

Comprehensive
Program Review
Of
EMS Education
For
2021-2022

Prepared by

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Co-Authors

N/A

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Pending Approval

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1.0 Program Data and Resource Repository

1.1 Program Summary

The program should provide a descriptive summary of the program.

Narrative:

The EMT program can either be an entry level or an add on to the Emergency Medical Responder (EMR) program. Students who are currently EMR certified can take the EMT class and be better prepared for success since some of the EMT subject matter is covered in EMR. Students who have no medical education can also enroll in EMT and if they successfully complete the program, can challenge the State of Kansas EMT exam. After successful completion, they are certified to work in the State of Kansas as an EMT.

The EMT program covers a wide variety of subjects including orientation to EMS, care and treatment of medical and trauma emergencies, rescue and disaster response. The EMT student will participate in lectures and hands on skills training provided by the instructor or subject matter experts from the local area. Previous EMT classes utilized Independence Fire Department for extrication training and Air Methods for helicopter operations.

The Advanced EMT (AEMT) program builds on the EMT program with advanced life support skills that have been put in place by the Kansas Board of EMS (KBEMS). These skills go above the national standard due to the shortage of paramedics in the rural areas of the state. The education of the AEMT starts with an education plan developed by KBEMS which is set in statute and is required to be taught. This includes education already acquired in the EMT program, but also builds on this with advanced education in cardiology, airway management, anatomy, physiology, pathophysiology and pharmacology. This education is parallel in many ways to that of a paramedic.

Skills availability to the AEMT has also been increased above the national standard. The AEMT in Kansas has a large variety of medications available to use, including controlled substances. As of this current legislative session, I have been advised there will be more medications added. Other advanced skills include cardiac monitoring, manual defibrillation, ECG rhythm interpretation, placement of advanced airways, initiation of IVs and the insertion of intra-osseous (into the bone) access when IV access is not available.

Quantitative and Qualitative Data

Narrative:

All programs are provided with the most recent two years of data by the Office of Institutional Research (IR) as well as two-year budget data provided by the Business Office.

The data sets provided by the Office of Institutional Research include the following elements for the most recent two (completed) academic years:

- Number of Faculty (Full Time; Part Time; Total)
- Student Credit Hours by Faculty Type
- Enrollment by Faculty Type
- Faculty Name by Type
- Average Class Size, Completion, and Attrition
- Course Completion, Success and Attrition by Distance Learning v Face-to-Face
- Number of Degrees/Certificates Awarded
- Number of Graduates Transferring (if available from IR)
- Number of Graduates Working in Related Field (technical programs only)
- Expenditures and Revenues

Additional data may also be available for reporting from the Office of Institutional Research, as applicable. Requests for additional data must be made through a data request.

(See Section 1.2 in the Program Review Handbook for more information.)

Current faculty: One full time, no adjunct or part time faculty.

The EMT program is currently a face to face program for 13 credit hours. Previous EMT program for 2021 started with eight students. Three successfully finished the course and will go on to challenge to state certification exam. 2 students who were not successful have returned for the Spring 2022 program to make another attempt. Other data is in appendix

The AEMT program is currently a face to face program that is 7 credit hours. During this time, the AEMT student must also complete a clinical and field internship where the skills they learn in class will be performed on actual patients under a paramedic preceptor. There is currently no data for AEMT as no classes have been held recently.

2.0 Student Success

2.1 Define Student Success

The program faculty should provide a definition of how student success is defined by the program. *(See Section 2.1 in the Program Review Handbook for more information.)*

Narrative:

In order for the EMT student to be allowed to take the state certification examination, they must first successfully complete their initial course of instruction. This includes, maintaining an overall grade of 75% or higher during the course, achieve a score of 75% or higher on the final exam, complete all clinical and field internships which includes performing skills set forth in KBEMS regulations. A set of skill sheets with all required skills is provided to the students on the first day of class and must be successfully completed before they are allowed to attend a certification exam.

In order for the AEMT student to be allowed to take the national certification examination, they must first successfully complete their initial course of instruction. This includes, maintaining an overall grade of 75% or higher during the course, achieve a score of 75% or higher on the final exam, complete all clinical and field internships which includes performing skills set forth in KBEMS regulations. A set of skill sheets with all required skills is provided to the students on the first day of class and must be successfully completed before they are allowed to attend a certification exam.

