



BSC EMS/Paramedic Program

Advisory Committee

Meeting Agenda



03/02/2018 - 11:30 AM  
BSC Allied Health Campus - EMS Lab

Agenda

1. Call to Order - Roll Call
2. Call for Additions to Agenda - will discuss prior to end of meeting
  - a.
  - b.
  - c.
3. Approval of the Minutes (attached to Agenda Email)
4. Introduction of New Members!
  - a. Introduce new Associate Medical Director - Steve English
  - b. Introduce new Sanford Hospital Representative - Tyler Kientopf
  - c. Introduce Government Official Replacement - Kerry Krickava
5. Old Business
  - a. Current Status of 2017-2018 Paramedic Program
  - b. Sanford Affiliation
  - c. Status of Testing Site
  - d. Status of ITLS / PHTLS
  - e. Accreditation Status - Reaccredited 01/21/16
  - f. Critical Care Paramedic / Flight Paramedic = CC-P / FP-C
  - g. Community Paramedic
  - h. AAS / AS - Bachelor's Degree
  - i. Military 68W Bridge to Paramedic - PA To Paramedic Bridge (Maj Jason Rogers, PA)
6. New Business
  - a. Per CTE requirement: vote to continue the EMS/Paramedic Program at BSC
  - b. Review Paramedic Clinical, Field and Skills Lab Requirements
    - i. Required by Accreditation to have Advisory Committee review and approve these requirements
  - c. Advisory Committee Membership - Membership changes
    1. St. As Hospital Rep - Tara Wilkens (no longer at St. As)

2. OR Rep – Laura Filler
  3. Former Student – Tiffany Cox – last meeting – will change to Alexis Hochhalter next year
  4. Current Student – Alexis Hochhalter – last meeting as current – will become Former Student next year – new student to be assigned by Program Director in Fall
  5. Service Director – EMT/AEMT – Carrie Roth
7. Additions
- a.
  - b.
8. Next Meeting Date, Time and Location
- a. Fall – date/time/location TBA

**Meeting Minutes**

1. Call to Order - Roll Call

Members Present:

Darci Grunett, Program Director	Dan Schaefer, Employer of Grads
Dr. Gordon Leingang, Medical Director	Penny Lewis – Employer of Grads
Dr. Steve English, Associate Medical Director	Mark Haugen, Public - Chair
Kelli Sears, Clinical Coordinator / Instructor	Kerry Krickava, Gov't Official
Alexis Hochhalter, Current Student	Shawn Iverson, BSC Rep
Tiffany Cox, Former Student	Tara Wilkens, St. Alexius Hospital Representative
Laura Filler – St. As OR	Tyler Kientopf, Sanford Hospital Representative
Chief Nardello – Fire Representative	

Members Absent:

Carrie Roth – Rural Service Representative	
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Guest:

- *Cathy Janikowski – Health Sciences Department Chair*
2. Call for Additions to Agenda – will discuss prior to end of meeting
- a.
  - b.
  - c.

3. Approval of the Minutes (attached to Agenda Email) - - motion to approve the minutes from the last meeting - Dan Schaefer moved, Dr. Leingang seconded - motion passed
4. Introduction of New Members!
  - a. Introduce new Associate Medical Director - Steve English
  - b. Introduce new Sanford Hospital Representative - Tyler Kientopf
  - c. Introduce Government Official Replacement - Kerry Krickava
5. Old Business
  - a. Current Status of 2017-2018 Paramedic Program
    - i. Lost 4 students
      1. 1 end of fall 2017 semester - academic reasons
      2. 1 could not register for spring due to personal / financial issues
      3. 1 terminated due to gross incompetence
      4. 1 failed last night - academic reasons
    - ii. 12 - 8 left = retention of 66.6% which is below the Accreditation threshold
    - iii. We have offered remediation, spent many, many extra hours working with these students - were never strong students to begin with - if we were "full" 3 of them would not have been selected to enter the program
    - iv. Have 2 or 3 other students that are also weak
  - b. Sanford Affiliation
    - i. Going really well! Tyler has been great to work with - good feedback from preceptors
  - c. Status of Testing Site
    - i. Test site May and July of last year overfilled!
      1. Changed to BLS only at May & December Test Site
        - a. Just heard that Mercer county has an AEMT class that they are planning on testing in May - but have not contacted me
        - b. We will not be accommodating this class
      2. Changed to ALS only at July Test Site
        - a. Already have a plan to do EMT retests at this site, will have 1 full EMT test from DAAS
  - d. Status of ITLS / PHTLS
    - i. Have dumped ITLS in favor of PHTLS
    - ii. Darci will offer the first class this summer - working now to get our instructors certified

