

Advisory Committee Spring 2022 Agenda
Emergency Medical Services
March 7, 2022, 11:30 am
– Vernon College, Century City Center, Room 606
-In-person and on Teams-

Members present:

Ram Selvaraj – Medical Director
Kenny Hoffman – AMR
Donald Hughes – WFFD
Roger Ritchie – AirEvac Director
Cory Brinkley – Sheppard AFB Fire/ EMT Basic
Keith Tressler – WFFD
Cadi Sharp for Kim Stringfellow – Senior Director of Patient Care Services at UR, via TEAMS
Raymond Schultz – Mayor Iowa Park – Chief of Police IPCISD

Eric Pankonien – AMR
Ryan Matthews – Trans Star
Dwayne Jackson – Wichita Theatre, Community Member
Aaron Crumbley – Vernon FD/EMS
Michelle Creason – Education Specialist at WGH, via TEAMS
Anna Miller – EMS VC Student
Mark Hale – CES/Paramedic
Jacob Kaiser – Physician Pediatric Associates

Guest:

Gary Griffith – TDSHS EMS Specialist, via TEAMS

Vernon College faculty/staff:

Nick Long
Shana Drury
Brian Deason
Karen McClure

Members not present:

Nick Long welcomed the committee to the EMS Spring Advisory Meeting and began introductions. Shana thanked the committee and explained they would need to nominate a new vice-chair to replace Eric Pankonien. Cory Brinkley agreed to be vice-chair.

Old Business/Continuing Business

Donald Hughes

Donald Hughes no old business moved to conduct new business.

❖ Program Specific Accreditation Information and Requirements (if Applicable)

Donald asked Nick Long to review the program-specific accreditation information. Nick explained and discussed the following information with the committee.

Review and endorse the program minimum expectations
Review and COAEMSP Minimum Skills Competency Matrix

Review minimum PT contracts for COAEMSP accreditation

The committee reviewed each skill per recommended minimum expectation from CoAEMSP. The review included a discussion on motor skill competency assessed on PT during both clinical and capstone field internships in addition to successful simulation attempts. The committee and Dr. Selvaraj agreed and set the numbers for all 3 levels of the EMS program.

Donald asked the committee if there was any further discussion or recommendations, hearing none the meeting moved forward.

CoAEMSP Recommended Motor Skills Assessed and Success	Column 1 Successful Formative Individual Simulated Motor Skills Assessed In the Lab	Column 2 Minimum Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship *Simulation permitted for skills with an asterisk	Totals	Column 4 Cumulative Motor Skill Competency Assessed on Patients During Clinical or Field Experience or Capstone Field Internship
Establish IV access	2	25	27	Report Success Rate
Administer IV infusion medication	2	2*	4	
Administer IV bolus medication	2	10	12	Report Success Rate
Administer IM injection	2	2	4	
Establish IO access	4	2*	6	
Perform PPV with BVM	4	10*	14	
Perform oral endotracheal intubation	2	10*	12	Report Success Rate
Perform endotracheal suctioning	2	2*	4	
Perform FBAO removal using Magill Forceps	2	2*	4	
Perform cricothyrotomy	2	2*	4	
Insert supraglottic airway	2	10*	12	
Perform needle decompression of the chest	2	2*	4	
Perform synchronized cardioversion	2	2*	4	
Perform defibrillation	2	2*	4	
Perform transcutaneous pacing	2	2*	4	
Perform chest compressions	2	2*	4	
Totals:	36	87	123	

CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure In Clinical or Field Experience Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available, and assists with the development of a management plan on patient with some assistance for evaluation	Column 2 Exposure In Clinical or Field Experience/Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint
Trauma	Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to the capstone field internship.	18	9	27
Psychiatric/ Behavioral	Minimum of one (1) psychiatric simulated scenario must be successfully completed before the capstone field internship.	12	6	18
Obstetric delivery with normal newborn care	N/A	2 (simulation permitted)		
Complicated obstetric delivery (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)	A minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed before the capstone field internship including a prolapsed cord and a breech delivery.	2 (simulation permitted)	2 (simulation permitted)	6
Distressed neonate (birth to 30 days)	A minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed before capstone field internship.	2 (simulation permitted)	2 (simulation permitted)	4
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed before the capstone field internship.	12	6	18
Cardiac arrest	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed before the capstone field internship.	2 (simulation permitted)	1 (simulation permitted)	3
Cardiac dysrhythmias	N/A	10	6	16
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	Minimum of one (1) geriatric stroke simulated scenario must be successfully completed before the capstone field internship.	8	4	12
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed before the capstone field internship.	8	4	12
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)	Minimum of one (1) geriatric sepsis simulated scenario must be successfully completed before the capstone field internship.	12	6	18
Totals:		88	46	134



Student Minimum Competency Table 4 Field Experience / Capstone Field Internship

Field Experience	Capstone Field Internship
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance
30	20

❖ Review program changes (possible changes)

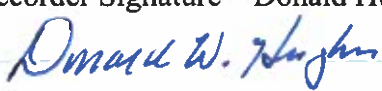
Donald asked Nick to provide information on program changes. Nick explained he was implementing preceptor training as required by CoAEMSP for accreditation. He discussed the dates and time the training would need to take place with United Regional, AMR, and TransStar, each entity will work out a schedule with Nick and Brian. The resource assessment tool will introduce new surveys for students, faculty, preceptors, and employers. Nick would like to set the date of measurement for January each year. After the committee's discussion, it was determined, that January allows enough time to reach a suitable assessment of all involved.

Nick informed the committee on the advancement of accreditation stating the LOR will be summited at the end of March. The self-study submission will happen right after the LOR. Nick reminded the committee the site visit is the last step of VC's process for program accreditation. He will send dates for the visit as soon as we receive notification from CoAEMSP.

Cory asked the committee if there was any further discussion or recommendations. Hearing none, he moved to adjourn the meeting.

Cory Brinkley adjourned the meeting at 1:14 pm
Kenny Hoffman seconded the adjournment.

The previous recorder is no longer employed, so
the chair will stand in his place for a signature.

Recorder Signature – Donald Hughes 	Date: 6-23-2022	Next Meeting: Fall 2022
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