



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

Self-Study Report

For Programs Seeking

Continuing Accreditation

(CSSR)

for the 2015 *Standards & Guidelines*

Visit www.coaemsp.org

for additional information about CoAEMSP and accreditation services.

© Copyright 2015 – All rights reserved

INSTRUCTIONS

Each program conducts 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 and the future preparation for the site visit.** The CoAEMSP Executive Office will review the CSSR and any additional documentation for completeness.

Electronic copies may ONLY be submitted by uploading this workbook in its original format, as well as, ALL supporting documentation (**no paper copies or USB/CDs** are accepted). **The CSSR (electronic) must be received in the CoAEMSP Executive Office, in addition, to the Student Questionnaires and the payment of fees for the submission to be complete.**

 **<=== Hovering your cursor over a cell with a red triangle in upper right corner reveals text. Try it.**

FEES:

Approximately 60 days prior to the due date of the CSSR, CoAEMSP will send an invoice for the required fees, payable no later than the due date of the ISSR.

Staff:	Ruth Crump
See:	Fee Chart

NOTE: Additional fees may be assessed if documents are rejected and/or require re-submission.

REPORT FORMAT:

Respond to each question directly into the spaces provided on this template workbook. The protected format does not spell-check, so responses may be composed in a wordprocessing document, then pasted into this CSSR when complete. Prepare a sub-folder with the main folder for each Appendix, and copy the specific files into the appropriate sub-folder. **Once all sub-folders and files are complete, zip the entire main folder for uploading. NO paper or USB/CD submissions are accepted.**

PLAGIARISM:

Plagiarism is defined as "an act or instance of using or closely imitating the language and thoughts of another author without authorization and the representation of that author's work as one's own, as by not crediting the original author" (dictionary.com).

CoAEMSP provides three types of documents: templates, examples, and samples.

Templates, (such as consortium sponsorship agreement, graduate and employer survey items, resource assessment survey items), contain language that is required by CoAEMSP. Use of template language is NOT considered plagiarism by CoAEMSP. Also, use of Standards wording is NOT considered plagiarism.

Examples, (such as Terminal Competency form, Advisory Committee meeting Minutes format), are provided by CoAEMSP as "best practice". Programs may choose to use the CoAEMSP example or not. Use of examples is NOT considered plagiarism.

Samples, (such as Accordance Community College sample self study report, appendices), are meant to illustrate the general content of the documents, however, the exact wording in samples is NOT to be used by programs in their documents, and any use of the exact words or close imitations is considered plagiarism.

Plagiarism in any documents submitted to CoAEMSP will result in immediate rejection, will require re-working by the program, and re-submission.

Additional fees may apply to re-submitted documents.

If there are any questions about the use of CoAEMSP documents, please contact the Executive Office.

TIMING OF CONTINUING-ACCREDITATION SELF STUDY REPORT SUBMISSION:

Programs holding Initial Accreditation or Continuing Accreditation are required to submit the full Continuing-accreditation Self Study Report (CSSR) no later than 6 months from the time the CoAEMSP Executive Office notifies the program of the due date of the CSSR. Comprehensive reviews occur approximately every five (5) years.

NOTE: All tracking documentation MUST be submitted with the CSSR (see Standards III.A.2, III.C.2, III.C.3, and IV.A.2.b).

COMPLETING THE SELF STUDY:

The self study template contains built in logic that formulates questions based on the way previous ones have been answered. If a question appears like it is blank or incomplete, then a previous question was not answered and will appear blank or incomplete until all required previous questions have been answered. Therefore, you should complete each of the following TABS in order throughout the workbook.

Begin by creating a main folder on your desktop and saving the self study template to that folder. Then, create a sub-folder within the main folder for EACH Appendix (A through Q) which require supporting documentation. Once the main folder and sub-folders have been created, then start filling the self study template out. Should additional supplemental forms be needed as you complete the self study template, please visit the 'Self Study Reports' tab on the CoAEMSP website (link included below).

http://coaemsp.org/Self_Study_Reports.htm

Key Points to Remember:

- ~ Save your work often as you complete the template
- ~ All supporting documentation must be positioned so that it does not need to be rotated to view
- ~ No paper copies or USB/CDs are accepted
- ~ Be sure the template is entirely complete and all supporting documentation has been placed in the Appendice folders and then, zip the ENTIRE contents and upload it to the fileshare. **DO NOT UPLOAD INDIVIDUALLY.**

Tabs to be completed in this Workbook	Documentation to be included in the sub-folders	
Title Page	Appendix A	Appendix A (complete in this workbook or submit program copy)
General Information	Appendix B	Organizational Chart
Brief History	Appendix C	Job Descriptions + CVs + Ltr of Appointment/Acceptance + National/State Licenses for PD, MD, Associate MD(s), Lead Instructor(s), full and part-time faculty, and other personnel (as applicable)
Program Info	Appendix D	Supplemental D Forms (if necessary)
Standard I	Appendix E	Supplemental E Forms (if necessary)
Standard II	Appendix F	Supplemental F Forms (if necessary)
Standard III	Appendix G	Evidence of MD Approval of Required Minimum Numbers + Supplemental G Forms (if necessary)
Standard IV	Appendix H	Terminal Competency Form + Course Syllabi (all courses)
Standard V	Appendix I	College Catalogue
Appendix A	Appendix J	Additional Materials (i.e., Policies, Student Handbook, Faculty Handbook, etc.)
Appendix B	Appendix K	Faculty Evaluation SSR Questionnaire (Supplemental Appendix K Form)
Appendix C		

Appendix D
Appendix E
Appendix F
Appendix G
Appendix H - N
Appendix O
Appendix P - Q

Appendix L	Consortium Agreement + Consort Govern Body Minutes + Articulation Agreement (all applicable)
Appendix M	Evidence of AC Endorsement of Req Min #s + Advisory Committee Minutes (last 3-yrs)
Appendix N	Affiliation Agreements (fully executed copies of all)
Appendix O	State EMS Office Approval(s) + Job Description + CV + Ltr of Appointment/Acceptance + State License(s) for Assistant MD(s) only
Appendix P	Summary Tracking Documentation for each student (most current grad class)
Appendix Q	Outcomes Publication Document(s) [other than website if applicable]

TIMING OF ON-SITE REVIEW:

When the CSSR is complete and satisfactory, an continuing-accreditation on-site review will occur as scheduled by CoAEMSP and agreed to by the program.

Staff:	Karen Franks
	214-703-8445 ext 111
	214-703-8992

(email)
(voice)
(FAX)

All Self Study Reports are electronically submitted by uploading to Egnyte, the CoAEMSP fileshare service. **No paper copies or USB/CDs are accepted; All submissions must be done through the fileshare account.** Approximately two weeks prior to the self-study due date a fileshare account will be created and an invitation along with login instructions will be emailed to the Program Director (PD). The PD will need to accept the invitation and follow the instructions. The entire main self-study folder must be zipped (compressed) for the upload. If the program would like to submit the self study prior to the account set up, please contact Karen by phone or email.

11/15/2016

TITLE PAGE

1. Program Level:
2. CoAEMSP Program #: (the 600xxx number assigned by CoAEMSP)

3. Name and address of the program sponsor (either institution or consortium):

NOTE: The sponsor name MUST match verbatim in all accreditation documents.

