

Assessment Report

Paramedic Program 2013-2014

**University of Arkansas at Monticello
College of Technology, McGehee**

1. What are the Student Learning Outcomes (SLOs) for your unit? How do you inform the public and other stakeholders (students, potential students, the community, peer institutions) about your SLOs?

A. Student Learning Outcomes (SLO)

Students successfully completing the UAM-CTM Paramedic program should be able to:

1. Demonstrate affective, cognitive and psychomotor skills for the appropriate practice of emergency medical care.
2. Demonstrate the ability to rapidly and appropriately provide emergency care at both clinical and emergency sites.
3. Demonstrate integration of theory, clinical and field content in manners that are appropriate, ethical and legal.
4. Demonstrate competence to pass the National Registry Exam

B. Student Learning Outcomes Can Be Found At The Following Website: 6/6/2014

<http://www.uamont.edu/mcgehee/EMTParamedic.htm>

C. Student Learning Outcomes are listed on The Emergency Medical Technology Brochure.

(Please see Appendix A)

D. Student learning outcomes are shared with the advisory Committee.

E. SLO are also given to students in the Paramedic Handbook

Indicate the accrediting agencies for the Paramedic Program and the term of accreditation.

National Accreditation

1. The Paramedic program is accredited through the Commission on Accreditation of Allied Health Education Programs. This commission manages committees whose main purpose is to submit their recommendations to the commission, following a program review and site visit. The committee responsible for the Paramedic program's accreditation is the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions or CoAEMSP.

2. The website for this commission which sites our accreditation status is:

<http://www.caahep.org/Find-An-Accredited-Program/>

3. A copy of the accreditation verification letter for the 2011-2016 years is attached.

(Appendix B)

State Approval

In addition, all EMT, paramedic and other EMS classes are approved by the Arkansas Department of Health, Section Of Emergency Medical Services. **(Appendix C)**

2. *Describe how your unit's Student Learning Outcomes fit into the mission of the University.*

The Student Learning Outcomes (SLO) # 1, 2, and 3 are demonstrated by the UAM mission stating “The University seeks to enhance and share knowledge, to preserve and promote the intellectual content of society, and to educate people for critical thought”, “The University provides learning experiences that enable students to synthesize knowledge, communicate effectively, use knowledge and technology with intelligence and responsibility, and “Education opportunities encompass the liberal arts, basic and applied sciences, selected professions, and vocational/technical preparation.” The SLO # 1, 2, 3, and 4 are demonstrated by the UAM mission stating “contemporary disciplinary curricula, certification programs, and vocational/technical education or workforce training”. The SLO # 4 corresponds to the UAM mission stating “individual achievement and personal development”.

3. *Provide an analysis of the student learning data from your unit. How is this data used as evidence of learning?*

Student learning data is collected and analyzed at defined points during a student's progression through the program continuously. The assessment process is broken down into three distinct domains: Cognitive, Psychomotor and Affective.

A. Cognitive Learning

Cognitive learning is evaluated for individual students utilizing each chapter exam and final-semester comprehensive course exam. By utilizing the testing process of “Blackboard Learn”, the program has the ability to analyze individual student performance as well as the student cohort. This data not only informs the program's faculty of an individual student's learning progress, it allows the program to see the group as a whole, and then compare the individual to the cohort. An overview of the cohort's average, minimum, and maximum scoring and an item analysis occurs with each exam. The analysis of data offers the opportunity to evaluate program curriculum and teaching methods/strategies used with a particular cohort. If a particular item is answered incorrectly by 50% (or higher), the question is reviewed by the instructor first, to ascertain its appropriateness and then it is discussed with students for their feedback. If it is determined (for whatever reason) to be an “inappropriate” question, it is either revised appropriately or taken off of the exam.

Analysis: Comprehensive final scores indicate 100% of the December 2013 class passed the exam. Five total students scored an average of 88.8% on the comprehensive with the lowest grade being 80% and the highest grade being 99%. All students (5) who passed the comprehensive exam successfully completed the course and graduated from the program. Comprehensive final scores indicate 100% of the May 2013 class passed the exam. Five students scored an average of 88.0% on the comprehensive with the lowest 81% and the highest 93%. These five students also passed the program successfully.

Cognitive SLOs are evaluated using a pre-test, post-test format. Students are required to pre-test (utilizing blackboard learn testing process) before coming to class on the chapters which are to be delivered in lecture that week. They are also required to complete a post-test before returning to class the next week.

Analysis: The analysis on the pre-test/post-test suggests that student learning has taken place in the classroom. In the table, (**Appendix D**) the represented students from one test (Paramedic I Class, totaling 9 students), all scored above passing on the post test and increased their test score an average of 51% from pre-test to post-test.

Student learning data is collected immediately before the completion of each course utilizing the “**Student Self-Evaluation**” on the “Student Evaluation of Teaching” form. Students are asked to select on a Likert-type scale, 1-5, “Amount I have learned”. Although this reveals the students’ own perception of learning, it is very important that we know the student’s belief regarding their learning experience during the course. The program analyzes this data with each course taught. (**Appendix E**) 100% responded, and were favorable to the question: “I have more knowledge and a deeper understanding of the subject matter as a result of this course”.

Student learning outcomes are evaluated by the instructor in the skills lab utilizing the skills check-off sheet. Students are expected to improve with each subsequent evaluation in the lab. For a skill to be “signed-off”, the student must be able to perform the skill correctly and cognitively respond as necessary. (**Appendix F**)

Student learning outcomes are evaluated by preceptors utilizing the clinical/field evaluation form. Preceptors evaluate student performance following rotations in the clinical and field settings. (**Appendix G**)

Student learning outcomes are evaluated by preceptors utilizing the preceptor evaluation form and the clinical grading matrix. Students are required to perform a minimum and maximum number hours and specific skills in each semester. Their learning and grades are based on the student’s opportunity to successfully practice the clock hours and perform these skills and procedures. (**Appendix H**)

1. Student cognitive learning is evaluated and analyzed using the National Registry written Exam results
 - a) The licensing exam evaluates the graduate’s knowledge and critical thinking skills to determine if licensure is granted
 - b) The exam results allow the program to analyze each individual student and the cohort as a whole
 - c) The results are provided for directors on a secure website controlled with a login and password www.nremt.org
 - d) See National Registry 5-year pass rate table (**Appendix I**)
2. Graduate evaluations (**Appendix J**)
 - a) Each student is encouraged to go on-line to complete the self-evaluation form: www.dataarc.ws
 - b) The site is ID and password protected

- c) This form asks the student if they were cognitively, psychomotor and affectively prepared to perform as a EMT/paramedic
- d) These questions are measured using a likert scale from 1-5, 5 being highest

Analysis:

100% (15 students) of the 2012 and 2013 graduated paramedic classes responded to an online survey (**Appendix K**). The cognitive portions of the survey provide evidence that 100% of the students agree that the learning is above average, and 80% in the survey indicated excellent. Appendix (J.)

3. Employer evaluations

- a) Student learning outcomes are evaluated by employers 6 months following program completion/graduation by utilizing the employer surveys located on the following website: www.dataarc.ws
- b) Employers are sent a letter requesting their evaluation of the individual (graduated student).
- c) The results are available to the accreditation agency and the program director from this site. A login and password are necessary for access. (**Appendix K**)

Analysis:

For the 2012, 2013-14 graduating classes, 9 employers responded to the survey. The survey results from these employer provided evidence that the students were well prepared with 89% above average and 78% indicates excellent. The survey questions are listed on **Appendix L**.

B. Psychomotor Learning

1. Student Learning Outcomes for psychomotor learning are analyzed using the clinical skills laboratory check-off Lab evaluation tool. (**Appendix G**)

- a) This form is used as the beginning psychomotor evaluation tool for the student. The instructor evaluates the student's effectiveness while performing a particular skill in the laboratory. If the student is successful, they are allowed to proceed. If they are unsuccessful, the student is allowed to practice the skill before another evaluation is scheduled. If they are still unsuccessful, they are given one-on-one time with the instructor until they are successful.
- b) These skills must be checked off before the hospital clinical begins for each student.