2.2 Achieve/Promote Student Success

The program faculty should describe how the program achieves and promotes student success. *(See Section 2.2 in the Program Review Handbook for more information.)*

Narrative:

Student success is primarily on the student. Instructors and lab assistants are available during class and lab times to assist with skills and knowledge gaps through didactic and hands-on education. All of the needed information to successfully pass the EMT and AEMT course is provided in Canvas, lecture, hands on education, clinical and field internships and knowledge review through frequent quizzes and evaluations. Counseling is performed during class to establish study habits and provide suggestions for improvement

3.0 Assessment of Student Learning Outcomes

3.1 Reflection on assessment

The program faculty should provide a narrative reflection on the assessment of program curriculum. Please provide data gathered for outcomes at both program, course, and general education levels. Please review the Assessment Handbook for resources on gathering this information provided by the Assessment Committee.

Narrative:

EMS Program curriculum is set by law with the State of Kansas and enforced by the Kansas Board of EMS. Institutions are not allowed to change the curriculum and may lose the ability to instruct EMS education if the Board of EMS finds the institution is not teaching the approved curriculum.

3.2 Significant Assessment Findings

The program faculty should provide a narrative overview of the program's significant student learning outcomes assessment findings, any associated impact on curriculum, as well as any ongoing assessment plans. The program may attach data charts, assessment reports or other relevant materials. *(See Section 3.2 in the Program Review Handbook for more information.)*

Narrative:

During the course the students must be able to take care of the medical or trauma patient whose illnesses or injuries are critical and potentially life threatening. This would include learning the formulary of EMT approved medications and other approved skills that have been added by the State Board of EMS. The students that successfully pass the course and the national tests are able to do all these skills and more.

Critical thinking is a major portion of the course curriculum. Assessing the situation and condition of the patient, determining a plan of care and carrying it out often needs to be done in a matter of minutes. The student also uses critical thinking to decide if the plan of care is working and if not decide the next step.

These outcomes are assessed by cognitive exams and by observing the student in the scenario situation. Current EMT class is using scenarios assess skills due to potential Covid restrictions at various facilities. Assessment revealed outcomes met/partially met during the first half of EMT class.

1. Demonstrate the care and assessment of the pre-hospital medical and trauma patient.	Met	No changes
2. Demonstrate a knowledge base of human anatomy and physiology.	Partially met	A&P is studied throughout the course and knowledge improved in the specific chapters. No changes
3. Demonstrate the administration and calculation of EMT level medications.	Partially met	Students underestimated the amount of study needed to retain medication information. More frequent quizzes in class will be done specific for medications
4. Apply legal and ethical principles pertaining to emergency medical technology, ambulance operations and basic triage in a variety of settings.	Met	No changes

There is no data available for AEMT

3.3 Ongoing Assessment Plans

The program faculty should describe ongoing assessment plans and attach any new assessment progress reports for the current or past academic year.

Narrative:

Current assessment is through written exams, quizzes, skill assessments and scenario training. There is no plan to change any of this for future EMT or AEMT classes unless state mandates dictate otherwise

4.0 External Constituency and Significant Trends

An important component of maintaining a superior program lies in awareness and understanding of other possible factors that may impact the program and/or student outcomes. After consideration of these other factors, program faculty should document the relevant information within this section. As applicable, this should include the following.

4.1: Program Advisory Committee:

- Include Advisory Member Name/ Title/ Organization/ Length of Service on committee; note the Committee Chair with an asterisk (*).
- Upload meeting minutes from the previous spring and fall semesters and attach in the appendices section (10.0).

Narrative:

Current Advisory Committee: Sam Carnes, High School Counselor, IHS (new); Becky Mitchell, RN and Director of Nursing at Labette Health ER, Independence (>5 years); Shawn Wallis, Fire Chief at Independence Fire/EMS (new); Joe Rexwinkle, Fire Chief at Cherryvale Fire/EMS (new); Melinda Allen, MD, physician medical director (>5years). A list of previous members I contacted had either moved away or desired to no longer be a member of the committee.

