



Committee on Accreditation of Educational Programs
For the EMS Professions
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088

□

Self-Study Report Format

For Programs Seeking

Continuing Accreditation

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CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR) for an Educational Program for the Paramedic

INSTRUCTIONS

Each accredited program must periodically conduct an internal review culminating in the preparation of a continuing accreditation self-study report (CSSR). The CoAEMSP will use the report, and any additional information submitted, to assess the program's degree of compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [www.caahep.org]. Programs should carefully read the *Standards & Guidelines* as well as the *CoAEMSP Interpretations to the Standards and Guidelines* to fully understand and respond to the corresponding questions in the CSSR. The CoAEMSP Executive Office will review the CSSR and any additional documentation for completeness.

Electronic copies may be submitted on CD or flash/thumb drive in the format set forth in this document (**no paper copies** are accepted). The CSSR (electronic) and the Student Evaluation SSR Questionnaires (via SurveyMonkey) must both be received in the CoAEMSP executive office for the submission to be complete.

FEES:

The Reaccreditation Self Study Report Evaluation fee and Site Visit deposit are due with submission of the CSSR (see fee schedule at <http://www.coaemsp.org/Fees.htm>). Approximately six months prior to your self study due date you will receive a reminder email and an invoice for the self study review fee and the site visit flat fee.

REPORT FORMAT:

- Type the text of the response for each question directly into the spaces provided on the template form.
- Consecutively number each page of the report, including appendices.
- Prepare **four (4)** electronic copies on CDs or flash drives (**no paper copies are accepted**) OR upload self study directly to the CoAEMSP fileshare. Contact Karen Franks at karen@coaemsp.org if you would like a fileshare account to be created.

CAAHEP REQUEST FOR ACCREDITATION SERVICES

Programs must electronically submit the CAAHEP Request for Accreditation Services when filing the CSSR, if not previously submitted.

Click [here](#) to go to the on-line form. (Internet connection required.)

Submit the report with appropriate fees to:

**Committee on Accreditation of Educational Programs for the EMS Professions
8301 Lakeview Pkwy, Suite 111-312 • Rowlett, TX 75088**

TIMING OF ON-SITE REVIEW:

A continuing accreditation on-site review will occur as scheduled by CoAEMSP and agreed to by the program. The CoAEMSP **Site Visit Information** form must be completed and copied to each CD/flash drive and/or included in the uploaded folders.

Click [here](#) for the link to the on-line form.

TITLE PAGE

1 Program Name: Hutchinson Community College EMS Education

2. CoAEMSP Program #: 600131 (6-digit number starting with 600...)

3. Name and address of the program sponsor:

Name Hutchinson Community College

Address 1300 North Plum

City/State/Zip Hutchinson, Kansas 67501

Voice 620-665-3500

FAX 620-665-3310

Web site www.hutchcc.edu

4. Name and contact data for person(s) responsible for the preparation of the report:

Name: Cliff Moore

Title: EMS Program Coordinator

Phone #: 620-728-4408

FAX #: 620-931-2888

Email: moorec@hutchcc.edu

Name: Jon Friesen

Title: ALS Paramedic Instructor

Phone #: 800-289-3501 Ext. 7216

FAX #: 620-931-2888

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The document contains hyperlinks to assist with navigation.

Copy on to each CD/jump-flash drive: **CoAEMSP Site Visit Information** form.

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GENERAL INFORMATION

1. Chief Executive Officer (to whom all correspondence will be directed)

Name Dr. Carter File
Credentials PhD
Title President
Address 1300 N. Plum

City/State/Zip Hutchinson, KS 67501
Voice 620-665-3506 FAX620-665-3310
E-mail filec@hutchcc.edu

2. Dean or Comparable Administrator

Name Dr. Cindy Hoss
Credentials Ed.D.
Title Vice President of Academic Affairs
Address 1300 N Plum

City/State/Zip Hutchinson, KS 67501
Voice 620-665-3508 FAX620-665-3310
E-mail hossc@hutchcc.edu

3. Program Director:

Name Cliff Moore
Credentials MBA
Title EMS Program Coordinator
Address 1809 East Essex Road

City/State/Zip Hutchinson, KS 67501
Voice 620-728-4408 FAX620-931-2888
E-mail moorec@hutchcc.edu
Is the Program Director employed by the sponsor? Full-time Part-time

4. Clinical Coordinator (if applicable)

Name

Title

Address

City/State/Zip

Voice

FAX

E-mail

Is the Clinical Coordinator employed by the sponsor? Full-time Part-time

5. Medical Director(s)

Name Dr. Ruben Garcia

Credentials MD

Title Medical Director

Address 1335 Kala Ct.

City/State/Zip El Dorado, KS 67042

Voice 620-930-2139 FAX 316-321-8720

E-mail cubandoc123@yahoo.com

Co-Medical Director (if applicable)

Name

Credentials

Title

Address

City/State/Zip

Voice

FAX

E-mail

6. List the other health professions programs offered by or within this institution/consortium.

Nursing - LPN, ADN, Paramedic Bridge
Radiology
Physical Therapy Assistant

Health Information Management
Respiratory Therapy
Pharmacy Tech
Surgical Tech

7. Write a brief (no more than 2 pages) description of the history and development of the program from its inception. Include significant events affecting the program

The EMS Program of Hutchinson Community College held its first MICT class in 1983. This first class started in the fall and graduated in the fall of 1984. The MICT course was initially a 12-month course and in 1988 it expanded to 14 months. The class of 1997 was the first class to enroll in a 4-semester, 21-month format course. They began their course in August of 1995 and graduated in June of 1997. Following recommendations brought forth by the ALS Advisory Committee, the class of 1999 was the first class to utilize a 15-month matriculation model. .

Now in 2015, Hutchinson Community College is one of the largest EMS education program in the State of Kansas in both student population, credit hour generation and budget. In addition to our paramedic program, HCC EMS educates 200 new EMT's annually and trains over 1800 students annually in continuing education which translates to 11,000 continuing education hours. Our program is served by a full-time faculty and staff of eleven (11) individuals with approximately sixty (60) part-time employees.

HCC EMS Education is funded with a budget that hovers between \$800,000 and \$900,000 annually. Facilities and equipment support 18 EMT classes, 2 Paramedic classes and continuing education annually as well as being a local resource for area EMS agencies.

Hutchinson Community College EMS Education is also key in offering real time simulation for not only our students but paramedic students at other programs in the State of Kansas through our Joint Community College Field Operations program held each June. Multitudes of EMS providers, agencies and vendors come to our event for two days of simulated call experience.

PART A: Sponsorship (Standard I)

1. Is the sponsor a consortium? Yes No
(If yes, at least one member must meet Standard I.A requirements. Proceed to question #2 and include a copy of the Consortium Agreement in **Appendix L**)

Complete the following for the sponsoring institution:

2. Type of Sponsoring Institution (check only one of the following):
- a. U.S. Post-secondary institution (Standard I.A.1)
 - b. Foreign post-secondary institution (Standard I.A.2)
 - c. Hospital, clinic, or medical center (Standard I.A.3)
 - (1) Is there an allied health program sponsored by the institution? Yes No
 - (2) If no, is there an office of graduate medical education with at least one residency program for post-graduate physician education? Yes No N/A
 - (3) If no to #1 and #2, include a copy of the Articulation Agreement in **Appendix L**)
 - d. Branch of the United States Armed Forces (Standard I.A.4)
 - e. Governmental education or medical service (Standard I.A.4)
 - (1) The sponsor is under the auspices of which government (check only one):
Federal State County City/Town
 - (2) Is the sponsor authorized by the State to provide initial educational programs? (If no, then not eligible under Standard I.A.4) Yes No
 - (3) Is the sponsor authorized to award college credit? Yes No
 - (4) If no, is the sponsor recognized by the State as a post-secondary institution? Yes No N/A
 - (5) If no to #3 and #4, include a copy of the Articulation Agreement in **Appendix L**)
3. Type of award upon program completion: Associate degree
(Note: Choose only one award level. Accreditation is granted only to the award level curriculum that gives the graduate eligibility for entry into the profession.)
4. Sponsoring Institution Accreditation
- a. Name of Institutional Accrediting Agency:
Higher Learning Commission
 - b. Current Accreditation Status: Accredited (continuously since 1963)
Date of Last Accreditation Review: August 2009
Date of Next Accreditation Review: 2016
 - c. Is the sponsoring institution legally authorized under applicable state laws to provide postsecondary education? Yes No

PART B: Program Goals (Standard II)

1. Has the program made any changes in the last 3 years based on changes in the needs and expectations of the communities of interest? Yes No

2. If yes, briefly describe the program changes:

3. List of the individuals and the communities of interest that they represent on the program advisory committee (must include at least one representative from each group in the drop down list) (for individuals not on the drop down list, use rows 11-20):

Member Name	Community of Interest
1. Terry David--Chair	Employer
2. Mark Willis	Employer
3. Dr. Ruben Garcia	Physician
4. Dennis Mauk	Employer
5. John Helmer	Employer
6. Linda Johnson	Employer
7. Tim Pitts	Police/Fire Service
8. Zach Bieghler	Employer
9. Andrea Nicholson	Student
10. Darrel Kohls	Police/Fire Service
11. Chad Pore	Employer
12. Matt Stiles	Key Government Official
13. Chuck Thronson	Graduate
14. Anderson Lowe	Employer
15. Dave Johnston	Employer
16. Wade Kennedy	Student
17. Jeff Diehl	Employer/Fire
18.	
19.	
20.	