Analysis: To date, 100% paramedic students have successfully completed the skills listed on the check-off form.

2. Student Learning Outcomes for psychomotor learning are analyzed using the clinical skills check-off evaluation form. (**Appendix H**)

- a) This tool is used as the student progresses from the lab to the hospital clinical site
- b) Students are evaluated during clinical experiences at the hospital site by a preceptor
- c) If a student scores below a 3, the instructor discusses the challenge with the student to work toward strategies for improvement.

Analysis: Analysis of clinical skills check-off evaluations from preceptors reveals that students are consistently scoring “3”s on performed skills (Consistently proficient) in all areas.

3. Student Learning Outcomes for psychomotor learning are analyzed using the ambulance preceptor skill evaluations (**Appendix I**)

- a) This tool is used as the student progresses from the Lab to the hospital site to the ambulance service
- b) Students are evaluated during their ambulance experiences by a preceptor
- c) Student Learning Outcomes for psychomotor learning are analyzed using the National Registry skills exam given for national licensing
- d) A candidate is required to successfully complete a skills exam before earning and receiving a license.
- e) During this evaluation, the student’s cognitive and psychomotor skills are assessed

Analysis: Analysis of clinical skills utilizing the ambulance preceptor skill evaluation reveals an increasing number of “2s” (Inconsistently proficient) for students. However, as with the hospital evaluation students are counseled and plans are discussed for strategies to assist the student to become proficient. Toward the end of the semester, students are consistently earning “3s”, which suggests that learning is taking place.

4. Student psychomotor learning is evaluated and analyzed using the National Registry skills Exam given for national licensing

- a) Candidates are required to successfully complete a skills exam before earning and receiving a license.
- b) The licensing exam evaluates the graduate’s knowledge of practice and skills to determine if licensure is granted
- c) The exam results allow the program to analyze each individual student and the cohort as a whole
- d) The results are provided for directors on a secure website controlled with a login and password www.nremt.org
- e) See National Registry 5-year pass rate in table below.

Analysis: In last five years every graduate who tested the National Registry Psychomotor Exam, passed the skill exam. The data suggests that the plan of action for laboratory experiences is adequate.

5. Graduate evaluations (**Appendix J**)

- a) Each student is encouraged to go on-line to complete the self-evaluation form: www.dataarc.ws
- b) The site is ID and password protected
- c) This form asks the student if they were prepared to perform a broad range of clinical skills.
- d) These questions are measured using a likert scale from 1-5, 5 being highest

Analysis: Analysis of graduate evaluations collected over the past 3 years suggests the perception of student learning is positive and adequate in the psychomotor domain. 15 students completed and submitted the online form. The data reveals that students

“strongly agreed” to positive questions regarding their learning experience. 100% of the responses indicated above average in the psychomotor domain. This suggests positive student learning in the program.

6. Employer survey (**Appendix L**)

- a) Employers are asked to go on-line to answer questions regarding the graduate: www.dataarc.ws
- b) This form is on an ID and password protected site
- c) This form has questions regarding their cognitive, psychomotor and behavioral domains
- d) The employer is asked to evaluate the graduates effectiveness in the above areas
- e) If these surveys are analyzed and a weakness in the program is illuminated, the program would make the needed changes in the curriculum, teaching strategies, etc.

Analysis: Analysis of the employer evaluations collected over the past 3 years suggests that students are adequately prepared to function as entry level paramedics in the workforce. 9 employers completed and submitted on-line evaluation form. Data from the forms reveal that 100% of employers responses indicated average, 89% indicated above average and 78% indicated excellent. The data suggests that students were trained effectively for entry-level paramedics.

B. Behavioral (Affective) Learning

1. Student behavioral learning is evaluated and analyzed using the clinical/field evaluation form, utilized by clinical instructor following a rotation in the hospital. (**Appendix H**)

- a) This form evaluates behavioral learning by looking at each student’s interpersonal skills: rapport with all individuals, verbal communication with team members, written communication, professional working relationships, leadership

2. Student behavioral learning is evaluated and analyzed using the clinical/field preceptor evaluation forms which is identical to the clinical/field evaluation form; however a preceptor evaluates the student following clinical rotations. (**Appendix I**)

3. Student behavioral learning is evaluated and analyzed using the on-line graduate survey, required for continued accreditation. (**Appendix K**)

- a) The graduate goes on-line to an ID and password protected site to complete the survey www.dataarc.ws
- b) These surveys use the likert scale 1-5 to evaluate the program related to the students perception regarding the behavioral domain
- c) Each student evaluates the effectiveness of the program concerning their preparedness in:
 - i. Effective communication
 - ii. Ethical and professional issues
 - iii. Time management
- d) It also asks questions regarding critical professional issues such as:
 - i. Are you pursuing a National EMS credential
 - ii. Are you a member of the state EMS professional association

- iii. Are you a member of the national EMS professional association
- iv. Are you active participant in continuing education

Analysis: Analysis of graduate evaluations collected over the past 4 years suggests the perception of student learning is positive and adequate in the affective domain. 15 students completed and submitted the online form. The data reveals that students “strongly agreed” to positive questions regarding their learning experience. Affective domain =100%. This suggests positive student learning in the program.

4. Student behavioral learning is evaluated and analyzed using the National Registry Exam

- a) The licensing exam questions the graduate’s knowledge of professional issues, communication, leadership and time management
- b) The exam results allows the program to analyze each individual student and the cohort as a whole
- c) See National Registry 5-year pass rate table below (**Appendix J**)

5. Student behavioral learning is evaluated and analyzed using the employer evaluation form. (**Appendix L**)

- a) The employer is required to go to a ID and password protected site to complete an evaluation form www.dataarc.ws
- b) The EMS program is allowed to view these as they are completed by the employer
- c) These evaluations are analyzed and changes to the program would be made as necessary

Analysis: Analysis of the employer evaluations collected over the past 3 years suggests that students are adequately prepared to function as entry level paramedics in the workforce. 9 employers completed and submitted on-line evaluation form. Data from the forms indicate that, one student scored below average with 14 out of 15 scored above averages in the work effect domain.

4. Based on your analysis of student learning data in question 3, include an explanation of what seems to be improving student learning, and what should be revised.

A. COGNITIVE LEARNING

1 During the anatomy and physiology lecture, students questioned the appearance and exact location of body organs. The department has models of body organs and a model of organs located in a chest/abdomen cavity. This model is very precise however the students wanted a more realistic learning experience. Discussion in the classroom led to the suggestion of attending an autopsy. After researching the possibility, it was decided that the students would travel to the state crime lab. They had the opportunity to see actual internal body organs. This opportunity enhanced their learning concerning body organs, organ location and additionally structural abnormalities.

- a) No revision necessary. We will continue to schedule trips to the state crime lab.

2 When one question is missed by 50% of the students, a deficiency is noted in the item analysis of Blackboard-Learn and the item is reviewed concerning: item structure, correctness, directness and appropriateness. If the question is considered sound on all these accounts, then we revisit the subject matter with further detailed explanation and provide test taking strategies.

- a) This method of preparing students to think critically while taking exams is improving student learning and reinforcing critical information
- b) Revision: After using numerous methods to teach osmosis, diffusion, filtration, sodium-potassium pump and how these effect the functioning of the body, it was determined to incorporate the following link into the lesson plan to assist in the teaching strategy. Please see the following links

http://highered.mcgraw-hill.com/sites/0072495855/student_view0/chapter2/animation_how_diffusion_works.html
www.Khanacademy.com

B. PSYCHOMOTOR LEARNING

1 As deficiencies are noted during evaluation of individual students in the skills laboratory, students are taken back into the lab following the evaluation and explanations are given regarding their deficiency. The appropriate steps of the skill are reinforced, the student is allowed practice time until they are confident performing the skill. The student is then evaluated again.

