused on reviewing program goals for the 2023-2024 and 2024-2025 paramedic cohorts. The program reported that the retention rate for the 2023-2024 cohort exceeded the goal at 87%, attributing the success to a more flexible schedule. For the 2024-2025 cohort, the team set a goal to improve pass rates on the National Registry exam by establishing cut scores for high-stakes exams based on data from previous cohorts. Roy presented the required minimum number of patient skills and contacts for approval.

Review Program Goals

- **2024-25: Student Learning Outcome:** Last year's effectiveness plan informed us that pass rates from last year's certification exam and the 3-year average provide a foundation for our current goal of seeking a more accurate predictor of success through the FISDAP and National Registry correlation. This data highlights the need to better understand the factors influencing exam success. The relatively low first-time pass rate (64% for last year, 65% 3-year average) indicates that our current FISDAP cut score may not be accurately predicting National Registry success. The results showing pass rates below 70% have prompted us to look for ways to improve.

Liklihood Estimation			
	Success by 1st Attempt	**Success by 2nd Attempt**	**Success by 3rd Attempt**
80 or higher	> 99%	> 99%	> 99%
75-79	70%	97%	> 99%
70-74	37%	52%	74%
65-69	5%	30%	35%
60-64	< 1%	< 1%	4%
Less than 60	< 1%	< 1%	< 1%

Data interpreted by Dr. Van Gaalen, Ph.D.
Asst. VP of Institutional Research, Assessment, & Effectiveness
2021-22, 2022-23, and 2023-24 cohorts high –stakes exams

Required Minimum Number of Patient/Skill Contacts

Formative (Column 1): Exposure in a Clinical or Field setting prior to Capstone - Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with the development of a management plan in patient exposures with some assistance for evaluation

Competency Exam/Summative (Column 2): Exposure in Clinical or Field Experience and Capstone Field Internship - Students conduct a patient assessment and develop a management plan for each patient, with minimal to no assistance.

(Students are only to report successful attempts)

Ages	Formative Exposures	Summative Exposures	Total
Assessment of Pediatric Patient (Newborn to 18 years)	~~15~~ 10	~~15~~ 5	~~30~~ 15
Assessment of Adult Patient (19 to 64 years)	~~30~~ 15	~~30~~ 35	~~60~~ 50
Assessment of Geriatric Patient (65 and older)	~~9~~ 15	~~9~~ 25	~~18~~ 40
Pathology/ Complaint (Conditions) (*) Simulation Permitted			
Trauma	~~18~~ 10	~~9~~ 15	~~27~~ 25
Psychiatric/Behavioral	~~12~~ 1	6	~~18~~ 7
(2) Obstetric delivery w/ normal newborn care and (2) complicated obstetric delivery*	4 2	2	6 4
Distressed neonate (birth to 30 days)*	2	2	4
Cardiac pathology or complaint	~~12~~ 10	~~6~~ 15	~~18~~ 25
Cardiac arrest*	2	1	3
Cardiac dysrhythmia	~~10~~ 3	~~6~~ 10	~~16~~ 13
Medical neurologic pathology or complaint	~~8~~ 5	~~4~~ 5	~~12~~ 10
Respiratory pathology or complaint	~~8~~ 10	~~4~~ 10	~~12~~ 20
Other medical conditions or complaints	~~12~~ 4	6	~~18~~ 10
Successful Motor Skills Assessed on a Patient in Clinical, Field Experience, or Capstone (*) Simulation Permitted			
Establish IV access	~~2~~ 10	25	~~27~~ 35
Administer IV infusion medication*	2	2	4
Administer IV bolus medication	~~2~~ 10	10	~~12~~ 20
Administer IM injection	2	2	4
Establish IO access*	4	~~2~~ 4	6 8
Perform PPV with BVM*	4 10	~~10~~ 5	~~14~~ 15
Perform oral endotracheal intubation*	~~2~~ 10	10	~~12~~ 20
Perform endotracheal suctioning*	2	2	4
Perform FBAO removal using Magill Forceps*	2	2	4
Perform cricothyrotomy*	~~2~~ 5	2	4 7
Insert supraglottic airway*	~~2~~ 5	10	~~12~~ 15
Perform needle decompression of the chest*	~~2~~ 5	2	4 7
Perform synchronized cardioversion*	~~2~~ 5	2	4 7
Perform defibrillation *	~~2~~ 5	2	4 7
Transcutaneous pacing*	~~2~~ 5	2	4 7
Perform chest compressions*	2	2	4
Field Experience – Assessment and Management of Patient w/ Assistance			
Team Leader or Team Member	10		
Capstone Field Internship Team Leads			
Capstone Field Internship Team Leads	40		

EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	~~Program Minimum~~ Competency Met
Insert NPA	1
Insert OPA	1
Perform oral suctioning	1
Perform FBAO - adult	1
Perform FBAO - infant	1
Administer oxygen by nasal cannula	1
Administer oxygen by face mask	1
Ventilate an adult patient with a BVM	1
Ventilate a pediatric patient with a BVM	1
Ventilate a neonate patient with a BVM	1
Apply a tourniquet	1
Apply a cervical collar	1
Perform spine motion restriction	1
Lift and transfer a patient to the stretcher	1
Splint a suspected long bone injury	1
Splint a suspected joint injury	1
Stabilize an impaled object	1
Dress and bandage a soft tissue injury	1
Apply an occlusive dressing to an open wound to the thorax	1
Perform uncomplicated delivery	1
Assess vital signs	1
Perform a Comprehensive Physical Assessment	1
Perform CPR - adult	1
Perform CPR - pediatric	1
Perform CPR - neonate	1

Proposed Change Considerations:

- Formative patients (90 hours of clinical and 84 hours of field experience)
- Pediatric patients
- Accurate Data

Clinical Rotations:

- 2 OR (16 hours)
- 1 ICU (8 hours)
- 1 OB (12 hours)
- 1 Larc (6 hours)
- 1 Pediatric ER (12 hours)
- 2 Trauma ER (24 hours)
- 1 Adult ER (12 hours)

The program presented changes to the student minimum competencies tracking system, explaining that formative exposures would be increased to better reflect realistic patient encounters during clinical and field settings. The new numbers, which were developed in consultation with lead instructors and based on previous data, aim to provide more accurate tracking of student performance. After discussion, the proposed changes were approved by the group. The program also mentioned that the annual report data for 2022-2023 was recently submitted.

Summary Tracking – 2023-24 (Summative)
Lee

Pediatrics (Newborn to 18 years)	Adult (19 to 64 years)	Geriatric (65 and older)
15	30	9
15	30	9
19	59	53
17	48	33
17	41	43
21	42	46
20	41	18
19	47	27
15	36	39
15	36	29
27	68	62
15	30	43
22	58	52
16	25	31
29	58	44
15	40	28
16	38	53
15	32	31
17	40	53
26	51	34
9	35	15
15	40	32
16	30	29
18	43	38

Trauma	Psychiatric/ Behavioral	Obstetric delivery w/ normal newborn care and/or complicated obstetric delivery	Distressed neonate (birth to 30 days)	Cardiac pathology or complaint	Cardiac arrest	Cardiac dysrhythmia	Medical neurologic pathology or complaint	Respiratory pathology or complaint	Other medical conditions or complaints
9	6	2*	2*	6	1*	6	4	4	6
9	6	2	2	6	1	6	4	4	6
25	19	6	4	15	0	20	11	16	64
16	7	2	2	9	1	8	9	9	27
15	12	4	4	16	6	30	9	8	32
32	17	2	3	11	4	9	35	14	36
24	11	2	1	7	3	11	25	15	49
22	21	2	2	16	2	13	25	11	38
27	7	2	2	10	5	8	32	19	25
16	17	3	4	11	5	12	15	11	28
39	15	5	4	19	1	17	23	18	39
21	9	2	2	9	2	9	13	9	17
31	7	2	2	13	14	26	36	25	66
17	9	3	4	7	3	16	11	14	33
38	34	6	4	33	3	35	37	30	59
20	9	2	2	9	2	11	7	9	20
29	12	3	3	13	7	8	11	11	21
26	11	2	2	13	3	14	20	9	21
30	17	2	4	17	3	14	18	13	37
25	13	4	4	16	2	12	14	12	29
22	13	3	3	11	2	17	6	4	15
18	10	2	2	6	3	19	14	9	30
23	12	3	2	8	5	15	9	8	28
25	13	3	3	13	4	15	18	13	34

