

OKLAHOMA CITY COMMUNITY COLLEGE
DIVISION OF HEALTH PROFESSIONS
Emergency Medical Services
Advisory Committee Meeting
November 9th, 2007

Present:

Present:

Tim Soutl
Felix Aquino
Sherri Givens
Harvey Conner
Bruce Farris
Leaugeay Barnes
Albert Harvey
Justin Tuck
Stephanie Pryor
James Hale
Romeo Opichka
Russell Rooms
Angela Selmon
Bruna Varalli-Claypool
Kim Moore
Susan Jones
Larry Terry
Debby Martinez

1. Introductions

Dr. Soutl's welcomed everyone and introductions were made.

2. Update

Leaugeay Barnes updated the committee on the progress of the Health Professions building. The ambulance that was donated to the EMS Program will be refurbished and be used in the building for scenarios.

3. Enrollment & Completion

PC III

Success Strategies

An early warning letter for those that are danger gets assistance whether it is academic, emotional or financial aid. They have a work study class but no one has been showing up. The program needs to find a way to make it more appealing to the students.

Recruitment Strategies

Leaugeay has done some recruitment at the high schools and it seemed to have worked well this being the first time. A whole list of all the high schools had been compiled and they are planning to take equipment to the schools for show and tell. They also will offer CPR free at high schools.

4. NR Report/CBT

Practical Testing

The registry is no longer giving the reports from the testing to the school they will have to call the registry directly. Lab skills check off is required for all students. This saves the students from having to be taught the basic skills again. The results from the written tests at OCCC have gone from 62% to 64%, the state's figures have dropped to 45 out of 51 making the pass rate for state to 58 %. OCCC's pass rate is now at 55% and that has also dropped from previous. A strategy to correct this is needed. The faculty is working on how to make the students more successful with computer based testing. They have begun by integrating WebCT into the class so the tests can be downloaded and taken. In PC I & II Harvey Conner has been active in incorporating computer learning into the classes. FISDAP has started with the PC I class. The students will enter their clinical information in FISDAP, a computer tracking system for all clinical hours and competencies. The FISDAP test is 97.8% predictive on how they will do on their NR exam. They are not required to pass but they get experience. FISDAP is national so item review and item writing is on a higher level of critical thinking questions. There are several adjuncts and fulltime faculty that are reviewing the tests on FISDAP.

Results-Nat'l, State, OCCC

The Basic EMT and the Paramedic problem areas in the national registry are in trauma; airway, OB and pediatrics. The rewriting of the test questions will increase the problem solving knowledge from testing versus memorization to include critical thinking.

Response

Leaugeay asked for ideas to fix the problem areas and it was suggested that they compile a thousand questions and run through them, then identify the PALS and ACLS components. There was a general consensus for the need nationwide for a testing manual but due to the security issues that information is not released. Several places are getting away from the textbooks test banks since the information changes so quickly making it obsolete. Leaugeay explained the process involved in the National Test writing.

To assist with the pass rate they have moved the final to a week prior to the last week of school so they have time for remediation. The students make their own schedule to test since they are computer based testing now and they like the whole process better. They have a two day review course after the end of the semester. The practical and final test is not the same since the final is not computer based so they are doing testing on WebCT, which is the computer generated testing for the college.

Another suggestion was to divide the information in groups and have several people develop the questions for the review.

5. Report

HPS use by EMS

Sherri Givens defined HPS (Human Patient Simulator) for the group. She informed that new cameras will be coming in next week which will enhance the performance of the simulator. The EMS PC students are starting to utilize the simulator and Harvey Conner's PC III class did an orientation followed by several scenarios and the group was awesome. Play back of this gives the students the ability to see how they responded in the scenarios and it can be used in classes to come. The instructors compile what they want to achieve from the scenarios and they build it to progress to those results. The templates can be saved and used again in the future. The use of the HPS for intubations was considered but the wear on such an expensive piece of equipment was not ideal. A difficult airway mannequin purchased with the Carl Perkins funds was discussed for the mobility and the lesser expense.

Clinical Notebook

The clinical notebook was passed around the group and Leaugeay explained how this helps close the loop from Clinical Instructors and the instructors in the classroom. The clinical instructor has to fill out paperwork and Leaugeay thanked them for effort. This way the fulltime faculty has the feedback. Every week the

class room instructor review it and if there is a no show the instructor will write up the student.

The notebook is set up by instructor and what class they are teaching. Then it opens to the clinical report that lists who was at the each clinical site. It shows the professional behavior evaluations from the instructor. The non-competent behavior is flagged for the instructors.

The evaluation of the clinical instructors is an ongoing process which starts with an orientation. At this time there are no evaluations of our clinical instructors from the clinical site, just from the students. The student initials the clinical instructor's paperwork each time the instructor comes by to observe the student at the clinical site.

The group asked what the procedure was if there is a problem at the clinical site and protocol is to contact the charge nurse for their input.

Lab Check Off Notebook

The notebook was passed around for viewing. Sherri Givens explained that when the skills were completed it was logged in the notebook. At the present Billy Shipp is doing the skills check off for the second semester and things are going well.

6. Clinical Report

A handout summarizing the negotiations at NESAs that was prepared by Shelly Tevis was circulated. A discussion of the needs for more clinical places, especially OR, ER, Labor and Delivery and Psych followed. The group was asked for any suggestions in these areas and Shawn Rogers said it may help to take the situation to the higher level and email Dr. Cathy.

Another suggestion is to contact some of the graduates that are now anesthesiologists for any help into their areas.

Privacy and security issues have been a hindrance in attaining clinicals in the Labor and Delivery sections of the hospitals.

7. PC & Committee Reports

FISDAP

Leaugey explained that FISDAP is an Internet Data Base System that is used to enter the information from the clinicals and process the reports electronically. This improves the rate in which the information can be used. If the student has not turned in their report within 72 hours there is an email that goes out to the student and to several of the faculty that is designated in that program as a reminder to input their data. FISDAP is a very user friendly program and the information easily downloads into an Excel file.

WebCT

The students are using WebCT to access power points for more information and are able to use it for discussion with the other students. They can also use WebCT to practice some of the testing they will need to do.

8. Committee Input on Graduates / Curriculum / Program

Bruce Farris advised the committee that they had a good group of students. They had a minor bump as far as the National Registry testing and those areas of concern are the ones that not just our school but nationwide has been experiencing in OB and Cardio.

9. Accreditation Reports & Survey

Leaugey informed the committee that the Accreditation Report that was due on December 1st had been extended to January 1st.

10. As May Occur

Leaugey thanked all the members for attending and adjourned the meeting.