- a) This method of preparing students to perform skills at a mastery level is consistently improving their skills performance. No revision necessary.
- b) As an example: a paramedic student was having difficulty with cardiac rhythm strip Interpretation. So an adjunct instructor was able to spend one on one with the student until the student became proficient with the interpretations.

C. BEHAVIORAL (AFFECTIVE) LEARNING

1 Students are evaluated in the affective domain by preceptors or a clinical instructor.

2 If a student receives less than favorable scores or comments from a preceptor or clinical instructor, the student is counseled on the particular behavior. Professionalism and behavior issues are discussed with the student. Strategies are shared with the student for improvement in this domain.

- a) Revision: students who are having problems with behavior and professionalism are required to reread Professional/Legal/Ethical chapters of the EMS book. The student is required to write an essay on professional behavior in the work place and present his essay to the class.

5. Other than course level/grades, describe/analyze other data and other sources of data whose results assist your unit to improve student learning.

- A. Student concerns, questions and suggestions in the classroom
 - 1 A percentage of the student's grade is reflected in the clinical arena. The student is required to perform a set of skills and procedures that they are taught in the lab setting. The student is tested according to the National Registry standard on these skills and procedures in the lab setting before they are allowed to practice on patients in clinical field. The students are required to ascertain a certain number of each skill and procedures. This has been difficult for the student to accomplish due to the limited resources (clinical sites) that are available since some clinical sites require an instructor to be available on site.
- B. Data collected from advisory committee
 - 1 The advisory Committee recommended that the Director needs more secretarial help. Because of all the necessary paperwork with the program, the committee feels that the director is being pulled from the classroom and lecture preparation to perform duties that can be performed by an assistant.
- C. Additional data has been listed and analyzed

6. As a result of the review of your student learning data in previous questions, explain what efforts your unit will make to improve student learning over the next assessment period. Be specific indicating when, how often, how much, and by whom these improvements will take place

- A. Cognitive SLOs are evaluated using pre-test and post-test. The EMS program plans to use this method with every course in the program to continue evaluation of classroom methods. The collection and analysis of this data will maintain and improve classroom learning.
 - 1 The plan will begin immediately with the Summer II courses.
 - 2 The students will be required to take the tests before and after each course lecture utilizing "Blackboard Learn" testing, on-line.
 - 3 The exams will contain at least 50 questions.
 - 4 The program director will allow all enrolled students the opportunity to take the exams.
- B. After analysis of student grades in clinical, it has been determined, because of their limited choice of clinical sites due to non-availability of an instructor on site, many students may not have the opportunity to perform the necessary skills and procedures needed to master their skills and procedures and earn a good grade.
 - 1 This issue has been partially addressed starting in the fall semester of 2011 with the addition of a clinical coordinator.
 - 2 The clinical coordinator will review the student's skills check-off sheet once a week to determine if the student is meeting the student learning outcomes of the clinical course. If not, the coordinator will suggest another site/area.
 - 3 The clinical coordinator will form and maintain relationships with clinical sites in an effort to determine and identify the availability of opportunities for the students.
 - 4 The clinical coordinator will assess a student's needs and assign them to the appropriate site.

- C. After meeting with the advisory committee, it was determined that the nursing secretary will begin to perform more duties for the EMS program director.
 - 1 The secretary will assist with filing and daily attendance for the EMS program. The secretary will keep clinical/field contracts current, with assistance from the program director
 - 2 The secretary will assist with duties as needed during this next assessment period
 - a) This will give the director more time to prepare for lectures and laboratory sessions.
 - b) The director will have more time for questions and one-on-one student interactions
 - c) The program proposes that this will lead to increased student learning

7. *What new tactics to improve student learning has your unit considered, experimented with, researched, reviewed or put into practice over the past year?*

- A. During this assessment period, the department started the implementation of a patient simulator. The 'SimMan' is a life-size manikin that displays human functions such as breathing, a pulse, sneezing etc. SimMan will be instrumental to students' development treatment procedure. For example, one of the many scenarios that is used to train students is for SimMan to have an asthma attack. SimMan displays the same symptoms that a real patient would (shallow, fast respiration, and high carbon dioxide/low oxygen level readings) during a scenario. Students are then able to respond in the manner they think is best suited for the situation. With the use of a remote control, an instructor can change SimMan's conditions to simulate that the steps the students are taking are effective.
 - 1 Students will evaluate the experience using a likert-type scale (**Appendix M**) The program will utilize debriefing as a potent student learning aid.
 - 2 Khan academy videos are assigned on some subject matter has also been added to assist the student in learning physiology. This was implemented in the 2012 fall EMT class and is now in the Paramedic program
- B. Another tactic implemented during this period is weekly memorization of pharmacological terms. Students were previously overwhelmed in attempting to memorize a large amount of information in a short period of time, so the department changed the program of study to allow the students to memorize the information in smaller quantities spread throughout the semester. This approach has improved the confidence of students, and improved their ability to memorize vital information.

8. *How do you ensure shared responsibility for student learning and assessment among students, faculty and other stakeholders?*

- A. Students enrolled in the UAM CTM Paramedic program complete end of semester evaluations of the course, instructor and facilities. These evaluations were compiled by UAM and sent to the individual campuses. A compilation of these evaluations are shared with the EMS director by the assistant vice chancellor during the director's performance evaluation conference to determine what actions may be taken by the instructor.
- B. The faculty participates in self-evaluations and peer-evaluations. These evaluations allow the faculty to experience another faculty's strategies/methods of facilitating student learning.

Peer evaluations are kept in the assistant vice chancellors files and are shared with the faculty during yearly performance evaluations.

- C. With the assistance of the EMS Advisory Board, the EMS director is able to get advice from members of the community of interest. The program of study is reviewed and strategies to improve student learning outcomes are discussed. The director has an open-door policy for stakeholders (employers). Ambulance owners communicate with the director openly concerning their needs for personnel and any deficits they may have assessed in the program's graduates. Program and lecture adjustments are made according to employer evaluations. The EMS director strives to produce Paramedics and EMTs who are prepared to enter the workforce and become a productive of the healthcare community.

9. Describe and provide evidence of efforts your unit is making to recruit/retain/graduate students in your unit at the University. (A generalized statement such as “we take a personal interest in our students: is not evidence.)

A. Recruiting

- 1 The EMT course is a prerequisite for the Paramedic program. The program encourages all those who successfully complete the course to continue their education by entering the Paramedic program. Many of the students will earn their EMT license, work and continue their studies by enrolling in prerequisites and then the Paramedic program.
- 2 The director communicates freely with the ambulance services in the area/region. The director visits ambulance bases and talks to owners at least once a month about the Paramedic program and EMT course. Brochures are handed out and left available for EMTs who may be interested in the Paramedic program.
- 3 Word-of-Mouth advertising by current students and past Paramedic graduates and the reputation of the program is a very strong influence. The program provides exemplary service to current students and past graduates. Refresher courses are offered to assist the current EMTs and Paramedics with the educational courses needed to keep their license. The EMS profession is a closely knit group, and many of the current and past students were told about the program by co-workers and those in the medical profession.