Summary Tracking – 2023-24 (Summative)

Lee

Establish IV access			Administer IV bolus medication			Perform oral endotracheal intubation		
Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %
25	(Place the total number of attempts for each graduate below)	Column % auto calculates based on formula above	10	(Place the total attempts for each graduate below)	Column % auto calculates based on formula above	10*	(Place the total attempts for each graduate below)	Column % auto calculates based on formula above
25			10			10		
38	41	93%	41	41	100%	21	24	88%
28	28	100%	23	23	100%	11	14	79%
45	51	88%	36	36	100%	12	16	75%
58	58	100%	17	17	100%	11	11	100%
45	45	100%	16	16	100%	12	12	100%
54	54	100%	16	16	100%	10	10	100%
124	124	100%	126	126	100%	19	19	100%
29	35	83%	18	18	100%	11	11	100%
123	123	100%	112	112	100%	19	19	100%
80	80	100%	52	52	100%	12	12	100%
89	90	99%	70	70	100%	10	10	100%
52	52	100%	29	29	100%	11	11	100%
60	60	100%	31	31	100%	11	11	100%
34	34	100%	29	29	100%	18	19	95%
64	64	100%	34	34	100%	13	17	76%
81	88	92%	51	51	100%	13	17	76%
82	82	100%	44	44	100%	10	10	100%
37	37	100%	42	42	100%	10	10	100%
40	40	100%	22	22	100%	10	10	100%
73	73	100%	27	27	100%	11	11	100%
61	61	100%	31	31	100%	16	22	73%
62			41			13		

Summary Tracking – 2023-24 (Summative)

Lee

Administer IV infusion medication	Administer IM injection	Establish IO access	Perform PPV with BVM	Perform endotracheal suctioning	Perform FBAO removal using Magill Forceps	Perform crico-thyrotomy	Insert supraglottic airway	Perform needle decompression of the chest	Perform synchronized cardioversion	Perform defibrillation	Trans-cutaneous pacing	Perform chest compressions	Successfully Manages the Scene, Performs Patient Assessment(s), Directs Medical Care and Transport as Team Leader with Minimal to No Assistance
2*	2	2*	10*	2*	2*	2*	10*	2*	2*	2*	2*	2*	20
2	2	2	10	2	2	2	10	2	2	2	2	2	40
25	5	2	29	1	2	0	1	3	6	7	0	3	43
4	3	3	13	2	2	2	10	2	2	2	2	3	41
4	5	5	13	3	2	2	10	2	4	5	2	7	56
9	2	3	10	4	2	3	10	2	2	5	2	6	60
7	4	3	27	3	3	3	10	4	5	3	3	3	43
11	3	2	19	3	2	2	12	3	3	4	2	5	82
20	18	4	22	2	4	3	10	6	9	4	3	6	46
4	6	3	15	2	3	2	11	6	9	5	2	8	47
31	12	12	20	4	2	2	10	9	14	11	2	7	78
5	9	2	13	3	2	2	12	3	4	2	5	2	60
10	4	2	14	3	2	2	10	2	7	7	2	5	42
4	5	2	14	3	3	2	10	4	2	3	2	4	50
8	5	3	18	6	4	3	13	4	6	3	6	7	61
4	3	4	26	6	2	2	10	4	2	4	2	5	40
34	2	4	17	2	2	2	13	8	3	4	2	4	67
2	6	3	11	2	2	2	10	2	3	3	3	4	58
7	18	13	19	3	2	2	11	3	6	12	2	5	49
5	3	11	10	8	3	6	10	10	2	4	3	4	66
5	5	2	10	2	2	2	10	2	2	2	2	3	51
8	2	5	10	2	3	3	11	2	2	2	2	3	42
15	2	10	23	2	2	3	12	4	2	5	2	10	45
11	6	5	17	3	2	2	10	4	5	5	2	5	54

Summary Tracking – 2023-24 (Summative)

N. Collier

Pediatrics (Newborn to 18 years)	Adult (19 to 64 years)	Geriatric (65 and older)
15	30	9
15	30	9
15	36	27
17	31	29
17	35	27
15	30	35
17	47	19
16	39	37
15	33	36
20	30	58
20	34	27
13	27	34
25	37	48
17	30	21
15	57	57
22	31	21
16	39	61
Average: 17	36	36

