



Northland Community & Technical College EMS Advisory Committee Meeting Minutes



SPONSOR INSTITUTION NAME:		Northland Community & Technical College	
CoAEMSP PROGRAM NUMBER:	600089	DATE, TIME, + LOCATION OF MEETING:	October 23, 2018, 16:00, Room 710
CHAIR OF THE ADVISORY COMMITTEE:	Mark Jones		
ATTENDANCE			
Community of Interest	Name	Present	Agency/Organization
Physician(s) (may be fulfilled by Medical Director)	Dr. Andrew Gasparini	y	Altru Family Residency
Employer(s) of Graduates Representative	Tim Nesdahl, NRP	n	Supervisor, Altru Ambulance Services
Employer(s) of Graduates Representative	Patti Sturt	n	Emergency Services Director, Altru Health Systems
Key Governmental Official(s)	Gary Larson	y	Emergency Manager, City of East Grand Forks, MN
Hospital Administrator	Mark Jones (Chair)	n	North Valley Health Center, Operations Director
Law Enforcement	Mike Ruit, LEO, NRP	n	Officer, GF PD; Paramedic, Altru Health System
Fire Service	Jeff Boushee, EMT/FF	n	EMT/FF, EGF FD
Public Member(s)	Darwin Potter	n	Faculty, Thompson High School
Hospital / Clinical Representative(s)	Lorina Weymier, NRP	n	EMS Education Coordinator, Altru Health Systems
Faculty	Tana Ostlie, EMT/FF	n	EMS Instructor; EMT/FF, GFFD
Faculty	Charles Marcott, EMT/FF	y	NCTC, Fire Technology Program Director
Faculty, Paramedic	Kelly Mikkelsen	n	NCTC Adjunct Paramedic faculty, Paramedic – Altru Health Systems
Medical Director	Dr. Andrew Gasparini	y	Altru Family Residency
Program Director	Dan Sponsler, BS, NRP	y	NCTC
Program Clinical Coordinator	Dennis Labahn, NRP	y	NCTC
Sponsor Administration	Jodi Stassen, MS	n	NCTC, Dean of Health, Nursing & Public Services
Current 1 st Year Student	To be appointed spring 2019	n/a	NCTC student
Current 2 nd Year Student	Nathan Grove	n	NCTC student
Graduate	Kim Nelson, NRP, RN	n	Altru Health Systems, ICU/ER RN, Paramedic
Graduate	Andrew Lundstrom, NRP	n	UND School of Medicine Simulation Lab

	Agenda Item	Acted	Discussion	Comments/Questions to bring forward	Lead	Goal Date
1.	Call to Order				Mark	
2.	Program Goals & Learning Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed the verbatim language required in the CAAHEP Standard II.C. Program Goals – Minimum Expectations¹ <input type="checkbox"/> Established or reviewed additional goals² 		See attachment: 1.	1.	Dan	
3.	Annual Report and Outcomes <ul style="list-style-type: none"> <input type="checkbox"/> Graduate Surveys <input type="checkbox"/> Employer Surveys <input type="checkbox"/> Resources Assessment Matrix <input type="checkbox"/> Thresholds <input type="checkbox"/> Annual report 	Review/Discussion	See attachments: 1.	1.		
4.	Other Assessment Results <ul style="list-style-type: none"> <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Program <input type="checkbox"/> Other 	n/a			n/a	
5.	Program Changes (possible changes) <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed & endorsed graduation requirements <input type="checkbox"/> Curriculum <ul style="list-style-type: none"> o Content o Sequencing o Review and approve 		See Attachments: 1. Paramedic graduation requirements 2.	1. Approve new requirements and format per new format from CoAEMSP, implementation spring semester 2019 (CoAEMSP adopts 7/1/19) 2.	Dan	

