



Annual Program Review 2010-2011

Instructional Programs

Division:

Health Science - EMT

Authorization

After the document is complete, it must be signed by the Division Chair and Dean before being submitted to the Program Review Committee.

Signature of Division Chair

Signature of Dean

Date Submitted to Program Review Committee

Describe the relationship of your program to the college's [Mission Statement](#):

Glendale College Emergency Medical Technician Program is designed to provide students with the opportunity and support to gain the knowledge and skills necessary to meet their education, career, and personal goals in Nursing, Allied Health, Fire Science, and Personal Enrichment. The students entering this program are from diverse backgrounds, ages, abilities, learning styles and goals.

1.0. Trend Analysis

For each program within the division, use the data provided to indicate trends (e.g., steady, increasing, decreasing, etc.) for each of the following measures.

Program	FTES Trend	FTEF Trend	WSCH / FTEF Trend	Full-Time % Trend	Fill Rate Trend	Success Rate Trend	Awards Trend
EMT	Increasing	Increasing	Increasing	NA	Increasing	decreasing	NA

1.1. Describe how these trends affect student achievement and student learning:

The volume of students entering the EMT program is increasing. This is in-part due to the community need for Emergency Medical Technicians in the private ambulance sector; Emergency Department increased staffing needs and requirements for students with the goal of applying to Fire Departments having to have EMT as a prerequisite for application. Also the program is a stepping stone to paramedic, and physician assistant programs. The EMT program is also a testing ground for those students interested in a carrier in Health Care. Approximately 50% of students entering the program are headed for a carrier in Fire Departments, 40% of the students are interested in Health care carriers and 10% are taking the class for self preparedness and some are interested in Law Enforcement and Search and Rescue.

However, many students entering the program are either not prepared for the quantity of material needing to be covered or have difficulty with the time management needed for the program. The new National Educational Standards for EMT require a greater depth and breadth of knowledge needed to pass the National Registry Examination. As a result more students are not completing the course. In addition some students are continuing to have problems with reading comprehension and English vocabulary.

1.2. Is there any other relevant quantitative/qualitative information that affects the evaluation of your program?

The National Registry Emergency Medical Technician Examination (NREMT) is the standard that is used in the SLO's for this program. Of those students who do complete the program 98% take the NREMT. Of those taking the examination 85% have passed the examination on the first attempt compared to 65% Nationally. This is from the time period of January 2007 to September 2010. It has come to our attention that students waiting longer than 3 week do not have as good a chance of passing the exam on the first attempt.

2.0. Student Learning and Curriculum

For each program within the division, provide the following information.

Program	% of Courses with Identified SLOs	% of Courses with Ongoing SLO Assessment	% of Courses Reviewed for Outline Changes	% of Courses Whose Prerequisites Were Validated in 2009-2010	% of Courses Whose Textbooks Were Reviewed in 2009-2010	Degree/Certificate SLO* <small>If your division has defined other program SLOs, please indicate below</small>
EMT 139	100%	100%	100%		100%	
EMT 140	100%	100%	100%		100%	85%

* A program (for purposes of Degree/Certificate SLOs) is a cohesive set of courses that lead to degrees and certificates Divisions may further delineate and define programs based on their assessment needs.

2.1. Would you like to comment on your percentages outlined above?

2.2. How has assessment of course-level student learning outcomes led to improvement in student learning?

The NREMT provides a breakdown of our students taking the NREMT Exam by Topic area. These areas co-inside with our student learning outcomes. This measurement was started in January of 2007. Looking at the data from this report our students are improving each year as we identify student needs from the data and make changes to our program.

Topic	2007	2008	2009	2010 (Jan-Aug)
Airway	62%	63%	74%	72%
Cardiology	36%	66%	77%	85%
Trauma	53%	61%	65%	63%
Medical	40%	49%	69%	69%
OB/Ped	48%	60%	73%	70%
EMS Ops	57%	56%	50%	65%

2.3. How has assessment of program-level student learning outcomes led to certificate/degree program improvements?

Eighty percent of those students passing the class and taking the NREMT Exam within 3 weeks of course completion will pass the exam on the first attempt. This is an improvement from 81% in 2007.