Trauma	Psychiatric/ Behavioral	Obstetric delivery w/ normal newborn care and/or complicated obstetric delivery	Distressed neonate (birth to 30 days)	Cardiac pathology or complaint	Cardiac arrest	Cardiac dysrhythmia	Medical neurologic pathology or complaint	Respiratory pathology or complaint	Other medical conditions or complaints
9	6	2*	2*	6	1*	6	4	4	6
9	6	2	2	6	1	6	4	4	6
20	6	3	2	6	1	21	13	4	26
13	9	4	3	7	3	13	17	8	17
17	9	2	2	9	4	9	9	5	20
16	7	6	2	15	1	25	9	7	15
17	10	2	2	10	3	9	14	10	18
19	10	2	2	12	2	28	18	8	21
23	27	2	1	7	4	5	25	14	30
37	8	5	2	15	5	36	19	18	48
24	7	2	2	8	1	18	9	8	32
25	5	1	2	7	5	29	11	12	26
27	7	4	2	10	2	29	18	10	38
15	12	2	2	13	1	8	9	5	14
35	9	2	2	11	4	18	24	8	28
12	9	4	2	7	3	10	7	5	23
46	26	2	2	16	6	51	47	28	71
23	11	3	2	10	3	21	17	10	28

Summary Tracking – 2023-24 (Summative)

N. Collier

Establish IV access			Administer IV bolus medication			Perform oral endotracheal intubation		
Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %
25	(Place the total number of attempts for each graduate below)	Column % auto calculates based on formula above	10	(Place the total attempts for each graduate below)	Column % auto calculates based on formula above	10*	(Place the total attempts for each graduate below)	Column % auto calculates based on formula above
25			10			10		
77	77	100%	44	44	100%	20	20	100%
28	28	100%	11	11	100%	10	10	100%
34	34	100%	11	11	100%	12	12	100%
62	62	100%	31	31	100%	17	17	100%
46	46	100%	21	21	100%	12	13	92%
53	54	98%	30	30	100%	14	14	100%
36	36	100%	14	14	100%	10	10	100%
97	98	99%	44	44	100%	19	19	100%
84	84	100%	30	30	100%	26	26	100%
78	78	100%	37	37	100%	20	20	100%
83	83	100%	42	42	100%	16	16	100%
86	88	98%	62	62	100%	21	21	100%
96	96	100%	29	29	100%	17	17	100%
28	28	100%	14	14	100%	16	16	100%
100	101	99%	43	43	100%	14	14	100%
66			31			16		

Summary Tracking – 2023-24 (Summative)

N. Collier

Administer IV infusion medication	Administer IM injection	Establish IO access	Perform PPV with BVM	Perform endotracheal suctioning	Perform FBAO removal using Magill Forceps	Perform crico-thyrotomy	Insert supraglottic airway	Perform needle decompression of the chest	Perform synchronized cardioversion	Perform defibrillation	Trans-cutaneous pacing	Perform chest compressions	Successfully Manages the Scene, Performs Patient Assessment(s), Directs Medical Care and Transport as Team Leader with Minimal to No Assistance
2*	2	2*	10*	2*	2*	2*	10*	2*	2*	2*	2*	2*	20
2	2	2	10	2	2	2	10	2	2	2	2	2	40
7	9	14	26	4	2	3	13	4	5	7	2	11	49
4	2	4	15	6	2	2	12	2	5	5	5	3	48
3	2	2	16	2	2	2	10	2	2	4	2	2	44
7	5	3	18	2	5	2	10	3	3	7	3	4	44
11	2	4	20	9	2	2	11	8	2	2	2	5	40
3	4	4	21	4	3	2	10	2	5	2	4	5	92
28	20	9	15	25	22	5	8	3	4	3	3	3	41
19	8	10	16	9	6	2	10	3	6	5	2	9	46
36	10	6	31	2	3	3	10	4	10	11	7	7	48
12	3	12	13	5	2	3	21	4	10	2	3	4	49
31	3	4	31	2	2	3	11	3	7	8	3	7	80
10	6	8	32	7	2	4	13	4	3	2	3	5	52
37	5	10	32	6	5	2	13	2	4	10	5	13	63
16	2	6	15	2	2	2	10	7	6	7	5	4	47
27	5	12	25	10	6	5	14	6	8	4	3	18	90
17	6	7	22	6	4	3	12	4	5	5	3	7	56