4. Does the advisory committee meet at least annually? Yes No
If No, please explain:

5. List the dates of all advisory committee meetings in the last 3 calendar years:
2012 (3/16, 10/13) 2013 (4/17, 10/11) 2014 (3/7, 10/8) 2015 (3/11)

6. Place in **Appendix M** copies of Advisory Committee minutes for the past 3 calendar years.

PART C: Program Resources (Standard III)

1. Place in **Appendix A**, the completed Resources Assessment matrix (all columns completed).
2. Place in **Appendix B**, a programmatic organizational chart of the sponsoring institution/consortium that portrays the administrative relationships under which the program operates. Start with the chief executive officer. Include all program Personnel and faculty, anyone named in the Self Study Report, and any other persons who have direct student contact except support science faculty. Include the names and titles of all individuals shown.
3. Explain any relationship in the programmatic organizational chart, which is other than direct line.

None

4. Complete in **Appendix C** on the forms provided, the designated information for the Program Director, Medical Director, Clinical Coordinator (if applicable), and any other paid faculty. Also, include in the Appendix the job descriptions of the Program Director, the Medical Director, and Clinical Coordinator (if applicable).
5. Complete in **Appendix D** the Program Course Requirements Table to list all courses required in the Paramedic curriculum.
6. How many total active **clinical** affiliates are used by the program? 6

As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized clinical affiliate individual has provided and attested to the information presented in the corresponding form in Appendix E.

Complete in **Appendix E** a **Clinical** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental form from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

7. How many total active **field internship** affiliates are used by the program? 8
- As Paramedic Program Director, by checking the box, I verify that an appropriate, authorized field internship individual has provided and attested to the information presented in the corresponding form in Appendix F.

Complete in **Appendix F** a **Field Internship** Affiliate Institutional Data form for each active hospital affiliate. (Use one page for each clinical affiliate. For more than four affiliates, use the supplemental forms from the CoAEMSP web site. Insert as many forms as necessary to report on all affiliates.)

8. Complete in **Appendix G** the Student **Clinical** Rotation Matrix.
9. Complete in **Appendix H** the Student **Field Internship** Rotation Matrix.

10. Do students in the Paramedic program receive all support services available to other students enrolled in the educational institution? Yes No
- a. access to the same health services Yes No
- b. receive the same personal counseling Yes No
- c. receive the same academic advising Yes No

PART D: Student and Graduate Evaluation / Assessment (Standard IV)

1. Are evaluations of students conducted in accordance with the requirements of Standard IV,A,1?Yes No

2. Are records of student evaluations maintained in sufficient detail to document learning progress and achievements.?.....Yes No
Location where they are stored: South Campus Pioneer Hall
The # of years stored before disposal: 3

3. Note: Upon receipt of the Self Study Report, CoAEMSP will add the most recently submitted Annual Report on file for purposes of reviewing the Outcomes Assessment results.

PART E: Fair Practices (Standard V)

1. Does the institution/consortium publish a general catalogue/bulletin for its educational programs? Yes No
 If yes, year(s) of the latest edition? 2014-2015
2. Are admissions non-discriminatory, and made in accordance with defined and published practices? Yes No
3. Does the institution/consortium have a student grievance policy? Yes No
4. a. Does the institution/consortium have policies and procedures to ensure compliance with the ADA? Yes No
 b. Does the Paramedic program disclose technical standards in compliance with ADA? Yes No
 c. When are students informed of the program's technical standards?
 1st day of class
5. Does the institution/consortium have a faculty grievance policy? Yes No
6. a. Are all activities required in the program educational? Yes No
 If no, briefly describe.
 b. Are students ever substituted for staff? Yes No
7. Are grades and credits for courses recorded on the student transcript and permanently maintained? Yes No
 Location where they are stored: Main Campus
 If No, # of years stored before disposal: Permanent
8. Is there a formal affiliation agreement or memorandum of understanding with all other entities that participate in the education of the students? Yes No
9. Place in **Appendix I** a copy of the most recent college catalogue and any other documents that make known to applicants and students the information specified in Standard V.A.2. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Accreditation status of the sponsor with address and phone number	Go to Current Student at www.hutchcc.edu	4
Accreditation status of the program with address and phone number	Go to Current Student at www.hutchcc.edu	5
Admission policies and practices	Go to Current Student at www.hutchcc.edu	7

Policies on advanced placement	Go to Current Student at www.hutchcc.edu	821
Policies on transfer of credits	Go to Current Student at www.hutchcc.edu	827
Policies on credits for experiential learning	Go to Current Student at www.hutchcc.edu	
Number of credits required for program completion	Go to Current Student at www.hutchcc.edu	463
Tuition, fees, and other program costs	Go to Current Student at www.hutchcc.edu	16-17
Policies and procedures for student withdrawal	Go to Current Student at www.hutchcc.edu	767
Policies and procedures for refunds of tuition/fees	Go to Current Student at www.hutchcc.edu	810

Link to on-line catalogue, if applicable: <http://www.hutchcc.edu/catalog/>

10. Place in **Appendix J** a copy of additional material to be provided to enrolling students that makes known the information specified in Standard V.A.3 and Standards V.B and V.C. Complete the following table listing the location(s) of the disclosures:

Disclosures	Source Document(s)	Page #
Academic calendar	See Calendar in Appendix I/J	
Student grievance procedure	Go to Current Student at www.hutchcc.edu/catalog/	800
Criteria for successful completion of each segment of the program	See Syllabus in Appendix I/J	
Criteria for graduation	Go to Current Student at www.hutchcc.edu/catalog/	463
Policies and procedures for performing service work while enrolled in the program	Go to Current Student at www.hutchcc.edu/catalog/	
Non-discrimination policy for student admissions	Go to Current Student at www.hutchcc.edu/catalog/	6
Non-discrimination policy for faculty employment	See Master Agreement Appendix I/J	
Policies and procedures for processing faculty grievances	See Master Agreement Appendix I/J	
Policies and procedures to safeguard student health and safety	Go to Current Student at www.hutchcc.edu/catalog/	808

Link(s) to on-line additional materials, if applicable:

PART F: Supplementary Information / Materials

1. Program Information

	Paramedic
a. Length of program (in months)	16
b. Total credit hours for completion	53
c. Maximum class size (capacity)	14
d. Actual current enrollment – 1 st year students	23
e. Actual current enrollment – 2 nd year students (if applicable)	13
f. Month(s) in which classes are enrolled (e.g., Jan, Sep)	August/January
g. Certificate of Completion granted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. # of paid full-time Paramedic program faculty	3
i. # of paid part-time Paramedic program faculty	40
j. # of unpaid Paramedic program faculty	0
k. Number of satellite campuses (see relevant Policy)	1
l. Number of program sections (locations) (see relevant Policy)	2
m. Date of most recently admitted class	August 2015
n. Date of completion of next class	December 2015
o. Year program enrolled the first class ever	1983

Program Strengths & Limitations

2. List the program's areas of strength:

Program tradition and alumni
 Program tenure and consistency
 Clinical & Field Internship opportunities
 Joint Community College Field Ops
 Pre-field internship observations
 Program Faculty and Staff (experience, quantity, quality)
 Medical Direction
 Program Pre-requisites
 Advisory Council
 College support
 Affective Domain evaluation & expectations
 Lab Process and Competency tracking

3. List the program's limitations (areas that need improvement):

Access to library/learning resources
 Equipment Availability
 Lab Instruction
 Aligning Lab Requirements with current clinical practices
 Student Fees/Budget Schedule

4. Describe the processes and/or evaluation systems used to identify the program's strengths and limitations.

Faculty Evaluations, Program Resource Evaluations, Student Resource Evaluations, Face-to-Face conversations, Employer Surveys, Graduate Surveys, Preceptor input.

5. Provide the program's analysis of the data collected assessing its strengths and limitations.

When looking at the data provided by the above mechanisms of evaluation, it appears to this program that identified weaknesses are not consistent amongst all evaluators. It seems that each evaluator has expressed weaknesses based upon their experience and that those experiences are not significantly wide spread.