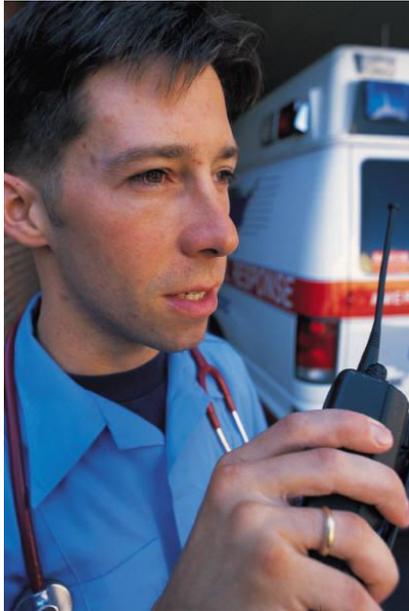
B. Retention

- 1 Enrollment and retention is strengthened by scheduling the courses in EMT and Paramedic to one-day/week.
- 2 Most of the Paramedic students are working as EMTs and must work to support their families. If the schedule required them to attend lecture several days a week, it would be difficult for them to attend and be successful.
- 3 Students are referred to UAM College of Technology, McGehee's retention specialist when identified and as needed to get assistance with time management, study skills and test-taking skills
- 4 The director offers one-on-one tutoring if needed to any student who needs help processing and retaining critical information/data needed to master the course. He makes his cell number available to all his current students and graduates.
- 5 Students are encouraged to complete the program of study and are also encouraged to look at other avenues for their education, such as fast tracking to RN.

C. Graduation

1. Students are given one-on-one advisement during their studies. They are shown how they can graduate and have a full career in healthcare. Past graduates are invited as guest speakers to assist in the encouragement of current students. Students are given the opportunity to choose their clinical site to assist them in the number of miles they must drive to obtain their education. Students are counseled on the criteria needed for graduation during their first scheduled class days in the program. They are given a “Program of Study” with the requirements of the Paramedic technical certificate included. Students sign this document and it is kept in their file for future reference.
2. Following graduation, students are encouraged and given one-on-one time to study and practice skills to assist them in successfully passing the National Registry. Students must pass The National Registry written and skills exams to earn their license and begin working as a Paramedic.

Appendix A EMS Brochure



To learn more about the UAM CTM Emergency Medical Technology program contact a member of the staff:

Gursan Singh, Instructor
singh@uamont.edu

Peggie Orrell, RN, BSN,
Director of Nursing and Allied Health
orrellp@uamont.edu

Phone: 870-222-5360

Or visit our website at
<http://www.uamont.edu/mcgehee/EMTParamedic.htm>

Certificate of Proficiency and Technical Certificate

UAM College of Technology-McGehee

Emergency Medical Technology



Financial Assistance

If you wish to pursue a Certificate of Proficiency, Technical Certificate or an Associate of Applied Science in General Technology and you need financial assistance the UAM College of Technology- McGehee (UAM CTM) Student Services program will try to help you find the best program for your needs.

Contact a Student Services representative to learn more about programs, financial aid and the application process.

UAM CTM Student Services Department
P.O. Box 747
McGehee, AR 71654
Telephone: (870) 222-5360
Fax: (870) 222-1105

The mission the University of Arkansas at Monticello shares with all universities is the commitment to search for truth and understanding through scholastic endeavor. The University seeks to enhance and share knowledge, to preserve and promote the intellectual content of society, and to educate people for critical thought. The University provides learning experiences that enable students to synthesize knowledge, communicate effectively, use knowledge and technology with intelligence and responsibility, and act creatively within their own and other cultures.

UAM College of Technology-McGehee does not discriminate on the basis of race, color, national origin, sex, age or disability.

UAM CTM Emergency

Medical Technology Program

If you are interested in a profession that is fast paced, science based and life saving then Emergency Medical Technology might be for you. The University of Arkansas at Monticello College of Technology-McGehee has an outstanding program to train both Basic EMTs and Paramedics.

UAM CTM Emergency Medical Technology program are trained in theory and a variety of technical skills in pre-hospital settings.

Students who complete the UAM CTM EMT Basic Certificate of Proficiency are prepared to perform basic emergency medical procedures and are eligible to apply to take the National Registry EMT- Basic Certification examination.

Students electing to continue on to the EMT Paramedic Technical Certificate receive advanced training in emergency medical procedures and are eligible to apply to take the National Registry EMT Paramedic Certification Examinations.



Student Learning Outcomes

- Students who successfully complete the UAM CTM EMT program should be able to:

Demonstrate affective, cognitive and psychomotor skills for the appropriate practice of emergency medical care.

Demonstrate the ability to rapidly and appropriately provide emergency care at both clinical and emergency sites.

Demonstrate integration of theory, clinical and field content in manners that are appropriate, ethical and legal.

Demonstrate competence to pass the National Registry Exam.

Enrollment in the EMT Program is open to anyone 18 years of age or older. Only students who meet admissions requirements will be allowed to register. Upon acceptance into the EMT program the student must submit the following:

1. A current HCP CPR Card
2. PPD Skin Test or Chest X-Ray
3. EMT License

EMT Certificate of Proficiency:

- ❖ EMT

Paramedic Technical Certificate:

Pre-requisites:

- ❖ EMT
- ❖ Paramedic Anatomy and Physiology
- ❖ Technical Mathematics
- ❖ Technical Communications
- ❖ Required Entrance Scores

Core Courses:

- ❖ Paramedic I
- ❖ Paramedic Clinical I
- ❖ Paramedic II
- ❖ Paramedic Clinical II
- ❖ Paramedic III
- ❖ Paramedic Field Internship I
- ❖ Paramedic IV
- ❖ Paramedic Field Internship II

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September 20, 2011

H. Jack Lassiter, PhD
Chancellor
University of Arkansas at Monticello
1609 East Ash Street
Monticello, AR 71654

Dear Dr. Lassiter:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on September 16, 2011 to award continuing accreditation to the Emergency Medical Technician - Paramedic program at University of Arkansas at Monticello, Monticello, AR.

The recent peer review conducted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur no later than 2016.

The CoA EMSP will regularly monitor the program's compliance with the outcomes assessment thresholds through the program's Annual Report as well as other documentation that may be requested (Standard IV.B.).

The following citation merits your institution's attention and resolution in order to strengthen the program's compliance with the Standards (for a complete copy of the Standards, check the CAAHEP website at www.caahep.org, or call the office at 727-210-2350):

III.B.2.a. Resources - Medical Director Responsibilities

The medical director must be responsible for all medical aspects of the program, including but not limited to:

4. assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains

A new Medical Director is involved with the program and his only contact with paramedics is when he calls for a response to his clinic. He admits to not being very familiar with current curriculum guidelines. He appears to be motivated and desires greater involvement with the program; however has not had the opportunity to assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.

Submit documentation for the graduating class of May 2011 that the medical director assured the competence of each graduate of the program in the cognitive, psychomotor, and affective domains (e.g., terminal competency forms for each graduate signed and dated by Medical Director). [A CoAEMSP Terminal Competency form is available on the CoAEMSP web site for use by the program, if so desired.]

CAAHEP requests that a progress report be sent electronically to karen@coaemsp.org by December 01, 2011 indicating the manner in which this citation has/have been resolved.

Failure to respond satisfactorily to the citation above may result in a withdrawal of accreditation.

Commission on Accreditation of Allied Health Education Programs

Dr. Lassiter

The accreditation standards are established by CAAHEP and the American Academy of Pediatrics (AAP), American Ambulance Association (AAA), American College of Cardiology (ACC), American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOEP), American College of Surgeons (ACS), American Society of Anesthesiologists (ASA), International Association of Fire Chiefs (IAFC), National Association of Emergency Medical Technicians (NAEMT), National Association of State EMS Officials (NASEMSO), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Physicians (NAEMSP), and the National Association of EMS Educators (NAEMSE).

The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation.

Questions concerning the submission or content of the progress report should be directed to the CoA EMSP Executive Office.

Sincerely,

Hugh W. Bonner, PhD

President

cc:	Bob G Ware, MA, Vice Chancellor Gursarn Singh, BS, NREMT-P, Program Director, EMT-P Douglas K. York, NREMT-P, PS, (NAEMT), CoAEMSP Chair George W. Hatch Jr., EdD, LP, EMT-P, Executive Director, CoA EMSP AR State EMS Director AR State Training Coordinator
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**Commission on
Accreditation**
of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP), verifies that the following program

*Emergency Medical Technician - Paramedic
University of Arkansas at Monticello
Monticello, AR*

is judged to be in compliance with the nationally established standards and awarded continuing accreditation on September 16, 2011.