Annual Report Data

Campus	Satellite	Lee		Satellite	Lee	Lee	Lee	Lee	Lee	Lee
Enrollment Year	2024-25			2023-24		2022-23	2021-22	2020-21	2019-21	**2018-19**
Enrollment Date	8/19/2024			8/21/2023		8/22/2022	8/25/2021	8/24/2020	8/20/2019	**08/20/18**
Grad Date	TBD			12/10/2024		12/12/2023	12/13/2022	12/14/2021	4/29/2021	**12/13/19**
Number of Students Enrolled after 10%of total clock hours	30	19	13	24	16	33	25	18	24	**42**
Add in's	0	1	1	2	0	1	1	5	4	**5**
Total number of students	30	20	14	26	16	34	22	23	25	**40**
Attrition due to non-academic reasons	2	2		3	1	0	4	1	2	**5**
Attrition due to general ED courses				0	0	0	0	0	0	**1**
Attrition due to Professional Courses				2	0	1	2	5	5	**9**
Dropped Out				0	0	0	1	0	0	
Total Graduates	**TBD**	**TBD**	**TBD**	**21**	**15**	**33**	**17**	**17**	**18**	**25**

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Annual Report Data – Attrition & Retention

Graduation Year	12/2024		12/2023	12/2022	12/2021	04/2021	2020	2019
# of Graduates	15	21	33	17	17	18	0	
Total Students in this Class	16	26	34	22	23	25	0	
# of Students dropped/ failed (attrition)	1	5	1	5	6	7	0	
% of attrition	6.2%	19.2%	2.9%	22.7%	26.1%	28%	0	
% of retention	93.7%	80.7%	97.1%	77.2%	73.9%	72%	0	
% retention combined	85.7%							

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Annual Report Data – National Registry Exam Outcomes

Grad Year	12/2024	12/2023	12/2022	12/2021	4/2021	2020	2019
# of grads	36	33	17	17	18	0	25
# passing 1st attempt	22	21	12	13	9	0	18
# passing – 3rd attempt cumulative (1st +2nd + 3rd attempts)	33	32	12	15	14	0	23
% passing within 3 attempts	As of 6/24/2025 91.6%	96.9%	70.5%	88.2%	77.8%	0	92%
# passing after multiple attempts	1	32	15	15	16	0	23
0 attempts to test	0	0				0	
Total passing % to date (within 6 attempts)	94.4%	96.9%	88.2%	88%	89%	0	92%

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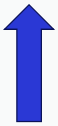
The program presented data on the paramedic program's graduates, including retention rates, National Registry exam outcomes, and employment outcomes. She highlighted a 97% retention rate for the 2023 cohort and a 94.4% passing rate for the 2024 cohort. The program's positive placement rate was 93.9% for 2023 graduates, and employer surveys were mostly positive, with some areas for improvement noted in teamwork and leadership

Annual Report Data – Employment Outcomes

Graduation Year	12/2024	12/2023	12/2022	12/2021	04/2021	2020	2019
# of Graduates	36	33	17	17	18	0	25
# of Graduates Employed*	TBD	30	15	16	17	0	22
# of Graduates Continuing Education*		1	0	0	0	0	1
Total Positive Placement	**TBD**	**93.9%**	**88.2%**	**94.1%**	94.4%	**0**	**92%**



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- Among the responses, all 16 students reported feeling “successful/competent with no prompting” in both the cognitive and psychomotor domains. However, 3 out of 16 students indicated that they needed improvement in pharmacology, while 1 student mentioned needing improvement in operations. In the psychomotor domain, three areas for improvement were noted: medication administration, pediatric physical assessment, and drip set management.
- Regarding the affective domain, 1 out of 16 students reported feeling "marginal: inconsistent, not yet competent" in patient advocacy. The remaining 15 respondents felt "successful/competent with no prompting" in this domain. Areas for improvement mentioned reflective practice and leadership.
- Most students did not leave any final comments, but one student stated, "Clemens gave street-smart demonstrations, which were very useful; I have used them, but there was not enough time spent on pharmacology or medical drip calculations." Another response highlighted, "I tell all my co-workers that this is the program to be in to become a competent paramedic."
- Overall, we are pleased with the feedback received from our graduate surveys. The concerns raised align with the improvements made for the 2023-24 cohort. We have enhanced our lessons on pharmacology and medication administration, shifting the focus away from a single course. Instructors now introduce medication topics throughout the program and administer regular quizzes to ensure student comprehension. Additionally, students are required to practice medication administration during the laboratory phase of the program.