While some share concerns in some areas, others do not. Some of the concerns are not necessarily weaknesses in the manner presented but sometimes more about the simple need of education of those evaluators by program faculty. For example, some evaluated clinical opportunity as a weakness, but when you look at student clinical numbers one has to conclude that we just simply need to educate that evaluator. HCC, compared to a lot of programs, has more than sufficient clinical opportunity.

The program will develop and follow through on action plans for any area that is deemed a weakness.

6. Describe the action plans developed to correct deficiencies for all areas in need of improvement listed in question 3 above:

Access to library/learning resources

The program is working with the library staff at the Hutchinson Community College library to obtain access to online journal resources for students and faculty. These would be in addition to the journal resources that are already available. Because of the location of our classes, access to the library is difficult for students. Additionally, clinical changes are occurring at a fast pace and the maintenance of a library with current books and information is financially difficult.

Equipment Availability

The challenge for equipment lies in two areas: equipment availability and equipment distribution. In terms of availability, this is predominantly in disposables and in specific pieces of specialized equipment, such as simulators, ventilators, and monitor/defibrillators. The two on-going classes are staggered and some of this equipment is shared. The program has begun purchasing reconditioned Lifepak 12s as a way of providing state-of-the-art monitors without incurring too great of expense to provide this equipment. Program staff will work with the College to gain funding through the budget or grant options to bolster the equipment cache.

Equipment distribution is a challenge in that our program conducts education in different areas, as defined in this document. Faculty is working to develop specific equipment lists for specific points in the curriculum. These equipment packets will then be delivered to the

classroom in a timely manner. In this way, we better communicate with the logistics staff to fulfill equipment needs.

Lab Instruction

The program has begun conducting specific lab assistant and clinical site liaison education in an effort to standardize instruction. Additionally, the program is working to develop a learning management system platform for the distribution of lab assistant updates and education to maintain standardization in lab instruction. The lab manual has been completely revamped to provide for specific processes and timelines.

Aligning Lab Requirements with current clinical practices

Clinical concepts are rapidly changing. Balancing the changes in clinical practice with the existing curriculum and testing expectations is difficult. The program will meet on a quarterly basis to assess areas of concern and adjust curriculum as necessary to stay current.

Student Fees/Budget Schedule

Lab fees will be reassessed on an annual basis to ensure that they are sufficient to cover the costs of student support in labs, clinicals, and field activities.

7. Insert the completed **Faculty Evaluation SSR Questionnaires** from each paid faculty member (didactic, laboratory, and clinical), the Medical Director(s), and the members of the Advisory Committee in **Appendix K**.
8. **Student Evaluation SSR Questionnaires:** The Student Evaluation SSR Questionnaire is now administered electronically through SurveyMonkey.

When you receive the reminder email advising you of your self study due date, you will also receive a survey link for your program's students to access the online questionnaire. All currently enrolled students are to complete the questionnaire. Paper surveys are no longer accepted.

(The complete questionnaire has a total of 24 questions.)

(Note: This questionnaire is NOT the Student Resource Survey instrument.)

LIST OF APPENDICES FOR SELF-STUDY REPORT

- APPENDIX A** = RESOURCES ASSESSMENT – complete all columns of information (either the matrix format or full-page format).
- APPENDIX B** = Programmatic organizational chart of the sponsoring institution/ consortium that portrays the administrative relationships under which the program operates
- APPENDIX C** = Curriculum Vitae of the key personnel (program director, medical director, and clinical coordinator (if applicable); any paid faculty. Job descriptions of key personnel.
- APPENDIX D** = Completed PROGRAM COURSE REQUIREMENTS table
- APPENDIX E** = Completed CLINICAL AFFILIATE INSTITUTIONAL DATA forms
- APPENDIX F** = Completed FIELD INTERNSHIP INSTITUTIONAL DATA forms
- APPENDIX G** = Completed STUDENT CLINICAL ROTATION MATRIX.
- APPENDIX H** = Completed STUDENT FIELD INTERNSHIP ROTATION MATRIX.
- APPENDIX I** = Copy of the most recent college catalogue and any other documents related to Standard V.A.2.
- APPENDIX J** = Additional materials (not provided in Appendix H) related to Standard V.A.3. Reference documents and page numbers in Appendix H materials, as applicable.
- APPENDIX K** = Copies of Faculty Evaluation Self Study Report Questionnaires
- APPENDIX L** = A copy of the Consortium Agreement (Standard I.B) or Articulation Agreement (Standard I.A.3 or I.A.4), as applicable
- APPENDIX M** = Copies of the Advisory Committee minutes for the past 3 calendar years.

APPENDIX A - Resources Assessment

(Matrix Format)

Programs holding Accreditation are required to complete Resource Assessment at least annually (Standard III.D). Programs seeking Initial Accreditation are required to complete at least columns B, C, and D of this matrix (Purpose, Measurement System, and Dates of Measurement) or complete the same information using the alternative full-page forms. Listed Purpose statements and Measurement Systems are minimally required. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s). (see resource survey instruments at www.coaemsp.org)

(return to [PART C](#); [ToC](#))

#	(A) RESOURCE	(B) PURPOSE (S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM * (types of measurements)	(D) DATE (S) OF MEASUREMENT	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1	FACULTY	<p>Provide instruction, supervision, and timely assessments of student progress in meeting program requirements.</p> <p>Work with advisory committee, administration, clinical affiliates and communities of interest to enhance the program.</p>	<p>1. Program Personnel Resource Survey</p> <p>2. Student Resource Survey</p> <p>3. Student Resource Survey-2016 Newton Paramedic Class</p>	June/July 2015	<p>Results/Analysis below</p> <p>1. Financial resources and teaching loads.</p> <p>2. Faculty number is inadequate in the laboratory.</p> <p>Faculty ensure student participation on advisory committee.</p> <p>3. All responses above 3</p>	<p>Action Plan below</p> <p>1. The Program Coordinator continues to make administration aware of faculty and financial needs within the program. Current financial realities have prevented progress on addressing this concern.</p> <p>2. We maintain a 1:6 or better instructor to student ratio. Additionally, labs have been restructured to a peer-to-peer practice model. Instructors ensure student progress and perform instructor checkoffs on skill competencies. This restructure has resulted in less student down time and greater instructor availability to student.</p> <p>We currently have one student from the 2015 Paramedic Class on the Advisory Committee. The Program Coordinator will ensure each class has representation on</p>

						the Advisory Committee by Fall, 2015. 3. Continue to monitor.
2	MEDICAL DIRECTOR (S)	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	All responses 3 or above	Continue to monitor
3	SUPPORT PERSONNEL (clerical, academic, ancillary)	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, registrar, advising, tutoring, clerical)	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	Results/Analysis below 1. All responses 3 or above 2. Financial aid advising 3. Academic advising Financial aid advising	Action Plan below 1. Continue to monitor 2. We are going to survey current and past students to find out what the issues were with the financial aid department by December 2015. The Program Coordinator will report the findings to the Financial Aid Department and create an action plan with the Financial Aid Department. 3. The lead paramedic instructor for each student is his/her academic advisor. As a way of re-enforcing this, academic advising questions will be added to student one-on-one counseling forms by Fall 2015. This is likely a misperception by students as to what the question is specifically asking. We are going to survey current and past students to find out what the issues were with the financial aid department by December 2015. The Program

						Coordinator will report the findings to the Financial Aid Department. An action plan will be developed from the survey findings.
4	CURRICULUM	<p>Provide specialty core and support courses to ensure the achievement of program goals and learning domains.</p> <p>Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.</p>	<p>1. Program Personnel Resource Survey</p> <p>2. Student Resource Survey</p> <p>3. Student Resource Survey-2016 Newton Paramedic Class</p>	June/July 2015	<p>Results/Analysis below</p> <p>1. General Education and Science courses</p> <p>Operating Room and psychiatric sufficient to meet program requirements.</p> <p>2. All responses 3 or above</p> <p>3. All responses 3 or above</p>	<p>Action Plan below</p> <p>1. Pathophysiology content will need to be added to individual lesson plans throughout the program. Because we are capped at 68 hours total for the total curriculum, as a statewide alignment effort, by Kansas Board of Regents, we are unable to add pathophysiology as a prerequisite to the program.</p> <p>Given our experience, we are going to evaluate the ability of students to meet competencies at the facility in question and will adjust student scheduling to ensure that competencies are met. Implementation by Spring, 2016. The Clinical Facilitator will lead this process.</p> <p>2. Continue to monitor</p> <p>3. Continue to monitor</p>
5	FINANCIAL RESOURCES (fiscal support, acquisition /maintenance of equipment /supplies, continuing education)	Provide fiscal support for personnel, acquisition and maintenance of equipment/supplies, and faculty/staff continuing education.	<p>1. Program Personnel Resource Survey</p> <p>2. Student Resource Survey</p> <p>3. Student Resource Survey-2016 Newton Paramedic Class</p>	June/July 2015	<p>Results/Analysis below</p> <p>1. All responses above 3</p> <p>2. All response above 3</p> <p>3. Financial support for special student instructional activities.</p>	<p>Action Plan below</p> <p>1. Continue to monitor</p> <p>2. Continue to monitor</p> <p>3. HCC has provided support in this area. HCC invests in sending students through paramedic field operations, 12-lead classes, and national registry prep classes. We do not pay for travel, lodging, or all meals: which may be why</p>