	Agenda Item	Acted	Discussion	Comments/Questions to bring forward	Lead	Goal Date
6.	Substantive Change (possible changes) <input type="checkbox"/> Program Status <input type="checkbox"/> Sponsorship <input type="checkbox"/> Sponsor Administrator Personnel <input type="checkbox"/> Program Personnel <input type="checkbox"/> Addition of Distance Education <input type="checkbox"/> Addition of Satellite Program		1. Review student numbers for spring 2018	1. Looking at best scenario is 9-10 students, likely 6-8.		
7.	Other Identified Strengths	Review/Discussion	1. Accreditation status	1. Still waiting on results of our progress reported submitted addressing citations from spring 2017 site visit.	Dan	
8.	Other Identified Weaknesses	Review/Discussion	1.	1.		
9.	Action Plan for Improvement	Discussion				
10.	Fall Email Advisory Meeting	Discussion				
11.	Other Business	Informational	1.	1.		
12.	Next Meeting(s)	Face-to-Face meeting March 19, 2019				

Minutes prepared by **Dan Sponsler, Paramedic Program Director** Date _____

Minutes approved by  _____, NCTC EMS Advisory Committee Chair Date 10/25/18
 Mark Jones

APPENDIX G - Student Minimum Competency Matrix

CoAEMSP Program #: 600089

(the 600xxx number assigned by CoAEMSP)

Sponsor/Institution Name:

Northland Community & Technical College

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

The tables below have been populated with the CoAEMSP's **Recommended** Minimum Numbers of student competencies for each listed category. If the program required minimum number(s) differ(s) from the CoAEMSP **Recommended** Minimum Number(s), the number(s) in the Program Required Minimum Numbers column should be adjusted accordingly. If desired, programs can determine their own required minimum number for any student competency category that does not contain a CoAEMSP **Recommended** Minimum Number.

Programs must establish and require minimum numbers of student competencies (i.e., skills, patient ages, differential diagnosis or complaints, team leads, etc). The minimum competency numbers must be approved by the Medical Director, endorsed by the Advisory Committee, and documented in Advisory Committee minutes. Program tracking documentation must show 100% of program graduates have met 100% of the program minimums. There must be documented periodic evaluation of the established minimums to determine ongoing graduate competency.

NOTE: Programs holding the status of Letter of Review (LoR) MUST also establish and track minimum competencies to ensure graduate competency.

TABLE 1

Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship	CoAEMSP <i>Recommended</i> Minimum Numbers	Program Required Minimum Numbers	Average [most recent graduating cohort]	Range (provide actual numbers) [lowest number] — [highest number]
Trauma	30 Total	30		—
Trauma - Pediatric	6	6		—
Trauma - Geriatric	6	6		—
Pediatrics	18 Total	18		—
Newborn	2	2		—
Infant	2	2		—
Toddler	2	2		—
Preschool	2	2		—
School-Aged	2	2		—
Adolescent	2	2		—
Medical	60 Total	60		—
Medical - Pediatric	12	12		—
Medical - Geriatric	12	12		—
Stroke and/or TIA	2	2		—
Acute Coronary Syndrome	2	2		—
Cardiac Dysrhythmia	2	2		—
Respiratory Distress and/or Failure	2	2		—
Hypoglycemia or DKA or HHS	2	2		—
Sepsis	2	2		—
Shock	2	2		—
Toxicological Event and/or OD	2	2		—
Psychiatric	6	6		—
Altered Mental Status	2	2		—
Abdominal Pain	2	2		—
Chest Pain	2	2		—
Skills				
IV Bolus Medication Administration	20	20		—
IM or SQ Injection	2	2		—
Inhaled Medication (MDI, Nebulizer)	2	2		—
Team Leads in Capstone Field Internship	20 Total	20		—

Hover cursor over above cell to see definition of team leads

<=== Hover cursor here to see definitions

TABLE 2

Sequence of Learning Progression:

Individual Skill Evaluation

Individual Skill Scenario

Live Application Individual Skills

"Putting it all together"
Evaluation of Skills in a Comprehensive Laboratory
Scenario or Live Patient Encounter