29	Name:	Garden City Community College	
	Address:	801 Campus Drive	
	Address:	JCVT/DPS	
	City, State Zip:	Garden City, KS, 67846	
	Voice #:	620.276.0347	
	FAX #:	620.276.0427	
	Institution Website:	www.gcccks.edu	
	Paramedic Program Website:		
	Does the program engage in distance education (DE)?		No
	Is the program completely distance education (DE)?		No

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

Name:	Bradley Sisk		
Title:	Program Director		
Voice #:	620.276.0347		
FAX #:	620.276.0427		
Email:	bradley.sisk@gcccks.edu		

Name:	Stacy Michelle		
Title:	Lead Instructor		
Voice #:	620.276.9659		
FAX #:	620.276.0427		
Email:	stacy.michelle@gcccks.edu		

5. By checking this box, I attest that the information in this submission is true and correct, and an accurate description of the paramedic program. Also, checking the box and submitting the CSSR is authorization for initiating the accreditation process.

6. By checking this box, and submitting this CSSR, I acknowledge and agree that the CoAEMSP may, at its discretion, share information regarding the program's accreditation or Letter of Review status to the State Office(s) of EMS, NREMT, and the institutional accreditor at any time.

My Name:	Bradley Sisk
Date of Submission:	4/20/2018

GENERAL INFORMATION

Garden City Community College

NOTE: Compliance with the Standards for Program Personnel (Standard IIIB) have been verified through documentation previously submitted to the CoAEMSP Executive Office as per CoAEMSP Policy XV. Should the individuals listed below differ from the personnel on file with the CoAEMSP, the program will be notified and a personnel change form, along with supporting documentation (if applicable), must also be submitted.

Future changes must be sent to CoAEMSP through the **Personnel Change** process on the CoAEMSP website: http://coaemsp.org/Personnel_Changes.htm

Be sure to complete the information for All nine (9) items below.

1. Chief Executive Officer of the program sponsor

Name:	Herbert Swender	
Credentials:	Ph.D	(e.g., PhD, EdD)
Title:	President	

2. Dean or Comparable Administrator

Name:	Chuck Pfeifer	
Credentials:	MS, BA (Ed.D in progress)	(e.g., PhD, MEd)
Title:	Dean, Technical Education & Workforce Development	

3. Program Director

Name:	Bradley Sisk	
Credentials:	RN/Paramedic, BS	(e.g., BS, NRP)
Title:	Program Director	
Is the program director employed by the sponsor full or part-time?	Full-time	

4. Lead Instructor(LI) [if applicable]

Does the program utilize a Lead Instructor?

<=== Hover cursor here to see definition

Yes

If Yes, is the Program Director also the Lead Instructor?

No

Total number of Lead Instructors for the program:

1

If the program utilizes a Lead Instructor and that individual is not the PD, please complete the information below

Name:	Stacy Michelle	
Credentials:	Paramedic, BSHCA	(e.g., AS, NRP)
Title:	Lead Instructor	
Organization:	GCCC	
Address:	801 Camppus Drive	
Address:	JCVT/DPS	
City, State Zip:	Garaden City, KS, 67846	
Voice #:	620.276.9659	
FAX #:	620.276.0427	
Email:	stacy.michelle@gcccks.edu	

5. **Medical Director**

Name:	Gretchen Dunford	
Credentials:	DO	(e.g., NRP, RN)
Title:	Medical Director	

6. **Associate Medical Director (if applicable)**

<=== Hover cursor here to see definition

Does the program utilize an Associate Medical Director?	Yes	
If Yes, is there more than one (1) Associate Medical Director?	No	
Total number of Associate Medical Directors:	1	
Name:	Harold Perkins	
Credentials:	MD	(e.g., MD, NRP)
Title:	Associate MD	
Organization:	Garden City Community college	
Address:	11120 N Little Mennonite Rd	
Address:		
City, State Zip:	Garden City, KS, 67846	
Voice #:	620.271.8141	
FAX #:		
Email:	tiber456@yahoo.com	

7. **Assistant Medical Director(s) [if applicable]**

<=== Hover cursor here to see definition

Does the program utilize out of state clinical affiliate/field internship sites?	No
If there are out of state sites, is there more than one (1) Assistant Medical Director?	No
Total number of Assistant Medical Directors:	0

8. **Billing Contact**

Is the Program Director also the Billing Contact?

Yes

9. List the other certificate and degree health professions programs (not continuing education/refresher or "card" courses) sponsored by this institution/consortium.

<=== Hover cursor here for definition

Associate Degree of Emergency Medical Technician Technology
Advanced Emergency Medical Technician
Emergency Medical Technician
Emergency Medical Responder
Certified Nurse Aide
Certified Medication Aide
Rehabilitative Aide
Practical Nursing
Associate Degree Nursing
Respiratory Therapy (partnership with Seward Co Community College)

BRIEF HISTORY

Garden City Community College

Write a brief description of the history and development of the program from its inception. Include significant events affecting the program.

It is recommended to compose your text in a wordprocessor, then copy and paste into the text box below.

Click inside the text box to enter/edit or copy/paste text (there is no spell-check).

In 1977, the Mobile Intensive Care Technician (MICT) program became a joint effort of Finney County Emergency Medical Services (FiCoEMS) and Garden City Community College (GCCC) to offer credit hours to students in this program. The Kansas State Board of Education approved the MICT program for college credit and the first class was conducted in 1981-1982. Through the proactive efforts of GCCC, its partners, and the FiCoEMS, this program has grown and been modified to more accurately reflect the expanding role of the MICT/Paramedic in our society.

Since its inception, the program had been offered as a certificate program with the option of an Associate of Applied Science (AAS) degree through the state of Kansas. When Kansas changed the guidelines to require all students to have a minimum of an AAS degree, the MICT Program at the college was revised to include requirements so an AAS degree could be conferred.

In its early stages, the curriculum of the program at GCCC was primarily delivered by adjunct instructors. This worked very well due to the ability of the college to employ the region's best subject matter experts in the form of local physicians and paramedics who were active in their respective fields within the community. In 2005, analysis of the program determined that a full-time instructor was needed in order to continue to improve and grow the program. A full-time instructor would also possess "ownership" of the program and work hard to enhance all aspects of it. During this time, the program employed several full-time instructors, each leaving the program in order to pursue opportunities for advancement within the industry. In this time frame, adjunct instructors continued to teach courses in the absence of a full-time instructor. Unfortunately, this led to the same result of lack of leadership (no ownership in the program). In late 2016, a full-time instructor was once again hired and is currently serving as lead instructor in the program and completed his first class in this role in December 2017.

In the summer of 2017, the college began the process of modifying the structure of the program to allow the flow of content between the classes to be a smoother progression. Instead of classes named Medical Emergencies, Clinical I, Cardiology, etc., the content being restricted to these titles, the college changed the names of the courses and revised the content within each course. Currently, the program utilizes the titles of Paramedic I, II, III, IV, thus allowing for an easier flow of the core content among the classes. Additionally, this current model allows content in Paramedic III to "put it all together" following the student's previous courses and experiences. The Paramedic IV course includes the capstone and review of the material from all three previous courses. The revision of the curriculum was completed in late Fall of 2017.