- e. Accreditation Status - Reaccredited 01/21/16
  - i. 200 Pilot Annual Reports sent out - we were selected in the annual report pilot - completed and submitted the same day it was received. We met our targets for last year's class - we won't meet retention target for this year
  - ii. Next site visit 2020
- f. Critical Care Paramedic / Flight Paramedic = CC-P / FP-C
  - i. Hopefully to start in Spring 2018 - budget was brought up to Carla earlier this week
  - ii. Mostly a fully online course over 1 semester - will have labs and clinicals - would be great to tour helicopter/fixed wing teams as well during the program
    - 1. Would be better to do a "fly along" shift - liability? Need to look into this
      - a. From BAM perspective, would not have a problem
      - b. College liability is the issue
- g. Community Paramedic
  - i. Seems to be more growing interest - still in the works
  - ii. AAA Legislation - pushing for changes in "provider" status - <https://ambulance.org/wp-content/uploads/2015/11/Game-Changer-Provider-Status-and-Cost-Reporting.pdf> - this is a little outdated, but some really good background information
- h. AAS, AS, Bachelor's Degree
  - i. Currently the program offers an AAS (Associate in Applied Science) degree as an option. In order to achieve this degree, students have to complete specific gen eds in addition to their Paramedic requirements.
  - ii. Students who complete the AAS, and later want to move on to a Bachelors degree, have generally had to start over and do 4 full years - the only credits that transfer are the gen eds.
  - iii. UMary has created a BAS degree in Business Management that would allow some of the tech credits to transfer.
  - iv. We have looked into adding an AS (Associate of Science) option - which would add more gen eds, but then a student transferring to a 4 year school would not have to restart and take 4 full years since they would be transferring in an AS not an AAS. The problem with the AS is that students would need to complete a total of 89 credits from BSC to achieve the AS since we are very technical credit heavy. A typical Bachelors is 120 "ish" credits, 60 credits at a 300+ level - so our students would still be doing grossly more credits to achieve a Bachelors degree.
  - v. Our best option is a 4 year BAS (Bachelor of Applied Science) degree through BSC. Now, since BSC is a 2 year school, they can only have 2 Bachelors degrees before being flagged through the Higher Learning



Commission as a change in mission. We currently have a Bachelors for Energy and another for Cybersecurity is in progress. GIS is in line for after Cybersecurity and we would be in line following them. However, a 3<sup>rd</sup> and 4<sup>th</sup> degree offered at BIS will trigger a HLC site visit and that is an enormous undertaking for BSC – so we are holding on this.

i. Military 68W Bridge to Paramedic – Really nothing new to report on the 68W to paramedic bridge

i. PA To Paramedic Bridge (Maj Jason Rogers, PA) – Major Rogers has discussed with me a bridge from PA to Paramedic. I have never heard of such a bridge, but it would be beneficial for military PAs who need the paramedic experience in handling trauma. This could be an option in the future, but need to develop this a bit more. There wouldn't be very much need here – just a handful of PAs, but this is something that could attract students from outside North Dakota to come to this bridge course.