2.4. Does the student assessment data indicate overall program needs that may require support from the institution? Define these observed needs and support your answer using your assessment data.

In 2009 the EMT program received a grant which was used to provide much needed equipment and supplies. Included in the equipment were two computerized mannequin simulators allowing the program to provide the students with abnormal vital signs, simulated breath sounds and pulse rates. These mannequins have increased our student understanding of patient assessment and increased decision making processes. Because of this recent grant we were able to replace 20 and 30 year old equipment. We were also able to obtain a used ambulance through the work of the Verdugo Fire Academy Staff. This allows our students to simulate actual ambulance situations and provides realistic scenarios for training. The future anticipated need from the institution will be to maintain and keep this equipment functioning and running. There are no anticipated needs for this year; however, we will continue to look at this for next year's review. For the past several years this program has requested a full time instructor/program director position. Each year it has been turned down. This year we still need the position, however, with the budget being what it is we will not put in the application for this position. We will do so next year.

3.0. Evaluation of Previous Goals

This section is an evaluation of program goals and activities from previous years.

3.1. List actions identified in your last program review or any other related plan(s).

2005 review Action Plan

1. By June 2005, the English prerequisite is elevated from "Eligibility for English 120 and/or ESL 151" to "Eligibility for English 101."
2. The pre-course is taught in January 2005 as a special topics course in the winter intersession and spring semester.
3. The program replaced all defective cardiopulmonary manikins by the December 31, 2005.
4. The EMT curriculum is completely re-written on January 15, 2005.

3.2. What measurable outcomes were achieved due to the actions completed?

1. By June 2005, the English prerequisite is elevated from "Eligibility for English 120 and/or ESL 151" to "Eligibility for English 101." This was completed and is now a prerequisite. I am not sure how effective it is as I still have a number of students who have problems with reading and writing English and being able to comprehend the reading materials and cannot get through exams in the time allotted. I can find no information that the prerequisite has been validated. Many of the students who are dropping out of this program are doing so as a result of academic failure due to poor reading and comprehension skills.

2. The pre-course is taught in January 2005 as a special topics course in the winter intersession and spring semester. The pre-course EMT 139 is now a standard part of the program. The students are now having more time to learn information and get foundation for EMT 140. It also provides an opportunity for the student to experiment with health science and health carriers type program
3. The program replaced all defective cardiopulmonary manikins by the December 31, 2005. All defective manikins have been replaced and additional manikins have been obtained including recording manikins. This has improved the performance of the students on the skills testing for CPR.
4. The EMT curriculum is completely re-written on January 15, 2005. The curriculum is completed and there has been a continual increase in passing scores on first attempt of the EREMT exam.(See Attachment) In the time frame of January 1, 2007 to June 2007 67% of students passed the EREMT exam. The curriculum was changed again and instructional process was changed. The pass rate for the June 2007 to December 2007 was 77%. July 2008 to Oct 2008 84%. December 2008 to September 2009 90%.

3.3. Evaluate the success of the completed actions. Did the completed actions lead to improved student learning or improved program/division processes?

The actions of the 2005 program plan did help in student learning improvement and improved program /division processes. However, continued changes including change in instructors and program director has also created improved changes.

3.4. What modifications do you plan to make to your program/division in the future to improve student learning and/or program/division processes?

In January of 2011 the new *National EMS Education Standards (The Standards)* will begin being phased in across the country. The *Standards* represent another step toward realizing the vision of the *1996 EMS Agenda for the Future*, as articulated in the *2000 EMS Education Agenda for the Future: A Systems Approach*.

