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EMS Advisory Committee Meeting

Date | time | 9/25/2018 2:00 PM | NM EMS Building |

# In Attendance

Tony Woodson—Paramedic Program Director, EMS System Coordinator

Greg Conrad, D.O. —Program Medical Director, KC/KishHealth System Paramedic Program

Joe Przybyla— Commander, NIU Police

Roger Scott — A-TEC

Todd Turner — Assistant Chief, Sycamore Fire Department

Jon Bingham —Current Student

Deb Ernest —EMS Coordinator, KC

Kristine Pruski —EMS Educator, KishHealth System

Bette Chilton —Executive Dean of Career Tech Ed

Sarah Brown — H/E Student Worker, Recorder

# Review/Approval of Previous Meeting Minutes

Deb makes a motion to approve the minutes as written. Joe seconds the motion.

No opposition. Motion Carries.

# Outcomes

2017 CoAEMSP’s Annual Report Progrss:

Tony announces the 2017 CoAEMSP’s annual report was turned in, and they’ve got the receipt for confirmation. Tony announced that the format of it has been changed a, but the new format has been easier to navigate so far.

Graduate/ Employee Surveys:

Deb announced that the graduate surveys for the graduating class of fall 2017 were sent out. Since the survey’s need to be sent out six months post-graduation. They were sent via mail and email. She states that they only received one survey back. Deb also sent out the employer surveys based on the addresses that the graduating students gave to her. Unfortunately, she announced that she received zero employer surveys back. Deb states that from now on she will be working with Matt Crull and providing him with whatever data we need for CoAEMSP’s and then using Survey Monkey. Deb and Tony both agree that this will be the best way to receive more data back from graduated students and the employers since it is less time consuming. Bette suggests putting a lot of emphasis on the pre-graduate students on how important it is for them to fill out these surveys once they are graduated and working in the field.

# Other Assessment Results

 Bette announced this year they will get student feedback on the faculty members two times. Deb will read through everything to see if CoAEMSP’s will want this student feedback data. Bette says that Deb can find out more when she attends the conference next spring.

# Program Changes

Preceptors:

 Deb says that we will be re-contacting all of our preceptors because this year we have been through curriculum and have broken program credit hours into two blocks, didactic lab block and a clinical block. In the past, clinical has been pass/fail, but grades can’t be given on a pass-fail class. Deb shows that a rubric will have to include feedback from the people they are doing their clinical with. Deb will be sending out email to all preceptors so that they will be aware of the rubric they decide on. She will also include a PowerPoint that they currently use which contains notes about precepting and some things on FISDAP. This way all preceptors will have the newest information. Joe asked Deb if there is any way to allow us to precept for EMT. Tony says that it is a good thought as long as they are still doing hospital clinical. Deb said that for EMT, there are 20 hours of ED time, and if the student chooses to do field time, then they get two hours off of ED time (with a max of 8 hours off). Deb said that she has very few students who take advantage of that. Bette said she would like it if we kept the 20 hours and then add the ride time as an option. Deb said this way it wouldn’t affect any of their ED time. Since this is optional, it will begin in the spring semester.

Clinical and Field sites:

Dr. Conrad, Tony, and Deb all met the day before the meeting to discuss the different options. Deb states that they had to come up with a way to actually grade clinical time. She referred to the discussion about this from the Spring 2018 meeting and said they came up with two different possibilities on what to do. She presents to the committee a PowerPoint that she made. She began by saying it is a goal of her and Steve to be with each of the student’s for at least two hours either in field or clinical. Bette feels it is a good idea to have this all documented for CoAEMSP. Deb also discusses inter-rater reliability and says it isn’t a good idea to base their clinical grades 100% off of this based on runs on FISDAP because it could be unfair. So, she is trying to find a way to include preceptors while understanding there is a difference between all of the preceptors and how they do things.

Deb asks that everyone look at the affective domain professional behavior evaluation handout. She explains how they base it on scenarios that are done in class. She shows concern because a lot of it is subjective. She wonders if we could incorporate some of this for the preceptors to do so that we get feedback on the students while out in the field, possibly twice a semester. Deb explains how she and Steve already fill these sheets out as a CoAEMSP’s requirement, she asks if committee would like to also incorporate this for 20% of their grade, and if so, how would we go about assessing if someone was competent vs incompetent for the different semesters. Roger thinks it is a good idea to have this be a portion of their grade because students need to understand how important affective domain is. Bette said that the number one feedback they get from stakeholders is that students are lacking soft skills. Deb suggests that 5% of the 20% goes to preceptor and it is the student’s responsibility to have preceptor sign it and have them send it directly back to college.

Deb asks what should be done if the preceptors don’t send the forms back to the college. Tony brought up that Deb could just call the department and do an over-the-phone interview. Everyone agrees that this would be a good solution. Deb also states that every call done by the preceptor should say something positive that the student did and also a suggestion for improvement. She also noticed that a lot of the preceptors were not leaving any comments.

Deb asks committee if they want to move this affective evaluation into this 20% that is being graded by preceptor. So 15% of that will be based on the numerical grades in FISDAP for that semester. For FISDAP grading, she will look to see if student is meeting the average of 1 for first semester, 1.5 for second semester, and 1.75 for third semester. Todd suggests that by third semester, they should have at least 80% competency. So for third semester, it should be 1.6, and second semester would be 1.4. So completion and practical exams will stay same, but FISDAP will be worth 15% of grade and the affective evaluation done by preceptors will be worth 5%.

Enrollment:

1. Fall EMT-B Classes:

The fall 2018 class currently has 15 students. Deb says they started with 17, but one withdrew right away, and the other student never showed up.

1. Fall Paramedic Program:

17 Acceptance letters were given out. One had taken a job which had sent student to Delnor’s program, one withdrew from personal, and the rest were financial issues. So there are currently only 11 students. Dr. Conrad says they discussed at their meeting the possibility of getting support from local hospitals through educational grants and scholarship opportunities. Bette said this might possibly increase enrollment.

Everyone also looks at the 10th Day Enrollment Report and unduplicated enrollment by fiscal year.

Bette asks that everyone also look at the Questions from the Dean

# Other Business

Deb brings up cut scores. She says how up through two years ago, they used raw-scoring, which was every question was worth one point no matter difficulty of questions. The program was pushed to using cut scores, which has different difficulty ratings. For example, an easy question is worth .75 on a test whereas a hard question might be worth 1.25. Deb states that three years prior to using cut scores, they had a pass rate of 100%.

Deb says that any further discussions on cut and raw scores will be tabled for now and will be discussed at the next Spring meeting.

Deb motions to adjourn, Dr. Conrad seconds the motion.

# Next Meeting

Time and Date- TBD

Meeting Adjourned at 3:40pm.