						one student marked this a two. This is a budget constraint. Discussion will be provided to future classes as to the resources provided by HCC and what expenses the student must bear.
6	FACILITIES (classroom, lab, offices, ancillary);	Provide adequate classroom, laboratory, and ancillary facilities for students and faculty.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	Results/Analysis below 1. Classroom is adequate in size. Ancillary facilities adequate quiet study area, storage for student personal items. 2. Ancillary facilities adequate quiet study area and storage for student personal items. 3. Ancillary facilities adequate quiet study area and storage for student personal items.	Action Plan below The Program Coordinator continues to make administration aware of faculty and financial needs within the program. Current financial realities have prevented progress on addressing this concern.
7	EQUIPMENT /SUPPLIES	Provide a variety of equipment and supplies to prepare students for clinical experiences.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	All responses 3 or above	Continue to monitor
8	CLINICAL/FIELD INTERNSHIP RESOURCES (affiliations)	Provide a variety of clinical experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	Results/Analysis below 1. Hospital/field internship evaluation instruments. 2. I received adequate orientation to assigned hospital/field internship areas and procedures.	Action Plan below 1. During the fall of 2015, the program will conduct a review of hospital/field evaluation instruments with the assistance of field preceptors and clinical site liaisons so as to understand the concerns and make improvements, to be

					<p>3.The hospital/field internships facilities offer an adequate number of procedures for me to meet clinical objectives.</p> <p>Overall the hospital/field internship rotations provide similar competencies to all students.</p>	<p>implemented by Spring, 2016. This process will be led by our Clinical Facilitator.</p> <p>2. We will work to produce an orientation checklist for use by the program by Spring 2016 to ensure that students are adequately oriented to clinical facilities. This will be performed by the Clinical Facilitator.</p> <p>3. We are going to work the fall of 2015 through our Clinical Facilitator to secure more spots at high volume clinical facilities.</p>
9	<p>LEARNING RESOURCES (print, electronic reference materials; computer resources)</p>	<p>Provide learning resources to support student learning and faculty instruction.</p>	<p>1. Program Personnel Resource Survey 2. Student Resource Survey 3. Student Resource Survey-2016 Newton Paramedic Class</p>	<p>June/July 2015</p>	<p>Results/Analysis below</p> <p>1. Computer resources are adequate to support the curriculum.</p> <p>Internet access at our Wichita classroom is inadequate and restricted by the provider.</p> <p>Journals are adequate to support assignments. 2. All responses 3 or above 3. All responses 3 or above</p>	<p>Action Plan below</p> <p>1. Upon renewal of the classroom contract in the spring of 2016, language will be included that address the needs of reliable and unrestricted internet access by faculty and students. This will be performed by the Program Coordinator.</p> <p>Beginning August 2015, the Library and Resource Center manager will do orientation with all students to access all online resources as well as share the resources available to them on Main Campus if they so choose to access.</p> <p>2. Continue to monitor 3. Continue to monitor</p>

10	FACULTY/STAFF CONTINUING EDUCATION	Provide time and resources for faculty and staff continuing education to maintain current knowledge and practice.	1. Program Personnel Resource Survey	June/July 2015	All responses 3 or above	Continue to monitor
11	PHYSICIAN INSTRUCTIONAL INVOLVEMENT	Provide physician-student instructional interaction to ensure confident, professional working relationships between students and physicians.	1. Program Personnel Resource Survey (Section X) 2. Student Resource Survey (Section IX) 3. Student Resource Survey-2016 Newton Paramedic Class	June/July 2015	Results/Analysis below 1. All responses 3 or above 2. Overall, my exposure to physicians in the program is adequate. Physician instructional involvement within the classroom and clinical settings has been increased and is adequate. 3. Overall, my exposure to physicians in the program is adequate.	Action Plan below 1. Continue to monitor. 2/3. Faculty will work to find additional physicians to come into the classroom. Our goal will be to have a physician instructor at least once each month beginning in fall 2015.

* Programs are required to use the questions/items in the CoAEMSP “Program Personnel Resource Survey” instrument and incorporate the results into the assessment of all of the above resource categories (rows).

Programs are required to use the questions/items in the CoAEMSP “Student Program Resource Survey” instrument and incorporate the results into the assessment of all of the above resource categories (rows), except “Faculty/Staff Continuing Education”.

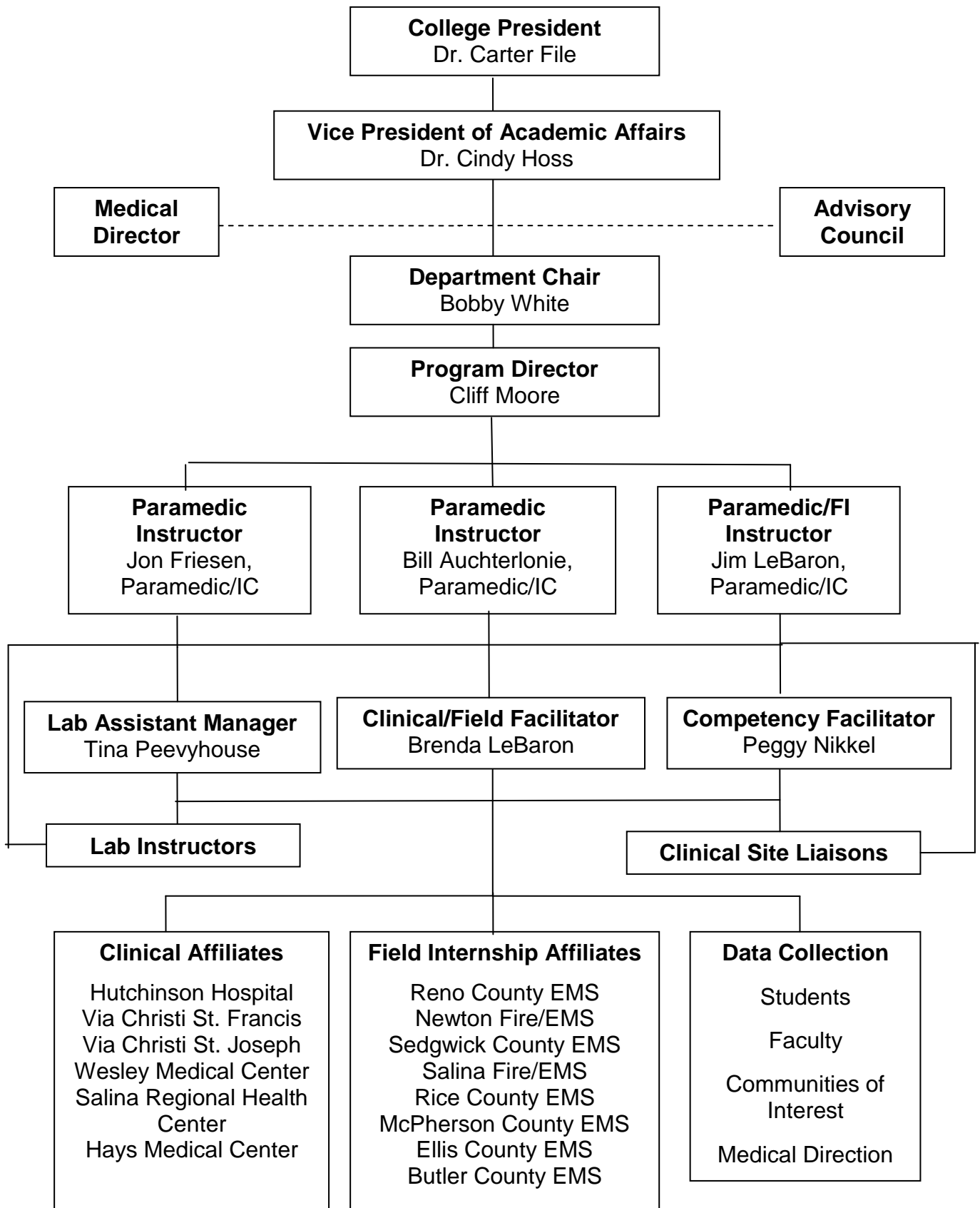
Programs are encouraged to use other instruments and mechanisms to provide additional information about the status of program resources.

APPENDIX B – Program Organizational Chart

Insert organizational chart ...

