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| For Academic Affairs and Research Use Only | |
| Proposal Number | NHP53 |
| CIP Code: |  |
| Degree Code: |  |

**NEW OR MODIFIED COURSE PROPOSAL FORM**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

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| **[X]New Course, [ ]Experimental Course (1-time offering), or [ ]Modified Course (Check one box)** |

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| Dr. Amy Hyman 3/16/22  **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Dr. Joseph Richmond 3/18/22 **Department Chair** | Sara Walker, MS, NRP 3/18/22  **Head of Unit (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| Mary Elizabeth Spence 3/25/2022 **Office of Assessment (new courses only)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
| Scott E. Gordon 3/25/22 **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (if applicable)** |  |

1. **Contact Person (Name, Email Address, Phone Number)**

Sara Walker, sawalker@astate.edu, 870-680-8286

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2022

**Instructions:**

*Please complete all sections unless otherwise noted. For course modifications, sections with a “Modification requested?” prompt need not be completed if the answer is “No.”*

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|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)**  *(Indicate “N/A” if no modification)* |
| **Prefix** |  | **EMSP** |
| **Number\*** |  | **2432** |
| **Title**  (include a short title that’s 30 characters or fewer) |  | **National Registry of Emergency Medical Technicians Prep Course**  **(NREMT Prep Course)** |
| **Description\*\*** |  | **Review and preparation in standards of paramedic emergency care at the state and national levels. Includes developing testing skills and questions related to assessment, analysis, intervention, or evaluation. Also includes each component of the Paramedic National Standards Curriculum. Prerequisites, Grade of C or better in EMSP 2222, 2314, 2323, 2352 and 2261. Fall, Spring, Summer** |

***\**** Confirm with the Registrar’s Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*.

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

1. **Proposed prerequisites and major restrictions** **[Modification requested? NO**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

1. **YES** Are there any prerequisites?
   1. If yes, which ones?

**Grade of C or better in EMSP 2222, 2314, 2323, 2352 and 2261. Fall, Spring, Summer**

* 1. Why or why not?

Enter text...

1. **YES** Is this course restricted to a specific major?
   1. If yes, which major? Technical Certificate of Paramedic and AAS Paramedic
2. **Proposed course frequency [Modification requested? NO**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

Fall, Spring Summer

1. **Proposed course type [Modification requested? NO**

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

Lecture

1. **Proposed grade type [Modification requested? NO**

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

Standard Letter

1. **NO** Is this course dual-listed (undergraduate/graduate)?
2. **NO** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

**a.** – If yes, please list the prefix and course number of the cross-listed course.

Enter text...

**b.** – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

1. **NO** Is this course in support of a new program?

a. If yes, what program?

Enter text...

1. **NO** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

**Course Details**

1. **Proposed outline** **[Modification requested? Yes/No]**

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

1. National Registry Overview (Week 1-2)
   1. Certification requirements
   2. Re-certification
   3. Written exam
   4. Practical exams
   5. Re-testing
2. Trauma Assessment (Week 3-4)
   1. Scene safety
   2. Transport decision
   3. Treatment
3. Oral Board Medical Assessment (Week 5-6)
   1. Scene safety
   2. Transport decision
   3. Treatment
4. Cardiac Management (Week 7-8)
   1. Static
   2. Dynamic
5. Integrated Out-of-Hospital Simulation (Week 9-10)
   1. Scene Safety
   2. Patient Management
   3. Transport Decision
   4. Treatment
6. National Certification Test Prep (Week 11-15)
   1. STEM Writing
   2. Review practice questions
   3. Practice tests
7. **Proposed special features** **Modification requested? NO**

(e.g. labs, exhibits, site visitations, etc.)

N/A

1. **Department staffing and classroom/lab resources**

Classroom

1. Will this require additional faculty, supplies, etc.?

**NO**

1. **NO** Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Justification**

**Modification Justification (Course Modifications Only)**

1. Justification for Modification(s)

Enter text...

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

After completing the paramedic program, students take the paramedic national certification exam to gain paramedic licensure. Our accreditor, CoAEMSP/CAAHEP, tracks first time pass rates and cumulative 3rd time pass rates on the national certification exam. It is imperative to stay above the national average on the national certification exam. This course will better prepare our students for the national exam and improve our program’s first-time pass rates.