4.2: Specialized Accreditation:

- Include Accrediting Agency title, abbreviation, ICC contact; Agency contact, Date of Last Visit, Reaffirmation, Next Visit, FY Projected Accreditation Budget.
- Upload the most recent self-study and site visit documents.
- Upload agency correspondence which confirm accreditation status.

Narrative:

There is no special accreditation for EMT or AEMT. Classes are approved by the Kansas Board of EMS through an application process. ICC submits a class schedule to the Kansas Board of EMS 30 days prior to the first day of class. In addition, ICC must have a Physician Medical Director approve each class before it goes to the Kansas Board of EMS.

4.3: Other:

Discuss any external constituencies that may apply to the program. *(See Section 4.3 in the Program Review Handbook for more information.)*

Narrative:

There may be issues with the upcoming Covid mandate from the federal government IF it is upheld. This will require all institutions to require the Covid vaccination for everyone (including students) that are in their facility. This also includes EMS agencies and fire departments that operate ambulances as they receive Medicare/Medicaid funding. Consideration should be given to the possibility that we will lose field internship and clinical sites if students refuse vaccinations. If vaccinations are required of students, enrollment may drop from this mandate.

There is also a saturation of EMT/AEMT programs in this area. EMT is offered at ICC, CCC and LCC in Parsons. In addition, the state will allow local EMS services to host their own EMT/AEMT programs that could affect our enrollment if we cannot offer something more innovative to EMT students.

5.0 Curriculum Reflection

5.1 Reflection on Current Curriculum

The program faculty should provide a narrative reflection that describes the program's curriculum holistically. The following are prompts formulated to guide thinking/reflection on curriculum. While presented in question form, the intent of the prompts is to stimulate thought and it is not expected that programs specifically answer each and every question.

- Is the curriculum of the program appropriate to the breadth, depth, and level of the discipline?
- How does this program transfer to four-year universities? (give specific examples)
- What types of jobs can students get after being in your program? (Please use state and national data)
- How dynamic is the curriculum? When was the last reform or overhaul?
- In the wake of globalization, how "internationalized" is the curriculum?
- How does the program assess diversity?
- Does the program have any community-based learning components in the curriculum?

Narrative:

The curriculum is set by the Kansas Board of EMS and is required to be taught according to the Kansas EMS Education Plan. No deviation is allowed, This applies to all EMS education in Kansas regardless of the level.

There is no transfer to a four-year university. The majority of students use this as a career opportunity. There is the possibility of a transfer to another two-year college that offers the paramedic program. In Kansas, the KSBEMS requires paramedics to obtain an associate degree in order to certify as a

paramedic. Attending the EMT program is a pre-requisite for all paramedic programs. AEMT is not a pre-requisite for Paramedic. Some students will attend AEMT in lieu of the Paramedic program due to the paramedic program's length and degree requirement. AEMTs in Kansas have skills that go above the national standard, and the majority of emergency calls could be handled by EMTs and AEMTs

As of now, there is a significant shortage of EMS personnel nationwide. A simple search of job boards finds many agencies in Kansas looking for EMS personnel. In many of these ads, I have seen them seeking AEMTs and/or paramedics. Meaning, the Advanced EMT has a good chance of being the sole ALS provider during an emergency. EMT is the starting point for the Advanced EMT certification as well as with paramedic.

As for diversity and inclusion, the EMT program follows ICC's Non-Discrimination Statement.

5.2 Degree and Certificate Offerings or Support

Program faculty should list what degrees and certificates are offered and/or describe how the program curriculum supports other degrees and/or certificates awarded by the college.

Narrative:

There is no degree program for EMT or AEMT. Once EMT is completed, the student can further their education by attending AEMT or transferring to another two-year college that offers the paramedic program. Certification in these courses is through the Kansas Board of EMS which allows them to work in Kansas. ICC does offer an EMS Education certification.

6.0 Faculty Success

6.1 Program Accomplishments

The program faculty should highlight noteworthy accomplishments of individual faculty.

Narrative:

Recertification of EMS Instructor License

Programs for Independence High School

Approval of Emergency Medical Responder (EMR) program through Academic Council to possibly be added to ICC's class offerings.