The *National EMS Education Standards* outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the *National EMS Scope of Practice Model*. Although educational programs must adhere to the *Standards*, its format will allow diverse implementation methods to meet local needs and evolving educational practices. The less prescriptive format of the *Standards* will also allow for ongoing revision of content consistent with scientific evidence and community standards of care.

In implementing the *Standards*, EMS instructors and educational programs will have the freedom to develop their own curricula or use any of the wide variety of publishers' lesson plans and instructional resources that are available at each licensure level. Consistent with the EMS Education Agenda, EMS accreditation authorities will use the *Standards* as the framework for evaluation of program curricula.

The *National EMS Education Standards* are not a stand-alone document. EMS education programs will incorporate each element of the education system proposed in the *Education Agenda*.

These elements include:

- National EMS Core Content

- National EMS Scope of Practice
- National EMS Education Standards
- National EMS Certification
- National EMS Program Accreditation

This integrated system is essential to achieving the goals of program efficiency, consistency of instructional quality, and student competence as outlined in the *Education Agenda*. As a result we have already started by adding the EMT 139 course to the program providing the additional hours needed for obtaining the depth and breadth of information required in the new standards. We have already started a block exam process that will coincide with the examination topics so we can evaluate the outcomes. We will be changing books and learning materials to coincide with the new education standards and will change lectures and exams to meet the new standards.

These modifications will not be significant to current curriculum as most of the changes are in rearrangement of the current material and some vocabulary changes.

4.0. Action Plans

Based on trends and student learning outcomes, describe your program plan for the next academic year. Include necessary resources.

Action	Related EMP Goals and SLOs	How action will improve student learning	Resource Needs
Change Books	Started for the Fall EMT 139 class and will continue with the Winter 139 class and the Spring 2011 EMT 140 class	The new materials will present the depth and breadth of information needed as well as changes in skills practice and increased scope of practice.	Book Store
Change Lecture Materials to coincide with the new standards	Started for the Fall EMT 139 class and will continue with the Winter 139 class and the Spring 2011 EMT 140 class	Provides interactive learning environment to present the required instructional materials.	Program Director and Primary Instructor working with materials provided by publishers and LA County Department Office of Prehospital Care
Change Skill Materials to coincide with the new standards and LA County Scope of Practice	Started for the Fall EMT 139 class and will continue with the Winter 139 class and the Spring 2011 EMT 140 class	Provides specific expectations of how the required skills are to be performed and will be tested.	Program Director and Primary Instructor working with materials provided by publishers and LA County Department Office of Prehospital Care
Change the SLOs currently used to new SLOs that coincide with the new standards	Started for the Fall EMT 139 class and will continue with the Winter 139 class and the Spring 2011 EMT 140 class	Does not change total outcome, however it will rearrange the outcomes so we can measure them compared to the National and State outcomes.	Program Director
Revise current program CPR requirement to coincide with the new 2010 Heart Association Standards.	Phase in as materials are available		Published materials for the American Heart Association and the Emergency Care Institute

GCC EREMT RESULTS (Attachment for Section 3.2 #4)

	Tested	Passed	GCC % Passed	National % Passed
2007				
1st Quarter	27	22	81%	69%
2nd Quarter	28	23	82%	68%
3ed Quarter	25	23	92%	67%
4th Quarter	24	22	92%	68%
2008				
1st Quarter	41	34	83%	68%
2nd Quarter	41	34	83%	65%
3ed Quarter	19	11	58%	69%
4th Quarter	10	9	90%	66%
2009				
1st Quarter	12	9	75%	66%
2nd Quarter	33	32	97%	64%
3ed Quarter	7	6	86%	65%
4th Quarter	32	26	81%	64%
2010				
1st Quarter	10	8	80%	65%
2nd Quarter	39	33	85%	67%
3ed Quarter	7	6	86%	71%
4th Quarter			#DIV/0!	
			83%	

Topic	2007	2008	2009	2010 Jan-Aug
Airway	62%	63%	74%	72%
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