

EMS ADVISORY COMMITTEE MINUTES

June 3, 2010
10 am - NOON

CALL TO ORDER: 10:05 AM by Dr. Nelson

MEMBERS PRESENT: Joe Nelson, DO-EMS Program Medical Director & Chairperson
Nerina J. Stepanovsky, Ph.D., EMS Program Director
Dave Holler, Pinellas Pk. Fire Dept.
Laurie Romig, MD, Pinellas County Med. Dir.
Craig Hare, Pinellas County EMS Admn.
Christopher Henderson, Alumni Representative

GUESTS PRESENT: Gary Graham, Outreach Coord., SPC
Greg McLeod, SPC/HEC, Assoc. Provost
Ted Rogers, Lead EMT Instr.
Glenn Davis, Lead Paramedic Instr.
David Sullivan, EMS/CME Coord.
Steve Girk, St. Pete. Fire Rescue

WELCOME:

Dr. Nelson welcomed all and asked everyone to introduce themselves.

The Minutes of the Advisory Committee Meeting from October 29, 2009 were reviewed and approved.

Faculty/Staff Updates

- * The 5th vacant full time faculty position has been filled by the hiring of Mr. Martin VanBourgonchien.
- * Bill Ballo resigned effective 7/23/2010 due to his selection as a Research Fellow at the National Registry of EMTs in Columbus, OH, starting 8/2/2010.
- * Liz Rickerman, Part time Staff Assistant for the EMS Non Credit Program has been promoted to fulltime Academic Staff Assistant for 3 other programs here at the Health Education Center. The open position has been posted and 34 applications have been received. Interviews will begin in the next two weeks.

Lead Paramedic Instructor & Paramedic Pass Rate Report

We will move ahead to the Paramedic Program Report with Glenn Davis. He reported the pass rates available on the state website as of July 2009: May 25, 2010 **first time pass rate for our paramedic program** is 100% with a mean average score of 87%. Statewide pass rates are 90% with a mean average score of 85%. We had graduates in December 2009 and May 2010. We hold our own graduation ceremony for these students and the May graduation was very well attended by family and friends. Our HEC Teaching Auditorium was almost filled to capacity. The total of our last two graduating classes came to about 35 students. Overall the students had good pass rates and one student who tested with the state mentioned that he felt very well prepared and that the state test was not as difficult as he expected. Glenn felt this was a positive result of the training provided by our program. The Intro to Paramedic class, EMS 2600C will no longer be starting during the Fall session. We will only be starting in the Spring (January) and Summer (May). Marty worked on condensing the normally 16 week intro course into a 10 week course to be offered during the shortened summer session.

The Paramedic Intro EMS 2600C course has been taught by Phil Borum, Glenn Davis, and is going to be taught by Marty during this coming summer session.

There is no lab or clinical with this class and Marty has done a great job “beefing” up the course. Medic II class is in session this summer but it will be the last medic II class taught during the summer session after the new start dates take place January 2011. Field Internship will return to the summer session which will be a shorter time to complete at an average of about 240 hours. Also, the last graduating class had both PALS and PEPP training and certification with good pass rates for both. Our summer medic II class has a total of 13 students. This class began with a total of 32 last Fall and of that group, 25 moved into Medic I during Spring. Attrition was due to failures of Intro, or final exam or of required co-requisite courses (EMS Pharmacology, Anatomy & Physiology). Some students withdrew due to work constraints. A few students have made inquiries into returning to the program to repeat and complete training. Glenn noted that the instructor position requires more than teaching the students how to be medics, but how to be college students. Many students don’t know how to take notes, prepare for an exam, or how to answer multiple choice or essay questions. Some medic students realize the need to work in the field as an EMT and gain more practical experience before entering medic training. Also, some students have family/child care issues as well as heavy work schedules and little time to study. These students often have to come to the realization that the timing wasn’t right for them to be in medic training. He stated that one student failed clinical, which is a rare event. This student also failed lecture even after passing the final exam. However, this student did not complete the 19 online chapter quizzes, and as a result he received a 0 grade. All unsuccessful students, pending the reason, are invited to return and take a re-entry exam to re-enter the program.

Dr. Nelson stated that we should be concerned with the high attrition rate. He appreciated the evaluation of the attrition rates and realizes that there are some obvious reasons which are beyond our control. Nerina stated that one way to control this high rate is to move medic II out of the summer session allowing more time for this portion of training, which we have done. Another thing that has been considered and is being addressed is the pass rate for the co-requisite classes of Anatomy & Physiology and the EMS Pharmacology courses that many students were taking along with the intro course. After much discussion between the program director and instructors, it was agreed to move the Pharmacology into Medic I or second session of medic training. The program Lead Instructors and Director will continue to monitor attrition issues and develop solutions.