In addition to modifying the course titles and the content within the courses, the program also restructured the "hands-on" portion of these classes on campus to better mimic an actual work place environment, complete with an ambulance bay and class/lab areas. In this model, students report to "work" for a 12 hour day that includes checking the ambulance/equipment, training, responding to "calls", completing patient care reports, and other "typical" duties experienced by professionals in the field. During each "work day" on campus, one particular student is chosen to serve as "shift captain" and organizes all activities for the day.

Along with changes to the class structure and didactic content, requirements for completion of the portfolio and patient contact were modified. Initially, the Advisory Committee and the Medical Director used the average from the trial programs to establish beginning numbers for the portfolio requirement. Unfortunately, it was very difficult for students to achieve these minimum requirements. CoAEMSP then released appendix G/H requirements. As a result, GCCC discussed with its Medical Director/Advisory Committee changing the graduation requirements to align with appendix G/H and Kansas Regulation minimums.

PROGRAM INFORMATION

Garden City Community College

1. Does the program award credit for the coursework?	Yes
2. Total number of credits required to graduate when all requirements have been completed to take the National/State Exam which includes didactic, laboratory, clinical, and field internship ?	68
3. What is the maximum class size (i.e., capacity)?	12
4. Is there a program track offered primarily in the daytime?	Yes
5. Is there a program track offered primarily in the evening?	No
6. Is there a program track offered primarily on the weekends?	No
7. How many classes are enrolled each calendar year?	1
8. In which month is the class started?	January
9. In which month does the class complete the program?	November
10. What was the most recent enrollment date? (mm/dd/yyyy)	1/11/2018
11. On what date will the next class enroll? (mm/dd/yyyy)	1/10/2019
12. What was the most recent completion date? (mm/dd/yyyy)	11/20/2017
13. When is the next program completion date? (mm/dd/yyyy)	11/18/2018
14. Actual # of 1st year students currently enrolled?	0
15. Actual # of 2nd year students currently enrolled?	6
16. # of paid full-time paramedic faculty?	1
17. # of paid part-time paramedic faculty?	0
18. # of any other paid paramedic instructional personnel?	1
19. # of unpaid paramedic didactic and/or lab faculty?	0
20. # of paramedic clinical affiliates?	4
21. # of paramedic field experience/internship affiliates?	3
22. # of paramedic field experience/internship preceptors?	25
23. Does the program do any paramedic education in other state(s)?	No

Distance Education

24. Does the program engage in distance education (DE)?	No
	No
	No

<=== Hover cursor here to see definition

Satellite Locations

25. Does the program operate at any satellite locations?	No
--	----

<=== Hover cursor here to see definition

Clinical and Field Experience/Internship Preceptor Orientation/Training

The program director is required to ensure preceptor orientation/training [Standard III.B.1.a(6)]

26. Does the program have preceptor orientation/training that contains the minimum required topics?	Yes
27. Is there at least one person at each clinical site who has received the preceptor orientation?	Yes
28. Does each field internship preceptor receive training?	Yes

<=== Hover cursor here to see definition

<=== Hover cursor here to see definition

STANDARD I: Sponsorship

Garden City Community College

1. Is the sponsor a consortium?

Is the State Office of EMS aware of the program?

Has the program received approval from the State Office of EMS?

Provide evidence of the State Office of EMS approval in the Appendix L sub-folder

2. Type of Sponsoring Institution or Consortium member:

1

Does the sponsor award college credit for the program?

3. Sponsoring Institution Accreditation for the post-secondary institution

See: [Accreditors](#)

Name of Institutional Accreditor

Current Accreditation Status

Date of Last Review

Date of Next Review

Is the institutional accreditor aware of the program?

Has the instiutional accreditor reviewed and approved the program?

Provide evidence the institutional accreditor has reviewed and approved the program in the Appendix L sub-folder

4. Is the sponsoring institution legally authorized under applicable laws to provide postsecondary education?

5. Type of award(s) upon program completion (check ALL that apply)

Certificate/Diploma Baccalaureate Degree

Associate Degree Master's Degree

Place a copy of the actual degree awarded to graduates, in an electronic folder named APPENDIX L.

STANDARD II: Program Goals

Garden City Community College

- Standard II.A lists the required Communities of Interest, which are students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, police & fire service, key governmental officials, and the public. There may be special circumstances in your community.

<=== Hover cursor here to see definitions and explanations

Does the program have any additional communities of interest?

- 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 required group). The program may have additional members from any of the communities of interest.

<=== Hover cursor here to see definitions and explanations

Community of Interest (CoI)	Name and Credentials of the Individual Representing the Communities of Interest
1. Students	Regina Howard (class of 2017) , Ricardo Bahena (Class of 2018)
2. Graduates	Candy Janousek, Paramedic, Thomas Co EMS
3. Faculty	Stacy Michelle, BS, Paramedic I/C
4. Sponsor administration	Chuck Pfeifer, MS, BA, Dean of Technical Education and Workforce Development
5. Hospital/clinic representatives	Joan Booker ARNP, Educator at St. Catherines Hospital
6. Physicians	Dr Lauren Welch, MD (Dr Gretchen Dunford, DO, will be replacing Dr Welch)
7. Employers	Brent Rouse, Paramedic, Assistant Director of Finney co EMS
8. Police and/or fire services	Rob Boyd, RN/Paramedic, Chief of Ford Co Fire/EMS
9. Key governmental officials	John Ralston, RN/Paramedic I/C, Member of Kansas Board of EMS
10. The public	Bob Prewitt (Beccy Landgraf will be replacing Bob Prewitt)

NOTE: The Advisory Committee should have significant representation and input from non-program personnel
CoAEMSP provides an example of Advisory Committee agenda and checklist: [Agenda and Checklist](#)

- Enter the dates on which the advisory has met during the past 3 years.

Place copies of the advisory committee meetings for the past 3 years in the APPENDIX M sub-folder.

Has the advisory committee endorsed the program required minimum numbers as specified in Appendix G?

- Standard II.C. states the minimum expectation goal as: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.."

In what program document and page # is this goal published?

- Indicate methods by which program ensures it continues to meet needs and expectations of the communities of interest.

[Advisory Committee \(see Agenda and Checklist\)](#)

[Graduate Surveys \(see the required CoAEMSP template\)](#)

[Employer Surveys \(see the required CoAEMSP template\)](#)

[Outcomes results](#)

Other (list)

STANDARD III: Resources

Garden City Community College

1. Are program resources sufficient to achieve program goals and outcomes?

Yes

Complete APPENDIX A (in this workbook), ALL columns

2. Does the program use the CoEMSP resource assessment tools and collect information from at least students, faculty, Medical Director(s), and advisory committee members, at least annually?

Yes

3. Prepare a program organizational chart and place that file in the **APPENDIX B sub-folder**.

Filename for organizational chart

GCCC_EMST Organization Chart.docx

4. **Complete APPENDIX C (in this workbook) for program personnel, including workload assignments for the prior 12 months.**

Prepare **job descriptions** for the program director, medical director, faculty, and other personnel (as applicable).

Filename for program director

EMST_PD_Job_Descrip.doc

Filename for medical director (MD)

EMST_MD_Job_Descrip.doc

Filename for full-time faculty

Filename for part-time faculty

Filename for associate MD(s), if applicable

EMST_Assoc_MD_Job_Descrip.doc

Filename for lead instructor(s), if applicable

EMST_LI_Job_Descrip.doc

Filename for other personnel, if applicable

PLEASE NOTE: According to the information provided on the General Information tab, the program does NOT utilize out of state sites. Therefore, NO documentation for an Assistant MD is required in the Appendix O sub-folder.