## 6. New Business

a. Per CTE requirement: vote to continue the EMS/Paramedic Program at BSC

i. Dr. Leingang moved to continue the EMS/Paramedic Program at BSC, Shawn Iverson seconded the motion – motion passed

b. Review Paramedic Clinical, Field and Skills Lab Requirements

i. Required by Accreditation to have Advisory Committee review and approve these requirements

1. General review of our requirements for clinical, field and lab

2. Motion by Tyler Kientopf to accept our requirements for clinical, field and lab, seconded by Dan Schaefer – motion passed

c. Advisory Committee Membership – Membership changes

i. Fire Rep - Chief Steve Nardello

ii. St. As Hospital Rep – Tara Wilkens

iii. OR Rep – Laura Filler

1. All three members agreed to stay on the committee

2. Motion by Shawn Iverson to retain these members on our committee, seconded by Penny Lewis – Motion passed

iv. Service Director – EMT/AEMT – Carrie Roth; not in attendance. Darci will reach out to Carrie and see if she would like to stay on the committee. We will delay the vote on this position.

v. Former Student – Tiffany Cox – last meeting – will change to Alexis Hochhalter next year – Thank you Tiffany for your support!!!

vi. Current Student – Alexis Hochhalter – last meeting as current – will become Former Student next year – new student to be assigned by Program Director in Fall

## 7. Additions

- a.
  - b.
8. Next Meeting Date, Time and Location
- a. Fall - date/time/location TBA

Handout from Mark Haugen  
regarding AAS/AS/BAS

## Option #1

### Associate in Applied Science in Paramedic Technology

- ✓ 21 liberal art / general education credit
- ✓ 44 Paramedic Technology credits

65 credits

### Bachelor of Applied Science Business Management at University of Mary

- ✓ 62 credits are transferred into the University of Mary
  - 41 Paramedic Technology credits
  - 21 liberal art credits
- ✓ 26 additional liberal arts credits required / 3 credits must be upper level
- ✓ 36 Business Management Major

124 credits

## Option #2

### Associate in Applied Science in Paramedic Technology

- ✓ 21 liberal art / general education credit
- ✓ 44 Paramedic Technology credits

65 credits

### Bachelor of Science Business Management at University of Mary

- ✓ 21 credits are transferred into the University of Mary
  - 0 Paramedic Technology credits
  - 21 liberal art credits
- ✓ 34 additional liberal art credits required / 3 credits must upper level
- ✓ 36 Business Management Major
- ✓ 33 General Electives

124 credits

## Option #3

### Associate of Science in Paramedic Technology

- ✓ 36 liberal art / general education credit
- ✓ 44 Paramedic Technology credits

80 credits





**BISMARCK**  
STATE COLLEGE

**Current & Emerging  
Technologies**



## EMT / Paramedic Technology

Fall	Unique Students
2018	
2017	18
2016	24
2015	27
2014	30
2013	7

Spring	Unique Students
2018	18
2017	18
2016	22
2015	23
2014	16
2013	16

Summer	Unique Students
2017	12
2016	12
2015	8
2014	3
2013	4
2012	

## NEWS

- New Assistant Professor of EMS / Paramedic Technology - Kelli Sears
- New Associate Medical Director - Steve English
- New Government Official - Kerry Krickava

## OUTREACH

### Past Events

- Minot EMS Conference Speaker
- Health Careers Awareness Day Nov 7
- BSC Fall Open House Oct
- BSC Summer Open House

### Upcoming Events

- EMS Instructor Coordinator Refresher Speaker April and July
- EMS Conference April Booth Display of programs
- Health Careers Awareness Day March 27, 2018

## PROGRAM GRADUATES

**Paramedic Program Outcomes Data**

Criteria	Class of 2013-2014	Class of 2014-2015	Class of 2015-2016	Class of 2016-2017	Average
% Of graduates Passing National Registry Written Exam (Initial Attempt)	66.7%	83.3%	90.0%	81.8%	80.0%
% Of graduates Passing National Registry Written Exam (Subsequent Attempts)	100.0%	100.0%	100.0%	90.9%	97.7%
% of Graduates Passing State Practical Exam (Initial Attempt)	100.0%	100.0%	90.0%	100.0%	97.5%
% of Graduates Passing State Practical Exam (Subsequent Attempts)	x	x	100.0%	x	100.0%
Student Retention	27.0%	43.0%	91.0%	73.3%	58.6%





