

Advisory Committee Meeting Agenda and Minutes

See last page for the purpose of the program's Advisory Committee, including a description and list of responsibilities.

PROGRAM SPONSOR:			
CoAEMSP PROGRAM NUMBER:	600186	DATE, TIME, + LOCATION OF MEETING:	04AUG2025, 1230-1630, VC HSC-211 & Zoom
PROGRAM LEVEL (e.g., AEMT, Paramedic, AEMT & Paramedic):	Paramedic		
CHAIR OF THE ADVISORY COMMITTEE:¹	Kyle Blum		
ATTENDANCE			
Community of Interest	Name(s) <i>List all members. Multiple members may be listed in the same category.</i>	Present – Place an 'x' for each person present	Agency/Organization
Physician(s) <i>(may be fulfilled by Medical Director)</i>	Todd Larsen	X	VC Paramedic Program, Ventura City, and Oxnard Fire
	Daniel Shepherd	X	SB & VC EMSA Medical Director
Employer(s) of Graduates Representative(s)	Mike Sanders		AMR SB, AMR VTA, & GCA
	Jeff Winter	X	Gold Coast Ambulance
	Jeff Shultz	Online	AMR Ventura
	Dave Schierman		AMR Santa Barbara
	Joey Williams		AMR Ventura/ GCA
	Helen Faithfull	Online	AMR Santa Barbara
	Joe Dullam		Ventura County Fire Department
	Robert Miner	Online	Ventura County Fire Department
	Heather Ellis		Ventura City Fire Department
	Jaime Villa	X	Oxnard Fire Department
	Alejandro Villasenor		Oxnard Fire Department
	Melissa Corney	Online	OFD/ EMS Corps
	Brad Moore	Online	AMR SB
Public Member(s)	Mika Anderson		Ventura Unified School District

¹ The chair should not be employed by the sponsor of the program. The Advisory Committee is *advising* the program.

Community of Interest	Name(s) <i>List all members. Multiple members may be listed in the same category.</i>	Present – Place an 'x' for each person present	Agency/Organization
	Natasha Nordquist		Santa Paula Unified School District
	Hunter Taylor	Online	Oxnard Union High School District
Clinical and Capstone Field Internship Representative(s)	Kyle Blum	X	St. John's Regional Medical Center
	Tom Gallegos	Online	Ventura County Medical Center
	Michelle Barry	Online	Los Robles
	Nichole Fagan	Online	Adventist Health Simi Valley
	Christian Ortiz	Online	CMH
	Denise Richardson	Online	St. John's Regional Medical center
Faculty ²	Mark Petersen	X	Ventura College
	John Terrusa	X	Ventura College
Sponsor Administration ²	Gregory Andersen	X	Ventura College, VPAA
	Lissanna Follari		VC Dean of Career Ed 1
Student(s) (current)	Wyatt Hasting	X	Class 30
	Amber McCartney	X	Class 31
Graduate(s)	Jessica Crowley		Graduate, Class 28
	Nelson Copper	X	Graduate, Class 29
	Sherlyn Rock	Online	Graduate, Class 29
Program Director, <i>ex officio, non-voting member</i>	Tom O'Connor	X	Ventura College, PM Program Director
Medical Director, <i>ex officio, non-voting member</i>	Todd Larsen	X	Ventura College, PM Program Medical Director
Other	Carl Schwab	Online	Oxnard College, EMT Program Coordinator
	John Everlove	Online	Moorpark College EMS
	Andrew Casey	Online	VC EMS
	Chris Rosa	X	VC EMS Deputy Admin
	Anne King	X	VC foundation

² Faculty and administration are ex-officio members.

Community of Interest	Name(s) <i>List all members. Multiple members may be listed in the same category.</i>	Present – Place an ‘x’ for each person present	Agency/Organization
³			

³ Add rows for multiple members of the same community of interest
If the program has additional named communities of interest, list the community of interest and the name(s) that represent each.

⁴Additional program goals are not required by the CAAHEP *Standards*. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to the entry into the field.

