

OKLAHOMA CITY COMMUNITY COLLEGE
Division of Health Professions
Emergency Medical Sciences
Advisory Committee Meeting – December 9, 2009

PRESENT:	Chuck Morrison	Terri Walker	Jennifer Dodson
	Jeannie Beaty	Richard Kelley	Harvey Conner
	Sean Lauderdale	Ron Feller	Jason Lankford
	Eddie Manley	Leaugeay Barnes	Andrew Weber
	Patrick Cody	Robbie Copeland	Bruce Farris
	Nathan Dilley	Larry Terry	Felix Aquino
	Angela Selmon	Shelly Tevis	Greg Gardner
	Albert Harvey	Justin Hunter	Sherri Givens
	Russell Rooms	Christopher Elsten	

1. Introductions

Dr. Cody brought the meeting to order and began with introductions. He announced that Harvey Conner had been OEMTA Instructor of the Year.

2. Update

Dr. Aquino announced the Leaugeay Barnes had recently been named the NISOD Instructor of the Year.

3. Site Visit

Leaugeay thanked everyone for their participation in the accreditation site visit. She reported that the visit went fairly well and passed out the complete results.

4. Summary & Response

Leaugeay went through strengths that were targeted by the accreditation committee. The program has strong administrative support from the college, an advisory committee that is active and involved, a program director that is informed, students have a good rapport with instructors, a high fidelity simulation lab and a new involved medical director. Leaugeay commented that the OCCC lab rivals the OU Medical Center lab and that we have a new Life Pac 15.

Areas of improvement targeted by the accreditation committee included development of preceptor training. Shelly Tevis and Leaugeay are currently developing a training program. Other areas of improvement include the desire for the internship portion of the curriculum to be at end of program instead of splitting it up between PCIII and IV as well as more detailed lessons plans. Leaugeay stated that faculty have been hard at work updating lesson plans and Sherri Givens has built a template for them to follow. The committee also wanted to see better use of the mentoring program. Leaugeay informed the group that

they had started it last fall but since the program didn't have a PCIV class this semester they didn't use it this fall. Another area of improvement mentioned was more patient scenarios and simulations and while longevity of faculty is a plus, it can also be a challenge for staying current. Dr. Cody is assisting in starting a journal club to help stay on top of current practices in EMS. Leaugeay mentioned that is was something Harvey Conner had been talking about for a long time but had not had the opportunity to start. The last area of improvement listed was to strengthen the coordination of student clinical experience between sites and instructors and Shelly. Leaugeay stated they were surprised by this so if there is something we can do to improve the communication let us know.

Eddie Manley commented that preceptor training was looking to be included in state requirements. The programs he had looked are about 4 hours long so he was interested to see what OCCC EMS would come up with.

5. NR Pilot Program

Leaugeay announced that the EMS Program was asked to be one of nine programs nationally to participate in the National Registry Psychomotor Competency Program. Sherri has taken the lead on it and is teaching PCI with adjuncts this semester and it became critical to have one person that was responsible. They meet with the national registry on weekly phone conferences and Leaugeay flew to a conference in Orlando as well. Leaugeay explained that, ultimately, they plan to go from having 12 skill stations to scenario testing. The program checks off on the independent skills and if the program states that the student is proficient then they will choose two scenarios when they go through the national registry. She stated they have a cardiac, trauma, pediatric and medical scenario and will be run real time. They will present initial data next December.

6. Reports

• NR Pass Rates

Leaugeay reviewed the paramedic first time pass rates. In 2008 it was 94% In 2009 it is 88%. The national pass rate was 66% in 2008 and 72% in 2009. Most students take the paramedic test within first year and then usually by the second year. Leaugeay stated that it will be harder to maintain pass rate with less numbers and only had one class graduate this year. With numbers exploding, the EMS program may not see that again.

The Basic first time pass rates were 74% in 2008 and 70% in 2009. Leaugeay commented that the biggest problem is that only 64% actually test after completing the course. The EMS program is currently discussing how to get more students to test. Leaugeay pointed at out that currently the program is focused less on recruitment and more on the success of the students going through program.

• Enrollment & Attrition

Leaugeay reported that basic enrollment for Fall 2009 was 86 students and current enrollment is 66 with a retention of 76%. With OSDH approval they expanded the classes to hold 30 students. In the past retention has hovered around 50%. For this spring, there

are already 97 students enrolled in Basic. EMS students usually don't enroll until the first week of January so another Basic class was added. Currently there are two day and two evening classes available. PCI had a total enrollment of 43 for Fall 2009 with 29 traditional and 14 online. Retention for PCI is in the mid 70s. Eddie Manley stated 50% retention is what they usually see. The national average is 50%. PCI spring 10 we already have 29 enrolled and we have two day classes. Leaugeay stated that there was interest in an evening PCI so one class has been opened.

7. Asynchronous Hybrid

Leaugeay reported that the online program was granted unconditional OSDH approval for 5 years in August. Harvey Conner has developed the core courses and has taught most of them. Harvey stated they will be graduating the first group in May. They started with 13 in the first course and now have 6 currently enrolled that will most likely graduate. Attrition issues revolve around work issues and had some academic issues this third semester related to the third semester being the most difficult. Some students are attempting to reenter in the traditional program. Advantage of the online, that students can transition to traditional or vice versa if needed and has been successful for students. This semester the EMS program partnered with Tulsa Community College for test proctoring. Students in Tulsa area can take test there rather than having to drive to OCCC for testing. Harvey stated that they will continue to have tests proctored for test security.