# BSC EMS/Paramedic Program

## 2017-2018 Paramedic Program



### Hospital Clinical & Field Internship Requirements

#### MINIMUM Hour Requirements

##### Fall - 1st Semester

• Anesthesia	24 hours
• Emergency & Trauma	84 hours
• Telemetry Tech	4 hours
• Cardiac Cath Lab	4 hours
• Field Experience	48 hours
	<b>164 hours</b>

##### Spring - 2nd Semester

• Anesthesia	24 hours
• Telemetry Nurse	4 hours
• Telemetry Tech	4 hours
• Emergency & Trauma	84 hours
• ICU	32 hours
• Labor & Delivery	24 hours
• NICU	12 hours
• Pediatrics	24 hours
• Psychiatry	24 hours
• Field Experience	60 hours
	<b>292 hours</b>

##### Summer - 3rd Semester

• Field Capstone	216 hours
	<b>216 hours</b>

##### Total Clinical and Field Hours

• Anesthesia	48 hours
• Cardiac Cath Lab	4 hours
• Emergency & Trauma	168 hours
• ICU	32 hours
• Labor & Delivery	24 hours
• NICU	12 hours
• Pediatrics	24 hours
• Psychiatry	24 hours
• Telemetry Nurse	4 hours
• Telemetry Tech	4 hours
• Field Internships	324 hours
	<b>672 hours</b>

#### Specific Requirements

	Fall	Spring	Summer Capstone	Total
<b>Team Leads</b>				
• BLS Team Leads	8	10	0	<b>18</b>
• ALS Team Leads	0	0	25	<b>25</b>

#### Skills

	Fall	Spring	Summer Capstone	Total
• Successful Intubations	5	10	0	<b>15</b>
• Successful IV Starts	15	15	20	<b>50</b>
• Medication Administration	15	15	20	<b>50</b>
• Airway Management	5	5	5	<b>15</b>
• EKG Interpretation	5	5	5	<b>15</b>

#### Age

	Fall	Spring	Summer Capstone	Total
• Neonate (<1 month)	0	3	0	<b>3</b>
• Infant (1 month to 1 year)	0	2	0	<b>2</b>
• Toddler (1 to 2 years old)	0	2	0	<b>2</b>
• Pre-school Age (3 to 4 years old)	0	2	0	<b>2</b>
• School age (5 to 12 years old)	0	2	0	<b>2</b>
• Adolescent (13 to 18)	0	2	0	<b>2</b>
• Adult (18 - 65 years old)	15	15	20	<b>50</b>
• Geriatric (>65 years old)	10	10	10	<b>30</b>

#### Complaints / Impressions

	Fall	Spring	Summer Capstone	Total
• Obstetrics (3 vaginal births)*	0	3	0	<b>3</b>
• Pediatric Medical	2	8	5	<b>30</b>
• Pediatric Trauma	2	8	5	<b>30</b>
• Adult Medical	5	10	10	<b>50</b>
• Adult Trauma	5	10	10	<b>50</b>
• Geriatric (>65 years old) Medical	5	5	5	<b>30</b>
• Geriatric (>65 years old) Trauma	5	5	5	<b>30</b>

*Each student must achieve 30 total Pediatric contacts, 50 total Adult contacts, and 30 total Geriatric contacts.*

*Each contact (by age) must also fit into the category of medical or trauma. It is understood that you may not achieve the exact numbers of medical and trauma as above, but you must, at **MINIMUM** achieve the age contacts. For example, you must have 30 pediatrics - 2 or 3 in each category. But, you can have a total of 10 trauma and 20 medical, instead of the specified 15 trauma and 15 medical.*