Agenda Item <i>Do not leave columns blank, otherwise that topic will be considered not reviewed or discussed</i>		Completed/ Discussed <i>(Yes/No)</i>	Discussion <i>include key details of the discussion</i>	Action(s) Taken
			○ Students must attend at least one VCMC trauma shift. • Onboard the SJRMC surgery department to share intubation load. • Clinicals don't provide the same experience as the outside field (autonomy of assessment/treatment). Concern: Are students confident after their rotations in certain areas? Are they getting enough exposure? ○ Current and recent students felt they were prepared, but the field is something very different and needs adjustment to fit the same skills into a new environment. ○ Program required 216 hours of clinical shifts. State regulations require 160 hours.	Ed for change; fall '25 Larsen/O'Connor to initiate talks fall '25 Revisit the discussion on the overall hours reduction at the next Advisory
5.	Support the Program's required minimum numbers of patient/skill contacts for each of the required patients and conditions [2023 CAAHEP Standard III.C. Curriculum] • Student Minimum Competency (SMC) Recommendations (<i>effective January 1, 2023</i>) • Review summary graduate tracking reports	Yes	(Page 29-37 prior numbers approved in Dec 2022; pages 38-47 cohort data for cohorts 28 & 29;) The committee reviewed the required minimum competency numbers. Program Medical Director, Dr. Larsen, approved the requirements at the numbers recommended for the Student Minimum Competency Recommendations (SMC) by CoAEMSP, which were implemented for all cohorts starting after 01JAN2023. Platinum Education's electronic tracking system (for labs, clinical, and field settings) was implemented two years ago. System stability and performance continue to be superior to the prior tracking platform. Average time for data entry for each cohort remains at a fraction of the prior platform. Plan to continue with Platinum for the foreseeable future. Students are oriented to the Platinum system during lab and simulation experiences. The data entry is checked by course faculty, and students are guided to properly document skills and experiences to meet benchmarks for program continuance.	Re-Approved SMC Continue with the current system

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			(Pages 48-52) Students and faculty utilize system reports to identify patient experience targets and help ensure minimum competencies/ experiences are being achieved by all students. Faculty continues to notice a decrease in data entry upon fulfillment of the program-required experience minimums. - Request to increase TCP simulation/education. - Cath Lab is one of the few possible live opportunities; simulation is the only option. - Multiple intubation manikin. from different manufacturers requested and variety of direct or video laryngoscopy.	AHA ACLS and Simulations Locate additional manufactured airway heads; submit for grants to purchase
6.	Review the program's annual report and outcomes [2023 CAAHEP Standard IV.B. Outcomes] - Annual Report data - Thresholds/Outcome data results - Graduate Survey results - Employer Survey results - Resources Assessment Matrix (RAM) results - Other		(Pages 53-63) The 2022 CoAEMSP Annual Report outcomes were reviewed. - NREMT Success Rate: 91.2% - Positive Placement: 91.7% - Retention Rate: 80.0% Thresholds continue to be met for each category. Attrition due to employment opportunities with fire departments continues to be the largest factor. Personal reasons, academic performance, and failure to achieve competency in the field round out the remaining numbers. Increasing affective domain issues with at least one significant issue per cohort. Modified rules or additions were made to the student handbook in response. (Pages 64-66) Graduate Survey Reports	

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			(Pages 64-66) Employer Survey Reports (Pages 67-70) RAM (Pages 71-76) PRS – Students (Pages 77-80) Student survey of preceptors/internship site (Pages 81-89) Preceptor survey of intern - Request for a non-clinical case manager to help students navigate life issues outside of the education process (follow up with Jaime Villa for job description specifics) - Leverage employer resources - There is a 10% gap between the two cohorts - Break out fire hires from attrition numbers to get a better understanding of the other category. - Continue monitoring cohort data before considering a move to offering two full-time cohorts. - FACTOR: With part-time, they lose momentum with only 2 days a week, vs full-time, which is 4 days, you are more engaged and have learning momentum with being more involved with the program. - CONSIDER: demographics between both full-time and part-time cohorts.	Follow up with Jaime Villa for job specifics Add to program review 2026 Continue tracking the “other” category to separate the higher employment opportunities to better track data; next annual report Continue to track attrition reasons. Determine if the 2-day-a-week cohort model is performing sufficiently.