(return to [PART C](#); [ToC](#))

Programmatic Organization Chart



APPENDIX C1 – Curriculum Vitae and Job Description

Complete the appropriate form for each of the key personnel (Program Director, Medical Director, and Clinical Coordinator(s), if applicable) and any other paid faculty members (no support course faculty).

Insert job descriptions of key personnel...

(return to [PART C](#); [ToC](#))

Program Director Information

Name: Cliff Moore

How long have you been serving in the present position with the program? 2.5 years

Are you currently certified as a Paramedic?

Yes No

Have you ever been a Paramedic?

Yes No

Educational Experience

School	Location	Dates	Degree	Major
Southwestern College	Winfield, KS	2004-2006	BA	Computer Technology
Cowley County Community College	Arkansas City, KS	2001	AAS	MICT
Hutchinson Community College	Hutchinson, KS	1994		MICT

Post-graduate Training

Name of program	Location	Dates	Type of program
University of Phoenix	Phoenix, AZ	2012-2014	MBA

Work Experience

Employer/Institution	Job Title	Where	Dates
Hutchinson Community College	EMS Program Coordinator	Hutchinson, KS	2013-Present
Hutchinson Community College	EMS Clinical Coordinator	Hutchinson, KS	2005-2013
Rice Co. EMS	Paramedic	Lyons, Kansas	2006-Present

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		.5 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 % of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0 % of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0 % of time
Are you involved in the hiring and evaluation of other program personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in developing the program budget?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in modifications of the curriculum?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3/2015
Are there systems in place to demonstrate the effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you responsible for:		
Administration of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Organization of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Supervision of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Continuous quality review and improvement of the educational program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Long range planning and on-going development of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of the program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cooperative involvement of the medical director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

* Who is responsible and how is that responsibility attained?

Insert job description of the program director...



POSITION ANNOUNCEMENT: April 5, 2013

➤ **EMS PROGRAM COORDINATOR (ADM2932)**

RESPONSIBILITIES:

Essential –

1. Provide EMS program leadership, supervision, and management to ensure program consistency and compliance with state regulations, institutional policies, affiliate requirements and accreditation standards.
2. Liaison with active Advisory Board members, community agencies, schools (concurrent enrollment), special programs and interest groups to meet workforce development needs.
3. Develop and maintain systems to ensure program effectiveness through measurement of student outcomes, faculty evaluations, and clinical and field evaluations.
4. Strategically and operationally plan for EMS community needs, resource development, and marketing/advertising/recruitment strategies.
5. Aligning with HCC policies, develop, maintain and monitor fiscal resources and budget as well as secure external funding to support EMS program/activities.
6. Implement and evaluate curricula/program planning, delivery methodology, assessment, and clinical/field experience.
7. Assure medical direction is developed and maintained in the program.
8. Develop and actively maintain program affiliate relationships to support program activities including clinical and field sites as well as regional, state and national EMS agencies.
9. Support a climate that promotes and expects innovation, cross-system/cross-agency effectiveness, and exceptional service to students and area agencies/communities.
10. Support HCC systems through both internal/external representation, participation, and enhancement to ensure stakeholder needs are met.
11. Supervise and evaluate a multi-faceted program staff who prepare, implement, and deliver of EMS program/services.

Secondary –

1. May instruct in the EMS program. Teaching assignments may include evening and weekend hours and may include instruction by alternative delivery systems such as online, telecourse, and/or ITV.
 2. May advise enrolled and prospective students.
 3. Will perform other responsibilities as assigned by the Vice President of Academic Affairs.
-

APPENDIX C2 – Curriculum Vitae and Job Description

Medical Director/Co- or Asst Medical Director Information

Name: Ruben Garcia

Medical Director Co- or Asst Medical Director

Board Certification Specialty: Family Medicine as of Date: 2009

How long have you been serving in the present position with the program? 5 years

Have you been a medical director of an ambulance service? Yes No

If yes, how long? 3 years

Have you ever been a paramedic? Yes No

Educational Experience

School	Location	Dates	Degree	Major
HCC	Hutchinson, KS	1997	AAS	EMS - Paramedic
Sterling College	Sterling, KS	1994	BS	Biology

Post-graduate Training

Name of program	Location	Dates	Type of program
American University of Caribbean School of Medicine	St. Maarten, Netherlands Antilles	2006	M.D.
St. Johns Hospital & Medical Center	Detroit, MI	2006-2009	M.D.

Work Experience

Employer/Institution	Job Title	Where	Dates
Medicine Lodge Hospital	Physician	Medicine Lodge, KS	2009 - 2011
Susan B. Allen Hospital	Hospitalist	El Dorado, KS	2011 - present
Sedgwick Co. EMS	Paramedic	Wichita, KS	1997 - 2002

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Duties / Responsibilities (check all that apply):

		Avg # Hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	48
Participate in lab (practical) exercises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16
Review written exams for content and appropriateness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10
Review practical testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2
Review clinical performance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2
Review field experience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2
Participate in practical testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		0
Participate in oral testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16
Are there adequate controls to assure quality of delegated responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you responsible for/to:			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Review and approve the quality of medical instruction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

* Who is responsible and how is that responsibility attained?

Insert job description of the medical director...

HUTCHINSON COMMUNITY COLLEGE
POSITION DESCRIPTION

Position Title: Medical Director

Classification: Contractual

Organizational Unit:

Emergency Medical Services

Reports to:

Program Coordinator

Date:

3-2006

Review Date:

I. Narrative General Description

Responsible to the Coordinator of Emergency Medical Services Education. Shall be responsible for medical oversight of all EMS courses in accordance with local, state, and federal guidelines and accreditation organizations

II. Functional Responsibilities

- Provide supportive documentation for course approval as directed by the EMS Coordinator.
- Attend a minimum of two quarterly EMS Advisory Committee meetings.
- Provide oversight for EMS curriculum development.
- Provide quarterly instruction to each PARAMEDIC course.
- Administer the final practical examination for at least four PARAMEDIC students per PARAMEDIC class.
- Complete evaluations of lead PARAMEDIC instructor bi-annually.
- Provide reasonable accessibility in times of student or instructor disciplinary concerns.
- Complete all program evaluations as directed by the EMS Coordinator in accordance with expectations of accrediting bodies.

III. Consulting Tasks

In consultation with the Coordinator of the Emergency Medical Services Program and the Dean of Instruction, may make recommendations for employment of EMS Associate faculty

IV. Supervises the Following Staff

None

V. Required Knowledge, Skills

Shall have a working knowledge of educational methods and current Emergency Services Program accreditation and certification procedures.

VI. Required Experience

Minimum of one-year as a physician.

VII. Required Educational Background

- Currently licensed as an M.D. or D.O.

APPENDIX C2 – Curriculum Vitae and Job Description

Medical Director/Co- or Asst Medical Director Information

Name:

Medical Director Co- or Asst Medical Director

Board Certification Specialty: _____ as of Date: _____

How long have you been serving in the present position with the program?

Have you been a medical director of an ambulance service? Yes No

If yes, how long?

Have you ever been a paramedic? Yes No

Educational Experience

School	Location	Dates	Degree	Major

Post-graduate Training

Name of program	Location	Dates	Type of program

Work Experience

Employer/Institution	Job Title	Where	Dates

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

		Avg # Hrs/month	Avg # hrs for program
Lecture to paramedic students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in lab (practical) exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review written exams for content and appropriateness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review clinical performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review field experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in practical testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participate in oral testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there adequate controls to assure quality of delegated responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you responsible for/to:			
Review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If response is "no" to any of these 7 questions, describe below* who is responsible and how that responsibility is attained.
Review and approve the quality of medical instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the supervision of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve the evaluation of students?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Review and approve each student's progress and assist in development or corrective measures for students that do not show adequate progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work cooperatively with the Program Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Who is responsible and how is that responsibility attained?

For each additional Medical Director, download a blank copy of the Curriculum Vitae form from www.coaemsp.org/Self_Study_Reports.htm, complete it, give it a unique file name, and save to the CD/flash drive

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name: **Bill Auchterlonie**

Clinical Coordinator Paid Faculty, Specify: **Instructor**

How long have you been serving in the present position with the program? **10 years**

Are you currently certified as a paramedic?

Yes No

Have you ever been a paramedic?

Yes No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		50 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 % of time
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 % of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name: Jon Friesen

Clinical Coordinator Paid Faculty, Specify: Instructor

How long have you been serving in the present position with the program? 2 years

Are you currently certified as a paramedic?

Yes No

Have you ever been a paramedic?

Yes No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		<u>50 Hours</u>
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>50 % of time</u>
Laboratory Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>50 % of time</u>
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> % of time</u>
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> % of time</u>
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>April, 2015</u>

APPENDIX C3 – Curriculum Vitae

Clinical Coordinator or Other Paid Faculty Information

Name: Jim Lebaron

Clinical Coordinator Paid Faculty, Specify: **Instructor**

How long have you been serving in the present position with the program? **8 years**

Are you currently certified as a paramedic?