Complete APPENDIX O (in this workbook) for Assistant Medical Directors only (if applicable).

Prepare a **job description** for the Assistant Medical Director(s).

Filename for Assistant MD(s)

5. **Complete APPENDIX D (in this workbook) to list all courses required in the Paramedic curriculum.**

If the program offers different versions (e.g., full-time vs part-time, days vs evenings, weekend, etc) prepare additional Appendix Ds, one for each track, and place in the APPENDIX D sub-folder.

Are there additional Appendix D files?

No

Are all core professional courses completed prior to students starting field internship?

Yes

6. Is the progression of learning: didactic/lecture integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience?

Yes

7. Does the program curriculum meet or exceed the latest edition of the National EMS Education Standards?

Which of the following activities were used in the curriculum content development?

- | | |
|--|-----|
| a. Comparison with national documents | Yes |
| b. Review and approval by Medical Director | Yes |
| c. Review and approval by program faculty | Yes |
| d. Discussion with program Advisory Committee | Yes |
| e. Local job analysis to determine required competencies | No |
| f. Other (specify) | |

--

8. Are clinical resources sufficient to meet program goals and outcomes

How many total active clinical affiliates are used by the program?

Complete a 'Clinical Affiliate Institutional Data' form for each clinical affiliate (Appendix E in this workbook).

9. Are field experience/internship resources sufficient to meet program goals and outcomes

How many total active field experience/internship affiliates are used by the program?

Complete a 'Field Experience/Internship Affiliate Institutional Data' form for each field experience/internship affiliate (APPENDIX F in this workbook).

10. Does the capstone field internship provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations?

11. **Place in the APPENDIX H sub-folder**, a copy of the terminal competency form, signed by the program director and the medical director, attesting to the competency of each graduate, in the cognitive, psychomotor and affective learning domains?

Filename for Terminal Competency Form

CoAEMSP has an example of a Terminal Competency form that can be used by programs. See ==> [Terminal Competency Form](#)

12. **Place in the APPENDIX H sub-folder**, a copy of the course syllabus for each paramedic core professional course.

Number of course syllabi copied to Appendix H.

CoAEMSP has a sample course syllabus. See ==> [Course Syllabus](#)

STANDARD IV: Student and Graduate Evaluation/Assessment

Garden City Community College

1. Does the program administer a comprehensive, summative evaluation that includes cognitive?

2. Does the program administer a comprehensive, summative evaluation that includes psychomotor?

3. Does the program administer a comprehensive, summative evaluation that includes affective?

4. Does the program perform item analysis on its major cognitive exams...
p+ determining the % of students who answered the item correctly?
discrimination index correlating the item performance to the overall exam?
Are there established "trigger points" for item analysis? (Hover for definition)
Does the program have a protocol to review "triggered" items?
Does the program modify/delete items based on the review protocol?
If using a commercial testing product, has the program reviewed the test items
to ensure that the items match the program objectives?

<input type="button" value="Yes"/>
<input type="button" value="No"/>
<input type="button" value="Yes"/>
<input type="button" value="Yes"/>
<input type="button" value="No"/>
<input type="button" value="Yes"/>

5. Does the program have a system to track the students' performance of the required procedures (see Appendix G) to document that all graduates have achieved the program required minimum numbers?
[Complete Appendix G \(in this workbook\).](#)

Submit as APPENDIX P for the most recent graduating class, **summary** tracking documentation of the number of times **each** student has successfully performed each of the competencies according to patient age-range (including pediatric age subgroups), chief complaint, and interventions to demonstrate that the program minimums are being met. [Note: The response needs to include the actual tracking documentation of all students (indicate any students who are not graduates); sample or blank forms are not sufficient.]

<=== Hover cursor here for information

STANDARD V: Fair Practices

Garden City Community College

1. Does the institution publish a general catalogue/bulletin for its educational programs? Yes
2. Does the institution have a website? Yes
 What is the website address? www.gcccks.edu
3. Are admissions non-discriminatory, and made in accordance with defined and published practices? Yes
4. Does the institution have a student grievance policy? Yes
5. Does the Paramedic program disclose technical standards in compliance with ADA? Yes
6. Does the institution have a faculty grievance policy? Yes
7. Are all activities required in the program educational? Yes
8. Are students ever substituted for staff (including field experience/internship runs)? No
9. Are grades and credits for courses recorded on the student transcript and permanently maintained? Yes
10. Is there a formal, signed affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students? Yes
 Place in the APPENDIX N sub-folder, a fully executed copy of every affiliation agreement.

11. Place in the APPENDIX I sub-folder, 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 #
Sponsor's institutional accreditation status	Screen_shot_accreditation_status.jpg, Higher Learning Commission.pdf	1 on both
CAAHEP programmatic accreditation status	2018 Paramedic Handbook/GCCC Catalogue	55/144
Admission policies and practices	GCCC Catalogue	10
Policies on advanced placement	2018 Paramedic Handbook	16
Policies on transfer in of credits	GCCC Catalogue	12
Policies on credits for experiential learning	Prior Learning Credit (GCCC) 10-6-16	3 thru 22
# of credits required for program completion	EMT-P Application Packet	3
Tuition, fees, and other program costs	EMT-P Application Packet	4
Policies and procedures for student withdrawal	GCCC Catalogue	18
Policies and procedures for refunds of tuition/fees	GCCC Catalogue	19

12. Place in the APPENDIX J sub-folder 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	GCCC Catalogue	6
Student grievance procedure	GCCC Catalogue/GCCC Student Handbook	32/26
Criteria for successful completion of each segment of the program	2018 Paramedic Handbook	26-30
Criteria for graduation	2018 Paramedic Handbook/GCCC Catalogue	42/47
Policies and procedures for performing clinical/field experience/internship work while enrolled in the program (Hover for definition)	2018 Paramedic Handbook	16
Non-discrimination policy for student admissions	GCCC Catalogue	32-33
Policies and procedures to safeguard student health and safety	2018 Paramedic Handbook	52

13. Place in the APPENDIX J sub-folder, a copy of the following additional material

Disclosures	Source Document(s)	Page
Non-discrimination policy for faculty employment	Non-Discrim_faculty_policy.pdf	1,2
Policies and procedures for processing faculty grievances made known to all paid faculty.	Faculty_Negotiated_Agreement	21-22

14. All programs must publish, preferably in a readily accessible place on their websites, the 3-year review-window average results of the outcomes for: National Registry (or State, as applicable) Written and Practical Exams, Retention, and Positive Placement. At all times, the published results must be consistent with and verifiable by the on-line Annual Report of the program.

Is the program meeting this requirement by publishing the data on a school/program website? Yes	
What is the URL of the published data?	https://www.gcccks.edu/workforcedev/teched/publicsafety/emst/

APPENDIX A – Resource Assessment

NOTE: Row heights may be manually adjusted to display all the text contained in cells.

0

Accredited programs must conduct Resource Assessment **at least annually** (Standard IIID) and are required to complete ALL columns of this matrix.

If programs have identified deficiencies in resources, an action plan and follow up are required to address those deficiencies.

Listed Purpose statements and Measurement Systems are minimally required. Programs may write additional Purpose statements and/or add Measurement Systems for resource(s).

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey.

The Advisory Committee is involved in both assessing the resources and reviewing the results.