Capstone Field
Internship

Required Competencies and Skills Prior to Capstone Field Internship *must have at least one successful instructor evaluated and documented performance before starting the related individual skill scenario	Individual Student Competency Evaluation in the Laboratory (Min # of Times)		Individual Student Competency Evaluation in a Laboratory Scenario (Min # of Times)		Isolated Skill Competency Performed and Evaluated on Live Patient ONLY (Total Min # of Times)		Skill Competency Performed and Evaluated in a Laboratory Scenario or on a Live Patient in the Clinical or Field Experience (Total Min # of Times)	
	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum
*Obtain a Patient History from an Alert and Oriented Patient	2	2					8	8
*Comprehensive Normal Physical Assessment - Adult	2	2						
*Comprehensive Normal Physical Assessment - Pediatric	2	2	2	2	2	2		
*Direct Orotracheal Intubation - Adult	10	10	2	2			12	12
*Direct Orotracheal Intubation - Pediatric	10	10	2	2			12	12
Nasotracheal Intubation - Adult	2	2						
Supraglottic Airway Device - Adult	2	2	6	6			12	12
*Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	2	2	4	4			2	2
CPAP and PEEP	1	1	2	2			2	2
*Trauma Physical Assessment - Adult	2	2	2	2	6	6	6	6
Trauma Endotracheal Intubation - Adults	2	2	2	2			2	2
*Pleural Decompression (Needle Thoracostomy)	2	2	2	2			2	2
*Medical including Cardiac Physical Assessment	2	2	2	2				
*Intravenous Therapy	2	2	2	2	40	40	10	10
*Intravenous Bolus	2	2	2	2	20	20	15	15
*Intravenous Piggyback Infusion	2	2	2	2	2	2	10	10
*Intraosseous Infusion	2	2	2	2				
*Intramuscular Medication Administration	1	1	4	4			2	2
*Subcutaneous Medication Administration	1	1	1	1			1	1
*Synchronized Cardioversion	1	1	1	1			1	1
12-Lead ECG Placement	2	2	4	4			10	10

*Defibrillation	2	2	4	4				10	10
*Transcutaneous Pacing	2	2	4	4				10	10
Normal Delivery with Newborn Care	1	1	2	2				4	4
*Abnormal Delivery with Newborn Care	1	1	2	2				4	4
Neonatal Resuscitation Beyond Routine Newborn Care	1	1	2	2				4	4
Totals	60	60	64	64	74	74	74	139	139

TABLE 3

Total Minimum Number of Scenarios Where the Student serves as Team Leader OR Total Minimum Number of Scenarios Where the Student serves as Team Member but Prior to Capstone Field Internship									
Laboratory Scenario Pathology or Patient Complaint	CoAEMSP <i>Recommended</i> Minimum # as Team Leader	Program Required Minimum # as Team Leader			CoAEMSP <i>Recommended</i> Minimum # as Team Member	Program Required Minimum # as Team Member			
		Pediatric	Adult	Geriatric		Pediatric	Adult	Geriatric	
Respiratory Distress and/or Failure	1 Pediatric	1			Total of 10 Team Member Evaluations in ANY Scenario*				
Chest Pain									
Cardiac Dysrhythmia and/or Cardiac Arrest	1 Adult		1						
Stroke	1 Geriatric			1					
Overdose									
Abdominal Pain									
Allergic Reaction and/or Anaphylaxis									
Hypoglycemia or DKA or HHNS									
Psychiatric									
Seizure									
Obstetric or Gynecologic	1 Adult		1						
Delivery with Neonatal Resuscitation	1 Neonate	1							
Trauma (blunt, penetrating, burns, or hemorrhage)	1 Pediatric & 1 Adult	1	1						
Shock									
Sepsis	1 Geriatric			1					
Elective (any two additional from above)*	2 (any two additional from above)	2			*A total of ten (10) Team Member Evaluations are required for each student. How many Team Member Evaluations does the program require for each student? Please Note: The program will be required to identify those Team Member Evaluations for each student in the summary tracking documentation.		10		
Minimum Number of Team Lead Evaluations (with all recommended minimums achieved)	10	5	3	2	Total of 10 Team Member Evaluations in ANY Scenario	10			