A handwritten signature in black ink, reading "Hugh Bonner".

Hugh Bonner
President, CAAHEP

A handwritten signature in black ink, reading "Douglas K. York".

Douglas K. York, NREMT-P, PS, (NAEMT)
Chair, CoA EMSP



Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

December 20, 2013

Gursam Singh
UAM CTM
PO Box 747
McGehee, AR 71654,

The Emergency Medical Service Provider (EMSP) course indicated below has been approved and must follow the **2010 National EMS Education Standards**. Please notify the Section of EMS if the course deviates outside the proposed course schedule.

Candidates eligible to challenge the National Registry of EMT's (NREMT) exam must have successfully **completed the EMSP course** and taken an **end-of-course exam**. Instructors are to maintain a file of each student's successful completion of each skill conducted throughout the course. In order for candidates to challenge the NREMT examination, the instructor(s) must complete the following steps:

The following items must be submitted within 10 working days:

1. Student **must** create an Initial Application. Give out the following link :
<https://webdata.emsdata.com/ArkansasCert/InitialLicensure/>
2. Criminal history forms and fees with roster.

The following items must be done 1 week prior to the psychomotor exam:

1. Students **must** have an account with NREMT. www.nremt.org
2. Copy of signed CPR card to the Section.

The following items must be completed 5 days after class:

1. End of course completion letter and paper work to the Section of EMS.

Course Details:

Training Site Number: 029-AR

(This Training Site number must be included on the student's application to NREMT.)

Course Approval Number: 14048

(This course approval number must be included on the student's Arkansas online application.)

Location: McGehee

Course Level: Paramedic

Beginning Date: 08-20-2014

Ending Date: 12-09-2015

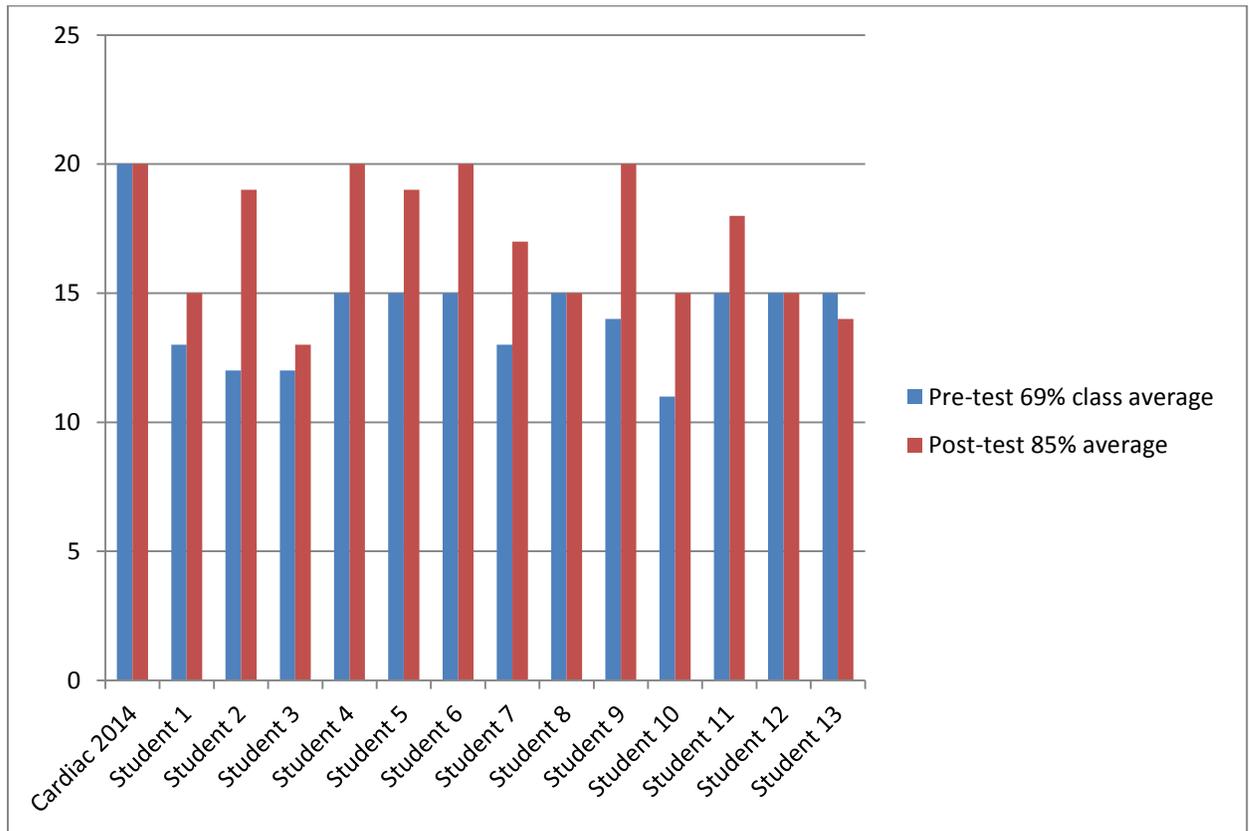
If you have any questions or concerns, please call me at 501-661-2262 or email me at amy.berryman@arkansas.gov.

Sincerely,

Amy Berryman,
EMS Specialist

Appendix DPRE-TEST, POST-TEST SAMPLE TEST POSTEST TAKEN FROM 2013

PARAMEDIC I CLASS



Appendix E STUDENT SELF-EVALUATION SPRING 2014

Course:	2357 301 - EMT BASIC	Department:	MEMER									
Responsible Faculty:	Mr. Gursarn Singh	Responses:	5									
Faculty:	Singh, Gursarn											
Course Evaluations 1/8W2 2142 (2014)		University of Arkansas at Monticello										
[E] Strongly Disagree=1 [D] Disagree=2 [C] Neither Agree Nor Disagree=3 [B] Agree=4 [A] Strongly Agree=5												
KEY	Questions	Statistics				Frequency					Response	
		Mean	Med.	Mode	Std Dev	E	D	C	B	A	Rec.	Exp.
	The instructor is willing to help the students learn.	4.8	5	5	.40	-	-	-	1	4	5	7
	The instructor shows interest in and knowledge of the subject.	4.8	5	5	.40	-	-	-	1	4	5	7
	The instructor demonstrates effective oral and written communication skills.	4.6	5	5	.49	-	-	-	2	3	5	7
	I would recommend this instructor to other students.	4.8	5	5	.40	-	-	-	1	4	5	7

Category/Section: Instructor Based Questions / General



EMT Basic class 5 out of 7 responded which is 71% response rate

80 % responded strongly agree

20 % responded agree

0% responded neither agree nor disagree

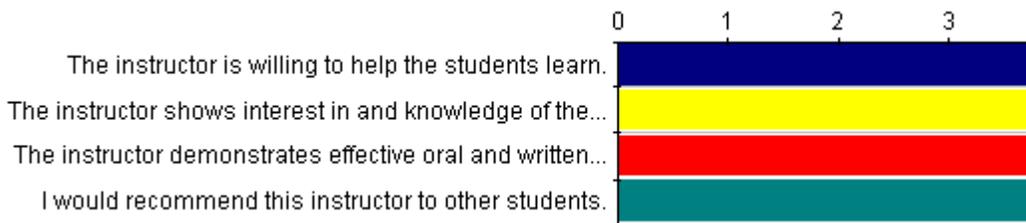
0% responded disagree

0% responded strongly disagree

92% favorable response to the question "I have more knowledge and a deeper understanding of the subject matter as a result of this course."