Dave Holler noted that it seems a lot of attrition issues are related to individual student personal responsibility problems and is glad that a lot of these problems are “flushed out” during training rather than after they are hired at an EMS agency. Nerina stated that in some of the Student Surveys of Instruction students commented that they don’t understand why, if they passed their session exams they have to take a final, comprehensive exam. This method of testing is often practiced in high schools and many students expect the same practice at college. This emphasizes again the need to teach these folks how to be college students besides just how to be EMT’s and Medics.

Dr. Romig suggested continuing to follow this process, even as a research project or perhaps as collaboration with Bill Ballo’s future research work. Dr. Stepanovsky said that she is currently doing a research project regarding the difference between EMT day and evening students, which includes the grade they receive in didactic class and grade received in cumulative final, as well as the National Registry exam. Other factors being looked at are marital/parental status, are they responsible for someone other than themselves, how many hours a week do they work, is this the students’ first college course, do they have any college course credits or a degree, and if so, what is it in? She hopes to complete a years’ worth of data and have it published. She assured all that this attrition issue is being followed.

Greg McLeod says he hopes that we help student’s access help resources and become proactive rather than just reactive to a failing grade. Bill Ballo stated that the instructors continually encourage students to go to the NIP center to review tests and get study help for upcoming exams. Greg also stated that we need to look at other issues in a students’ life, besides academic problems, to help a student handle all that is involved in being a student, a breadwinner and a spouse/parent or other type of caregiver. Dr. Romig suggested incorporating some of the provider wellness and safety factors into the training so a student can review how these items can affect your life, particularly while they are students. Marty said he has already incorporated

this in his online discussion panel. This is a discovery practice to help students find what barriers they may have to the learning process.

Lead EMT Instructor & Pass Rate Report – Ted Rogers

Ted stated that the current discussion is very much related to practices being used in the EMT Program. He discussed special issues of students that occurred and were not academic related which unfortunately required them to withdraw from the program. These students have already made plans to return to the program during the upcoming Fall session.

Regarding pass rates, he stated that the **SPC EMT current, first attempt pass rate is 82%**.

Also, the EMT Program is looking to introduce new and innovative teaching mechanisms for the classroom such as webcasts and, to help reinforce lab skills, we hope to use video segments that will be done in house and will be located on the lab website. This way the segments will be in one location and easy to review. Marty is also planning on adding more discussion segments to the lab website and for the classroom.

As to attrition, he said that we had a higher drop or fail rate in Field Internship. He agreed that many of our students are not prepared for college level work so he has included in the syllabus a few pages on study techniques and testing skills. He has also developed a presentation on how to prep for the NREMT exam. He also noted that for evening students the return to taking Field Internship is sometimes at least three weeks after completing EMT Lecture, Lab and Hospital Clinicals. This leaves a period of time where skills can be lost and he hopes to put more review material into the 1421 class.

It was explained that the Evening class takes 24 weeks to complete. The gap between Spring and Summer is only about ten days, but the Summer to Fall break is approximately a month before returning to class and going into the field. It is suggested that more review needs to be done especially for these classes. As to the Day Program or Express, the class time for Lecture, Lab and Hospital Clinicals is only eight weeks. The speed of this program is often difficult for some students even with the help of NIP, because often a problem isn't discovered until after the first exam and little time is left to work on study habits/skills before the next exam comes up. This is all explained at orientation and most students understand the need to keep up, but, other students perhaps just entering college for the first time are overwhelmed and hesitant to ask for help soon enough. Time management is a real issue for these students. The express class is not recommended for those who have jobs. Ted noted that the current text has 37 chapters covered in eight weeks. Whereas, the new textbook coming out is 43 chapters with much new, intensive information. It will really require committed students. Some restructuring of content will have to be done.

OLD BUSINESS:

Clinical Tracker – Nerina stated that Bill Corso, of Hillsborough Comm. College developed a clinical tracker program that we are beta testing this coming session. It has been built specifically for our program. Mr. Corso has had this software developed for several years and should have most 'bugs' worked out. This allows just one signature form, so paperwork will be reduced. It is a cleaner, more streamlined process.

We have been using a tracking system developed by Shawn Tatham and Bill Ballo for the interim period for EMT students, and an excel spreadsheet for paramedic students. It was through this interim tracking system that we discovered that our EMT students were not seeing any pediatric patients. So we have implemented a mandatory shift at All Children's Hospital. Not all hospitals have many pediatric patients in the ER, and EMT students do not always see pediatric patients. EMT students complete 48 contact hours each for both hospital and field clinical.

EMS Instructor Requirements – Nerina shared that Rule 64-J now has an EMS Instructor Requirement that went in to rule at the end of December 2009. It wasn't to go in to rule until the end of July of 2010. This prohibits Nerina from hiring another instructor until the instructor course is available. It is being beta tested at Valencia Comm. College on June 29-30. Marty will be attending from our facility. Once the beta test is done and any bugs are worked out this course will be accessible here at SPC with Nerina as the authorized instructor by FAEMSE. This involves only initial education. There are three different levels, didactic, lab/clinical and program director for a total of 40 hours.