Yes

No

Have you ever been a paramedic?

Yes

No

Provider/Instructor Information (check all that apply):

	Ever been certified?	Currently Certified?
Advanced Cardiac Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Cardiac Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Advanced Pediatric Life Support (APLS) Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Advanced Life Support (PALS) Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Education for Prehospital Professionals Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
International Trauma Life Support Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Trauma Life Support Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Hospital Trauma Life Support Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Hospital Trauma Life Support Instructor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Duties / Responsibilities (check all that apply):

Average # of work hours/week while class in session		40 Hours
Didactic Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30 % of time
Laboratory Instructor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Hospital Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Field Preceptor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% of time
Have you been evaluated by your supervisor? Date of most recent evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For each additional faculty member, download a blank copy of the Curriculum Vitae form from www.coaemsp.org/Self_Study_Reports.htm, complete it, give it a unique file name, and save to the CD/flash drive

Total number of CV files saved to CD/flash drive:

List the names of the individuals' CV saved to CD/flash drive:

APPENDIX D – Program Course Requirements Table

(return to [PART C](#); [ToC](#))

List all the courses that are required for completion of the Paramedic program in the sequence in which the students would typically enroll in them.

Overall length of program in months = 16 Or in years = 1.5

Type of credits is (i.e. academic term):	<input checked="" type="checkbox"/>	semester	<input type="checkbox"/>	quarter	<input type="checkbox"/>	Tri-mester
	<input type="checkbox"/>	Other (specify)				

Length of academic term in weeks = 16 Length of summer term in weeks (if different) = 8

Clinical Hours: are hospital hours performed during the course/program.

Field Internship Hours: are ambulance hours performed after completing the didactic, lab and clinical/hospital portions of the course/program.

Sequence by Sem/Quarter #	Course Number	Course Title	# Credits	# Lecture Hours	# Lab Hours	# Clinical Hours	# Field Internship Hours
1	EM191	Para I - Wichita	13	106	42	0	
1	EM191L	Para I - Wichita	0		63		
2	EM192	Para II - Wichita	12	142	46	64	
2	EM192L	Para II - Wichita	0		54		
3	EM201	Para III - Wichita	12	56	39	256	
3	EM201L	Para III - Wichita	0		18		
4	EM202	Para IV - Wichita	16	33	41		528
4	EM202L	Para IV - Wichita	0		24		
		Totals for Wichita Class	53	337	327	320	528

--	--	--	--	--	--	--	--

Sequence by Sem/Quarter #	Course Number	Course Title	# Credits	# Lecture Hours	# Lab Hours	# Clinical Hours	# Field Internship Hours
1	EM191	Para I - Newton	13	110	38	0	
1	EM191L	Para I - Newton	0	0	63	0	
2	EM192	Para II - Newton	12	66	42	64	
2	EM192L	Para II - Newton	0	0	25	0	
3	EM201	Para III - Newton	12	156	36	256	
3	EM201L	Para III - Newton	0	0	58	0	
4	EM202	Para IV - Newton	16	26	49	0	528
4	EM202L	Para IV - Newton	0	0	24	0	
		Total for Newton class	53	358	335	320	528
Totals ==>							

APPENDIX E1 – Clinical Affiliate Institutional Data Form

(return to [PART C](#); [ToC](#))

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

Continuing Accreditation Self Study Report (CSSR) CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name: Salina Regional Health Center	
Address: 400 South Santa Fe, Salina, KS	
Chief Administrative Officer: Michael Terry	
Telephone #: 785-452-7000	
Distance from the location of the program: [74] miles [102] minutes travel	
Is there a signed, current agreement with this affiliate? [X] Yes [] No	
Who supervises the students? [X] affiliate personnel [X] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [X] Yes [] No	
For how many hours? 8 hour introductory and a minimum of 4 hours annually	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	36,256	2	12	8
Operating Room	5,124	2	5	8
CCU/ICU	3,956	4	10	8
Pediatrics	694	2	2	8
Psychiatry	4,378	4	1-2	8
Obstetrics	1,996	6	4	8

APPENDIX E2 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

Continuing Accreditation Self Study Report (CSSR) CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name: Wesley Medical Center	
Address: 550 N. Hillside, Wichita, KS 67214	
Chief Administrative Officer: William Volach, CEO (Hope Helderich, BSN, RNC – OB, C – EFM, Clinical Affiliations Coordinator)	
Telephone #: 316-962-2000	
Distance from the location of the program: [44] miles [50] minutes travel	
Is there a signed, current agreement with this affiliate? [X] Yes [] No	
Who supervises the students? [x] affiliate personnel [x] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [x] Yes [] No	
For how many hours? 8 hours initially, 4 hours annually	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	77,000	1	12	8
Operating Room	12,636	1	5	8
CCU/ICU	CCU 6195 SICU 6842 MICU 8259	4 – 8	10	8
Pediatrics	Peds 4865 PICU 2343	4 – 8	2	8
Psychiatry	NA	NA	NA	NA
Obstetrics	6049 births	6 – 10	4	8

APPENDIX E3 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

Continuing Accreditation Self Study Report (CSSR) CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name: Hays Medical Center	
Address: 2220 Canterbury	
Chief Administrative Officer: John Jeter, MD, CEO	
Telephone #: 785-623-5000	
Distance from the location of the program: [126] miles [120] minutes travel	
Is there a signed, current agreement with this affiliate? [x] Yes [] No	
Who supervises the students? [x] affiliate personnel [x] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [X] Yes [] No	
For how many hours? 8 hrs initially, 4 hrs annually	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	14,000	1	10	12
Operating Room	7800	1-2	6	8
CCU/ICU	850	1-2	6	12
Pediatrics	200	1	2	12
Psychiatry	0			
Obstetrics	750	1-2	2	12
Other (specify):				

APPENDIX E4 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site.

(http://www.coemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name: Via Christi-St. Francis Campus Kim Frangenberg Address: 929 N. St. Francis, Wichita, KS 67214 Chief Administrative Officer: Saad Ehtisham Telephone #: (316) 268-5526	
Distance from location of program?	[42] miles
Is there a signed, current agreement with this affiliate?	[X] Yes [] No
Who supervises the students?	[X] affiliate personnel [X] program personnel
Are there written policies as to what students may do in each area?	[X] Yes [] No
Are the preceptors formally trained?	[X] Yes [] No
For how many hours?	8 hours annually

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	58,737	1	8	8
Operating Room	9,547	1	8	8
CCU/ICU	31,987	1	8	8
Pediatrics	NA	NA	NA	NA
Psychiatry	NA	NA	NA	NA
Obstetrics	NA	NA	NA	NA
Other (specify):				

Insert the supplemental Appendix E file...

APPENDIX E#5_ – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) CLINICAL AFFILIATION MATRIX	AFFILIATE #: []
Name: Hutchinson Regional Medical Center	
Address: 1701 E 23 rd Ave, Hutchinson KS	
Chief Administrative Officer: Kendall Johnson, Interim President and Chief Executive Officer	
Telephone #: 620-665-2000	
Distance from the location of the program: [14] miles [20] minutes travel	
Is there a signed, current agreement with this affiliate? [X] Yes [] No	
Who supervises the students? [X] affiliate personnel [X] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [X] Yes [] No	
For how many hours? 8 hours annually	

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	23,752	1	10	12
Operating Room	3,796	1	6	8
CCU/ICU	706	1	6	12
Pediatrics				
Psychiatry				
Obstetrics	1,361	1	3	12
Other (specify):				

APPENDIX E# 6 – Clinical Affiliate Institutional Data Form

Complete as many of these forms as necessary to report data on all clinical affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) CLINICAL AFFILIATION MATRIX		AFFILIATE #: []
Name: Via Christi Regional Medical Center – St Joseph Campus Kim Frangenberg Address: 3600 E Harry Wichita KS 67218 Chief Administrative Officer: Saad Ehtisham Telephone #: (316) 268-5526		
Distance from the location of the program: [47] miles [69] minutes travel		
Is there a signed, current agreement with this affiliate? [x] Yes [] No		
Who supervises the students? [x] affiliate personnel [x] program personnel		
Are there written policies as to what students may do in each area? [x] Yes [] No		
Are the preceptors formally trained? [x] Yes [] No For how many hours? 8 hours annually		

Rotation	Annual Visits/Shifts	Students Per Shift	Average # Shifts for a Student	Hours per Shift
Emergency Dept.	55,769	1-2	12	8
Operating Room	NA	NA	NA	NA
CCU/ICU	3,629	1-2	10	8
Pediatrics	NA	NA	NA	NA
Psychiatry		1	1-2	8
Obstetrics	5,636	1-2	4	8
Other (specify):				

here

APPENDIX F1 – **Field Internship** Institutional Data Form

(return to [PART C](#); [ToC](#))

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.