6.2 Faculty Accomplishments

The program faculty should highlight noteworthy program accomplishments.

Narrative:

Steve Howe was able to obtain some upgraded (although still old) equipment from the Emporia Kansas Fire Department and from Quapaw Nation Fire/EMS in Oklahoma. This equipment consisted of newer cardiac monitor/defibrillators that can be utilized by the EMT and AEMT students in limited situations.

An ALS manikin that is more advanced than our current ones has been purchased. This manikin allows for advanced skill such as airway insertion, IV initiation and cardiac monitoring/defibrillation for AEMTs.

Other donations from Emporia Fire Department allowed us to sell outdated/broken equipment to Coast Biomedical and receive credit for the purchase of new equipment. This equipment included a new scoop stretcher, new vacuum splints, and updated equipment for the current cardiac monitors.

6.3 Innovative Research, Teaching and Community Service

The program faculty should describe how faculty members are encouraged and engaged in promoting innovative research, teaching, and community service.

Narrative:

Not Applicable.

7.0 Program Planning & Development for Student Success

7.1 Narrative Reflection on Qualitative and Quantitative Data and Trends

Provide a thoughtful reflection on the available assessment data. *(See Section 7.1 in the Program Review Handbook examples.)*

Narrative:

The learning outcomes for the previous EMT class were measured in only a few exams, but improved significantly once the students who were not achieving a passing score were removed. Although learning outcomes were “partially met” in most areas, this does not reflect student success overall. Successful completion of EMT requires a 75% average, 90% attendance and pass the final exam with a 75%. There were students who failed exams where outcomes were measured, but through other assignments and testing, were able to successfully complete the program.

In the 2020-2021 academic year, there was only 1 EMS Education major, but that student did successfully complete the program and was awarded the EMS Ed certificate. There were also 8 total students in the EMT class. After speaking with other educational institutions where EMS education is offered, our enrollment and success is comparable. That said, this area in Kansas is saturated with EMT education. EMT instruction is not required to be taught at an educational institution. Local fire or EMS departments can provide their own EMT classes with approval from the State of Kansas. There are two other community colleges in this area also offering EMT education, which could have an effect on enrollment.

There is no data for AEMT currently. As of now, ICC is the only college offering the AEMT program in this area that I am aware of.

7.2 Academic Program Vitality Reflection, Goals and Action Plans

The program vitality assessment, goals and action planning are documented by completing the Program Summative Assessment form.

Programs should use previous reflection and discussion as a basis for considering program indicators of demand, quality, and resource utilization and a program self-assessment of overall program vitality. *(See Section 7.2 in the Program Review Handbook for more information.)*

Narrative:

Circle One: Maintain Current Levels of Support

Potential Enhancement Opportunities

Revitalization Opportunities/Needs

Phase out

Currently, there is a shortage of EMS personnel in the area and nationwide. Salaries for EMT have historically been low, but some employers are now realizing these need to be raised to attract employees. ICC could improve facilities for EMS education and possibly become the “go to” center for Southeast Kansas. These improvements are laid out in the goals and action plans.

7.3 Academic Program Goals and Action Plans

Programs will also establish or update 3 to 5 long-term and short-term goals and associated action plans which support student success. These goals should include consideration of co-curricular and faculty development activities. Long-term goals are considered to be those that extend 3 to 5 years out, while short-term goals are those that would be accomplished in the next 1 to 2 years. Additionally, programs should update status on current goals. Programs should use S.M.A.R.T. goal setting for this purpose. *(See Section 7.3 in the Program Review Handbook for more information.)*

Narrative:

Short Term: Purchase Isimulate or Lifepak 15 simulator for EMS education \$10-12,000; research the use of virtual reality simulators for patient care. Upgrade two airway training manikins (only one is undamaged) \$2500.

EMS Cot - \$14,000 (used, reconditioned power cot) Powered EMS cots and loading systems for ambulances are reducing injuries among EMS workers, but EMS students still risk this with our current equipment.