TABLE 4

Basic Competencies to be Evaluated in Laboratory Prior to Any Live Patient Encounters in Clinical, Field Experience or Capstone Field Internship	Peer Evaluation with Instructor Oversight		Instructor Evaluation in Scenario Prior to Capstone Field Internship	
	CoAEMSP <i>Recommended</i>	Program Required Minimum	CoAEMSP <i>Recommended</i>	Program Required Minimum
Basic Competencies Lab overseen by instructor as students check off each other (peer evaluation). There must be at least 1 peer evaluation for each of the following Competencies.				
Spinal Immobilization Adult (Supine Patient)	1	1	2	2
Spinal Immobilization Adult (Seated Patient)	1	1	2	2
Joint Splinting	1	1	2	2
Long Bone Splinting	1	1	2	2
Traction Splinting	1	1	2	2
Hemorrhage Control	1	1	2	2
Intranasal Medication Administration	2	2	2	2
Inhaled Medication Administration	2	2	2	2
Glucometer	2	2		
12-lead ECG placement	2	2	2	2
CPR Competencies Lab equivalent to AHA BLS for Healthcare Providers overseen by instructor as students check off each other:				
1 & 2 Rescuer CPR for Adults	1	1	2	2
1 & 2 Rescuer CPR for Children	1	1	2	2
1 & 2 Rescuer CPR for Infants	1	1	2	2
Bag-Mask Technique and Rescue Breathing for Adults	1	1	1	1
Bag-Mask Technique and Rescue Breathing for Children	1	1	1	1
Automated External Defibrillator	1	1		
Relief of Choking in Infants	1	1	1	1
Relief of Choking in Patients 1 Year of Age and Older	1	1	1	1

Briefly describe the tracking system by which the program will collect the above data.
We utilize FSDAP for all of this tracking.

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).
For students who do not meet the requirements in the scheduled time allotted they will be scheduled for additional clinicals, scenarios and/or capstone shifts as needed for them to meet the graduation requirements.

Medical Director Approval Required

Medical Director Approval Required	
Printed Name	Date (mm/dd/yyyy)
Checking this box constitutes an electronic signature for Medical Director approval for the above program required minimum numbers.	
<input checked="" type="checkbox"/>	

Advisory Committee Endorsement Required

Date on which the Advisory Committee ENDORSED
the above program required numbers:

10/23/2018 (mm/dd/yyyy)

Place in the APPENDIX G sub-folder, Minutes indicating endorsement.

Filename ==> 10-23-18 minutes - EMS Advisory Committee.pdf

Total number of APPENDIX G - Rationale Forms To Be Completed:

0

Place all Appendix G - Rationale Forms
in the Appendix G sub-folder.

Filename
Example ==>

Appendix G - Rationale Form - Table 2 Intravenous Therapy
Appendix G - Rationale Evidence - Table 2 Intravenous Therapy

Programs must provide an APPENDIX G - Rationale Form for EACH of the Program Required Minimum Competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers. The Total number of APPENDIX G - Rationale Forms To Be Completed number is immediately above this box and has calculated the number of forms due in addition to the Appendix G - Student Minimum Competency Matrix. This total number is based on the completed tables (1-4) above and have remained "RED" in the Program Required Minimum columns, along with an alert note on the right side of the table which indicates further documentation is required. For example, if a number "3" appears in the Total number of APPENDIX G - Rationale Forms To Be Completed box, then there are three (3) boxes that have remained "RED" in the Program Required Minimum columns and the program will need to complete three (3) separate forms for each of the competencies that have remained "RED" in the Program Required Minimum columns.

The APPENDIX G - Rationale Form requires the program to provide the (1) rationale and (2) process for that specific competency number. However, the (3) evidence used in establishing any minimum competency numbers that are less than the CoAEMSP's Recommended Minimum Numbers must be included separately. Once this documentation has been gathered and completed, then each of the forms will be placed in the Appendix G sub-folder using the format shown in the Filename Example above. The APPENDIX G - Rationale Form is located on the CoAEMSP website or by selecting the link below.

The program should contact Dr. Gordon Kokx at the CoAEMSP Executive Office with any questions regarding minimum competency numbers which are less than the CoAEMSP's Recommended Minimum Numbers.

Appendix G - Rationale Form Link

Gordon Kokx
Contact:

gordy@coaemsp.org

214-703-8445 ext 117