Dr. Nelson thinks that the rule language is ambiguous and can be interpreted in a more restrictive manner than originally intended. He feels that the language will be clarified in the next year.

Dr. Romig asked if the intent was to phase out the exceptions all along. Both Nerina and Dr. Nelson emphatically stated, no. What was submitted to JAPCE (committee under legislature that is a standards committee to determine language in rule) and what came out after their 'editing' were very different. Unfortunately, they rarely understand the content of what they are looking at.

EMS Education Standards – These curriculum standards are reviewed and updated about every ten years by DOT. The last time this occurred was in 2008. The State of Florida has not yet approved them and we are still working under the 1998 National Standard Curriculum for Paramedic and the 1994 National Standard Curriculum for EMT with a very slight revision in 2000. Dr. Nelson stated that he thinks they will have to make decisions this year. He suspects it will be a topic at the next EMS meetings during July in Orlando.

Also, he noted that we need to be prepared for a discussion of a formal recognition of the formerly known First Responder, now called Emergency Medical Responder. There seems to be large support for some type of formal recognition or certification for this training. This will be a cost effective issue for the Florida Bureau of EMS.

Possible out of county Field Sites – Nerina is waiting to talk to the Chief of Manatee County EMS regarding allowing our students to do some ride time in a different type of system. Jane Bedford of Nature Coast EMS is interested in getting contracts developed to do a student swap, giving their students an opportunity to work in an urban environment and our students to work in a rural area with long distance transports or long waits for EMS on scene. This is in a very preliminary stage. Dr. Nelson feels a Paramedic needs to be able to work in an urban, sub-urban or rural environment because of subtle differences in those practices. Nerina stated that the proposed student swap would be for Paramedic students only.

CoAEMSP Site Visit on Nov. 16 & 17, 2009 - Nerina shared that it was very successful and we were granted full accreditation for another five years. We also had no deficiencies. Dr. Nelson said it is rare that a program goes through the accreditation process with such ease. He thanked Dr. Stepanovsky and her staff for doing such a good job. Nerina said that Rickey Stone of the State of Florida Bureau of EMS was also here and our program is now additionally re-approved with the State beginning November 18, 2009 for 2 years for both EMT & Paramedic.

Partnership with Pinellas Park High School for EMR/Emergency Medical Responder – The process of collaboration is ongoing regarding program and equipment. The Pinellas Park High School interpretation of EMR is seen as actual first responders to the scene, including Fire/EMS, EAM, Police and Criminal Justice, not as we interpret our version of the Emergency Responder course. We hope in the next academic year we will begin teaching our EMR course on site at Pinellas Park High School and in two years we will begin teaching EMT Lecture & Lab on site. When students complete high school and turn 18 years of age we can offer the follow up clinical and field courses. The contract with Manatee High School is complete and we will begin teaching EMR onsite beginning in August. We continue to work with Boca Ciega and Palm Harbor University High School for the same program offering, although they have not yet approached us for assistance.

Dave Sullivan - Dr. Nelson asked Dave to share what is happening in EMS/CME regarding classes being offered. Dave stated that there are many online courses for monthly CME's and they are answering requests for airway skills and practice sessions for county employees. Also, several county agencies are requesting specific training in areas such as airway management, pediatrics, or other specific topics. They are getting a lot of positive feedback on that training. The entire state will be going through recertification for all EMT's and Paramedics starting December 1st. Dave also stated that he will be relocating to the Fort Lauderdale area at the beginning of August to accept a teaching position at Broward Community College,

EMS Program. The EMS/CME Coordinator position at SPC is now posted. Dave was wished well by everyone.

NEW BUSINESS:

Donation Request to City of Pinellas Park re: 1997 Rescue Vehicle (Type 1) - Nerina sent a letter to the City Manager of Pinellas Park stating she was aware, via a conversation with Chief Holler, that the city was in the process of purchasing three new rescue vehicles and asked if they would consider donating a 1997 Type 1 Rescue to our program. This would replace a donated 1991 rescue vehicle which is having transmission and electrical problems. The college does not want to invest money in a vehicle of that age. So, if we are to receive a donated vehicle, we would surplus the 1991 rescue. More will follow.