2022-23 Graduate Surveys

Surveys Sent – 31

Surveys Received - 16

- The responses received on the 9 employer surveys that were returned were all positive. The results reflected that 8/9 employers felt their graduates were successful/ competent without prompting in all domains. 1 survey noted marginal in the cognitive domain with operations needing improvement and marginal in the affective domain, noting the areas of improvement needed of teamwork and diplomacy, self-confidence, and leadership. Comments included as final thoughts were " XX was prepared properly and was a competent paramedic from the start. We are satisfied with the level of knowledge." Additionally, "XXX is an outstanding paramedic. His professionalism and compassion are evident during emergency responses. XXX worked exceptionally well with other first responders, demonstrating strong teamwork and communication skills. His ability to stay focused under pressure is impressive. XXX is a tremendous asset to the City of Naples Fire-Rescue Department!"

- Based on the employer survey results, our action plan will focus on continuing to maintain high standards while addressing the areas needing improvement that were identified. We will continue instructional methods that are producing competent graduates, as evidenced by the positive feedback. We believe that our simulation exercises and affective evaluations will assist in improving student performance in operations, work, diplomacy, self-confidence, and leadership. We will continue to encourage all of our instructors to provide students with frequent feedback on their soft skill areas and encourage growth in the areas of leadership and confidence.

2022-23 Employer Surveys

Surveys Sent – 30

Surveys Received - 9

Resource	2023	2024	2025 (in-process)
Faculty	97%	97%	98%
Medical Director	96%	94%	86%
Support Personnel	100%	100%	99%
Curriculum	100%	99%	100%
Financial Resources	100%	99%	100%
Facilities	100%	99%	99%
Clinical Resources	100%	99%	93%
Field Internship Resources	100%	100%	99%
Learning Resources	100%	99%	100%
Physician Interaction	89%	97%	N/A

Resources Assessment Matrix (RAM) results

The program presented data from the resource assessment matrix (RAM) surveys, showing positive results for 2023 and 2024, with 2025 still in progress. Dr. Abo requested information on the correlation between passing the test and completion time, which the program agreed to provide during the next meeting.

Progress towards previous obstacles identified during last meeting:

- **Shift-Friendly Classes:** Implemented A and B shift classes 2024-25 and will run A and C shift classes for 2025-26.
- **Funding for equipment secured:** Purchased a diverse range of manikins representing various ethnicities, genders, and age groups. Added hemorrhage control devices (wound packing), New pericardiocentesis simulator, pediatric airway manikins, Lung/Bowel/Heart Sound simulator.
- **CA pay raises:** Effective July 1st – CA hourly rate will increase. Considerations include teaching experience in EMT versus Medic, degree status, and years of teaching experience.

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The program discussed updates on equipment funding, the implementation of shift-friendly classes, and increases in hourly rates for clinical associates. The conversation ended with a review of progress on previously identified obstacles, including student retention and equipment updates.

Long-range Planning

Strengths

- Dedicated instructors with extensive field experience.
- Instructors maintain relevance with evolving industry standards and protocols.
- Programs foster an environment where feedback is welcomed and encouraged.
- Strong collaborative culture among all staff members.
- Instructors consistently work together to challenge and improve each other.
- Commitment to continuous improvement and program enhancement.
- Significant improvements in Canvas LMS utilization for student learning and feedback.
- Progressive approach to lab equipment and supplies. Evidenced in recent investment in new manikins and equipment.
- Strategic accommodation of students who secure employment mid-program.
- Demonstrated ability to maintain educational continuity while adapting to student schedules and unanticipated events.
- Proactive approach to student retention challenges.
- Implementation of National Registry test preparation sessions.