Course:	2357 301 - EMT BASIC	Department:	MEMER									
Responsible Faculty:	Mr. Gursarn Singh	Responses:	5									
Faculty:	Singh, Gursarn											
Course Evaluations 1/8W2 2142 (2014)		University of Arkansas at Monticello										
[E] Strongly Disagree=1 [D] Disagree=2 [C] Neither Agree Nor Disagree=3 [B] Agree=4 [A] Strongly Agree=5												
K E Y	Questions	Statistics				Frequency					Response	
		Mean	Med.	Mode	Std Dev	E	D	C	B	A	Rec.	Exp.
	The instructor is willing to help the students learn.	4.8	5	5	.40	-	-	-	1	4	5	7
	The instructor shows interest in and knowledge of the subject.	4.8	5	5	.40	-	-	-	1	4	5	7
	The instructor demonstrates effective oral and written communication skills.	4.6	5	5	.49	-	-	-	2	3	5	7
	I would recommend this instructor to other students.	4.8	5	5	.40	-	-	-	1	4	5	7

Category/Section: Instructor Based Questions/General



EMT Basic class 5 out of 7 responded which is 71% response rate

80 % responded strongly agree

20 % responded agree

0% responded neither agree nor disagree

0% responded disagree

0% responded strongly disagree

92% favorable response to the question “I have more knowledge and a deeper understanding of the subject matter as a result of this course.

ppendix F LAB CHECK-OFF SHEET

Lab Skill Check of Sheet:

**University of Arkansas at Monticello
College of Technology, McGehee
Paramedic Program
Check Off Sheet for EMER 1124
Clinical I
In Class Practice**

Student Name: [REDACTED]

Topic	Examiner	Date
Medications Oral	<i>[Signature]</i>	9/6/12
Medication Inhalation	<i>[Signature]</i>	9/6/12
Medication ET	<i>[Signature]</i>	9/6/12
Medication SQ	<i>[Signature]</i>	9/6/12
Medication IM	<i>[Signature]</i>	9/6/12
Medication IV	<i>[Signature]</i>	9/6/12
Medication Sub-lingual	<i>[Signature]</i>	9/6/12
IV (IV arm)	<i>[Signature]</i>	9/6/12
IV (Intraosseous)	<i>[Signature]</i>	9/6/12
Comprehensive Assessment Pediatrics	<i>[Signature]</i>	9/6/12
Comprehensive Assessment Adults	<i>[Signature]</i>	9/6/12
Comprehensive Assessment Geriatrics	<i>[Signature]</i>	9/6/12

The above skills must be checked off before the hospital clinical for EMER 1124

Gursarn Singh
Paramedic Instructor

Appendix G CLINICAL/FIELD EVALUATION

UAM COT McGehee

Scoring Framework

Clinical/Field Evaluating Form

1 - Frequently deficient (1-79% of occurrences)

2 - Inconsistently proficient (80-99% of time)

3 - Consistently proficient (99+% of the time)

Student's Name: [Redacted]

NA - Not applicable or observed

Date: 11/19/12

Unit: Newitt Hospital

Evaluator's Name: [Redacted]

Overall Shift Grade = 3 2 1

Scene Management				
1. Safety and work environment	(3)	2	1	NA
2. BSI/PPE/Universal precautions	(3)	2	1	NA
3. Crowd and family control	(3)	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Patient Assessment				
4. Physical exam	(3)	2	1	NA
5. Interpretation of assessment findings	(3)	2	1	NA
6. Chest auscultation / Lung sounds	(3)	2	1	NA
7. Cardiac rhythm (EKG) assessment	(3)	2	1	NA
8. Development of patient management plan	(3)	2	1	NA
9. Requests additional personnel and equipment	(3)	2	1	NA
10. Performs initial (primary) assessment and intervenes within 60 seconds if appropriate	(3)	2	1	NA
11. Evaluates care given - performs ongoing assessments	(3)	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Interpersonal Skills				
12. Rapport with patient, family, bystanders, and public safety officials	(3)	2	1	NA
13. Communication with team members	(3)	2	1	NA
14. Report appropriately	(3)	2	1	NA
15. Clear, concise, correctly spelled documentation	(3)	2	1	NA
16. Collegial, professional working relationship with team members	(3)	2	1	NA
17. Tactful, decisive leadership	(3)	2	1	NA
18. Demonstrates healthcare professionalism	(3)	2	1	NA
19. Openness to feedback and guidance	(3)	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Treatment Skills				
20. Inventory check	3	2	1	NA
21. Equipment operation	3	2	1	NA
22. Basic airway management; oxygen therapy	3	2	1	NA
23. Advanced airway skills	3	2	1	NA
24. Chest decompression	3	2	1	NA
25. Electrical therapy - defibrillation, cardioversion, pacing	3	2	1	NA
26. IV access	3	2	1	NA
27. PSAG/MAST	3	2	1	NA
28. Bandaging/Splinting	3	2	1	NA
29. Extrication/Patient Positioning	3	2	1	NA
30. Spinal immobilization	3	2	1	NA
31. Drug administration	3	2	1	NA
32. Drug knowledge	3	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Individual patients evaluated or treatments. (These numbers are consolidated on the semimonthly reporting sheet)

Age	Sex	Asmt	IV Meds	IM Meds	SC Meds	ET	IV	Vent	Elec	Oth	CP	Tran	Med	CP	Rep	IRCS	STP	ABR	PAUS	
10	E	✓																		
20	M	✓																		
56	M	✓			✓		✓		✓											
38	M	✓		W																
44	M	✓																		

Additional comments and suggestions for improvement:

Time in 0700 Time out 1900 # of Clinical or Filed hours 12
 Evaluator Signature _____ Date 11-19-12 Student Signature UU Date 11/19/12

Appendix H EVALUATION AND REQUIRED HOURS AND SKILLS

UAM COT McGehee

Scoring Framework

Clinical/Field Evaluating Form

1 - Frequently deficient (1-79% of occurrences)

2 - Inconsistently proficient (80-99% of time)

3 - Consistently proficient (99+% of the time)

NA - Not applicable or observed

Student's Name: [Redacted]

Date: 10/12/13 Unit: Decatur Amb

Evaluator's Name: [Redacted]

Overall Shift Grade = 3 2 1

Scene Management				
1. Safety and work environment	3	2	1	NA
2. BSI/PPE/Universal precautions	3	2	1	NA
3. Crowd and family control	3	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Patient Assessment				
4. Physical exam	3	2	1	NA
5. Interpretation of assessment findings	3	2	1	NA
6. Chest auscultation / Lung sounds	3	2	1	NA
7. Cardiac rhythm (EKG) assessment	3	2	1	NA
8. Development of patient management plan	3	2	1	NA
9. Requests additional personnel and equipment	3	2	1	NA
10. Performs initial (primary) assessment and intervenes within 60 seconds if appropriate	3	2	1	NA
11. Evaluates care given - performs ongoing assessments	3	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Interpersonal Skills				
12. Rapport with patient, family, bystanders, and public safety officials	3	2	1	NA
13. Communication with team members	3	2	1	NA
14. Report appropriately	3	2	1	NA
15. Clear, concise, correctly spelled documentation	3	2	1	NA
16. Collegial, professional working relationship with team members	3	2	1	NA
17. Tactful, decisive leadership	3	2	1	NA
18. Demonstrates healthcare professionalism	3	2	1	NA
19. Openness to feedback and guidance	3	2	1	NA
Comments (Required on all "1" scores and "2" scores):				

Appendix I Student Clinical Grades

Student's grades are based on the hours they earn in clinical/field and the number of skills they have the opportunity to perform

Evaluation average	93-100% proficient = 80 points 85-92% = 75 points 78-84% = 70 points 77% or below = 0 points
Field Internship Hours	170-180 = 10 points 160-169 = 7 points 150-159 = 4 points 149 or below = 0 points
Number of patient contacts	25 or more = 10 points 20-24 = 7 points 15-19 = 4 points 14 or below = 0 points
Accumulated points	93-100 = A 85-92 = B 78-84 = C 70-77 = D will not progress to the next semester Below 70 = F will not progress to the next semester

Recommended skills one should strive to accomplish for this semester are:

