|  |
| --- |
| For Academic Affairs and Research Use Only |
| Proposal Number | NHP52 |
| CIP Code:  |  |
| Degree Code: |  |

**NEW OR MODIFIED COURSE PROPOSAL FORM**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

|  |
| --- |
| **[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.

|  |  |
| --- | --- |
| Dr. Amy Hyman 3/18/2022**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Dr. Joseph Richmond 3/18/2022**Department Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (if applicable)**   |
| Shanon Brantley 3/25/2022**College Curriculum Committee Chair** |  Sara Walker, MS, NRP 3/18/22**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, 870-926-1186

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.”*

|  |  |  |
| --- | --- | --- |
|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)** *(Indicate “N/A” if no modification)* |
| **Prefix** |  | **EMSP**  |
| **Number\*** |  | **2422** |
| **Title** (include a short title that’s 30 characters or fewer) |  | **EMS Operations** |
| **Description\*\*** |  | **Operational knowledge and skills needed for safe and effective patient care within the paramedic’s scope of practice. Content areas include: research, illness and injury prevention, medical-legal-ethical issues, medical terminology, ambulance operations, and incident command rescue operations. Prerequisites, Grade of C or better in EMSP 2222, 2261, 2314, 2323, and 2352. Admission to the Technical Certificate of Paramedic or AAS of Paramedic. 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, 2261, 2314, 2323, and 2352.

* 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 Program
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? 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.)

Week 1: EMS Systems

Week 2: Workforce Safety and Wellness

Week 3: Medical, Legal and Ethical Issues

Week 4: Communications

Week 5: Therapeutic Communications

Week 6: Documentation

Week 7: Medical Terminology

Week 8: Incident Management:

Week 9: Transport Operations

Week 10: Vehicle Extrication and Special Rescue Operations

Week 11: Hazardous Materials

Week 12: Terrorism Response

Week 13: Disaster Response

Week 14: Crime Scene Awareness

Week 15: Finals

1. **Proposed special features** **[Modification requested? NO**

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

N/A

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

N/A

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)

**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)

 On the paramedic national certification exam, the EMS Operations section is the one most failed. Adding this course to our paramedic program will enhance our curriculum and better prepare the paramedic students for the national certification exam and also for the field of EMS.

 Objectives:

* Discuss the process of licensure and certification
* Describe the attributes that a paramedic is expected to possess and the roles and responsibilities of the paramedic.
* Describe the components of personal well-being and their importance in managing stress.
* Describe the physiologic, physical and psychological responses to stress.
* Define public health and its role in the health care system.
* Describe medical ethics, including the implications for paramedics.
* Discuss the legal and ethical accountability of paramedics.
* Discuss the importance of effective communication while providing emergency medical care.
* Explain the legal implications of the patient care report.
* Explain the purpose of medical terminology and the importance of being familiar with it.
* List medical terms associated with regional anatomy.
* Summarize the medical equipment, safety equipment, and operations equipment carried on an emergency medical vehicle.
* Explain the federal requirements for the minimum entry-level certifications of paramedics in the incident command systems (ICS) training.
* Describe how the START triage method is performed.
* Discuss guidelines for assisting special rescue teams.
* Explain the role of paramedics during a hazardous materials incident both before and after the haz-mat team arrives.
* Explain what is meant by an all-hazards approach to disaster planning.

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 into the Technical Certificate of Paramedic and AAS Paramedic

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

All the paramedic courses 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.*

|  |  |
| --- | --- |
| **Program-Level Outcome 1 (from question #19)** | Apply critical decision making to the management of patients experiencing a medical or traumatic emergency.  |
| Assessment Measure | EMSP 2457 Field Internship Final Patient Simulation |
| Assessment Timetable | After each first 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?

|  |  |
| --- | --- |
| **Outcome 1** | Compare and contrast the roles and responsibilities of the paramedic. |
| 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  |

*(Repeat if needed for additional outcomes)*

|  |  |
| --- | --- |
| **Outcome 2** | Discuss and describe the legal and ethical accountability of paramedics and the legal implications of the patient care report.  |
| 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  |

|  |  |
| --- | --- |
| **Outcome 3** | Demonstrate competency in emergency management and incident command system knowledge.  |
| 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  |

|  |  |
| --- | --- |
| **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  |

**Bulletin Changes**

|  |
| --- |
| **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 and NHP44 Tech Cert Paramedic Curriculum Revision