The program presented a comprehensive review of the department's strengths and weaknesses, highlighting dedicated instructors with field experience, a culture of feedback, and continuous improvement efforts. Areas for improvement were noted, including difficulty recruiting and retaining quality CA staff, below-average national registry pass rates, and limited access to professional development resources. Opportunities for growth were identified, such as collaboration with other paramedic programs, enhancing clinical partnerships, and recognizing exceptional preceptors. Threats to the program include mid-program student departures, potential reduced enrollment due to economic factors, and competition for clinical and field site availability. Dr. Abo mentioned that these issues had been discussed at state meetings and emphasized the need for increased resources rather than lowering standards.

Long-range Planning

Weaknesses
- Difficulty recruiting and retaining quality CA's.
- First-time National Registry pass rates below the national average.
- Limited access to National Registry professional development resources for instructors and students.
- Institutional funding constraints are preventing attendance at distance conferences.
- Lack of control over clinical site preceptor quality and engagement. Students encounter preceptors with negative attitudes.
    - Students are receiving positive feedback on their performance and affective behavior.
    - Students note that some hospital staff are rude to them.
    - Several students mention having negative experiences in the OR's.

Opportunities
- Collaboration with other Paramedic programs for resource sharing.
- Grant opportunities for professional development and training.
- Clinical/Field Partnership Enhancement.
- Continue recognition efforts for exceptional preceptors.

Threats
- Mid-program student departures.
- Potential for reduced enrollment due to economic factors.
- Clinical/Field Site availability

Dr. Abo discussed efforts to improve access for paramedic and EMT students to rotation sites, emphasizing the need for equal opportunity and better education of sites about paramedic roles. He highlighted the importance of reaching out to surgery centers for airway management training. Mike McSheehy mentioned that access cards have been obtained for instructors to enter hospitals, which is a work in progress aimed at improving connections with preceptors and addressing disconnects in emergency response settings.

Student Evaluations of Instruction and Program

EMS 2601: Paramedic Theory I	Students Enrolled: 19 Students Responded: 15

Top 3-5 positive student comments:

- The lecture homework. it made me really dive into the book and prepare/review for the class lecture
- The instructors were hands down the best i have ever had. Jordan and Gio really broke down the content and taught us to such an extent. 10/10 Best learning environment i have ever had thanks to these two!
- The great detail the instructor would go into when questions would arise. More times than not, the professor was able to correlate the subject matter into real-world situation they experienced or heard of someone experiencing, which made the material more memorable.
- The professors have a wealth of knowledge about this course and breaks down all of the information so it is easy to understand.
- The instructors were great, how they would present the material and explain it was really helpful and easy to understand. Adding the kahoots and games were definitely helpful, especially before tests.

Top 3-5 negative student comments/concerns:

- Having more interactive activities would definitely help because sitting in a class for hours just going through PowerPoints gets monotonous. But also hit major points in the chapters then do an activity to break it up and mix the learning/flow of the class up a little bit
- I think having LARC, ICU, and Labor and delivery as clinicals in the first semester would be beneficial to reduce the amount we need in the second semester.
- better reviews

Strategies to address concerns:

Instructors are finding opportunities to incorporate more learning activities.

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The program presented student feedback from recent surveys, highlighting positive comments about lecture homework and lab experiences, while noting concerns about clinical schedules and instructor communication. The program implemented several changes including Mega code Kelly advanced mannequins, increased hourly rates for CAs, and with approval new student competency requirements. Administrative changes were announced, including Dr. Elizabeth Schott transitioning out as Dean of Allied Health and Dr. Mary Catherine Faust joining as the new Dean, along with Giovanni Zamora taking over as program manager and two new program coordinators being hired.

Student Evaluations of Instruction and Program

Students Enrolled: 19
EMS 2601L: Paramedic Lab I Students Responded: 15

Top 3-5 positive student comments:

- hands on experience but, being able to screw up or do something wrong and learning from mistakes made
- The instructors and CAs provided an environment that was non-judgmental and a place of learning. They would reinforce it when we would make mistakes and give us constructive criticism that allowed us to retain the information and consider different points of view when it came to patient care/treatment.
- The labs and the feed back were the most beneficial for me.
- Very knowledgeable and willing to teach instructors. Can provide basic and advanced explanations for hard topics to understand.
- Having other classmates to work with and see how they do things. Also getting into scenarios and being able to make my own mistakes, but then be able to get feed back from the instructors and how to improve next time

Top 3-5 negative student comments/concerns:

- Just having good communication with all the ca's so information doesn't get confusing.
- I think having LARC, ICU, and Labor and delivery as clinicals in the first semester would be beneficial to reduce the amount we need in the second semester.
- It's been great and a well organized learning environment

Strategies to address concerns:

- Instructors are providing more detailed instructions to the CA's with resources prior to their lab shift. This includes more specific information related to the expectations of their scenarios and attaching relevant materials.