Student Resource Survey
Program Personnel Resource Survey

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(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	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	Program Personnel/advisory (PP) had average value of 1.0. The Students had a 0.98 average. Both were above 80%	Continue to monitor
	Additional Faculty Purposes =>					
2.	MEDICAL DIRECTOR	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	On the PP, there was a 0.95 and the students had an average of 1. On Question II, G had an 0.78.. We actually had more interaction with the MD during the class. He assisted with airway	Continue to monitor What - educate the advisory of our MD being present at class and also give our MD the job description as well. Will continue to encourage him to join in during class via
	Additional Medical Director Purposes =>					
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	Fall 2017	On the PP, there was a 0.72 average and the students had a 1 average. On the clerical support, there was a 0.4 and a 0.78 on admissions personnel. The	What - educated the advisory on responsibilities of the college admissions Who - the PD will do this at the next Advisory mtg and when completed
	Additional Personnel Purposes =>					
4.	CURRICULUM	Provide specialty core and support courses to ensure the achievement of program goals and learning domains. Meet or exceed the content and competency demands of the latest edition of the documents referenced in Standard III.C.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	On both the PP and the students the average was a 1. Both were above 80%	Continue to monitor
	Additional Curriculum Purposes =>					
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.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	on the PP, the average was 0.75 and on the students average was a 1. on both "Number of faculty for Clinical and FI coordination" were at 0.5. At this time, it has not been a consideration due to the small number of enrolled students and the hospital/FI sites do not require	Will continue to monitor over the course of the next year to see if a PT person is sufficient to meet the needs in the data tracking.
	Additional Financial Purposes =>					

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(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)
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	Fall 2017	On the PP, there was an average of 0.88 and the students had a 1 average. We are gaining a larger area to utilize as an Ambulance bay as well as a classroom that is in the process of being remodeled for the upcoming Spring semester.	Continue to monitor
	Additional Facilities Purposes =>					
7.	EQUIPMENT /SUPPLIES	Provide a variety of equipment and supplies to prepare students for clinical/field internship experiences.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	Had an average of 1 for both surveys	Continue to monitor
	Additional Equip/Supplies Purposes =>					
8.	CLINICAL/FIELD INTERNSHIP RESOURCES (affiliations)	Provide a variety of clinical/field internship experiences to achieve the program goals and outcomes.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	The PP had an average of 0.90 with the students at a 1 . Had a 0.78 on Clinical preceptors knowledgeable - the preceptor packet had been sent to their	Continue to monitor
	Additional Clinical/Field Purposes =>					
9.	LEARNING RESOURCES (print, electronic reference materials; computer resources)	Provide learning resources to support student learning and faculty instruction.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	The PP had an average of 0.97 and the students had a 1 average	Continue to monitor
	Additional Learning Resources Purposes =>					
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	Fall 2017	On V. A. 6 on the PP, there was a 0.50 - The faculty has had the opportunity to attend National Conferences and Accreditation Workshops without any problems though the Perkins Professional Development	What - educate the advisory about Professional development/CE Who - the PD will do this at the next Advisory mtg and when completed Expected results will be a better understanding.
	Additional Continuing Ed Purposes =>					
11.	EDUCATIONAL INTERACTION WITH PHYSICIANS	Provide educational interactions with physicians, as ensured by the Medical Director.	1. Program Personnel Resource Survey 2. Student Resource Survey	Fall 2017	On PP, II. G., we had a 0.78 - on the student survey, there is not a question that directly but X. Physician interaction was at 0.87. Most of the student's contact is in their clinical setting with the ED Dr's.	What - give MD a copy of responsibilities of the MD as a reminder. Who - PD will do this before the next advisory mtg. Expected results - increase in participation.
	Additional Physician Interaction Purposes =>					

APPENDIX B – Program Organizational Chart

Garden City Community College

Prepare a program organizational chart and place it in the **APPENDIX B sub-folder**.

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.

CoAEMSP provides an example of an organizational chart.

See ==>

[Example Organization Chart](#)

See ==>

[Example Consortium Organization C](#)

Org chart filename

GCCC_EMST Organizational Chart.docx

If the sponsor is a consortium, the organizational chart must reflect the consortium structure and personnel.

See sample consortium org chart in the CoAEMSP consortium agreement template.

See:

[Consortium
agreement
template](#)

APPENDIX C – Program Personnel

Garden City Community College

NOTE: Row heights may be manually adjusted to display all the text contained in cells.

Complete a Personnel Form for the Program Director, Medical Director(s), and complete the PAID Faculty table (scroll across for forms ==>).

According to the information provided on the General Information tab, the program utilizes the Lead Instructor position which is not the Program Director. Scroll to the right and complete the Lead Instructor form ==>

For Program Director

Name:
Title:
Credentials:
How many years have you served in this position? years

Program Director Qualifications:

1. Do you have at least an earned baccalaureate degree?

Arrange for an OFFICIAL TRANSCRIPT documenting the award of a minimum of an earned baccalaureate degree from an accredited academic institution to be sent directly from the awarding college to CoAEMSP in either a sealed envelope or via e-transcript.

2. Describe how you "have appropriate medical or allied health education, training, and experience".

I have been involved with Healthcare and Pre-hospital care since the early 80's, Received my EMT in 81, RN in 86, Paramedic 89. Worked as a Volunteer for EMS, as a Charge nurse in a small hospital, ER/Traige nurse, Worked fulltime as a paramedic for 20+ year from street tech up to supervisor. During that time I also worked home health and airmedical. I recieved my I/C in 91 and taught part-time for our local community college.

3. Describe how you are "knowledgeable about methods of instruction, testing and evaluation of students"

Have been involved with education since 91, teaching generally 2-3 EMT/EMTI class a year, involved in helping with the precepting of Paramedic students when I worked EMS. Have been involved in state Educational Developmental Task Force (EDTF) for many year. also have been involved with EMS testing across the state for BLS and ALS exams. Also functioned as training officer for our flight crew.

4. Describe how you "have field experience in the delivery of out-of-hospital emergency care"

worked 20+ years as a street medic and supervisor. Also functioned as a part-time flight nurse/medic for 5-6 years.

5. Describe how you "have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic"

Functioned as a paramedic for 20+ years. Attend conferences to maintain and gain new skill sets and knowledge.

6. Describe how you are "knowledgeable about the current versions of the National EMS Scope of Practice and National EMS Education Standards, and about evidenced-informed clinical practice"

Attend conferences and workshops to stay abreast of current trends and changes in the standards/scope of practice. Design our curriculum around these documents as well as trying to stay abreast of current research and best practice.

Program Director Responsibilities

1. Are you responsible for "the administration, organization, and supervision of the educational program", including preceptor orientation/training?
Are you fulfilling this responsibility?
2. Are you responsible for "the continuous quality review and improvement of the educational program"
Are you fulfilling this responsibility?
3. Are you responsible for "long range planning and ongoing development of the program"
Are you fulfilling this responsibility?
4. Are you responsible for "the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program"
Are you fulfilling this responsibility?