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			▪ DECISION: continue with full-time and part-time 4-day week and two-week programs. Continue to look at data throughout the cohorts. • Use AI to summarize each section of the survey reports • Request to send the survey data to specific agencies and sites requesting feedback. • Preceptor survey data - work with the LEMSA and provider agencies to determine if a preceptor needs remediation or to have their preceptor status rescinded. • Graduate and employer survey data to be completed on Google Forms. ○ Prior system was retired ○ Attempted automated system failed to collect data sufficiently.	Implement with next set of surveys Send recent data from last 2 cohorts Review/ send recent data from last 2 cohorts Complete 8/6/25 – ready to implement with next cohort
7.	Review the program's other assessment results [2023 CAAHEP Standard III.D. Resource Assessment] • Long-range planning • Student evaluations of instruction and program • Faculty evaluations of program • Course/Program final evaluations • Other evaluation methods		(Not in handout) Long-range planning is conducted as part of the college Program Review process at the start of each fall term. This includes requests for additional equipment, faculty, office staff, technology, and facilities. Students complete electronic faculty evaluations each term (reported to faculty after the semester ends). Individual course evaluations are completed for guest speakers and specialty courses (AHA ACLS, PALS, and other CE courses). Faculty provide PRS Surveys and participate in program improvement through discussion of the survey assessments during faculty meetings. Add to Program Review Requests • LP35 (continue in 2025-2026 request) • UE scope	Program review to be completed Aug/Sept 2025: to include field-requested equipment

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			- Preceptor Course budget to develop and implement in-person training (move from online product) – bring the EMS Field Training and Evaluation Program (FTEP) to the local area suggested by Joey Williams Perkins Funding increased for this year. The program will acquire additional manikins - Shared resources request for offering FTEP locally - Acquire a variety of intubation heads from different manufacturers - VR headsets - EMS education committee working on a preceptor training course at the 40-hour level in conjunction with Dave Page and Heather Davis using the Prodigy platform - One805 grant opportunity for potential equipment funding	Coordinate with EMS Education Committee Application for up to \$30k – continue to explore options
8.	Review program changes <i>(possible changes)</i> - Course changes (schedule, organization, staffing, other) - Preceptor changes - Clinical and field affiliation changes - Curriculum changes - Content - Sequencing		Multicriteria Selection Process for Admission to Program (see addendum packet) - Must attend an information session to explore expectations in the application process - Candidates must submit a letter reflecting on the information session and how they plan to succeed in the program - The group discussed criteria for selecting applicants to a paramedic program, focusing on establishing minimum thresholds for entry assessments and other requirements. They suggested using a binary "yes/no" system for initial screening rather than a points-based scoring system to identify candidates who meet basic requirements before moving to interviews. The discussion emphasized the importance of the interview process. Faculty members and agency representatives would perform interviews. Discussed how to provide feedback to unsuccessful applicants and discussed the	Subcommittee to meet August 2025 to finalize the scoring criteria Create new application to collect screening criteria data to roll out with cohort 32 application window in Sept 2025

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			potential use of AI tools to assist with the screening process. • Subcommittee to review final scoring sheet and interview questions. • John Everlove, Moorpark College EMS program The MC nursing program is application-only, with no interview. Concern about faculty time to interview. Paramedic level only- would not fit with the EMT program. • Concerned that an interview would not have adequate time to determine affective domain issues, like being in a clinical shift for 12 hrs. Course Changes Full-time cohort repositioned to the spring term per requests – working well; created a peak-load in May to June with outgoing cohort, transitioning cohort to clinicals, and the incoming cohort. Recently approved to create special terms to provide students with the opportunity for Financial Aid in multiple terms. Also facilitates the GI Bill. Preceptor Changes We continue to use the remaining online preceptor training course until all the codes are exhausted. At that time, the preceptor training course will transition from online to in-person. Clinical and field affiliation changes Added contracts • Santa Barbara County Fire Pending contracts - no further movement since 2024 • Berkeley Fire (pending) • San Bernardino Fire (pending)	Curriculum update for fall 2025 to break PM V01 to V01a and V01B; PM V02 to V02a and V02b