Dr. Cody added that he had the opportunity to preceptor two online students and they did well. Chuck Morrison also stated he had PCI and PCIII students who were exceptional. Dr. Cody noted that online curriculum is much more difficult than traditional and it takes a certain kind of student to keep up with it. Harvey stated that he has tried to make himself more available to these students and incorporate a number of resources for the students within the courses such as video and audio supplementation. Leaugeay stated that we have worked to go away from just lecture based teaching. Students who have had to repeat classes have had good feedback on activity based learning. Eddie Manley stated that their problem with online training involves someone who takes an online course out of state and applies for testing in Oklahoma. According to registry, each state has to approve the training an applicant completes and they don't know what another state has approved, Oklahoma is not able to test those students. Leaugeay stated that OCCC has not had to deal with that yet. She spoke with the National Registry and they stated that both states must approve the course. OCCC has clinical agreements across the state but sometimes it becomes difficult to develop those agreements and get the contracts back in time.

8. Committee Input on Graduates/Curriculum/Program

Leaugeay announced that the new education standards will be out at some point with the state going towards competency based education instead of seated hours for completion. Eddie Manley stated that the OSDH is looking to implement it by the end of 2012. He stated their will be obviously be a transition period for students graduating from older

program. It's a big change in teaching and he feels they will need to have some instructor training as well.

Leaugeay passed out surveys for organizations who have employed OCCC graduates. She asked the group for feedback on how to improve the response rate for surveys. The current rate is about 22% and is about the only area where we don't meet the standards. Larry Terry stated that it seems that completing it online has made it pretty easy. Leaugeay stated that we have office staff call and remind employers and students to complete their survey as well as send a hard copy of the survey out and email it.

Jason Lankford, former graduate, stated that the great thing about the program is that you learn a lot and you know what you are doing once you get out in the real world and riding the trucks. It was a really difficult program to get through but is happy that he did it. Andrew Weber stated he agreed and that it was difficult but they were better medics for it. Sean Lauderdale stated the basics he has going through EMSSTAT are doing really well. Andrew Weber stated that the only aspect that could have been better would be to add more skills in PCI. LEAUGEAY stated they have actually moved some skills in PCI.

Justin Hunter stated that one of the most important things has to do with the ride alongs at EMSA. Paramedics at EMSA can do ride alongs with students after only being employed for 6 months with no training for teaching or mentoring students. He's concerned that after they make friends with the paramedic they rode with, students will continually choose them and if that paramedic doesn't do things correctly, the student is learning bad habits/skills that will stick with him his entire career. He would like to see some training or some type of requirement to have a student ride with them. Leaugeay stated it has been an issue and she has asked to do preceptor training at EMSA but was turned down. She spoke with Shawn Rogers at the state office and he suggested that they go higher up and would assist with problem. OCCC tries to require 2 years of experience for clinical instructors and preceptors. Leaugeay stated that because EMSA has partnered with EOC, they have looked at not sending students to EMSA but OCCC has too many students and need the clinical sites. She reported that OCCC students have been recruited into their program while on ride alongs. OCCC also has students that have gotten taken off the schedule when students from another school showed up for that slot. Those students from OCCC then had to reschedule. Leaugeay stated that it is going to be an ongoing discussion with EMSA. As accreditation comes up and standards become more stringent, OCCC may be more successful. Dr. Cody asked what would happen if OCCC stopped sending students to EMSA. Leaugeay stated that there are too many to students to consider that. Dr. Angela Selmon asked if EMSA stated why they wouldn't allow preceptor training. Leaugeay responded that EMSA stated they did their own training and didn't allow anybody else in. When she spoke with Shawn Rogers about it, he suggested speaking with Steve Williamson. Dr. Cody asked how many students would need to find other places. Shelli Tevis stated that it was more than half of the students. Dr. Selmon suggested that as a medical director and you know people are practicing under your license you would want whatever is best for them so they could be the best people practicing under

her license. She stated she would think the medical director at EMSA would be concerned about this. Dr. Selmon suggested that it would be worth speaking to the medical director on EMSA about this. Dr. Selmon stated she would support Dr. Cody in speaking with the EMSA medical director or someone else at EMSA. She is not sure that we have exhausted all avenues to resolve the issue. Eddie Manley commented that Steve Williamson is the executive director of the trust authority and they contract with another agency to provide management and operations for EMSA. He stated that EMSA is contracted with EOC and Tulsa Tech and pays students while attending those schools and are probably looking out for those individuals first. Leaugeay stated that they would pay for them to attend OCCC but Justin Hunter stated that they don't allow time off for those students who don't attend EOC and Tulsa Tech. Sean Lauderdale stated that EMSSTAT has room for more students. Leaugeay stated that OCCC has tried to recommend sites to students other than EMSA just because of the possibility that they may get kicked off the truck and have to reschedule. Harvey stated that part of the problem is that for the final two semesters the student is matched up to one preceptor for all clinicals. Harvey stated recently the problem has been that the preceptor has had a responsibility change or were assigned a student from inside and can not complete the rotation with our student. Leaugeay stated that speaking with the EMSA medical director seemed like a good plan.

Leaugeay reminded the group that we have a Fire Mentoring Program with OCFD. While 50-60% of our classes say want to be part of the program only have a few show up for meetings. Leaugeay stated that we've had some difficulty keeping it going this semester but see progress in the future.

Shelli asked the group for a list of preceptors that would be good for students during the last two semesters. This would help so students would not have to go out on their own to find someone. Jeanie Beaty from Parkview EMS stated they have clinical sites available as well for students. Shelly stated that many students don't want to use Parkview just because of the 30 minute drive but they are encouraging students to use the outlying areas for clinical rotations. Shelly stated she would also welcome a list of physicians that would be good preceptors.

9. As May Occur

Dr. Cody adjourned the meeting at 1:50pm.