Faculty Champion - Nerina asked Bill to share information regarding his participation on this committee which is formed to foster critical thinking in all college programs. The idea is to get students to use critical thinking in their studies and test taking in order to be more successful. Focus now is research in scenario type questions that would assist the students. Because he leaves in July, Marty will be taking over to continue working to get the critical thinking process further implemented in the EMS Program. This may require more work by the student but the benefits are worth it. This would include more discussion posts, and thinking through scenario situations. Also, there is continued exploration of increased use of technologies in education because students are familiar with these technologies and it is additional benefit to the education of students in all programs. Dave Holler cited a recent article in JEMS Magazine regarding the importance of critical thinking in EMS. Chris Henderson stated that incorporating some of these critical thinking skill techniques in the “prep” books to take the National Registry tests is important. Using these new skills assist in making correct scenario based decisions, rather than only using a “multiple choice” method of decision making.

Round Table Discussion:

Mid-Term Entry Level - Nerina introduced Marty VanBourgangdien to discuss issues. He began by saying that in teaching the evening EMT students he is finding the students are having a difficult time understanding medical terms and they want the verbiage given in laymen’s terms. He believes EMT students should know medical terms when they begin doing their clinical shifts because the information they give paramedics or nurses are medical terms. They need a real basic understanding of the language used in the field. This has been discussed with the program director and all instructors and it is suggested that Medical Terminology be brought to the EMT level of instruction. This will help get them ready to be a Paramedic. Because the EMT (ATD) Program can only be 11 credit hours per state legislation, we are not able to add this to the program. However, it may be possible to use it as a pre-entry course requirement. Pasco-Hernando Community College uses medical terminology as a pre-entry requirement for their EMT Program. One of the questions regarding the use of this as a requirement is if it will affect enrollment. However, Nerina stated we are full for January of 2011.

Dave Holler said that if clerks who manage patient records can learn medical terminology, students entering EMT training can learn it also. All agreed it isn’t a difficult course. Although Dr. Nelson said he feels it could only benefit EMT students he does have a concern about the competitive disadvantage it may put us in. He knows we are doing well with enrollment now, but if and when the economy changes, those seeking this type of career may not be as apt to chose this type of training.

Greg McLeod stated he is sensitive to access for students entering all programs. He is aware of current requirements of meeting all college admissions requirements and having the appropriate CPR card. He doesn’t see requiring this course as a barrier to entry into the program. The only pre-requisite to Medical Terminology is testing out or completing a Computer Literacy course. He also noted the requirement of Medical Terminology applies to other health programs and the summer’s five classes are bursting at the seams. It would mean finding and credentialing enough other instructors to teach any additional classes.

Chris Henderson stated concerns about placing ourselves out of the competitive market with other EMS Training programs.

Craig Hare believes it can only be beneficial to incoming EMT students particularly those who are first time college students. This can give them an opportunity to get familiarized with use of college online classes and perhaps time management skills that could only help them once they become an EMT student. And, of course, they would be learning medical terms they will be using once they are at a clinical site. Bill agreed.

Gary Graham shared that there is an articulation agreement with almost every high school in Pinellas County stating if an incoming student passed the Introduction to Computers with a B or better they are able to get credit for the course. They just need to fill out a form signed by their guidance counselor, it is then sent to the office of the Outreach Coordinator, Student Affairs where it is reviewed and verified, then it is sent on to central records and the student is given credit for the course.

Chris said the ultimate goal is to produce professional EMT's and Paramedics who are competent clinicians in the field and, at the same time, be competitive with other EMS training centers.

The question arose if this could be a preferred class, but not required, and then later make it a requirement. Much discussion followed.

A motion was made and passed that we do a survey of students about a proposal of making a recommendation to take the Medical Terminology course prior to entry to EMT Program and then we will report back on survey results at our next meeting.

Miscellaneous discussion - Dave Anderson reported that student clinical are going well.

Capt. Steve Girk of St. Petersburg Fire/Rescue reported that a few of their EMT's were sent to Manatee Technical Institute rather than SPC for their Paramedic training only because of scheduling issues. As a 1995 graduate of the SPC program he has the highest regard for our program. He also stated that his agency will be hiring only Paramedics in the future and they anticipate putting up to 15 EMT's through paramedic training. Due to the current economy, the department will be taking a very strategic approach to the way they will manage future training and training programs. They ask if there is a way that a more functional schedule will be available to accommodate the employees of their department during paramedic training.

Nerina has spoken to several EMS Chiefs at SPFR over the past several years regarding class schedules for paramedic and every effort has been made to accommodate different shift schedules by providing lectures and labs on alternate days so that both are available two days a week. She is willing to discuss a specific schedule for St. Pete. Fire/Rescue if it is needed. Steve also mentioned allowing ride time at the students working agency. Nerina stated that at present our program allows 50% ride time at a students' home agency and the other 50% be completed at another Pinellas County transport agency. She is willing to discuss this further.

Proposed date for next Advisory Committee – Dr. Nelson proposed a tentative date of **Thursday, December 2, 2010, 9:30 – 11:30 am** to allow those attending the normally scheduled 12 noon Fire Chief's Meeting enough time to travel to that site.

Meeting adjourned at 12 noon.