5. Are you responsible for "cooperative involvement with the medical director" Yes
 Are you fulfilling this responsibility? Yes
6. Are you responsible for "adequate controls to assure the quality of the delegated responsibilities" Yes
 Are you fulfilling this responsibility? Yes
7. Are you responsible for "the orientation/training and supervision of clinical and field internship preceptors?" Yes
 Are you fulfilling this responsibility? Yes
8. Do you delegate program director responsibilities to another individual? Yes
- Name, credentials, and title of that individual: Stacy Michelle, BSHP, Paramedic I/C
- Does that individual meet all program director qualifications? Yes

Program Director Workload

For each academic session (e.g., semester, quarter, session, module) in the last 12 months, indicate the workload assignments.

Academic Session	Calendar Year	Start Date	End Date	Full- or Part-time	Avg Total Hours Worked/wk	# of teaching hours/wk	# of clinical field related hours/wk	# program director admin hours/wk	# of hrs/wk on other duties
Spring	2017	1/9/2017	5/12/2017	Full	40-50	20.0	Varies	Varies	varies
Summer	2017	5/14/2017	8/6/2017	Part	15.0	Varies	Varies	Varies	varies
Fall	2017	8/8/2017	12/15/2017	Full	40-50	20.0	Varies	Varies	varies

Describe the type of 'other duties' performed.

Department/faculty/committee meetings, assisting with test sites, recruitment, equipment cleaning/repair, budget, writing requisitions, research needs of equipment, price checking for equipment, writing grant applications, creating homework, creating scenarios/experiences, grading, student conferences, advising and enrollment. Basically prioritizing what needs to be done.

For Medical Director [Scroll down for Associate and/or Assistant Medical Director(s)]

Name:
Title:
Credentials:
How many years have you served in this position? years

Medical Director Qualifications:

1. Are you currently licensed as a physician and authorized to practice in the location of the program?
List the States in which you are currently licensed:

Do you have experience and current knowledge of emergency care of acutely ill and injured patients?

2. Do you have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care?

3. Describe how you are "an active member of the local medical community and participate in professional activities related to out-of-hospital care."

4. Are you knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions?

Medical Director Responsibilities

1. Are you responsible for "review and approval of the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice"?
Are you fulfilling this responsibility?

2. Are you responsible for "review and approval of the required minimum numbers for each of the required patient contacts and procedures listed in these Standards"?
Are you fulfilling this responsibility?

3. Are you responsible for "review and approval of the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship"?

Are you fulfilling this responsibility?

Yes

Yes

4. Are you responsible for "review of the progress of each student throughout the program, and assisting in the determination of appropriate corrective measures, when necessary"?

Are you fulfilling this responsibility?

Yes

Yes

5. Are you responsible for "ensuring the competence of each graduate of the program in the" cognitive, psychomotor, and affective domains"?

Are you fulfilling this responsibility?

Yes

Yes

6. Are you responsible for "engaging in cooperative involvement with the program director"?

Are you fulfilling this responsibility?

Yes

Yes

7. Are you responsible for "ensuring the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician"?

Are you fulfilling this responsibility?

Yes

Yes

8. Are you responsible for "ensuring educational interaction of physicians with students"?

Are you fulfilling this responsibility?

Yes

Yes

For Associate Medical Director (if applicable)

Name: Harold Perkins
Title: Associate MD
Credentials: MD
How many years have you served in this position? 10 years

Associate Medical Director Qualifications:

<=== Hover cursor here for definition

1. Are you currently licensed as a physician and authorized to practice in the location of the program? Yes

List the States in which you are currently licensed:

Kansas

Do you have experience and current knowledge of emergency care of acutely ill and injured patients? Yes

2. Do you have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care? Yes

3. Describe how you are "an active member of the local medical community and participate in professional activities related to out-of-hospital care."
ER physician at with Team Health in Dodge City, KS, was Director of Emergency Services at St. Catherine Hospital, Past Medical Director for Finney Co EMS. Medical Director for ABC Pregnancy Care Center. Garden City, KS.

4. Are you knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions? Yes

Place a copy of the Curriculum Vitae (CV) for the Associate Medical Director in the APPENDIX C sub-folder.

Filename of CV Perkins_CV_2018.pdf

Place a copy of the signed/dated Letter of Appointment in the APPENDIX C sub-folder.

Please Note: The program must use the template located on the CoAEMSP website.

http://coaemsp.org/Personnel_Changes.htm

Filename of Letter N/A

Place a copy of the signed/dated Letter of Acceptance in the APPENDIX C sub-folder.

Please Note: The program must use the template located on the CoAEMSP website.

http://coaemsp.org/Personnel_Changes.htm

Filename of Letter

Place a copy of the **State License** for **EACH** State the Associate MD is licensed in the APPENDIX C sub-folder.

Filename of License	<input type="text" value="Perkins_License_2018.pdf"/>	
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable
Filename of Add'l License	<input type="text"/>	If applicable

Total # of State License(s) for this Associate Medical Director included in Appendix C:

Associate Medical Director Responsibilities

1. Are you responsible for "review and approval of the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice"?
Are you fulfilling this responsibility?
2. Are you responsible for "review and approval of the required minimum numbers for each of the required patient contacts and procedures listed in these Standards"?
Are you fulfilling this responsibility?
3. Are you responsible for "review and approval of the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship"?
Are you fulfilling this responsibility?
4. Are you responsible for "review of the progress of each student throughout the program, and assisting in the determination of appropriate corrective measures, when necessary"?
Are you fulfilling this responsibility?
5. Are you responsible for "ensuring the competence of each graduate of the program in the" cognitive, psychomotor, and affective domains"?
Are you fulfilling this responsibility?
6. Are you responsible for "engaging in cooperative involvement with the program director"?
Are you fulfilling this responsibility?
7. Are you responsible for "ensuring the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician"?
Are you fulfilling this responsibility?
8. Are you responsible for "ensuring educational interaction of physicians with students"?
Are you fulfilling this responsibility?

For Assistant Medical Director(s) [if applicable complete Appendix O]

PLEASE NOTE: According to the information provided on the General Information tab, the program does NOT utilize out of state sites. Therefore, NO documentation for an Assistant MD is required below or in the Appendix O sub-folder.



|



For Lead Instructor (if applicable)

Name:
Title:
Credentials:
How many years have you served in this position? years

Is the lead instructor employed by the sponsor full or part-time?

Lead Instructor Qualifications:

1. Do you have at least an earned "associate degree"?
Arrange for an OFFICIAL TRANSCRIPT documenting the award of a minimum of an earned associate degree from an accredited academic institution to be sent directly from the awarding college to CoAEMSP in either a sealed envelope or via e-transcript.
2. Do you possess "professional health care credentials"?
3. Do you have "experience in emergency medicine / prehospital care"?
4. Do you have "knowledge of instructional methods"?
5. Do you have "teaching experience to deliver content, skills, and remediation"?

Place a copy of the **Curriculum Vitae (CV)** for the Lead Instructor in the APPENDIX C sub-folder.

Filename of

You must arrange to have an **official college transcript**, documenting that the Lead Instructor possess at least an associate degree, sent directly from the college to the CoAEMSP office. An unofficial transcript or one issued to you will NOT suffice.

The e-transcript must be sent to: **or** **Sent via USPS, then mail to:**
CoAEMSP
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088

Name of college that will send the transcript?

Place a copy of the **signed/dated Letter of Appointment** in the APPENDIX C sub-folder.
Please Note: The program must use the template located on the CoAEMSP website.
http://coaemsp.org/Personnel_Changes.htm

Filename of

Place a copy of the **signed/dated Letter of Acceptance** in the APPENDIX C sub-folder.
Please Note: The program must use the template located on the CoAEMSP website.
http://coaemsp.org/Personnel_Changes.htm

Filename of

Place a copy of the **National Registry** in the APPENDIX C sub-folder.