Faculty should attend National Association of EMS Educators (NAEMSE) conferences for updated education offerings

Long Term: With the increased utilization of simulation, I would encourage an area on campus to be used as a training area. This could be for EMS, possibly allied health, and include local emergency response agency use. A training area could consist of an area where EMS students could practice simulated patient care in an area that can be changed from a family living room, to an outdoor area as they would in a real situation. Virtual reality is also a consideration that should be researched.

Acquire high fidelity training manikin to support all EMS and Allied Health Education \$75-\$80,000

Purchase an up-to-date ambulance or refurbish current Medtec ambulance – the current ambulance operates but has issues with chassis; no air-conditioning in back

Ambulance: \$50,000-\$70,000 Refurbishing: \$12,000

7.4 Mission and Strategic Plan Alignment

Program faculty should indicate the ways in which the program's offerings align with the ICC mission. Also, in this section program faculty should provide narrative on the ways that initiatives may be tied to the ICC Strategic Plan and to HLC accreditation criterion. It is not necessary to consider an example for each HLC category, but program faculty are encouraged to provide one or two examples of initiatives in their program that are noteworthy. These examples may be helpful and included in future campus reporting to HLC. (Refer to section 4.3 for HLC categories)

Narrative:

EMS education in Kansas is under control of the Kansas Board of EMS. The goal of the EMT program is develop entry level emergency medical providers who can either join the workforce or further their education with AEMT or paramedic. The goal of the AEMT program is enhance basic EMT and add advanced life support education so the student can enter the workforce.

EMS Education aligns with the ICC mission by developing entry level EMS personnel able to act professionally and fill roles in the local communities supporting workforce development.

HLC categories include:

4.B – The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning – throughout the program, there are written and practical evaluations performed to assess knowledge and application of it

4.b.1 – The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achieving learning goals. Goals for successful completion of the EMT program and the successful completion of the state testing are clearly laid out in the syllabus and in the introductory lecture given on the first day of class.

Significant trends: Nationwide, there is an effort to improve educational standards for EMS education. Currently, the goal is to maintain EMT as entry level, and require the completion of an Associate's Degree for the paramedic level nationwide. This would be similar to the requirements of a two year nursing degree.

8.0 Fiscal Resource Requests/Adjustments

8.1 Budget Requests/Adjustments

Based on program data review, planning and development for student success, program faculty will complete and attach the budget worksheets to identify proposed resource needs and adjustments. These worksheets will be available through request from the college's Chief Financial Officer. Program faculty should explicitly state their needs/desires along with the financial amount required.

Programs should include some or all of the following, as applicable, in their annual budget proposals:

- Budget Projections (personnel and operation)
- Position Change Requests
- Educational Technology Support
- Instructional Technology Requests
- Facilities/Remodeling Requests
- Capital Equipment

- Non-Capital Furniture & Equipment
- New Capital Furniture & Equipment
- Replacement Capital Furniture & Equipment

- Other, as applicable

- Accreditation Fee Request

- Membership Fee Request
- Coordinating Reports

Resource requests should follow budgeting guidelines as approved by the Board of Trustees for each fiscal year. The resource requests should be used to provide summary and detailed information to the division Dean and other decision-makers and to inform financial decisions made throughout the year.

Narrative:

Immediate needs:

High fidelity EMS training manikin for EMR, EMT, AEMT and Allied Health students. These vary in price from \$10,000 to \$70,000 depending on options required for the educational programs. Many skills required for EMS education should NOT be performed on actual people.

Training Monitor/defibrillator for EMT and AEMT students. These range in price from \$10,000 to \$20,000 depending on options required.

Battery powered ambulance cot (refurbished). This technology is currently in use by many EMS agencies to reduce injuries to EMS personnel. This should be available to EMS students as well since they are just as prone to injury during their education. Price range is \$7,000-\$14,000

Adjunct Faculty should be hired as quickly as possible. These should be trained to the EMT level at a minimum to assist with skills training and to act as patients during scenario training. Live simulated patients are essential to the EMS student to learn how to interact with someone in a crisis

Increase instructional supply budget to \$2500. Equipment breaks and disposable items need replaced. Students are currently re-using items that should be discarded. With the current state of some equipment, there should be a focus on replacement of some airway manikins (\$2500)

Long Term Needs:

Acquire newer up to date ambulance for student use. This will be a capital purchase as these units cost well over \$30,000 for a serviceable used vehicle.