APPENDIX F2 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.

APPENDIX F# 2 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: []
Name: Hutchinson Regional Medical Center/Reno County EMS		
Address: 1701 E. 23 rd Ave., Hutchinson, KS 67502		
Chief Administrative Officer: David Trotter, Interim EMS Director		
Telephone #: (620) 665-2121		
Distance from the location of the program:	[14] miles	[21] minutes travel
Is there a signed, current agreement with this affiliate?	<input checked="" type="checkbox"/> Yes	[] No
Who supervises the students?	<input checked="" type="checkbox"/> field agency personnel	[] program personnel
Are there written policies as to what students may do in each area?	<input checked="" type="checkbox"/> Yes	[] No
Are the preceptors formally trained?	<input checked="" type="checkbox"/> Yes	[] No
Or how many hours? 5 hours		
Is there on-line medical direction for this affiliate?	<input checked="" type="checkbox"/> Yes	[] No
Does this affiliate provide Advanced Life Support?	<input checked="" type="checkbox"/> Yes	[] No
Is there a quality improvement program that reviews runs?	<input checked="" type="checkbox"/> Yes	[] No

# of runs per year	5,625
# of active EMS units (excluding backups)	5
# trauma calls per year	1,349
# critical trauma calls per year	204
# pediatric call per year	501
# cardiac arrests per year	56
# cardiac calls (less cardiac arrest) per year	486
# Shifts per student	24
average # runs per shift for a student	6
# hours per shift	24

APPENDIX F3 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.

APPENDIX F# 3 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: []
Name: McPherson EMS	
Address: 315 W. Fourth, McPherson, KS 67460	
Chief Administrative Officer: John Helmer	
Telephone #: 620-241-2251 ext#450	
Distance from the location of the program:	[40] miles [45] minutes travel
Is there a signed, current agreement with this affiliate?	[x] Yes [] No
Who supervises the students?	[x] field agency personnel [] program personnel
Are there written policies as to what students may do in each area?	[x] Yes [] No
Are the preceptors formally trained?	[x] Yes [] No
Or how many hours?	5 hours
Is there on-line medical direction for this affiliate?	[x] Yes [] No
Does this affiliate provide Advanced Life Support?	[x] Yes [] No
Is there a quality improvement program that reviews runs?	[x] Yes [] No

# of runs per year	2300
# of active EMS units (excluding backups)	4
# trauma calls per year	534
# critical trauma calls per year	121
# pediatric call per year	200
# cardiac arrests per year	20
# cardiac calls (less cardiac arrest) per year	110
# Shifts per student	26
average # runs per shift for a student	5
# hours per shift	24

APPENDIX F# 7 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX		AFFILIATE #: []
Name: Butler County EMS		
Address: 701 N Haverhill		
Chief Administrative Officer: Chad Pore		
Telephone #: 316-321-9260		
Distance from the location of the program:	[63] miles	[60] minutes travel
Is there a signed, current agreement with this affiliate?	[X] Yes	[] No
Who supervises the students?	[X] field agency personnel	[] program personnel
Are there written policies as to what students may do in each area?	[X] Yes	[] No
Are the preceptors formally trained?	[X] Yes	[] No
Or how many hours?	5 hours	
Is there on-line medical direction for this affiliate?	[X] Yes	[] No
Does this affiliate provide Advanced Life Support?	[X] Yes	[] No
Is there a quality improvement program that reviews runs?	[X] Yes	[] No

# of runs per year	5210
# of active EMS units (excluding backups)	5
# trauma calls per year	1100
# critical trauma calls per year	150
# pediatric call per year	230
# cardiac arrests per year	85
# cardiac calls (less cardiac arrest) per year	450
# Shifts per student	22
average # runs per shift for a student	5
# hours per shift	24

APPENDIX F# 5 – **Field Internship** Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: []
Name: Rice County Emergency Medical Services	
Address: 1488 W. Highway 56, PO Box 505, Lyons, KS. 67554	
Chief Administrative Officer: Terry L. David	
Telephone #: 620-257-5200	
Distance from the location of the program:	[38] miles [40] minutes travel
Is there a signed, current agreement with this affiliate?	[X] Yes [] No
Who supervises the students?	[X] field agency personnel [] program personnel
Are there written policies as to what students may do in each area?	[X] Yes [] No
Are the preceptors formally trained?	[X] Yes [] No
Or how many hours?	
Is there on-line medical direction for this affiliate?	[X] Yes [] No
Does this affiliate provide Advanced Life Support?	[X] Yes [] No
Is there a quality improvement program that reviews runs?	[X] Yes [] No

# of runs per year	856
# of active EMS units (excluding backups)	3
# trauma calls per year	218
# critical trauma calls per year	0
# pediatric call per year	29
# cardiac arrests per year	10
# cardiac calls (less cardiac arrest) per year	48
# Shifts per student	1
average # runs per shift for a student	2-5
# hours per shift	24

APPENDIX F4 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site.

Insert the file(s) of supplemental forms at the end of this Appendix.

Accreditation Self Study Report FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: []
Name: Ellis County EMS	
Address: 1009 Cody Avenue, Hays, KS 67601	
Chief Administrative Officer: Kerry McCue	
Telephone #: 785-628-9461	
Distance from location of program?	[140] miles
Is there a signed, current agreement with this affiliate?	[X] Yes [] No
Who supervises the students?	[X] field agency personnel [] program personnel
Are the preceptors formally trained?	[X] Yes [] No
For how many hours?	
Is there on-line medical direction for this affiliate?	[X] Yes [] No
Does this affiliate provide Advanced Life Support?	[X] Yes [] No
Is there a quality improvement program that reviews runs?	[X] Yes [] No

# of runs per year	3,100
# of active EMS units (excluding backups)	7
# trauma calls per year	450
# critical trauma calls per year	150
# pediatric call per year	300
# cardiac arrests per year	30
# cardiac calls (less cardiac arrest) per year	950
# Shifts per student	22
average # runs per shift for a student	5
# hours per shift	24

Insert the supplemental Appendix F file...
[here](#)

APPENDIX F# 6 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: []
Name: Sedgwick County EMS	
Address: 1015 Stillwell, Wichita, KS, 67213	
Chief Administrative Officer: Scott R. Hadley	
Telephone #: 316-660-7994	
Distance from the location of the program: [48] miles [55] minutes travel	
Is there a signed, current agreement with this affiliate? [x] Yes [] No	
Who supervises the students? [x] field agency personnel [] program personnel	
Are there written policies as to what students may do in each area? [x] Yes [] No	
Are the preceptors formally trained? [x] Yes [] No Or how many hours? 5 hours	
Is there on-line medical direction for this affiliate? [x] Yes [] No	
Does this affiliate provide Advanced Life Support? [x] Yes [] No	
Is there a quality improvement program that reviews runs? [x] Yes [] No	

# of runs per year	60,544
# of active EMS units (excluding backups)	19
# trauma calls per year	16,266
# critical trauma calls per year	495
# pediatric call per year	4,644
# cardiac arrests per year	478
# cardiac calls (less cardiac arrest) per year	3,328
# Shifts per student	45
average # runs per shift for a student	5
# hours per shift	12

APPENDIX F# 8 – Field Internship Institutional Data Form

Complete as many of these forms as necessary to report data on all field internship affiliates. A file with a blank form is available on the CoAEMSP web site. (http://www.coaemsp.org/Self_Study_Reports.htm)

Insert the file(s) of supplemental forms at the end of this Appendix.

Continuing Accreditation Self Study Report (CSSR) FIELD INTERNSHIP AFFILIATION MATRIX	AFFILIATE #: []
Name: Salina Fire Department	
Address: 222 W. Elm, Salina KS 67401	
Chief Administrative Officer: Shane Pearson, EMS Division Chief	
Telephone #: 785-826-7340	
Distance from the location of the program: [50] miles [60] minutes travel	
Is there a signed, current agreement with this affiliate? [X] Yes [] No	
Who supervises the students? [X] field agency personnel [] program personnel	
Are there written policies as to what students may do in each area? [X] Yes [] No	
Are the preceptors formally trained? [X] Yes [] No Or how many hours? 4-6 hours initially followed by refresher training each time they have a student assigned.	
Is there on-line medical direction for this affiliate? [X] Yes [] No	
Does this affiliate provide Advanced Life Support? [X] Yes [] No	
Is there a quality improvement program that reviews runs? [X] Yes [] No	

# of runs per year	6400
# of active EMS units (excluding backups)	4 daily
# trauma calls per year	2000
# critical trauma calls per year	200
# pediatric call per year	200
# cardiac arrests per year	60
# cardiac calls (less cardiac arrest) per year	1000-1200
# Shifts per student	20 minimum
average # runs per shift for a student	10
# hours per shift	24

APPENDIX G/H – Student Patient Contact Matrix

(return to [PART C](#); [ToC](#))

Complete the columns of this matrix based on clinical rotations and based on Field Internship. For columns “Average # per Student” and “Range per Student”, report the numbers for students who have completed the procedures to date (or graduated from the Paramedic program, if applicable).