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			UCLA acquired West Hills Hospital. Attempts to restart the contract with the Burn Unit ended when Dr. Grossman indicated they were relocating to Bakersfield. Currently, there is no access to the burn unit rotation. Students have picked up additional shifts to meet the minimum hours requirement. Curriculum (Pages 95-208) PM AS Degree Local GE requirements adjusted by approval of the advisory committee; active fall 2025. New CoAs: • EMT CoA – approved and in place fall 2025 • Pre-paramedic CoA continues its journey through the local, regional, and state approval process. NAEMT Training Site as of 2025 • Incorporate PHTLS and AMLS into PM courses • Pairs well with the AHA ACLS and PALS courses • TECC/TCCC training to be acquired in the near term • LEMSA behind use of NAEMT courses (no decent from group) ○ Using NAEMT and AHA courses as an NREMT refresher pathway to hold the local community to a higher standard	Continue to follow up with Curriculum Committee Implement in cohort 32, spring 2026 Acquire provider training Work with college administration to provide a model for liability coverage for participants
9.	Review substantive changes <i>(possible changes)</i> [2023 CAAHEP Standard V.E. Substantive Change] • Program status • Sponsorship • Location • Sponsor administrative personnel • Program personnel: PD, MD, other		Lissanna Follari: New VC Dean of Career Education I - fall 2025 No plans to add a satellite or alternate location.	

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	- Addition of distance education component - Addition of satellite program - Addition of alternate location(s)			
10.	Other identified strengths		Pathway development with high schools Simulation Collaboration with the EMS Corps led to becoming an NAEMT Training Site – offering PHTLS and AMLS. More courses to come.	
11.	Other identified weaknesses		Local preceptor numbers to support full cohorts (24 students)	
12.	Identify action plans for improvement		Preceptor training program revisions Work with agencies to grow more preceptors Improve efficiency in preceptor placement and scheduling Developing EMS Corps 2.0 with OFD to upgrade to paramedic. Working on funding support for pre-apprenticeship and apprentice programs. Exploring CalJobs funding to provide financial support to students	Outreach to each agency to meet requested needs – fall 2025 Ongoing project 2025/2026
13.	Other comments/recommendations		None	
14.	Staff/professional education		EMS World Conference (virtual attendance), Accredicon, IMSH NAEMT Courses with instructor upgrades Internal mentoring of faculty and skills instructors EMS-FTEP	Outreach 2025/2026 Spring 2026?
15.	CoAEMSP/CAAHEP updates		Program accreditation: Annual program outcome thresholds were posted to the program website per CAAHEP guidelines.	

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16.	Next accreditation process (i.e., self-study report, site visit, progress report)		Continuing Accreditation Status renewed March 15, 2024 Next site visit expected no later than 2029.	
17.	Other business		EMT Program Reports Oxnard College • 80% pass rate for recent cohort • Having a new dean inbound • Person VUE testing center changes in the national registry test have not been updated yet • Good feedback from clinical and field sites ○ Students are not skilled enough in infrequently used skills ○ Implemented SmartMan training to improve CPR and ventilation Moorpark College -no report Ventura College • Attrition is about 40% and pass rates are climbing again • Looking to implement a multi-criteria selection process for EMT after feedback from the paramedic process • Goal is to reduce attrition from the EMT program and improve success metrics. The Program Resource Survey has been distributed to all attendees electronically	
18.	Next meeting(s)		Monday, November 2, 2026, 1230-1630	
19.	Adjourn		1625	

Minutes prepared by _____ Christina Valadez, Tom O'Connor

Date 08/06/2025

Minutes approved by _____

Date _____

Medical Director's signature (for item #5 above)  _____
Todd Larsen (Aug 7, 2025 09:45:37 PDT)Date Aug 7, 2025

Attach program's required **Student Minimum Competency** numbers (Summary Tracking tab) to verify which required minimum numbers were reviewed and supported (*item #5 above*)

Purpose of the Advisory Committee (CAAHEP Standard II.B.)

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, clinical and capstone field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.

Program advisory committee meetings may be conducted using synchronous electronic means.

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

Responsibilities of the Advisory Committee

- Review the minimum program goal.
- Review and support the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.

01-Agenda - 04AUG2025 1230-1530 final draft

Final Audit Report

2025-08-07

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