\* C-Sections do NOT count

Eureka Goals Met

30 total patients for the Pediatric group \*





**BSC Emergency Medical Services  
2017-2018 Paramedic Program  
Paramedic Lab Requirements**



**Lab Requirements - in FISDAP**

Skill Item	Minimum Peer Evaluations				Minimum Instructor Evaluations			
	Fall	Spring	Summer	Totals	Fall	Spring	Summer	Totals
<b>History Taking and Physical Examination</b>								
• Obtain a Patient History from an Alert and Oriented Patient	7	0	0	7	1	0	0	1
• Comprehensive Normal Adult Physical Assessment Techniques	7	0	0	7	1	0	0	1
• Comprehensive Normal Pediatric Physical Assessment Techniques	7	0	0	7	1	0	0	1
<b>Airway, Oxygenation, and Ventilation</b>								
• Direct Orotracheal Intubation Adult	8	5	2	15	1	1	1	3
• Direct Orotracheal Intubation Pediatric	8	5	2	15	1	1	1	3
• Nasotracheal Intubation Adult	8	5	2	15	1	1	1	3
• Supraglottic Airway Device Adult (Combitube, LMA, King, Cobra, etc...)	5	5	2	12	1	1	1	3
• Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	5	2	2	9	1	1	1	3
• CPAP and PEEP	5	2	2	9	1	1	1	3
<b>Trauma</b>								
• Trauma Adult Physical Assessment	8	0	0	8	1	0	0	1
• Trauma Endotracheal Intubation Adult	8	5	2	15	1	1	1	3
• Pleural Decompression (Needle Thoracostomy)	5	2	2	9	1	1	1	3
• Basic Skills Lab								
○ Spinal Immobilization Adult - Supine Patient	2	2	2	6	1	1	1	3
○ Spinal Immobilization Adult - Seated Patient	2	2	2	6	1	1	1	3
○ Joint Splinting	2	2	2	6	1	1	1	3
○ Long Bone Splinting	2	2	2	6	1	1	1	3
○ Traction Splinting	2	2	2	6	1	1	1	3
○ Hemorrhage Control	2	2	2	6	1	1	1	3
<b>Medical</b>								
• Medical and Cardiac Physical Assessment	10	0	0	10	1	0	0	1
• Intravenous Therapy	10	5	2	17	1	1	1	3
• Intravenous Bolus Medication Administration	10	5	2	17	1	1	1	3
• Intravenous Piggyback Infusion	2	2	2	6	1	1	1	3
• Intraosseous Infusion	10	5	2	17	1	1	1	3
• Intramuscular and Subcutaneous Medication Administration	2	2	2	6	1	1	1	3
• Intranasal Medication Administration	2	2	2	6	1	1	1	3



**BSC Emergency Medical Services  
2017-2018 Paramedic Program  
Paramedic Lab Requirements**



**Lab Requirements - in FISDAP**

Skill Item	Minimum Peer Evaluations				Minimum Instructor Evaluations			
	Fall	Spring	Summer	Totals	Fall	Spring	Summer	Totals
• Inhaled Medication Administration	2	2	2	6	1	1	1	3
• Glucometer	2	2	2	6	1	1	1	3
<b>Cardiac</b>								
• 12-Lead EKG	0	15	5	20	0	2	1	3
• Synchronized Cardioversion	0	10	5	15	0	2	1	3
• Defibrillation (unwitnessed arrest)	0	10	5	15	0	2	1	3
• Transcutaneous Pacing	0	10	5	15	0	2	1	3
• Dynamic Cardiology	0	10	10	20	0	1	1	2
• Static Cardiology	0	10	10	20	0	1	1	2
• Oral Station	0	10	10	20	0	1	1	2
<b>Obstetrics</b>								
• Normal Delivery with Newborn Care	0	3	1	4	0	1	0	1
• Abnormal Delivery with Newborn Care	0	3	1	4	0	1	0	1
<b>Scenario</b>								
• Random Scenario - Team Leader	0	5	5	10	0	1	1	2
• Random Scenario - Team Member	0	5	5	10	0	1	1	2