Filename of

And/Or

Place a copy of the **State License** in the APPENDIX C sub-folder.

Filename of

APPENDIX D – Program Course Requirements Table

Garden City Community College

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. If the program is offered by different tracks (e.g., full-time vs part-time), then complete additional Appendix D table(s) and copy those file(s) to the Appendix D sub-folder.

The list of courses presented here constitutes the official accredited program.

All courses listed must be successfully completed in order for the student to graduate and receive the award (e.g., certificate, degree)

All courses listed must be successfully completed in order for the student to be eligible for the NREMT examinations.

1. Overall length of program (as published in catalogue)

12

 months.
2. Does the program award credit for the coursework?

Yes

3. Total # of credits required to complete program?

68

4. Type of academic session (e.g., semester, quarter)

Semester

5. Length of academic session (in weeks)

16

6. Length of summer session in weeks (if different)

12

Hover cursor above columns to see definitions ==>>>

Sequence of Courses	Course Number	Course Title	# of credits	# lecture hours	# lab hours	# clinical hours	# field exper hours	# field intern hours	Core Course?
Spring	Math108	College Algebra or Math Credit	3						
Spring	Biol-211	Anatomy/Physiology I	4						
Spring	Eng-101	Communications or English Comp I	3						
Spring	HPER119/15	PE or Beginning Rapelling	1						
Spring	PCDE-101	College Success	1						
Fall	BIOL-212	Anatomy/Physiology II	4						
Fall	SPCH113/11	Communications or Interpersonal	3						
Fall	PSYC101	Social Science or General Psychology	3						
Fall	HPER120/15	PE or Beginning Rapelling	1						
Spring	EMIC-220	Paramedic I (8 Week Class)	6	55	41	0	0	0	Yes
Spring	EMIC-230	Paramedic II (8 Week Class)	9	43	65	36	0	0	Yes
Summer	EMIC-240	Paramedic III	14	54	82	196	0	0	Yes
Fall	EMIC-250	Paramedic IV	16	65	111	0	0	456	

Sequence of Courses	Course Number	Course Title	# of credits	# lecture hours	# lab hours	# clinical hours	# field exper hours	# field intern hours		
# of courses =			13	68	217	299	232	0	456	1204

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Complete as many of these forms as necessary to report data on all clinical affiliates
 There are fifteen (15) copies of the form in this tab (scroll down).
 Additional Appendix E forms are available on the CoAEMSP website - Self Study Reports page.
 Place a copy of any additional completed forms in the APPENDIX E sub-folder.

As Paramedic Program Director, by checking the box to the right, I verify that an appropriate, authorized clinical affiliate individual has provided and attested to the information presented in the corresponding Appendix E forms below, as well as, any additional supplemental Appendix E forms in the Appendix E sub-folder.

Number of additional forms in the APPENDIX E sub-folder

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E1

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	15837	1	15
Operating Room	5400	1	5
CCU/ICU	1900	1	5
Pediatrics	400	1	4
Psychiatry	444	2	2
Obstetrics	607	1	5
2 South - Medical	2225	3	4

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E2

Affiliate Name:

Address:

Address:

City, State Zip:

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.	10231	1	15
Operating Room	2730	1	5
CCU/ICU	306	1	5
Pediatrics	0	0	N/A
Psychiatry	0	0	N/A
Obstetrics	764	1	5
Med-Surg	975	2	4
Nursery (during OB rotations)	751		

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E3

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			
Cath Lab	2916	5	3

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E4

Affiliate Name:

Address:

Address:

City, State Zip:

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			
Residents	40 Residents	1	2

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Affiliate Name:

Form # E5

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

<=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E6

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

Form # E7

<=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Affiliate Name:

Form # E8

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

<=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E9

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E10

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E11

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E12

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement?

<=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E13

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E14

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX E – Clinical Affiliate Institutional Data Form

Garden City Community College

Form # E15

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?

Have key on-site personnel completed preceptor orientation?

Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.

Hover cursor here for explanations ==>

<=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Complete as many of these forms as necessary to report data on all field experience/internship affiliates.

There are 15 copies of the form in this tab (scroll down).

Additional Appendix F forms are available on the CoAEMSP website - Self Study Reports page.

Place a copy of any additional completed forms in the APPENDIX F sub-folder.

As Paramedic Program Director, by checking the box to the right, I verify that an appropriate, authorized field internship individual has provided and attested to the information presented in the corresponding Appendix F forms below, as well as, any additional supplemental Appendix F forms in the Appendix F sub-folder.

Number of additional forms in the APPENDIX F sub-folder

Affiliate Name:	Finney County EMS	
Address:	803 W Mary	
Address:		
City, State Zip	Garden City, KS, 67846	
Distance from program: (in miles)	1	
Name of program's on-site liaison:	Skylar Swords, RN/Paramedic, Direc	
Is there a signed, current affiliation agreement?	<input checked="" type="checkbox"/> Yes	

Form # F1

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	Yes
---	-----

Total number of runs per year?	3176
--------------------------------	------

Type of Call	Average # of runs per year
# trauma calls	828
# medical calls	2151
# pediatric calls	264
# cardiac arrests	32
# cardiac calls (less cardiac arrest)	176

Average # of shifts by each student	19
average # runs per shift for a student	4
Length of Shift (in hours)	24-48

List **ALL** the program's Preceptors at this affiliate and the date of completion of the preceptor training. If training has not been completed, enter "pending" in the date completed column.

Preceptor Name	Date Completed Preceptor Training (mm/dd/yyyy)
Theresa Massox	9/11/2017
Jessica Singhisen	9/11/2017
James Good	9/11/2017
Roman Simon	9/11/2017
Skylar Swords	9/11/2017
Natasha Oglesby	9/12/2017
James Falke	9/12/2017
K Brent Rouse	9/12/2017
Gloria Marquez	9/12/2017
Kenney Smith	9/12/2017
Taren Mullet	9/14/2017
Abel Nieto	9/14/2017
Sarah Trimble	9/14/2017
Tom Hogan	9/14/2017
Kara Lawrence	9/14/2017

For additional preceptors, prepare a list with the name and completion date of preceptor training, and place that file in **the Appendix F sub-folder**.

Filename in Appendix F

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F2

Affiliate Name:	Ford County Fire/EMS		
Address:	10996 113 Rd		
Address:			
City, State Zip	Dodge City, KS, 67801		
Distance from program: (in miles)		55	
Name of program's on-site liaison:	Rob Boyd, Fire Chief, RN/Paramedic		
Is there a signed, current affiliation agreement?		Yes	

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	Yes
---	-----

Total number of runs per year?	3924
--------------------------------	------

Type of Call	Average # of runs per year
# trauma calls	356
# medical calls	3536
# pediatric calls	359
# cardiac arrests	14
# cardiac calls (less cardiac arrest)	57

Average # of shifts by each student	19
average # runs per shift for a student	4
Length of Shift (in hours)	24

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F3

Affiliate Name:	Seward County EMS		
Address:	320 W. 18th St		
Address:			
City, State Zip	Liberal, KS, 67901		
Distance from program: (in miles)	67		
Name of program's on-site liaison:	John Ralston, RN/Paramedic I/C		
Is there a signed, current affiliation agreement?	Yes		

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit?	No
---	----

Total number of runs per year?	1531
--------------------------------	------

Type of Call	Average # of runs per year
# trauma calls	340
# medical calls	1072
# pediatric calls	62
# cardiac arrests	18
# cardiac calls (less cardiac arrest)	120

Average # of shifts by each student	19
average # runs per shift for a student	3
Length of Shift (in hours)	24

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F4

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F5

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F6

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F7

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F8

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F9

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F10

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F11

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F12

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F13

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F14

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX F – Field Experience/Internship Institutional Data Form

Garden City Community College

Form # F15

Affiliate Name:

Address:

Address:

City, State Zip

Distance from program: (in miles)

Name of program's on-site liaison:

Is there a signed, current affiliation agreement? <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? <=== Select from drop down list

Total number of runs per year?