Objectives:

* Describe the procedures that National Registry uses to test Paramedics.
* List the subject areas included in the National Registry written test.
* Perform an assessment, identify, and treat a trauma victim.
* Complete oral board medical patient scenarios.
* Initiate and maintain an advanced airway on an adult mannequin.
* Identify cardiac rhythms and implement the appropriate treatment during static and dynamic cardiac station.
* Demonstrate entry-level paramedic competency in a formative patient scenario.

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

The mission of the paramedic program is to provide the highest educational standards, for students preparing to become paramedics, in a supportive learning environment. This course will fall in line with that mission by providing the highest level of education in order to prepare competent entry level paramedics.

c. Student population served.

Students admitted in the Technical Certificate of Paramedic and AAS Paramedic

d. Rationale for the level of the course (lower, upper, or graduate).

All courses in the paramedic program are lower level

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. **Yes / No** Do the proposed modifications result in a change to the assessment plan?

*If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is “Yes”)**

1. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

The intended program-level learning outcome for student enrolled in this course is to be a competent entry level Paramedic in the cognitive, psychomotor, and affective learning domains. This course is intended to be in the 3rd semester for the paramedic curriculum and will be included in the 3rd semester program assessment. As the program continues, assessment from the course will be integrated in the overall program assessments.

PLO #1: Apply critical decision making to the management of patients experiencing a medical or traumatic emergency.

1. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

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| **Program-Level Outcome 1 (from question #19)** | Apply course content to assessment and management of complex patients in emergency settings. |
| Assessment Measure | EMSP 2457 Field Internship Final Patient Simulation |
| Assessment  Timetable | After each third semester of the paramedic program. |
| Who is responsible for assessing and reporting on the results? | Program Faculty will be responsible for Assessing and reporting on the results.  The Program Director will summarize results for required accreditation reporting. |

*(Repeat if this new course will support additional program-level outcomes)*

**Course-Level Outcomes**

1. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| **Outcome 1** | Describe the procedures the National Registry uses to test paramedics via the cognitive and psychomotor exams. |
| Which learning activities are responsible for this outcome? | Scenario Based Content, Simulated Emergencies, Peer Assisted Learning and Simulated Lab Home Environment, Skills Lab, and classroom ambulance simulator. |
| Assessment Measure | Written exam, scenario-based performance, simulation performance, and lab skills checklists will be your assessment measure for this outcome r assessment measure for this outcome |

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| **Outcome 2** | Perform an assessment, identify and treat a simulated trauma victim and a simulated medical patient within a 20-minute high-fidelity simulation. |
| Which learning activities are responsible for this outcome? | Scenario Based Content, Simulated Emergencies, Peer Assisted Learning and Simulated Lab Home Environment, Skills Lab, and classroom ambulance simulator. |
| Assessment Measure | Written exam, scenario-based performance, simulation performance, and lab skills checklists will be your assessment measure for this outcome be your assessment measure for this outcome |
| **Outcome 3** | Complete oral board medical patient scenarios and identify cardiac rhythms and implement the appropriate treatment during static and dynamic cardiac stations. |
| Which learning activities are responsible for this outcome? | Scenario Based Content, Simulated Emergencies, Peer Assisted Learning and Simulated Lab Home Environment, Skills Lab, and classroom ambulance simulator. |
| Assessment Measure | Written exam, scenario-based performance, simulation performance, and lab skills checklists will be your assessment measure for this outcome our assessment measure for this outcome |
| **Outcome 4** | Demonstrate professionalism with faculty, peers and simulated patients. |
| Which learning activities are responsible for this outcome? | Scenario Based Content, Simulated Emergencies, Peer Assisted Learning and Simulated Lab Home Environment, Skills Lab, and classroom ambulance simulator. |
| Assessment Measure | Written exam, scenario-based performance, simulation performance, and lab skills checklists will be your assessment measure for this outcome |

**Bulletin Changes**

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| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** |

* + Refer to Program Modification Form NHP42 AAS Paramedic Curriculum Revision