180 or more Field Internship hours

And 5 live patients for ET

Team Leader for 50 ambulance runs

Recognize and provide proper treatment for the following dysrhythmias:

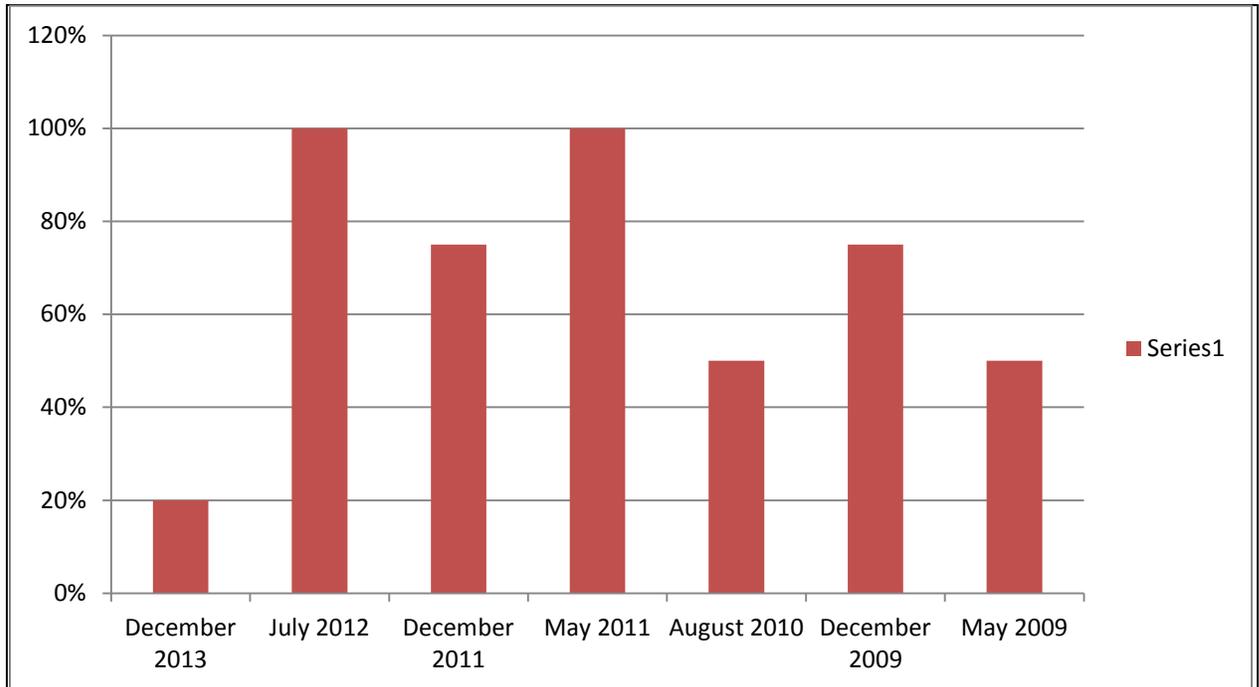
- | | |
|------------------------|---|
| a. Normal Sinus Rhythm | k. First-degree block |
| b. Sinus arrhythmia | l. Second-degree, Type 1 (Wenckebach) |
| c. Sinus arrest | m. Second-degree, Type 2 |
| d. Sinus bradycardia | n. Third-degree block |
| e. Sinus tachycardia | o. Ventricular tachycardia and TDP (Torsade) |
| f. Atrial tachycardia | p. Ventricular fibrillation |
| g. PAC's | q. Asystole |
| h. PJC's | r. AIVR (Accelerated Idio Ventricular Rhythm) |
| I. PVC's | s. Pulseless electrical activity (PEA) |
| j. SVT/PSVT | t. Pacemaker rhythm |

The following should have been completed in the first two semesters:

Conduct a comprehensive physical assessment (initial and detailed) on a minimum of: 30 pediatric patients (newborn, infants, toddlers, school age, etc)

Appendix J PARAMEDIC NATIONAL REGISTRY 5 YEAR PASS RATE

Dec 2013, 1 of 5 student passed, 4 untested at this time 20%
July 2012 5 tested all 5 passed 100%
Dec 2011 6 of 8 passed 75%
May 2011 6 of 6 passed 100%
August 2010 2 of 4 students passed 50%
December 2009 5 of 7 students passed 75%
May 2009 2 of 4 passed 50%



Appendix K GRADUATE SUMMARY REPORT FROM DATAARC
On following pages



**University of Arkansas-Monticello College of
 Technology, McGehee Survey**

CoAEMSP Graduate Summary Report

There are **5 CoAEMSP Graduate Survey** Records that match your Summary criteria.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. Paramedic Knowledge Base (Cognitive Domain)

The Program

1.	Helped me acquire the EMS knowledge necessary to function in a healthcare/EMS environment.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
2.	Helped me acquire the general medical knowledge base necessary to function in a healthcare/EMS environment.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
3.	Prepared me to collect relevant information from patients.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
4.	Prepared me to evaluate relevant patient information.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
5.	Prepared me to formulate an appropriate treatment plan.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
6.	Trained me to use sound judgment while	Rating:	5	4	3	2	1	N/A

functioning in a healthcare/EMS environment.	Count:	4	1				
	Percentage:	80	20				
	Total Responses:	5	Mean ± SD:	4.8 ± 0.4			

Summary Statistics Paramedic Knowledge Base (Cognitive Domain)	Rating:	5	4	3	2	1	N/A
	Count:	24	6				0
	Percentage:	80	20				
	Total Responses:	30	Mean ± SD:	4.8 ± 0.4			

II. Paramedic Clinical Proficiency (Psychomotor Domain)

The Program

1.	Prepared me to perform a broad range of clinical skills.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5	Mean ± SD:	4.8 ± 0.4			
2.	Prepared me with the skills to perform a thorough patient assessment.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5	Mean ± SD:	4.8 ± 0.4			
3.	Prepared me to perform approved procedures.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5	Mean ± SD:	4.8 ± 0.4			
4.	Prepared me to interpret diagnostic information.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5	Mean ± SD:	4.8 ± 0.4			

Summary Statistics Paramedic Clinical Proficiency (Psychomotor Domain)	Rating:	5	4	3	2	1	N/A
	Count:	16	4				0
	Percentage:	80	20				
	Total Responses:	20	Mean ± SD:	4.8 ± 0.4			

III. Paramedic Behavioral Skills (Affective Domain)

The Program

1.	Prepared me to communicate in my role as a paramedic.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5					Mean ± SD: 4.8 ± 0.4
2.	Prepared me to conduct myself in an ethical manner.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5					Mean ± SD: 4.8 ± 0.4
3.	Prepared me to conduct myself in a professional manner.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5					Mean ± SD: 4.8 ± 0.4
4.	Taught me to manage my time efficiently while functioning in a healthcare/EMS environment.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5					Mean ± SD: 4.8 ± 0.4

Summary Statistics Paramedic Behavioral Skills (Affective Domain)

Rating:	5	4	3	2	1	N/A
Count:	16	4				0
Percentage:	80	20				
Total Responses:	20					Mean ± SD: 4.8 ± 0.4

IV. Paramedic General Information

1.	I have actively pursued attaining my national EMS credential(s).	Rating:	5	4	3	2	1	N/A
		Count:	3	1	1			
		Percentage:	60	20	20			
		Total Responses:	5					Mean ± SD: 4.4 ± 0.8
2.	I am a member of a state EMS professional association.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5					Mean ± SD: 4.8 ± 0.4

3.	I am a member of a national EMS professional association.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					
4.	I actively participate in continuing education activities.	Rating:	5	4	3	2	1	N/A
		Count:	4	1				
		Percentage:	80	20				
		Total Responses:	5 Mean ± SD: 4.8 ± 0.4					

Summary Statistics Paramedic General Information	Rating:	5	4	3	2	1	N/A
	Count:	15	4	1			0
	Percentage:	75	20	5			
	Total Responses:	20 Mean ± SD: 4.7 ± 0.6					

V. Comments

Please comment on the OVERALL quality of your preparation as a paramedic.