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Student Evaluations of Instruction and Program

EMS 2601: Paramedic Lab I

Students Enrolled: 14
Students Responded: 7

Top 3-5 positive student comments:

- All
- Getting hands on experience with all of the medical equipment and being able to work one on one with instructors.
- That our instructors have many years of experience.
- Having Mike as a professor, Mike is genuinely the greatest teacher I've ever had in my entire academic career and I don't think I would be as confident in my skills today if it weren't for him

Top 3-5 negative student comments/concerns:

- What I believe would improve the overall experience of the course would be to have live patients during scenarios instead of using mannequins.
- The fill in the blank for homework needs a word bank. We are getting marked wrong on our answers if we capitalize the word but it is the correct word.

Strategies to address concerns:

- Live patient options will be explored in addition to CA training on MegaCode Kelly.
- Fill in the blank homework as been changed to a drop-down selection.

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End of Program Surveys

- 2022-23 cohort – concerns: LCEMS not a wide variety of trucks, department giving educational time, and FISDAP technical issues.
- 2023-24 cohort – Positives: “The lab was the most beneficial part of this program for me and it helped me become a better critical thinker.”
- “The most beneficial part of this class is working in strong groups.”
- “Our lab hours”
- “The hands-on portion size in lab.”
- Concerns: “Communication between instructors could have been better.”

- (2) shift friendly paramedic classes to begin Fall 2025.
  - Lee Campus – (22) – A Shift
  - North Collier – (24) – C Shift
- CA hourly rates – increases were proposed based on longevity, degree, and teaching EMT vs. Medic (Effective July 1)
- Potential Changes:
  - A minimum score on all high-stakes exams (unit exams). Allowance of make-up exams and number of fails before dismissal from the program.
  - Demerit System
  - SMC Requirements

Review Program Chang

INFRACTION	PROGRESSIVE DEMERITS		
	1st	2nd	3rd
Out of Uniform	2	4	6
Use of Foul Language	2	4	6
Failure to Complete Assigned Tasks	3	5	7
Violations of Rules, Regulations, or Safety Standards	3	5	7
Disrespect	10 Per Occurrence		
Tardiness: Roll Call, Formations, Breaks, or Assignments	5	7	Dismissal
Leaving Class Early	5	7	Dismissal
Reported Absences	7	9	11
AWOL	Immediate Dismissal		

THE DEMERIT SYSTEM IS USED FOR MINOR DISCIPLINARY ACTION; HOWEVER, OTHER DISCIPLINARY ACTION CAN BE IMPOSED UP TO AND INCLUDING DISMISSAL FROM THE PROGRAM.

- Sponsor Administrative Personnel:
  - Dr. Elizabeth Schott, Dean, School of Pure and Applied Sciences and Acting Dean, School of Allied Health
  - Dr. Cathy Faust has accepted the position of Dean, School of Allied Health – July 1, 2025

- Program Personnel:
  - Chief Michael Jimenez, Interim Program Manager, EMS
  - Giovanni Zamora, Program Manager, EMS (Effective July 1st)
  - Jennifer Hoar, Program Coordinator, EMS
  - Michael McSheehy, Program Coordinator, EMS

Substantive Changes

The board conversation ended with Roy expressing gratitude for recent wage increases and program improvements, while Mike Jimenez emphasized his availability to support the EMS program and praised Cassie Billian's leadership. The meeting adjourned after a motion to adjourn was approved, and the program reminded attendees to complete a resource survey via email.

Action Items:

- Completion of RAM surveys
- Program to include data on when students take the National Registry exam in relation to finishing the class (under 30 days, more than 30 days, more than 60 days) in the next report.
- Program to add questions about study materials used (e.g. FOAMfrat, iMed, specific books) to the graduate survey and link it to passing rates.
- Program staff to follow up with Lee County EMS regarding student concerns about the variety of trucks provided for field experience.
- Program staff to implement the newly approved student minimum competency numbers.