Develop a training area for scenario training. This can be on campus and consist of a room that looks like a family living room and then can be converted into a bedroom to simulate an actual home. In addition, many activities of EMS involve being outside. An outside training area where scenarios can be performed should be established. In this area, vehicles and other equipment can be placed for extrication and rescue training. This could be a cooperative effort local emergency response agencies or perhaps even local educational institutions.

Please tie needs to SMART Goal (from 7.3)

Immediate Budget Requests/Needs

Long Term Requests/Needs

9.0 Program Planning and Development Participation

9.1 Faculty and Staff

Program faculty will provide a brief narrative of how faculty and staff participated in the program review, planning and development process. List the preparer(s) by name(s).

Narrative:

This review was written by the EMS Program Director, Steve Howe. This is based off previous experience from other institutions, suggestions from the Advisory Board and information provided by the Kansas Board of EMS.

9.2 VPAA and/or Administrative Designee Response

After review and reflection of the *Comprehensive Program Review* or the *Annual Program Review*, the Division Chair and VPAA will write a summary of their response to the evidence provided. The Division Chair and VPAA's response will be available to programs for review and discussion prior to beginning the next annual planning and development cycle.

Narrative:

Division Chair: I have read this review and agree with the program faculty's recommendations that there are potential enhancement opportunities available.

PRC: PRC agrees with program faculty and the division chair's recommendation for program enhancement.

VPAA: I have read this review and agree with the program faculty's recommendation. TCC
4/25/2022

10.0 Appendices

Any additional information that the programs would like to provide may be included in this section.

Appendix 1: Student data

EMS Program Review Data AY 2021

Looking at all HEA courses in degree plan

Number of Faculty:

1 full time (Howe)

0 adjunct ()

Enrollment & Student credit hours by Faculty type:

Full time: 40 total credit hours taught, with 78 total students enrolled

Adjunct: 0 credit hours taught, 0 total students enrolled

Average Class size:

5.9 students in Face-to-Face or Hybrid classes

12.3 students in online classes

7.8 students across all courses

Completion rates:

92.68% face-to-face/hybrid

97.30% online

94.87% all courses

Pass ('D' or better) rates:

86.84% face-to-face/hybrid

97.22% online

91.89% all courses

Pass ('C' or better) rates:

86.84% face-to-face/hybrid

88.89% online

87.84% all courses

Number of Majors: 1 (0 returned in Fall 2021)

Degrees Awarded: 1

Appendix 2, budget data

Travel: Budget was for \$1300. This was transferred to Instructional Supply line item to obtain more supplies

Food and Meals: \$100 allowed, this should be increased to \$200. This allows for lunch to be served at Advisory Committee meetings. Currently, this item is over budget by \$31.45. Prices will keep increasing for prepared food

Postage and Shipping: This \$160 deficit was from sending old equipment to a refurbishment facility.

Lease/Rental/ Agreements: Maintain at \$365

Fuel/Gas: This needs funding of at least \$200 in fuel costs to operate the ambulance during EMS training. When the vehicle fuel tank is half full, it was \$100 to refill after one semester of use.

Dues/Membership fees: Maintain at \$113.62

Instructional supplies: Increase to \$2500. Reasons as previously stated above.

Office Supplies: Maintain at \$100

Professional Development: Maintain at \$500

Appendix 3, Advisory Committee Minutes; 11/1/2021, 11:30 AM

Welcome & introductions

In attendance was:

Sam Carnes, Shawn Wallis, Becky Mitchell, Laura Jamison, Tiffany Strickland

Discussion on AEMT program two semesters vs. one semester in length.

- Will keep it one semester

ICC NOW (High school program)
is a "go"

Math for the health care provider

- Steve will work on creating this.

Comprehensive Review

Steve will be working on this
happens every 3 years

Student recruitment

December 3rd recruitment event?

Sam Carnes indicated that "Advisory period" at IHS would be an ideal time to visit with students

Discussion about a Firefighter training program

No

Coffeyville has one

No need for another one so close

Adjourn