[Student 1](#) - No Comment Entered

[Student 2](#) - My professor is wonderful and did a great job preparing us.

[Student 3](#) - No Comment Entered

[Student 4](#) - my instructor made it his mission to be available to his students at all times day and night. Singh has so much knowledge about this subject that it is impeccable.

[Student 5](#) - No Comment Entered

Based on your work experience, please identify two or three strengths of the program.

[Student 1](#) - No Comment Entered

[Student 2](#) - Anatomy and physiology, hands on skills, and cardiology.

[Student 3](#) No Comment Entered

[Student 4](#) - the time spent on pharmacology and cardiology and patient assessment

[Student 5](#) - No Comment Entered

Based on your work experience, please make two or three suggestions to further strengthen the program.

[Student 1](#) - No Comment Entered

[Student 2](#) No Comment Entered

[Student 3](#) - No Comment Entered

[Student 4](#) - i believe that the program should have a paramedic for its head not a nurse. for the fact is that we r both in medicine we are clearly on different pages. and the department head there now seems to make it her mission to disrupt our learning enivorment.all of us as students felt like we didnt matter this is a serious issue that needs to be addressed.

[Student 5](#) - No Comment Entered

What qualities/skills were expected of you upon employment that were not included in the program?

[Student 1](#) - No Comment Entered

[Student 2](#) - No Comment Entered

[Student 3](#) - No Comment Entered

[Student 4](#) - emergency vehicle operation course

[Student 5](#) - No Comment Entered

Please provide comments and suggestion that would help to better prepare future graduates.

[Student 1](#) - No Comment Entered

[Student 2](#) No Comment Entered

[Student 3](#) - No Comment Entered

[Student 4](#) - more grants for those people who love this field but cant afford to go forward with there education. thank you

[Student 5](#) - No Comment Entered

Search Criteria

- Report Type:
- **Summary**
- Graduation Date: All
- Graduate Survey Dates: **Tuesday, June 24, 2014 to Tuesday, July 1, 2014**
- Flag: Any
- Comment Type: **Full**

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| [Emergency Medical Services Log In](#) | [DataArc Home Page](#) | [Logout](#) | [Email](#) |

| [University of Arkansas-Monticello College of Technology, McGehee](#) |

Tuesday, August 5, 2014 at 5:42 PM Central Time

Appendix L EMPLOYER SUMMARY REPORT FROM DATAARC



**University of Arkansas-Monticello
College of Technology, McGehee
Survey**

CoAEMSP Employer Summary Report

There are **1 CoAEMSP Employer Survey** Records that match your Summary criteria.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. Paramedic Knowledge Base (Cognitive Domain)

The Graduate

1.	Has the EMS knowledge necessary to function in a healthcare/EMS environment.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
2.	Has the general medical knowledge necessary to function in a healthcare/EMS environment.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
3.	Has the ability to rapidly assess patient acuity.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
4.	Is able to collect relevant information from patients.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			

5.	Is able to evaluate relevant patient information.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
6.	Is able to formulate an appropriate treatment plan.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
7.	Uses sound judgment while functioning in a healthcare/EMS environment	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			

Summary Statistics Paramedic Knowledge Base (Cognitive Domain)

Rating:	5	4	3	2	1	N/A
Count:	7					0
Percentage:	100					
Total Responses:	7	Mean ± SD:	5.0 ± 0.0			

II. Paramedic Clinical Proficiency (Psychomotor Domain)

The Graduate

1.	Effectively performs a broad range of clinical skills.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
2.	Possesses the skills to perform thorough patient assessments.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
3.	Is able to perform approved procedures.	Rating:	5	4	3	2	1	N/A
		Count:	1					

	Percentage: 100						
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0						
4. Is able to perform and interpret diagnostic information.	Rating: 5 4 3 2 1 N/A						
	Count: 1						
	Percentage: 100						
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0						

Summary Statistics Paramedic Clinical Proficiency (Psychomotor Domain)

Rating: 5 4 3 2 1 N/A						
Count: 4						0
Percentage: 100						
Total Responses: 4 Mean ± SD: 5.0 ± 0.0						

III. Paramedic Behavioral Skills (Affective Domain)

The Graduate

1. Communicates effectively as a Paramedic.	Rating: 5 4 3 2 1 N/A					
	Count: 1					
	Percentage: 100					
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0					
2. Conducts himself/herself in an ethical manner.	Rating: 5 4 3 2 1 N/A					
	Count: 1					
	Percentage: 100					
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0					
3. Conducts himself/herself in a professional manner.	Rating: 5 4 3 2 1 N/A					
	Count: 1					
	Percentage: 100					
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0					
4. Functions effectively as a member of the healthcare/EMS team.	Rating: 5 4 3 2 1 N/A					
	Count: 1					
	Percentage: 100					
	Total Responses: 1 Mean ± SD: 5.0 ± 0.0					

5.	Accepts supervision and feedback and works effectively with supervisory personnel.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
6.	Is self-directed and responsible for his/her actions.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
7.	Arrives to work prepared and on time.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			
8.	Contributes to a positive work environment.	Rating:	5	4	3	2	1	N/A
		Count:	1					
		Percentage:	100					
		Total Responses:	1	Mean ± SD:	5.0 ± 0.0			

Summary Statistics Paramedic Behavioral Skills (Affective Domain)

Rating:	5	4	3	2	1	N/A
Count:	8					0
Percentage:	100					
Total Responses:	8	Mean ± SD:	5.0 ± 0.0			

IV. Comments

Please comment on the OVERALL quality of this Paramedic program's graduate.

Student 1 - Very dedicated and eager to continue learning.

What qualities or skills did you expect of the graduate that he/she did not possess?

Student 1 - None

Please provide comments and suggestions that would help this program to better prepare future graduates.

[Student 1](#) - More opportunities to learn skills at clinical sites.

What are strengths of the graduate(s) of this program?

[Student 1](#) - Graduate prepared to immediately provided ALS care without prolonged orientation.

Search Criteria

- Report Type:
- **Summary**
- Graduation Date: All
- Employer Survey Dates: **Tuesday, July 22, 2014 to Wednesday, July 23, 2014**
- Flag: Any
- Comment Type: **Full**

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Wednesday, August 6, 2014 at 5:33 PM Central Time

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Appendix M PATIENT SIMULATOR EXPERIENCE STUDENT EVALUATION



EMT/Paramedic Program PATIENT SIMULATOR EXPERIENCE STUDENT EVALUATION

Class _____ Semester _____

At the conclusion of your day with the Patient Simulator, please evaluate your experience by answering the following: 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree

1. The patient simulator provided me with experience that will assist me in my clinical/field experience with real patients.	5	4	3	2	1
2. The patient simulator experience has helped me to continue to develop the skills necessary to care for patients.	5	4	3	2	1
3. The patient simulator experience was an exercise well worth the time spent.	5	4	3	2	1
4. I would recommend continued use of the patient simulator in this course.	5	4	3	2	1
5. I was challenged in my thinking and decision-making skills by the patient simulator experience.	5	4	3	2	1
6. I was able to test out my critical thinking and decision-making skills in a controlled environment.	5	4	3	2	1
7. I was able to accept responsibility and accountability for my own actions.	5	4	3	2	1
8. I was able to document the: scene, assessment, treatment, evaluation and ongoing assessment	5	4	3	2	1
9. I have learned during this scenario.	5	4	3	2	1
10. I was able to discuss my reaction to the situation and how I can improve my decision making skills.	5	4	3	2	1



EMT/Paramedic Program

Please answer the following questions

11. What did you like the best about the patient simulation lab and scenario?

12. What do you think could be done to improve the patient simulation lab?

13. What other scenarios would you like to see used in the patient simulation lab?