Procedure – Paramedic	For Clinical Rotations ONLY			For Field Internship ONLY		
	# Required Per Student by Program	Average # Per Student	Range Per Student	# Required Per Student by Program	Average # Per Student	Range Per Student
Safely Administer Medications	20	79	29 - 198		34	0-107
Live Intubations	5	15	7 - 31		under 1	0-3
Safely Gain Venous Access	25	36	25 - 80		27	0-70
Ventilate a Patient	30	24	20 - 39		1	0-6
Assessment of Newborn	5	6	5 - 13		under 1	0-2
Assessment of Infant	5	5	5 - 7		under 1	0-3
Assessment of Toddler	5	7	5 - 13		1	0-4
Assessment of Preschooler	5	5	2 - 9		under 1	0-3
Assessment of School Agers	5	6	4 - 14		1	0-9
Assessment of Adolescents	5	7	5 - 14		4	0-16
Assessment of Adults	50	81	51 - 158		57	0-144
Assessment of Geriatrics	30	34	26 - 45		26	0-76
Assessment of Obstetric Patients	10	11	10 - 19		1	0-5
Assessment of Trauma Patients	20	27	20 - 39		25	0-56
Assessment of Medical Patients	20	67	42 - 115		37	0-100
Assessment of Psychiatric Patients	5	9	5 - 28		6	0-19
Assess and Plan RX of Chest Pain	30	28	15 - 40		10	0-27
Assess and Plan RX of Respiratory	20	29	22 - 43		13	0-40
Assess and Plan RX of Syncope	10	19	12 - 35		16	0-52
Assess and Plan RX of Abdominal	20	28	16 - 44		9	0-34
Assess and Plan RX of Altered Mental Status	20	26	20 - 42		19	0-54
Field Internship Team Leads				50	63	0 - 190

Comments:

APPENDIX I – College Catalogue and Documents

(return to [PART E](#); [ToC](#))

Insert copy of the most recent college catalogue and any other documents related to Standard V.A.2.
[here](#)

A separate file for this Appendix has been placed on the CD/drive named: [Appendix I-J](#)

APPENDIX J – Additional College Materials

(return to [PART E](#); [ToC](#))

Insert additional materials related to Standard V.A.3. ...

here

A separate file for this Appendix has been placed on the CD/drive named: [Appendix I-J](#)

APPENDIX K – Faculty Evaluation SSR Questionnaires

(return to [STRENGTHS](#); [ToC](#))

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at: http://www.coaemsp.org/Self_Study_Reports.htm.

Committee on Accreditation of Educational Programs for EMS Professions Faculty Evaluation SSR Questionnaire Advisory Committee Evaluation SSR Questionnaire For Self Study Report

Instructions: Have each paid faculty member (didactic, laboratory, and clinical/field internship), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Hutchinson Community College**

Level of Training: Paramedic

This form to be completed by the **Program Director**:

Program Director

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	N/A

Administrative support is sufficient to meet program goals.

	5	4	3	2	1	N/A
A. College Administration (Dean, Division Chair)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Teaching Loads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Communities of Interest (e.g. employers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program resources meet the stated purpose for the program.

	5	4	3	2	1	N/A
A. Clerical Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Support Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Classroom Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Laboratory Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Laboratory Equipment and Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Instructional Reference Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Overall Hospital/Field Internship Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Computer Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty teach effectively. (Do not rate your own position)

	5	4	3	2	1	N/A
A. Program Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Clinical Coordinator, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Medical Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Hospital/Field Internship Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Paramedic Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Science Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Curriculum is sufficient to meet program goals.

	5	4	3	2	1	N/A
A. Depth and scope of program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Course Sequencing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. General Education and Science Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Paramedic Theory and Skill Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emergency Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Operating Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. ICU/CCU	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Pediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Obstetrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Field Experience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Coordination is sufficient to meet program goals.

	5	4	3	2	1	N/A
A. Communication by program with clinical sites/preceptors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hospital/Field Internship evaluation Instruments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Parallel experiences among students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Supervision of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Consistency of evaluation of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

What areas do you believe need improvement?

Thank you for completing this questionnaire.

APPENDIX K – Faculty Evaluation SSR Questionnaires

Blank versions of the Faculty Evaluation SSR Questionnaire are available on the CoAEMSP web site at:
http://www.coaemsp.org/Self_Study_Reports.htm.

Committee on Accreditation of Educational Programs for EMS Professions **Faculty Evaluation SSR Questionnaire** **Advisory Committee Evaluation SSR Questionnaire** **For Self Study Report**

Instructions: Have each faculty member (didactic, laboratory, and clinical), the Medical Director(s), the Clinical Coordinator(s), if applicable, and members of the Advisory Committee, complete this questionnaire as a part of the Self Study process.

Name of Sponsor: **Hutchinson Community College**

Level of Training: Paramedic

This form to be completed by the **Medical Director**:

Medical Director

Please rate each of the following items by circling the appropriate rating according to the following scale:

Strongly Agree	Generally Agree	Neutral	Generally Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	N/A

Administrative support is sufficient to meet program goals.	5	4	3	2	1	N/A
A. College Administration (Dean, Division Chair)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Teaching Loads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Communities of Interest (e.g. employers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program resources meet the stated purpose for the program.	5	4	3	2	1	N/A
A. Clerical Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Support Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Classroom Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Laboratory Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Laboratory Equipment and Supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Instructional Reference Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Overall Hospital/Field Internship Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Computer Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty teach effectively. (Do not rate your own position)	5	4	3	2	1	N/A
A. Program Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Clinical Coordinator, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Hospital/Field Internship Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Paramedic Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Science Faculty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Curriculum is sufficient to meet program goals.	5	4	3	2	1	N/A
A. Depth and scope of program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Course Sequencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. General Education and Science Courses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Paramedic Theory and Skill Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Emergency Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Operating Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. ICU/CCU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Pediatrics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Obstetrics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Field Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Coordination is sufficient to meet program goals.

	5	4	3	2	1	N/A
A. Communication by program with clinical sites/preceptors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hospital/Field Internship evaluation Instruments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Parallel experiences among students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Supervision of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Consistency of evaluation of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the major strengths of the program?

What areas do you believe need improvement?

Thank you for completing this questionnaire.

APPENDIX K
Faculty Evaluation SSR Questionnaires (continued)
Advisory Committee Evaluation SSR Questionnaires (continued)

For each additional faculty member (didactic, laboratory, clinical/field internship) and Advisory Committee member, download a blank copy of the questionnaire from the CoAEMSP web site (www.coaemsp.org/Self_Study_Reports.htm), complete it, give it a unique file name, and save to the SSR CD/flash drive.

Total number of Faculty Evaluation SSR Questionnaire files saved to CD/flash drive: 35

Total number of Advisory Committee SSR Questionnaire files saved to CD/flash drive: 15

List the names of the individuals' questionnaires saved to CD/flash drive:

Bill Auchterlonie, Jon Friesen, Jim LeBaron, Andrea Heinen, Andy Schepis, Audrey Kenney, Bobbi Jo Fisher, Bobby Johnson, Brad Boyd, Brenda LeBaron, Brett Butler, Cliff Moore, Dan Jones, Dr. Garcia, Drew Couey, Emily Yoder, Gabrielle Simon, Greg Holub, Heron Juarez, James Blake, Jared Hoover, Jeramie Schmidt, Jessica Hoover, Jimi Kristek, Kent Killingsworth, Keven Hayes, Kim Widler, Kyle Burtch, Marr Hrovat, Nathan Knight, Phillip Beebe, Roger Graham, Scott McBride, Shannon Reed, Sherrill Maxwell, Tracey Swihart, Nathanael Hawkinson

Dennis Mauk, John Helmer, Linda Johnson, Chuck Thronson, Tim Pitts, Mark Willis, Andrea Nicholson, Andy Lowe, Chad Pore, Darrel Kohls, Dave Johnston, Jeff Deal, John Helmer, Matt Stiles, Terry David, Zach Bieghler

CoAEMSP will insert the additional completed Faculty Evaluation SSR Questionnaires.

here

APPENDIX L
Consortium Agreement (Standard I.B) **or**
Articulation Agreement (Standard I.A.3 or I.A.4), **as applicable**

(return to [PART A](#); [ToC](#))

Insert a copy of the agreement ...

here

APPENDIX M – Advisory Committee Minutes

(return to [PART B](#); [ToC](#))

Insert Advisory Committee minutes ...

See Flash Drive, Appendix M (Advisory Minutes 2013-2015)