Type of Call	Average # of runs per year
# trauma calls	<input type="text"/>
# medical calls	<input type="text"/>
# pediatric calls	<input type="text"/>
# cardiac arrests	<input type="text"/>
# cardiac calls (less cardiac arrest)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Average # of shifts by each student	<input type="text"/>
average # runs per shift for a student	<input type="text"/>
Length of Shift (in hours)	<input type="text"/>

APPENDIX G - Student Patient Contact Matrix

Garden City Community College

Programs must track at least all of the procedures listed below.

Complete the columns of this matrix based on clinical experience, field experience, and field internship.

For each procedure, state the minimum number required by the program for each student.

The minimum number for each procedure must be 2 or more.

For each procedure, indicate if simulations are allowed to substitute for live patient contacts. Indicate the number of simulations that equal 1 live patient contact.

<=== Hover cursor here to see definitions

Procedures – Paramedic	Min # Required	Average	Range	Are Sims Used	# Sims that=1 pt
Safely Administer Medications	200	552	1084-249	No	
Airway Management	50	145	268-95	No	
Live Intubations, if applicable	10	13	22-10	No	
Safely Gain Venous Access	40	55	79-43	No	
Ventilate a Patient	10	16	24-10	No	
Assessment of Newborn	7	14	28-7	No	
Assessment of Infant	2	4	7-2	No	
Assessment of Toddler	2	11	19-5	No	
Assessment of Preschooler	2	4	8-2	No	
Assessment of School Ageds	5	10	16-7	No	
Assessment of Adolescents	5	11	13-9	No	
Assessment of Adults	75	170	228-140	No	
Assessment of Geriatrics	40	78	106-63	No	
Assessment of Obstetric Patients	15	36	53-20	No	
Assessment of Trauma Patients	40	60	76-48	No	
Assessment of Medical Patients	75	152	219-112	No	
Assessment of Psychiatric Patients	10	21	28-13	No	
Assess and Plan RX of Chest Pain	20	31	41-24	No	
Assess and Plan RX of Respiratory	30	47	59-37	No	
Assess and Plan RX of Syncope	10	42	99-15	No	
Assess and Plan RX of Abdominal	30	57	78-32	No	
Assess and Plan RX of Altered Mental Status	20	45	93-24	No	
Field Internship Team Leads	60	73	82-64		

Hover cursor over above cell to see definition of team leads

Date on which the Medical Director APPROVED the above required numbers: (mm/dd/yyyy)

Place in the APPENDIX G sub-folder, documentation of approval.

Filename
==>

12/01/2016

MD Approval 2017 Portfolio.pdf

Date on which the Advisory Committee ENDORSED the above required numbers: (mm/dd/yyyy)

Place in the APPENDIX M sub-folder, Minutes with approval.

Filename
==>

11/16/2016

Advisory_Comm_Agenda_Min_1
11616_final.pdf

Briefly describe the tracking system by which the program will collect the above data.

We use the commercial product, Fisdap Scheduler and Skills Tracker, for the students to input their contacts, skills and procedures.

State the Program's specific action plan for students who do not meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical experience and field experience/internship activities).

The instructor will identify "students at risk" then a review of their progress will be reviewed by the Medical Director, Program Director and the instructor. A plan that consists of adding more labs, clinical or Field time to assist in gaining the areas that are found to be deficit. This is done during the program's timeframe.

During the orientation process and throughout the class, the students are informed of the requirements to move onto the next section of the program. It is in each syllabi and students are required to sign MOU for each section. The students continually are "self-monitoring" their own progress as well and are very efficient informing the faculty of the situation.

A sub-folder for each of the following Appendices should be created, if it has not already been done, and place the appropriate files in each sub-folder.

Garden City Community College

APPENDIX H – Copies of all Course Syllabi

Place a copy of each course syllabus in the APPENDIX H sub-folder, with easily identifiable filenames.

of files in Appendix H:

CoAEMSP has a sample course syllabus.

See ==>

[Course Syllabus](#)

APPENDIX I – Copy of the most recent college catalogue and any other documents related to Standard V.A.2.

<=== Hover for Standards language

Place copies of the most recent college catalogue and any other documents related to Standard V.A.2 in the

APPENDIX I sub-folder, with easily identifiable filenames.

of files in Appendix I:

APPENDIX J – Additional materials (not provided in Appendix H) related to Standard V.A.3.

<=== Hover for Standards language

Place copies of the additional materials (not provided in Appendix H) related to Standard V.A.3 in the

APPENDIX J sub-folder, with easily identifiable filenames.

of files in Appendix J:

APPENDIX K – Copies of Faculty Evaluation Self Study Report Questionnaires, including those completed by Advisory Committee members.

Place a copy of each Faculty Evaluation SSR Questionnaire in the APPENDIX K sub-folder, with easily identifiable filenames.

of files in Appendix K:

APPENDIX L – Copy of Articulation Agreement (Standard I.A), as applicable

Copy of the Consortium Agreement (Standard I.B) and/or

Copies of the consortium governing body minutes.

Place a copy of an articulation agreement (if the program does not award college credit) in the APPENDIX L sub-folder, with an easily identifiable filename.

of files in Appendix L:

APPENDIX M – Copies of the Advisory Committee minutes.

Place a copy of all Advisory Committee meeting Minutes for the past 3 years in the APPENDIX M sub-folder, with easily identifiable filenames.

of files in Appendix M:

APPENDIX N – Copies of the fully executed clinical/field affiliation agreements.

Place a copy of the affiliation agreement for each active clinical/field site in the APPENDIX N sub-folder, with easily identifiable filenames.

of files in Appendix N:

Create a sub-folder for each of the following Appendices and place the appropriate files in each sub-folder.

Garden City Community College

APPENDIX P – Summary Tracking Data

Submit **summary** tracking documentation of the number of times **each** student has successfully performed each of the competencies according to patient age-range (including pediatric age subgroups), chief complaint, and interventions to demonstrate that the program minimums are being met. [Note: The response needs to include the actual tracking documentation of all students (indicate any students who are not graduates); sample or blank forms are not sufficient.]

Submit the Program's specific action plan for students who do not yet meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical and field internship activities). NOTE: simulation cannot be used for team leads.

of graduated students with tracking data:

APPENDIX Q – Publication where the outcomes data is available to the public (if not a website)

<=== Hover for policy language

Place a copy of any other documents related to Standard V.A.4 in the

APPENDIX Q sub-folder, with easily identifiable filenames.

of files in Appendix Q: