UNIVERSITY OF WASHINGTON

OFFICE OF THE PROVOST

June 4, 2009

Dr. Randy Spaulding
Director, Academic Affairs
Higher Education Coordinating Board
917 Lakeridge Way
Olympia, WA 98504

Dear Dr. Spaulding:

Enclosed please find a copy of a proposal to establish a Bachelor of Paramedicine to be offered by the University of Washington's School of Medicine by MEDEX beginning fall 2009.

In accordance with the HECB'S *Program and Facility Approval Policies and Procedures*, we are sending copies of the proposal to the other Washington state public baccalaureate institutions for review and comment. We have asked that they write directly to you.

Thank you for your assistance. Please contact Robert Corbett by phone at (206) 616-0657 or by email at rcorbett@u.washington.edu with any questions you may have regarding this proposal.

Sincerely,

Dr. Gerald J. Baldasty
Dean and Vice Provost
The Graduate School

cc: Mr. Dean Brook, Assistant Director, Paramedic Training Program
Dr. Douglas J. Wadden, Executive Vice Provost, UW
Dr. Edward Taylor, Dean and Vice Provost, Undergraduate Academic Affairs
Mrs. Sheila Nelson, Manager, MEDEX
Mr. Robert Corbett, Coordinator of New Programs, UW
Mr. Mark Bergeson, Associate Director, Academic Affairs, HECB

FORM 2

COVER SHEET
NEW DEGREE PROGRAM PROPOSAL

Part I requires the completion of the following forms: Appendices B-4, B-5, and B-6.

Program Information

Program Name: UW/HMC Paramedic Training Program

Institution Name: University of Washington

Degree Granting Unit: MEDEX/School of Medicine
(e.g. College of Arts & Sciences)

Degree: Bachelor of Paramedicine *(e.g. B.S. Chemistry)* Level: Bachelor *(e.g. Bachelor)* Type: Paramedicine *(e.g. Science)*

Major: Paramedicine *(e.g. Chemistry)* CIP Code: 51.0904

Minor: N/A *(if required for major)*

Concentration(s): N/A *(if applicable)*

Proposed Start Date: Falll 2009

Projected Enrollment (FTE) in Year One: 24 *(#FTE)* At Full Enrollment by Year: 2010 ; 24 *(# FTE)*

Proposed New Funding: $370,774.25

Funding Source: ☐ State FTE ☐ Self Support ☒ Other: Medic One Foundation

Mode of Delivery / Locations

☐ Campus Delivery Seattle/Harborview *(enter locations)*

☐ Off-site _____ *(enter location(s))*

☐ Distance Learning _____ *(enter formats)*

☐ Other

Note: If the program is the first to be offered at a given site or location, the submission must also include the information required for the establishment of a new teaching site as outlined in section B.1 of the Program and Facility Approval Policy and Procedures.

Scheduling

☐ Day Classes ☐ Evening Classes ☐ Weekend Classes

☒ Other *(describe)*: Classroom lectures, labs and clinical rotations in addition to required field work at varying times of the day.

Attendance Options

☒ Full-time

☐ Part-time

Total Credits 88 credits ☒ Quarter ☐ Semester

Contact Information (Academic Department Representative)

Name:	Dean Brook
Title:	Assistant Director, Paramedic Training Program
Address:	University of Washington, 325 – 9th Ave. Box 359727, Seattle, WA
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Endorsement by Chief Academic Officer

Date 4 June 2009

Proposal to offer a Bachelor of Paramedicine Degree through the UW School of Medicine/Harborview Medical Center Paramedic Training program

I. Introduction / History

The University of Washington School of Medicine/Harborview Medical Center Paramedic Training program seeks approval to award a Bachelor of Paramedicine for students who complete the educational requirements of the program and complete the degree requirements for the University of Washington. The University of Washington/Harborview Medical Center Paramedic Training Program has been certifying paramedics for regional pre-hospital emergency medical service since 1969.

The University of Washington's involvement in paramedic education began in the late 1960's when a group of Seattle physicians led by Dr. Leonard A. Cobb, a UW Professor of Medicine and Cardiologist at Harborview Medical Center, recognized the potential for saving the lives of heart attack victims in the streets of the communities. In order to accomplish this they knew it would be necessary to train and equip a group of providers to perform medical procedures in the pre-hospital setting. This began in 1969 as a collaborative effort with the Seattle Fire Department and is currently enjoying its 5th decade of partnership.

The first class of 15 Seattle Fire Department personnel began the training course in 1969. This class was designed to provide pre-hospital treatment of patients with cardiac complaints. The students learned the essentials of coronary care. The course included 200 hours of classroom instruction, and 700 hours of internship at Harborview Medical Center under physician supervision. March 7, 1970 marked the first day of operation for Seattle Fire Department paramedics. Washington State law at the time required that paramedics be accompanied by a physician on every emergency call.

Shortly after its inception, Medic One began to produce positive results. Patients who were dead on the paramedics' arrival were successfully resuscitated, hospitalized, and eventually released from the hospital. With its growing success, the leaders of Medic One elected to use their knowledge gained in cardiac care and expand the paramedic's scope to include critical situations where paramedics could make a difference in survival and quality of life. This led to an expansion of paramedic training to include all types of medical emergencies that occur in the pre-hospital setting.

By 1972, the Paramedic Training Program had evolved into the entity that now exists. The program is a physician-led didactic training experience that also features extensive patient contact on Seattle Medic One vehicles and at many Seattle area hospitals. The University of Washington and Harborview Medical Center has been the regional training site for the paramedic training program since its inception. Changes in Washington State law in 1972 (RCW 18.73.200) gave the University of Washington School of Medicine the legal authority to certify paramedics.

In 1975, the program began training paramedics throughout King County in response to increased regional demand. The program has since expanded its scope to include students from throughout Western Washington. With the completion of the most recent class in 2008, 576 paramedics have graduated the University of Washington School of Medicine Paramedic Training Program.

Emergency Medical Services (EMS), as a profession, is now barely a generation old. In 1996 the National Highway Traffic Administration's (NHTSA) Emergency Medical Services Agenda for the Future noted a desire to create a comprehensive plan for EMS education that will result in enhanced consistency in educational quality and greater entry-level student competency. This vision has moved the profession forward to develop a new National Education Standard structured on a competency based educational model.

This vision for the future includes a higher standard of core competencies for the three levels of EMS training, i.e. basic, intermediate and advanced/paramedic. There has been a steady movement over the last 10 years to increase the depth of knowledge and hourly time commitment making EMS training more comprehensive. The most recent recommendation is to integrate the highest level of training (paramedic) with institutions of higher education to gain college credit creating pathways that lead to a degree. In addition, recommendations by the accrediting body (CAAHEP) include an increased level of education for EMS educators and program directors. It is now a required standard for the Paramedic Program Director to have a minimum of a four-year degree with the recommendation for a Master's degree.

II. Relationship to Institutional Role, Mission, Program Priorities

The primary mission of the University of Washington is the preservation, advancement, and dissemination of knowledge. The paramedic program will enhance this mission through its dedication to research activities in the EMS system, its service and commitment to the local Western Washington communities and by the addition of a new discipline to its degree offerings.

The UW/HMC Paramedic Training Program draws students from throughout Western Washington. Responding to local needs, communities and EMS agencies sponsor each student to attend the training program. The communities often pass levies to support these needs. The UW/HMC/PMT has become the primary educator and training agency for much of this region. A core principal of the program is to provide excellence in training the region's paramedics who then return to serve their communities.

Paramedics have become an essential component of the continuum of care and serve as a link among health resources within Western Washington communities. Emerging roles and responsibilities of the paramedic include public education, health promotion and participation in injury prevention programs. As the scope of service continues to expand, the paramedic is likely to function as a facilitator of access to care for the underserved, as well as an initial treatment provider.

The Seattle/King County Medic One system has gained international recognition as the pre-eminent EMS system in the world, again noted in the September 24, 2008 issue of the Journal of the American Medical Association where Seattle/King County was shown to have the best pre-hospital resuscitation outcomes of 10 North American cities examined.[1] The driving force behind this success is the legacy of research conducted by UW School of Medicine faculty since Medic One's inception five decades ago. Research activities at all levels of the Seattle/King County EMS system have led to advances in medicine that are practiced throughout the world. This has made the UW a recognized international leader in pre-hospital and resuscitation research. The research focus of Medic One has significantly influenced the training regimen used to educate paramedics, enhancing our evidence based didactic and field internship format.

III. Documentation of Need for Program including:

A. Student Demand

Historically the University of Washington/Harborview Paramedic Program began in 1969 with only 15 Seattle students enrolled. To date, student enrollment has increased to 24 and candidates are accepted from expanded regions in Western Washington (currently 7 counties) and parts of Eastern Washington (Yakima County). The demand for the training program is greater now than it has ever been due to attrition in the profession and increased community demand. Because the need is greater than training capacity, there are students each year waiting for the next enrollment period. In light of the pending degree approval, this time period allows the program the opportunity to mentor and advise students on college course work that is appropriate to make them an improved candidate to be accepted in the degree pathway. Increasingly, students are coming to the program with varying amounts of college credit already completed. Giving them a pathway to seek a bachelor's degree provides them with opportunities for further growth in their careers. It will also give them the opportunity to seek advanced degrees in their future, should they wish to change careers or "burn out", which is typical of this physically demanding profession.

The number of students in the UW/HMC Paramedic program is consistent with other college Paramedic programs. In comparison, Central Washington University, the only Washington State institution to offer a Bachelor's degree, accepts 24 students per year and Bellingham Technical College accepts 16 students per year in their certificate program.

B. Employment and Community Demand

According to the US Dept of Labor, Bureau of Labor Statistics,[2] the EMS profession is expected to grow 19% from 2006 to 2016. This is a faster (on average) rate of growth than almost all other professions. Additionally, in a report issued two years ago, King County was expecting a 25% attrition rate over the next 5 years in the EMS / Fire Department profession.

Communities across Washington State are increasingly demanding more and higher level EMS training. Demand from communities across Western Washington is recognizable in their continued support of local levies to provide emergency medical care and services. In King County alone, there are over 40 fire and EMS agencies serving local communities. Clearly, support for EMS services is broad-based and in demand. Medic One began in Seattle, and through the years has been nationally and internationally recognized as the leading representative of EMS services for its life saving capabilities and state of the art advances in research. Furthermore, aging members of the baby-boom generation are more likely to experience health problems, many of them medical emergencies, thus creating additional demand for paramedics.

IV. Support of the HECB Strategic Master Plan

The 2008 Strategic Master Plan for Higher Education in Washington produced by the Washington State Higher Education Board cites expanded bachelor's level degree programs in health sciences as a primary policy goal for state agencies and institutions.[3] The report cites

shortages of workers in high demand fields such as health care and the need to increase research capacity as a means of promoting economic growth and innovation within our economy.

The transformation of the UW/HMC/PMT to a bachelor's level degree program would facilitate each of these goals. By granting degree opportunities for paramedic students, the UW expands the educational opportunities for students who, upon completion of training, return to communities throughout Western Washington. The degree may be used as a foundation for pursuing additional education and training in health related fields such as physician assistant training, medical school or in other allied healthcare fields. The added degree potential would also expand opportunities with private industry and entrepreneurial innovations within healthcare.

The additional degree would expand the research opportunities for UW School of Medicine faculty who focus on paramedic education and training for their primary research. In turn, the increased educational awareness of the pre-hospital workforce would facilitate compliance and accuracy of clinical research protocols through increased knowledge of research theory and methodology. Opportunities may be created for interdisciplinary research in response to the health care needs and access issues of a variety of populations.

V. Relationship to Other Institutions

There are approximately 9 EMS/Paramedic Training programs in Washington State. Eight of these are affiliated with local Community Colleges (6 in Western Washington and 2 in Eastern Washington). Those associated with Community Colleges either offer certification alone or also offer an AAS degree. Only one program in Washington State is affiliated with a four-year institution of higher education and that is the Paramedic program at Central Washington University. This is currently the only Bachelor degree offered for Paramedic Training in the state.

The proposed Bachelor of Paramedicine, if granted, at the University of Washington would become the second Bachelor's program in Washington State and the only Bachelor's program in Western Washington. The Degree would give the Paramedic program the opportunity to create linkages with Western Washington Community Colleges to create pathways for students to obtain appropriate college credit in preparation for the Paramedicine degree.

The UW/HMC/PT does not have a direct on-going formal collaborative effort with other institutions but collaboration exists on a national level with other paramedic programs by attending major EMS conferences, being involved in committees and professional organizations. Examples of these organizations are the National Association of EMS Educators, State Trauma Council Meetings, Regional EMS Meetings just to name a few. Faculty and UW/HMC Paramedic program representatives are frequent speakers at these major conferences and are involved heavily in sharing ideas for the improvement of the profession. Through these experiences a very supportive atmosphere has been created among our colleagues.
Sharing and comparing curriculum information with other national or local programs is a frequent occurrence while attending these national or local conferences/meetings. The UW/HMC Paramedic Program is frequently asked to share information with others because of the leadership exhibited in the Paramedicine field for over 40 years.

If the application to become a degree program is granted, the Paramedicine faculty and staff would continue developing plans to work with local community college advisors to identify

appropriate coursework that would best prepare students for UW Paramedicine program and the Bachelor of Paramedicine degree. Part of this plan is to mentor candidates and encourage them to work on obtaining college credits and encourage them to work toward an Associate Degree at a community college prior to beginning the Paramedicine program.

The Paramedicine program will continue to participate in both High School and College level career fairs, make presentations at local community events and local fire stations to promote our profession and to recruit candidates. The earlier students know about the paramedicine profession, the better prepared they can be with counseling, advising and mentoring. As we move to a degree program, we recognize that this area of recruitment and counseling will require more effort and time commitment on the part of our faculty and staff.

VI: Curriculum

The program is 5-quarters in length and offers 88 credit hours, however, students will be spending significantly more time than is normally seen in a traditional undergraduate program. Clinically based training programs, such as ours, or also the Physician Assistant program at the University of Washington, require a higher number of hours for students to become competent in clinical hands-on skills. The result is more hours per credit than would normally be seen in a traditional undergraduate program.

The Paramedic program is a competency based program meaning that each of the cognitive, affective and psycho motor learning domain building blocks must be mastered before allowing the student to advance to the next level. Because pre-hospital paramedicine ultimately deals with life and death, it is imperative that each student be trained to the highest of standards. Any testing or evaluation process in our program has a minimum passing requirement of 80%.

The courses for the Paramedicine Degree, 401 through 407, are letter graded. The grading structure for each course is described in the individual syllabi. Students must obtain a minimum score of 80% on a 4.0 scale to complete any of these courses successfully. If a student fails, he/she is remediated and then allowed a retake test with a minimum passing score required of 90%. Accumulation of three failed quizzes or exams throughout the paramedic training program will result in probation and may lead to possible dismissal.

The clinical practicum courses are graded pass/fail. When learning and mastering hands-on skills, for example, intubation, the student must perform to an accepted standard. If not, those skills are repeated until mastery occurs.

A. Program Objective

The objective of UW/HMC/PMT is to train non-physicians in the principles of evaluation and resuscitation of the critically ill or injured patient. The educational goals of the paramedic student will be to attain advanced knowledge in the evaluation of acute medical emergencies and the psychomotor skills necessary to accomplish this task.

B. Admissions Requirements

Candidates for the Bachelor of Paramedicine degree will normally be admitted at the junior year level and must pursue a five-quarter sequence of prescribed studies in paramedic training. Because the traditional student will come from local Fire Departments in Western Washington, many of the applicants will have completed their pre-professional academic coursework at college and universities other than the University of Washington.

To be eligible for the degree, students must be accepted for admittance by the UW/HMC/Paramedic Program and must meet regular UW admission requirements required of all UW transfer students and be accepted as a matriculated, degree-seeking student. Students who do not meet the UW transfer admissions criteria may be encouraged to satisfy the admissions requirements before starting the paramedic program or admitted as non-matriculated students. These non-matriculated students will complete the training program and receive the current UW School of Medicine Paramedic certificate.

Individual Program Requirements:

Application:
Paramedic students are pre-screened by their sponsoring Fire Departments. Pre-screening consists of a written examination, oral interview, practical assessment and psychological evaluation.

Candidates will submit an application and resume to the Paramedic Program culminating in an interview with the Assistant Program Director.

Cover Letter:
A brief cover letter will be submitted by the employer, verifying employment and recommending admission to the Paramedic Training Program. This information will be used by the Paramedic Program to assess the candidate's admission qualifications and fit with the program.

Prerequisites:

Must be Emergency Medical Technician-Basic trained.

A minimum of three years of field experience is required, however this requirement may be waived with permission from the Medical Director.

Must have a high school diploma.

Must have completed college freshman level courses or the equivalent in:

English Composition: minimum of 5 credits
Intermediate Algebra (example: Math 098, Math 104 or 107)
A 5 credit Science Course such as Human Anatomy and Physiology, Biology, Microbiology or Chemistry.

Official college transcripts must be submitted reflecting all college level courses taken from accredited institutions. These courses will be reviewed by Paramedic Program faculty.

Records:
Students must submit copies of the following records:

Current Washington State EMT card that is valid through the certification year
Valid Washington State Drivers License
Verification of Health Insurance

Current Immunizations
Criminal Background Check

Graduation Requirements: Bachelor of Paramedicine

Eligibility for the Paramedicine Degree is contingent on admission to the Paramedic Program as well as admission to the University of Washington as a matriculated, degree seeking student. All candidates for the degree of Bachelor of Paramedicine must meet the general university requirements for a Bachelors degree as established in the UW General Catalog. Bachelor degrees require at least 180 college level credits. See advisors degree worksheet. (Attachment A)

General Education:

1. A minimum of 40 credits in general education courses distributed across the three disciplines of Visual, Literary and Performing Arts (VLPA); Individuals & Societies (IS); and Natural World (NW). A minimum of 10 credits in each area and no more than 15 credits in any one area may count toward the distribution requirement.
2. Courses that qualify for the general education requirement are to be taken from the current University Distribution List.
3. All the courses listed on the following pages will be required for the major in Paramedicine. (Note that these courses cannot also be counted as part of the general education requirements.)

English Composition:

Candidates for the degree must complete one 5-credit composition course.

Writing Proficiency:

Candidates for the degree must complete an additional 7 credits of English composition or other writing courses. W - prefix courses would satisfy this requirement.

Quantitative and Symbolic Reasons (QSR) Proficiency:

Candidates for the degree must complete a course of no fewer than 4 to 5 credits that will satisfy the UW QSR requirement for graduation in which a substantial part of the work involves quantitative and/or symbolic reasoning. Courses satisfying the QSR and writing proficiency requirements may simultaneously be applied toward the general education requirements as long as the courses appear on the QSR list in the UW Admissions web pages under General Education Requirements.

Foreign Language:

Two years of high school foreign language are required for admission as a matriculated student at the University of Washington. No other foreign language will be required for the Bachelor of Paramedicine degree.

C. Bachelors Degree vs. Certification

The University of Washington School of Medicine is the only Paramedic Training Program sanctioned (in 1972) by Washington State Law RCW 18.73.200 to provide Washington State Certification for Paramedics. Currently, the UW/HMC/PMT awards certification following successful completion of the Paramedic program. Certificates of completion will continue to be awarded to all students as they graduate each year.

The goal of the paramedic-training program will be to offer the 88 program credits toward a Bachelor of Paramedicine degree in addition to certification for those students who meet UW entrance and degree requirements and who are accepted for admission to the UW as a matriculated, degree seeking student. The concurrent goal will be to increase the proportion of eligible students seeking degree status in future years. Although we do not anticipate requiring the degree as a condition to award paramedic certification, the future goal of the paramedic program will be 100% degree attainment for its students.

The trend in recent years in many health care professions, including paramedicine, has been toward offering college credit and attaining degree pathways for students to complete four-year degrees. The HMC/PM program has noted in recent years that an increasing number of students are entering the program with college credits that would allow them to receive a Bachelor's degree when combined with the Paramedic program credits. In the last site visit by our accrediting body, (CAAHEP) it was recommended that the academic work achieved by our students was worthy of degree status. With additional work, on the program's part, in mentoring, recruiting, counseling students, we believe that we can increase the number of students each year who would be eligible for admittance at the degree level.

D. Courses

The paramedic curriculum takes place in a fast-paced and intense competency based learning environment. In addition to the classroom lecture, labs, and clinical rotations, students are required to participate in field practicums on Medic One vehicles. This provides extensive patient contact under direct supervision of fire department paramedics and allows for immediate feedback. These field practicums are an unusually large time commitment in addition to the normal classroom studies.

Quarters 1 & 2 Schedule

Quarter I	**Summer Quarter**	**Contact Hours**	**Credit Hours**
MEDEX 451	Anatomy & Physiology	60	6
	Total	**60**	**6**

Quarter 2	**Autumn Quarter**		
MEDEX 401	Introduction to Paramedicine	167	8
MEDEX 402	Airway Management	66	3
MEDEX 403	Patient Assessment	67	4
MEDEX 414	*Paramedic Clinical Practicum I*	73	3
MEDEX 415	*Paramedic Field Practicum 1*	240	6
	Total	**613**	**24**

Quarters 1 & 2 Terminal Objectives

At the completion of these courses, the paramedic student will be able to:

- Define his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.
- Explain and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
- Define the role that ethics plays in decision making in the out of hospital environment.

- Apply the general concepts of pathophysiology for assessment and management of emergency patients.
- Describe the legal issues that impact decisions made in the out of hospital environment.
- Integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.
- Safely and precisely access the venous circulation an administer medications.
- Integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.
- Establish and/or maintain a patent airway, oxygenate, and ventilate a patient.
- Use the appropriate techniques to obtain a medical history from a patient.
- Explain the pathophysiological significance of physical exam findings.
- Integrate the principles of history taking and techniques of physical exam to perform a patient assessment.
- Apply a process of clinical decision making to use the assessment findings to help form a field impression.
- Follow an accepted format for dissemination of patient information in verbal form.
- Effectively document the essential elements of patient assessment, care, and transport.

Quarters 3 & 4 Schedule

Quarter 3	**Winter Quarter**	**Contact Hours**	**Credit Hours**
MEDEX 404	Medical Emergencies I	73	5
MEDEX 405	Trauma Emergencies	63	5
MEDEX 424	*Paramedic Clinical Practicum II*	72	3
MEDEX 425	*Paramedic Field Practicum II*	350	7
	Total	**558**	**20**
Quarter 4	**Spring Quarter**		
MEDEX 406	Medical Emergencies II	55	3
MEDEX 407	Special Considerations for Paramedicine	70	4
MEDEX 434	*Paramedic Clinical Practicum III*	92	4
MEDEX 435	*Paramedic Field Practicum III*	400	8
	Total	**617**	**19**

Quarters 3 & 4 Terminal Objectives

At the completion of these courses, the paramedic student will be able to demonstrate the knowledge and principles associated with the acute management of medical or traumatic emergencies including:

- Cardiac arrest
- Shock and hemorrhage
- Soft tissue injuries and burns
- Spinal and thoracic injury
- Musculoskeletal injury
- Endocrine emergencies
- Allergic or anaphylactic reactions
- Gastroenterological emergencies and abdominal trauma
- Renal or urologic emergencies
- Environmental and behavioral emergencies
- Infectious and communicable diseases

- Respiratory emergencies
- Cardiovascular emergencies
- Gynecological, Neonatal, and Pediatric emergencies.
- Childbirth and childbirth emergencies
- Emergencies relating to abuse or assault.
- Diverse patients and those who face physical, mental, social, and financial challenges.
- Acute deterioration of the chronic care patient.
- Patients with suspected head injury.
- Patients with neurologic emergencies

Quarter 5 Schedule

Quarter 5	Summer Quarter	Contact Hours	Credit Hours
MEDEX 408	Advanced Certifications	121	5
MEDEX 444	*Paramedic Clinical Practicum IV*	51	3
MEDEX 445	*Paramedic Field Practicum IV*	480	11
	Total	**652**	**19**

Quarter 5 Terminal Objectives

At the completion of these courses, the paramedic student will also be able to demonstrate the professional attributes and skills required to:

- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to care for the critically ill and injured neonate or pediatric patient.
- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to perform standard of care resuscitation of the adult patient with acute coronary syndrome, stroke or cardiac arrest.
- Describe and demonstrate key concepts, cognitive domains and psychomotor skill sets required to perform standard of care resuscitation of the adult trauma patient.
- Integrate the principles of the Incident Command System (ICS) and Multiple Casualty Incident (MCI) management techniques in order to function effectively and safely in fire based EMS systems.
- Integrate the principles of rescue awareness and operations to safely rescue patients.
- Evaluate hazardous material emergencies, call for appropriate resources, and work in the cold zone.
- Describe awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

VII. Infrastructure Requirements

A. Description of existing and new resources

Impact to the University

The offering of the Bachelor of Paramedicine degree by the UW will have no administrative impact on existing UW classrooms, equipment or financing. As noted above, the UW/HMC/PMT is in its 5th decade of providing training for paramedics. The program has well-established classroom space and funding mechanisms to provide necessary equipment and educators to carry out its mission. The primary funding source is the Medic One Foundation, a locally based organization whose primary mission is "Raising money to support excellence in pre-hospital emergency care.[4]" Please reference the Medic One Foundation website referenced below for the full scope of its mission in support of paramedic training. The UW/HMC/PMT has

well-established relationships with UW School of Medicine faculty members who have carried out its educational mission for decades. No additional faculty recruitment is anticipated. We do envision that the addition of this degree pathway will have an impact to the University by opening opportunities for the Paramedic discipline to work and collaborate in an interdisciplinary environment. In addition, the UW faculty involved in Paramedic education can be recognized for their teaching efforts in another degree program.

B. Faculty / Staffing

The Administration of Paramedic Training consists of 10 employees who are listed below. These employees are responsible for the daily administration of the program. Classroom instructors are comprised of Harborview Medical Center/University of Washington physicians. Over the course of this 5 quarter program, paramedic training utilizes approximately 30-40 of the top physicians in their field, e.g. Cardiology, Pulmonology, Neurology, Pharmacology, etc. covering all of the pre-hospital subjects set forth by the National Standard Curriculum. Field Internships are carefully administered by approximately 75 Seattle Fire Department senior paramedics. Student evaluation reports from these internships are submitted to the Assistant Program director who reviews them with each student and places the reports in the student academic file.

Faculty & Staff:

Michael K. Copass, MD	Professor of Medicine, Department of Neurology Director of Paramedic Training
Steve H. Mitchell, MD	Division of Emergency Medicine Medical Advisor
C. Dean Brooke, MICP	Assistant Director of Paramedic Training Student Advisor/Counselor
Jerry M. Erhler	Education Coordinator; Student Advisor/Counselor
Katrina Jordan	Admin. Specialist; Student Advisor/Counselor
Arthur B. Cole, MICP	Continuing Ed. Coordinator (renewed annually)
Michelle Prock	Program Coordinator
Keir Warner, BS	Research / Quality Assurance Coordinator
Sheila Nelson	Student Services Advisor (MEDEX Northwest)
Jennifer Johnston	Degree Advisor (MEDEX Northwest)

The majority of teaching staff consists of UW/Harborview faculty. Here is a sampling.

Hugh M. Foy, MD	Professor of Surgery
Graham Nichol, MD, MPH, FRCP©, FACP	Professor, Center for Prehospital Emer. Care
Sam R. Sharer, MD	Professor of Anesthesia
David J. Carlbom, MD	Assistant Professor of Medicine Division of Pulmonary and Critical Care Associate Director, Emergency Services
Samuel A. Warren, MD	Acting Instructor, General Internal Medicine Division of Emergency Services
Thomas D. Rea, MD	Associate Professor of Medicine, General Internal Medicine

Peter J. Kudenchuk, MD	Professor of Medicine Department of Cardiology Arrhythmia Services, UWMC
Mickey S. Eisenberg, MD	Professor of Medicine Division of Emergency Medicine UWMC Medical Program Director King County Emergency Medical Services
Alice B. Brownstein, MD	Assistant Professor, General Internal Medicine
Amy Baernstein, MD	Associate Professor of Medicine, General Internal Medicine
Robert Kalus, MD	Assistant Professor, General Internal Medicine
Francis Kim, MD	Associate Professor of Medicine, Division of Cardiology
Michael A. Chen, MD	Attending Physician Division of Cardiology
Andrew Luks, MD	Associate Professor of Medicine
Margaret Neff, MD	Associate Professor of Medicine, Division of Pulmonary and Critical Care
Erik Van Eaton, MD	Surgical Critical Care Fellow Department of Surgery
Andreas Grabinsky, MD	Assistant Professor, Anesthesiology
Jared W. Remington, MD	Acting Instructor, Emergency Services
Wendell Patrick Fleet, MD	Professor of Medicine, Division of Nephrology
Edward A. Gill, MD	Associate Professor of Medicine Division of Cardiology Director of Echocardiography Lab
David R. Park, MD	Associate Professor, Pulmonary & Critical Care Medicine
Milton L. Routt, MD	Associate Professor, Orthopaedics and Sports Medicine
William E. Kriegsman, MD	Clinical Instructor, Family Medicine
Dane K. Wingerson	Assistant Professor, Psychiatry and Behavioral Sciences

VIII. Students

A. Student Population Served

Students in the Paramedic program come from local fire departments, most in western Washington counties and a few from Yakima County and are representative of their home communities. In the current class of 23 students, we have 19 with some college level experience, 6 have two-year degrees and 3 have four-year degrees. We enjoy a diverse student group including female, male, Asian, Caucasian, African-American, American Indian and Hispanic as well as those who are disadvantaged. Approximately 20% of our current class is comprised of minorities, women, educationally and/or economically disadvantaged.

Admission to the program is a joint effort between the provider groups and the UW/HMC Paramedic training program. Program admissions criteria are described in section VI, B of this document.

In addition to acceptance by the Paramedic Program, students applying for the Bachelors degree must be admissible to the UW as a matriculated degree-seeking student as described in the Admissions section of this document.

B. Advising, Counseling and Mentoring

A strategic plan is in place to advise future candidates wishing to pursue this degree pathway. By approaching people early in their decision making process, we are able to counsel and advise them in the selection of their academic preparatory coursework. The Assistant Director of the program will have responsibility for or will train and assign other program faculty/staff to make presentations at regional Health Career Fairs; plan, advertise and present information sessions for potential applicants; visit regional Fire Departments and Public Health Districts to speak about preparation for the degree program or speak to local community groups who may provide scholarships for deserving applicants. In addition, the proper Paramedic staff will identify and mentor individuals over time and assist them in developing an educational plan that will keep them on a track to enter the program with the proper degree requirements. We will assist them in locating courses at their local community colleges that would provide the correct transfer credit needed to be eligible for admission to the degree pathway.

C. Diversity

Paramedic Training enjoys a naturally diverse student body by virtue of the fact that candidates are pre-selected by the agencies that send them to this facility for training. The paramedic providers in this region are fire and EMS based agencies that are required to follow local and federal regulations with regard to hiring practices. As a result of equal opportunity employers, the student population is without bias or discrimination with regard to race, color, creed, gender, sexual orientation, national origin, or religion.

We enjoy a diverse student group including female, male, Asian, Caucasian, African-American, American Indian and Hispanic as well as those who are disadvantaged. Approximately 20% of our current class is comprised of minorities, women, educationally and/or economically disadvantaged. Due to state mandated hiring practices, we would expect to continue training a fairly broad, consistent, and ethnically diverse group of students each year. Through our counseling, advising and mentorship we will continue to identify, encourage and advise all candidates of diverse backgrounds in their preparation to be admissible to our program.

Students are pre-screened for the program in local fire departments. Those fire departments typically draw their recruits from the community in which they are located so they are, in turn, representative of those communities. Therefore, the recruit has an established linkage to the community, understands the issues of the community and can relate to the people who live and work in those communities. These communities are varied in their ethnicity, racial make-up, economic and educational backgrounds. It is important for a fire fighter training to be a Paramedic to understand and relate to the people in the communities they serve and be representative of those communities. It is the continued goal of this program to be aware of and sensitive to the diversity of our candidates to ensure that they represent the community demographics they serve.

D. Research & Service Learning Opportunities

The Seattle Fire Department, which enjoys a close relationship with Paramedic Training, is heavily invested in research activities as evidenced by Seattle's membership in the Resuscitation Outcome Consortium. This is a committee of 10 Fire/EMS Agencies across the US and Canada who have combined resources for research purposes. Currently, the research is investigating benefits specific to CPR and defibrillation. Students are active participants in this on-going research. Hypothermia and Cardiac Arrest Blood Study are two additional research projects the Seattle Fire Department is currently conducting. Students are automatically a part of all research being conducted by the Seattle Fire Department. Research has been an important focus for the Seattle Fire Department and Paramedic Training.

As part of the Paramedic curriculum, students are privileged to spend time at local hospitals including UW Labor and Delivery, Seattle Children's Hospital Emergency and Operating Rooms. Students also enjoy various technical rescue drills as it relates to patient care at local fire departments within the King County community.

E. Financial Aid & Scholarship

As students at the University of Washington, financial aid would be available based on individual need and circumstances. All students will be advised to submit a FAFSA each year, which will be reviewed and evaluated by UW financial aid officials. Although Paramedic student tuition will be paid by the Medic One Foundation, students may still be eligible for other forms of aid, including access to emergency loans or other outside private loans that would be certified and disbursed by the UW financial aid office. In addition to financial aid, students will be encouraged to seek scholarships through their own resources.

IX. Program Assessment

As part of our accreditation requirements, Paramedic Training has multiple evaluation processes that are on-going or conducted on a regular basis. We review and critique almost every aspect of our program looking for ways to improve curriculum content and delivery, lecture presentations, laboratory hands on experiences, and field internships. We seek evaluations from our students, our preceptors, faculty, and provider groups. The success of our program is a result of this continuous self-evaluation process and feedback.

We have developed a system of evaluation over our 40-year history. We gather feedback and evaluation from students on a daily basis regarding classroom presentations, content, organization and field applicability. Students evaluate their clinical rotations, give feedback on textbooks and equipment and evaluate their lab experiences. Students evaluate mentors, preceptors, and faculty on a quarterly basis. Exit interviews are conducted with students and suggestions or comments are solicited. All of this information is used to strengthen and improve the program.

Feedback and evaluation is gathered on the program from our Provider groups, who evaluate the students after graduation. Faculty and staff continually evaluate curriculum content and organization, lab experiences and clinical training exercises. Some of this is done daily or monthly in addition to a formal yearly review process where all of the information and evaluation that has been gathered is assessed. It is in these yearly evaluation meetings that we frequently revise course topics or content, evaluate lectures and lecturers, adjust presentation methods, make additions, deletions or revisions in learning objectives and course content based on continuing changes in medicine. In addition the Assistant Director of the program conducts monthly progress meetings with students to evaluate progress and address any concerns.

In addition, the accreditation body (CAAHEP) mandates a continuous evaluative process and self-study. We provide annual reports to CAAHEP that include the results of the above mentioned evaluations. Every five years we are site visited by CoAEMSP (Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions). As a part of this site visit we do an in depth self-study utilizing the evaluations mentioned above.

Please see attached Evaluation Appendix for examples of evaluative materials used.

X. Student Assessment

In the typical lecture style classes, student learning outcomes are evaluated by weekly quizzes comprising 90% of the course grade and 10% of the grade is homework. This percentage will vary depending on the specific course. Students must pass all quizzes. Minimum passing score on quizzes is 80%. Failure to meet minimum passing scores on each quiz results in remediation and a retake with a minimum passing score of 90%. Accumulation of three failed quizzes or exams throughout the paramedic training program will result in probation and possible recommendation for future dismissal. This is clearly defined in the student handbook, chapter 3, page 1. All lecture style classes are letter graded on the 4.0 scale.

Clinical practicum courses are graded pass/fail due to the hands-on nature of the courses. Students are evaluated on each rotation on a 1-5 Likert Scale with the minimum passing average of 3. Students in clinical practicums are evaluated by UW physicians, nurses and Seattle Sr. Paramedics. All evaluations are reviewed by faculty and the assistant program director of the Paramedic program.

Students must maintain a passing level of 80% in all courses. Students failing to meet these standards are placed on probation. Every attempt is made to remediate students utilizing tutors, big brother/big sister programs as established in paramedic training, and individual assistance from the paramedic training office. If students fail to meet standards while on probation, dismissal may be recommended. Students have the right of appeal.

XI. Accreditation

The University of Washington/Harborview Paramedic Training Program (UW/HMC/PMT) has always strived to meet and exceed this EMS vision by maintaining accreditation thru the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Through annual self-assessments and re-accreditation site visits, the program has met all CAAHEP requirements and recommendations. CAAHEP, in its last two site visits has made the following recommendation: “Continue working to obtain college credits for the course. Students who commit to the time and academic rigor of this program should receive the academic recognition they deserve.”

Currently there is no bachelor level paramedic training degree opportunities in Western Washington, although a Paramedic Program currently exists at Central Washington University in eastern Washington. The UW/HMC Paramedic Training Program is currently the largest and most comprehensive paramedic training program in Washington State. The program is uniquely situated to provide a bachelor level degree and address the recommendations of our accrediting agency. The national trend is moving toward recognizing the need for a Paramedicine degree and the University of Washington is positioned to lead the way in Western Washington.

XII. Budget

In general, the Paramedic program is fully funded by the Medic One Foundation. This covers student tuition, program infrastructure, equipment, instruction, facilities and any other costs associated with this training program. See attached budget sheet, in Appendix E.

XIII. External Evaluation of the Program

See attached reviews in Appendix D

Summary

The UW/HMC Paramedic Training Program, supported by the University of Washington School of Medicine, is the only Paramedic Training Program sanctioned by Washington State law (RCW 18.73.200) to provide Washington State Certification for Paramedics. We have strived to succeed in our mission by maintaining national accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The increase in curriculum content generated by the Emergency Medical Services Education Agenda for the Future and the Paramedic Expanded Scope of Practice has pushed the accrediting agency to recommend that certificate programs upgrade to Bachelor Degree status and has been so noted in the final review of our last two accreditation renewal site visits.

It is quite clear that the national EMS environment is transitioning Paramedicine to a degree program. It is also widely acknowledged that the rigors of the UW/HMC Paramedic Training Program, arguably the best program in the country, more than satisfy the strict University standards for a degree program. It is the goal of the UW/HMC Paramedic Training Program to gain acceptance of our Bachelor of Paramedicine degree at the University of Washington.

1. Nichol G, Thomas E, Callaway CW, et al. Regional variation in out-of-hospital cardiac arrest incidence and outcome. JAMA. 2008-09-24. Vol. 300, Iss. 12; p. 1423-31

2. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2008-09 Edition, Emergency Medical Technicians and Paramedics, on the Internet at http://www.bls.gov/oco/ocos101.htm

3. Washington Higher Education Coordinating Board; 2008 Strategic Master Plan for Higher Education in Washington. p. 25-26. http://www.hecb.wa.gov/news/newsreports/newsreportsindex.asp Accessed November 22, 2008.

4. The Medic One Foundation. http://www.mediconefoundation.org/ Accessed November 22, 2008.

Appendix A: Course Description, Degree Requirements Worksheet, PMT Training Piechart

Paramedicine Course Descriptions

MEDEX 401 Introduction to Paramedicine (8)
Introduces the history of paramedicine and role of the paramedic, as well as medical concepts and technical skills relevant to its practice. Prerequisite: MEDEX 451; Seattle/King County Paramedic students only. Offered: A.

MEDEX 402 Airway Managements (3)
Teaches cognitive and psychomotor skills critical to basic and advanced airway management. Includes enhanced techniques of rapid sequence intubation. Prerequisite: MEDEX 401 which may taken concurrently. Offered: A.

MEDEX 403 Patient Assessment (4)
Teaches patient assessment and total patient care management. Provides didactic and laboratory exposure necessary to perform compete and thorough patient exams. Prerequisite: MEDEX 401 which may be taken concurrently. Offered: A.

MEDEX 404 Medical Emergencies I (5)
Studies the pathophysiology and treatment of medical emergencies encountered in cardiopulmonary, neurovascular, endocrine, renal, and obstetric patients. Introduces the pharmacology of neurovascular and cardiopulmonary medications. Prerequisite: MEDX 403. Offered: W.

MEDEX 405 Trauma Emergencies (5)
Emphasizes advanced pre-hospital management of the critical trauma patient. Teaches the pathophysiology and treatment of burns and trauma to the head, chest, and abdomen. Includes advanced techniques in surgical airway. Prerequisite: MEDEX 403 which may be taken concurrently. Offered: W.

MEDEX 406 Medical Emergencies II (3)
Studies the pathophysiology and treatment of alcoholism, environmental disorders, infections and communicable diseases, hematology, toxicology, and psychiatric emergencies. Prerequisite: MEDEX 405. Offered: Sp.

MEDEX 407 Special Considerations for Paramedicine (4)
Emphasizes the care and treatment of pediatric, geriatric, and bariatric patients. Reviews special considerations encountered in scenarios such as multiple casualty, confined space, and extrication incidents. Prerequisite: MEDEX 406 which may be taken concurrently. Offered: Sp.

MEDEX 408 Advanced Certifications (5)
Instruction in PEPP, PALS, ACLS, ATLS, and National Registry curricula and certifications. Credit/no credit. Prerequisite: MEDEX 407. Offered: S.

MEDEX 414 Paramedic Clinical Practicum I (3)
Participation in all aspects of patient care in the HMC-ER and OR with a primary focus on patient assessment and examination, as well as proficiency in IV cannulation and airway management. Credit/no credit only. Prerequisite: MEDEX 401 which may be taken concurrently; Seattle/King County Paramedic students only. Offered: A.

MEDEX 415 Paramedic Field Practicum I (6)
Consists of regularly scheduled ride time with Seattle Medic One in which the student is closely mentored and evaluated by Seattle Fire Department paramedics as the student begins actively participating in patient care. Emphasizes scene management and total patient care competence. Credit/no credit only. Prerequisite: MEDEX 401 which may be taken concurrently. Offered: A.

MEDEX 424 Paramedic Clinical Practicum II (3)
Participation in patient care in the HMC-ER with a focus on patient assessment, examination, IV cannulation, and airway management. Emphasizes the critical care of patients in the cardiovascular intensive care unit. Credit/no credit only. Prerequisite: MEDEX 414. Offered: W.

MEDEX 425 Paramedic Field Practicum II (7)
Consists of regularly scheduled ride time with Seattle Medic One in which the student is closely mentored and evaluated by Seattle Fire Department paramedics as the student begins actively participating in patient care. Emphasizes scene management and total patient care competence. Credit/no credit only. Prerequisite: MEDEX 415. Offered: W.

MEDEX 434 Paramedic Clinical Practicum III (4)
Participation in patient care in the CHRMC-ER and OR with a focus on pediatric patient assessment, examination and proficiency in IV cannulation and airway management. Emphasizes the care of expectant mother and newborn through rotations in the UW Labor and Delivery department. Credit/no credit only. Prerequisite: MEDEX 424. Offered: Sp.

MEDEX 435 Paramedic Field Practicum III (8)
Consists of regularly scheduled ride time with Seattle Medic One. The student assumes graduated responsibility for patient care and scene management while being closely evaluated by Seattle Fire Department paramedics as the student begins actively participating in patient care. Emphasizes the field care of the pediatric patient and expectant mother. Credit/no credit only. Prerequisite: MEDEX 425. Offered: Sp.

MEDEX 444 Paramedic Clinical Practicum IV (3)
Participation in patient care in the HMC Emergency Department, Neurology Clinic, Pulmonary Clinic, and Cardiology Clinic. Focuses on trauma management, extrication, MCI, and search/rescue. Includes observation of a minimum of three autopsies with the medical examiner. Credit/no credit only. Prerequisite: MEDEX 434. Offered: S.

MEDEX 445 Paramedic Field Practicum IV (11)
Consists of regularly scheduled ride time with Seattle Medic One paramedics. The student assumes all responsibilities for scene management and patient care. Evaluations determine completion of the program. Credit/no credit only. Prerequisite: MEDEX 435. Offered: S.

Bachelor of Paramedicine

Requirement Worksheet

Name_____ Student Number_____

I. PROFICIENCY REQUIREMENTS

1. ____ I started college before fall 1985, have less than 85 transfer credits and fulfilled old proficiency requirements: (15 credits in any combination of math, composition or foreign language)
_____

2. ____ I started college before fall 1985 and have 85 or more transfer credits.

3. ____ I have already completed a bachelor's degree

4. ____ I started college after fall 1985 and have completed the proficiency requirements:

English Composition (5 credits): _____
(2.0 or higher grade required; may also be satisfied with score of 3 or higher on AP exam)

Additional Writing (7 credits): _____
To qualify as W courses _____

Quantitative and Symbolic Reasoning (from QSR list)
____ Q/SR course: _____
____ Passing score on Q/SR proficiency exam
____ Score of 3 or higher on College Board AP math exam
____ Score of 4 or 5 on College Board AP physics or computer science exam

II. AREAS OF KNOWLEDGE
(Minimum of 40 credits; at least 10 credits in each group; no more than 15 in any one area may count toward the distribution requirement)

Visual Literary & Performing Arts	Credits	Individuals & Societies	Credits	The Natural World	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

III. ELECTIVE COURSES (NON-MAJOR)

Course: _____ Credits: _____
Course: _____ Credits: _____
Course: _____ Credits: _____
Course: _____ Credits: _____ Non major credits _____

IV. Paramedic major: = 88 credits

Total Credits for the Degree must be a minimum of 180: Total Credits = _____

Training Hours

Appendix B: Sample Evaluation Forms

Autumn

MEDEX 415

PERFORMANCE EVALUATION

PARAMEDIC STUDENT - FIELD

STUDENT_____

EVALUATOR_____

TODAY'S DATE_____

INSTRUCTIONS: The purpose of this Autumn Field Performance Evaluation is to determine the initial readiness of the student to assume field activity responsibilities. Please evaluate the student's performance for pass/fail as it applies. This form should be completed and reviewed with each student. Complete one form per student per shift. Rate student performance in the following categories:

Criteria	Circle One		
RIG INVENTORY Can identify location of drugs and equipment? Rig Cleanliness?	Pass	Fail	
SAFETY Personal / PPE? Scene / Situational Awareness	Pass	Fail	
PATIENT INTERVIEW / EXAM	Pass	Fail	N/A
PATIENT CARE / TREATMENT	Pass	Fail	N/A
MEDICAL KNOWLEDGE	Pass	Fail	N/A
Skill – IV ACCESS Sterile technique? Successful?	Pass	Fail	N/A
Skill – ENDOTRACHEAL INTUBATION Technique? Successful?	Pass	Fail	N/A
WORK ETHIC / PROFESSIONALISM	Pass	Fail	
ATTITUDE / TEAMWORK / INTEREST	Pass	Fail	
COMMUNICATIONS Partner / Physician	Pass	Fail	N/A
MIRF - FORM 20B	Pass	Fail	N/A
****************OVERALL*****************	**Pass**	**Fail**	

PARAMEDIC STUDENT THIRD MAN STUDENT _____

PERFORMANCE EVALUATION

PARAMEDIC_____

INSTRUCTIONS: The purpose of this performance evaluation is to IDENTIFY strengths and weaknesses of the student in the field clinical setting. Patient care is the primary concern of all pre-hospital providers: Therefore, it is your responsibility to assist the student in areas of demonstrated weakness during the response. Please document your observations of the student's performance in each category only as it applies to this medical response, using the following scale. A form should be completed and reviewed with each student after every response. Rate student performance using the following scale:

1 - Unacceptable performance of Paramedic Skills, Medical Knowledge, and/or Professional Behavior.
2 - Poor, Meets only SOME of the Expectations of an entry level Paramedic; needs frequent assistance/intervention from paramedic.
3 - Fair, Meets MOST of the Expectations of an entry level Paramedic; is inconsistent, slow to perform, needs more experience.
4 - Good, Consistently meets ALL Expectations of an entry level Paramedic; meets all standards of performance.
5 - Excellent, EXCEEDS ALL Expectations of an entry level Paramedic; demonstrates outstanding standards of performance.
N/O, Not Observed
NOTE: a performance rated as Excellent (5) or Unacceptable (1) MUST be accompanied by a supporting comment.

Medic Run #	Patient gender/age	Chief Complaint	Pt. Severity (circle one)	Treatment
_____	_____	_____	1 - BLS/ALS Eval 2 - ALS Stable 3- ALS Unstable	_____

Skills and Behavior to be Rated	Unacceptable to Excellent	Comments
Patient Assessment Skills ABC's, Vitals, History, Physical exam (primary, secondary, and directed exam), Organization.	1 2 3 4 5 N/O	
Psychomotor Skills IV, ETT, EKG, splinting, backboard, defibrillation, drug preparation and administration, EKG monitoring, etc.	1 2 3 4 5 N/O	
Medical Knowledge Demonstrates comprehension of medical principles, pathophysiology, pharmacology, therapeutic use of meds,	1 2 3 4 5 N/O	
Medical Judgement Performance under stress, Ability to make medical decisions, Demonstrates problem solving (synthesis of data, differential diagnosis and management plan), can prioritize problems.	1 2 3 4 5 N/O	
Communication Skills Presentation to physician & hospital staff (radio or verbal), Interpersonal skills (partner, paramedic, family members and friends), Written reports (legibility, completeness, accuracy).	1 2 3 4 5 N/O	
Professional Behavior Skills Teamwork, Integrity/Honesty, Empathy/Compassion, Motivation, Diplomacy/Tactfulness, Confidence, Open-minded acceptance of criticism and suggestions, Initiative, Attitude.	1 2 3 4 5 N/O	

Specific areas for improvement?

What have you done to assist the student with these improvements?

Paramedic Signature _____ Date _____

Student Signature _____ Date _____

In Charge ☐ Skills☐ Form# _____

HARBORVIEW MEDICAL CENTER
UW Medicine

PRESENTATION EVALUATION

SUBJECT _____
DATE_____
PRESENTER_____

PARAMEDIC TRAINING

1 – UNACCEPTABLE Fails to meet the minimum expectations of the objectives and class content
2 – FAIR Meets minimum expectations of the objectives and class content
3 – AVERAGE Meets required expectations of the objectives and class content
4 – GOOD Consistently meets required expectations of the objectives and class content
5 – EXCELLENT Far exceeds expectations of the objectives and class content

NOT OBSERVED – N/O

NOTE: A RATING OF "1" (UNACCEPTABLE) OR "5" (EXCELLENT) SHOULD BE ACCOMPANIED BY SUPPORTING COMMENTS

PLANNING, COMMUNICATIONS, & ENVIRONMENT	**UNACCEPTABLE**		**TO**		**EXCELLENT**	
Instructor was on time and stayed on schedule	1	2	3	4	5	N/O
Information was available for preview, prior to the lecture	1	2	3	4	5	N/O
Classroom environment was effective for positive learning	1	2	3	4	5	N/O

Comments:_____

PRESENTATION CONTENT	**UNACCEPTABLE**		**TO**		**EXCELLENT**	
Information was presented in a concise, accurate, and appropriate manner	1	2	3	4	5	N/O
The audiovisuals and/or handouts were organized and well presented	1	2	3	4	5	N/O
The presenter was prepared, organized, and knowledgeable	1	2	3	4	5	N/O
The presenter was professional and courteous	1	2	3	4	5	N/O
The presentation met my expectations	1	2	3	4	5	N/O

Comments:_____

PRACTICAL CONTENT	**UNACCEPTABLE**		**TO**		**EXCELLENT**	
The practical portion of this presentation was planned and relevant	1	2	3	4	5	N/O
The appropriate equipment was available to use	1	2	3	4	5	N/O
The presenter was knowledgeable in the practical skills	1	2	3	4	5	N/O

Comments:_____

OVERALL IMPRESSION	**UNACCEPTABLE**		**TO**		**EXCELLENT**	
My overall impression of the presenter was	1	2	3	4	5	N/O
Would you like this instructor to give future presentations?	NO				YES	

Comments:_____

WHAT DID YOU LIKE BEST ABOUT THIS PRESENTATION?

_____

WHAT DID YOU LIKE LEAST ABOUT THIS PRESENTATION?

_____

WHAT WOULD YOU DO TO IMPROVE THIS PRESENTATION?

_____

(ADDITIONAL COMMENTS ON BACK)

University of Washington/Harborview
Paramedic Training
Program Director Evaluation

Name: _____

Evaluator: _____
Position: _____
Date: _____

Is program director dependable, prepared and are tasks completed on time?

Does program director utilize the DOT Paramedic objectives and aid in providing supporting AV materials, etc. assuring the objectives are met?

Does program director present material in an easily understandable fashion?

Is the program director organized and confident?

Does program director answer questions and act as an appropriate resource?

Does program director treat all students fairly?

Is program director condescending in any way?

Does program director present lectures and all material in an interesting and entertaining manner?

Is language used appropriate to student's level of education?

Does program director keep an open line of communication with hospital staff, preceptor medics, faculty and assistant Chief of EMS?

Does program director keep accurate records?

Does program director keep JRC and other state personnel informed about changes, updates, etc.

Does program director utilize appropriate grammar, pronunciation, diction, and spelling on slides/handouts and in lectures:

Were the audio-visuals used useful to the lecture with graphics well done?

What is program director's greatest strengths?

Weaknesses?

Additional comments:

Signed: _____ Date: _____

University of Washington School of Medicine

Paramedic Training Program

Employer Survey

Class #34

Graduate Name _____

Employer _____

The primary goal of the University of Washington Paramedic Training program is to prepare the graduate to function as a competent entry level paramedic. This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only. We request that the graduate's immediate supervisor complete this survey.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. KNOWLEDGE BASE (Cognitive Domain)

THE GRADUATE:

A. Has the EMS knowledge necessary to function in an EMS setting.	5	4	3	2	1	N/A
B. Has the general medical knowledge base necessary to function in an EMS setting.	5	4	3	2	1	N/A
C. Is able to collect data from charts and patients.	5	4	3	2	1	N/A
D. Is able to interpret patient data.	5	4	3	2	1	N/A
E. Is able to recommend appropriate diagnostic and therapeutic procedures.	5	4	3	2	1	N/A
F. Uses sound judgment while functioning in an EMS setting.	5	4	3	2	1	N/A

Comments: _____

_____

_____

_____

_____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE GRADUATE:

G. Effectively performs a broad range of clinical skills.	5	4	3	2	1	N/A
H. Possesses the skills to perform patient assessment.	5	4	3	2	1	N/A
I. Is able to perform approved therapeutic procedures and modalities.	5	4	3	2	1	N/A
J. Is able to perform and interpret diagnostic procedures.	5	4	3	2	1	N/A

Comments:_____

_____

_____

_____

_____

III. BEHAVIORAL SKILLS (Affective Domain)

THE GRADUATE:

K. Communicate effectively within the EMS setting.	5	4	3	2	1	N/A
L. Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1	N/A
M. Functions effectively as a team member	5	4	3	2	1	N/A
N. Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1	N/A
O. Is self directed and responsible for his/her actions.	5	4	3	2	1	N/A

Comments:_____

_____

_____

_____

_____

_____

V. ADDITIONAL COMMENTS

OVERALL RATING:
Please rate and comment on the OVERALL quality of this programs graduate:

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What qualities or skills did you expect the graduate to obtain during their training that he/she did not possess?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please provide comments and suggestions that would help this program better prepare your employees to functions as a Paramedic in your department.

_____

_____

_____

_____

_____

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_____

What are the strengths of the graduates of this program?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Rater Signature Date Title

Thank You!

Appendix C: Letters of Support

To Whom It May Concern: February 22, 2009

Rarely does one encounter an organization that exceeds all expectations rather than merely meeting minimum requirements like the Seattle Fire Department's Medic One training program. Providing nearly 3,000 hours of training to Paramedics in the Seattle, King County and many other communities throughout the vast region of the Pacific Northwest it rises far above the 600 hours required in the state of California and many other jurisdictions. As an early leader in "taking medicine to the streets" 40 years ago, it set the bar high to prove the skeptics wrong in their concern that life saving medical care including defibrillation, endotracheal intubation and central venous line placement were procedures that should for ever be performed exclusively by doctors. Through a comprehensive curriculum that includes didactic lectures, skill modules, on the job training on the Medic Units, in the Emergency Room and the operating room, these individuals gain the vital knowledge from lectures and drills that is reinforced by real life experience in supervised settings that represent the wide variety of medical emergencies. The statistics stand by themselves proving the skeptics wrong: Seattle remains the safest city in the country to have a heart attack and our Medics continue to have a 90 percent accuracy in ruptured abdominal aortic aneurisms and many others.

As an instructor in the program for over 19 years and a resident of our city and practitioner of surgery for 30 years, I have witnessed the excellence of our paramedics from all sides, including as a parent of an injured child, a chance responder on the street and in the Emergency Department and in the Operating Rooms of Harborview Medical Center where I trained and have served on the staff for nearly 2 decades. My regard for their professionalism in the entire spectrum of care from life-saving techniques to their kind, caring approach to the ill and their loved ones springs not from mere nepotism as an insider, but from a participant in this world renowned effort to serve the needs of others. As a physician, surgeon and educator who has traveled the globe, the regard and respect that our Paramedic training program enjoys springs from it's inclusive nature that has consistently opened it's doors who all come from both far away lands and local community colleges and military bases to learn "the Seattle Way". The continuing education and refresher sessions that medics return to Harborview helps them maintain their skills to better serve their communities, especially those in more remote areas. In addition, the close, collegial relationship with the University of Washington School of Medicine and Harborview Medical Center which serves as it's base creates a mutually productive environment for all involved in patient care, education and research.

It is my great pleasure to write this letter of support for one of the finest organizations that epitomizes professionalism and excellence in the service to others.

Respectfully submitted,

Hugh M. Foy, MD
Professor of Surgery
Head, Wind River College
University of Washington School of Medicine

Bellingham TECHNICAL COLLEGE

Dean Brooke
Harborview Paramedic Program
Box 359727
325 Ninth Ave.
Seattle, WA. 98104

December 20, 2007

Dear Mr. Brooke:

I am very pleased to write this letter of support for Harborview Paramedic Program as it requests the University of Washington grant credit for this education. Paramedic training in Washington State is well recognized as a level par with other Allied Health programs. Giving college credit for this training not only demonstrates a commitment to educational excellence, but validates the program as a profession. In looking at many programs through educational facilities nationally, more are moving away from non-credit certificate programs, and offering degrees, either Associate or Bachelor levels.

Bellingham Technical College has maintained the Paramedic Program as an Associate in Applied Science Degree since we became part of the Community College system in 1990. As with many professions, we have found that paramedics, as they begin to advance in their careers, need college credit for promotional opportunities. Since Harborview operates through the UW as the teaching hospital, is seems logical that they paramedic program would be run under the credit model. In this State, we only have one opportunity for paramedics to gain credit at the university level, and at current, there are no options for students coming from two-year colleges with an Associate degree in Paramedicine to articulate into a four-year institution and obtain a Bachelor degree. I know that many of us at the two-year college level would like to have that conversation in the future, as we believe that expanding access and opportunities for students is a main goal of all programs, but certainly of Educational Institutions.

Please let me know if I can be of further assistance, and please accept Bellingham Technical College's support of your program as you work towards a credit model.

Best Regards,

Therese M. Williams
Associate Dean of Professional Technical Education

Paramedic Training
325 Ninth Avenue, Box 359727
Seattle WA 98104-2499
Phone: (206)521-1215
Fax: (206)521-1914

HARBORVIEW MEDICAL CENTER
UW Medicine

December 17, 2007

University Registrar

To Whom,

The University of Washington Paramedic Training Certification program requests approval to become a Bachelor degree program. The request to transition to a Bachelor of Clinical Paramedicine Degree comes after 34 years of providing Paramedic certifications to the regions advance life support providers.

This paramedic training program, supported by the University of Washington School of Medicine, is the only Paramedic Training Program sanctioned by Washington State law (RCW 18.73.200) to provide Washington State Certification for Paramedics. We have strived to maintain our mission by maintaining national accreditation by the Commission on Accreditation of Allied Health Programs (CAAHEP). The increase in curriculum content generated by the Emergency Medical Services Education Agenda for the Future and the Paramedic Expanded Scope of Practice has pushed the accrediting agency to recommend that certificate programs upgrade to Associate or Bachelor degree programs and was so noted in the final review of our last two accreditation renewal site visits. The University of Washington would like to maintain this professional educational standard by moving our program to Bachelor degree status.

I request your concurrence of this matter and appreciate your support and assistance. If you have any questions, or need additional information, please contact my office at (206)521-1215.

Respectfully,

Michael K. Copass MD

Michael Copass, MD
Professor of Medicine/Neurology
Director, Emergency Services
Director, Paramedic Training
Harborview Medical Center
325 9th Avenue Box 359727
Seattle WA 98104

P:\Credits\Cover Letter for Credits.doc

Appendix D: External Reviews

Including letters from the following and response by Dean Brook

Douglas K. York, NREMT-P, PS
Emergency Medical Services
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1009
www.uihealthcare.com/depts/emslrc/

Keith Monosky, PhD©, MPM, EMT-P
Director, EMS Paramedic Program
Associate Professor, Department of Nutrition, Exercise and Health Science
Central Washington University

Sabina A. Braithwaite, M.D., FACEP
Associate Professor of Emergency Medicine
University of Virginia

University of Iowa Hospitals and Clinics

Douglas K. York, NREMT-P, PS
Emergency Medical Services
Learning Resources Center
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200 Hawkins Drive
Iowa City, Iowa 52242-1009
319-356-2597 ***Tel***
319-353-7508 ***Fax***
www.uihealthcare.com/depts/emslrc/
douglas-york@.uiowa.edu

May 19, 2009

C. Dean Brooke
Assistant Director
University of Washington Paramedic Training Program
325 Ninth Avenue, Box 359727
Seattle, WA 98104-2499

Dear Mr. Brooke:

Thank you for the chance to review the materials you sent me with regards to a Bachelor of Paramedicine Degree issued by the University of Washington by MEDEX Northwest. I strongly believe that a Bachelor's degree of this type is important to offer to paramedics as an opportunity to not only improve them but will ultimately improve our EMS Profession.

I will provide my feedback using the guiding questions that you provided me.

1. Does the program demonstrate a coherent design, reflecting appropriate depth and breadth, curriculum, sequencing of courses, synthesis of learning, and assessment of learning outcomes?

The coursework described is consistent with the traditional Paramedic Training model in that didactic, clinical and field components are integrated in an appropriate manner to meet CAAHEP and National Registry of EMT requirements.

2. How does the program compare to other institutions' programs? Is it traditional? Is it innovative ("cutting edge") in some way(s)?

One aspect of the Program that I noticed was that there is a very high number of physicians that will be involved with the training. This is a positive aspect for the potential students. The reputation of Harborview trained Paramedics is very good on a nationwide basis. From what I can see, this proposal will allow the Program to maintain that good reputation.

3. Does the program respond to current trends in the field?

It would appear that the selected faculty is also involved in various levels of Emergency Medicine research. While it is important to understand the National Standard Curriculum, this Program has the ability to supplement and provide the current standards and thinking of patient care.

4. Are student learning outcomes appropriate and clearly defined?

In reviewing the documentation, it is clear what the objectives are for each class.

5. Is the student assessment adequate, stellar, and innovative? Why?

The didactic assessment criterion appears to be appropriate. I did not see any evaluation tools for clinical or field time. I would assume that the proposal would use similar criteria and documentation that Harborview uses which has been deemed appropriate by the accreditation bodies.

6. Is the program assessment system adequate, stellar, and innovative? Why?

The program assessment system was not included in the materials that I reviewed, but again this system is already in place if the program is growing from the CAAHEP accredited program.

7. Are the resources appropriate?

I do not have specific information on the availability of training equipment, classroom space, offices and lab facilities, but these are items that are checked by site visit teams during the accreditation process. Since the program is accredited, I am sure that the program meets the requirements for adequate resources.

8. What are the program's strengths and weaknesses?

Strengths:

1. Physician involvement.
2. A great reputation within the communities of interest.
3. Administrative support from the University.

Weaknesses:

1. Only Fire Based students. (I am not that familiar with EMS in the State of Washington, but my opinion is that the Program could increase enrollment numbers if non-fire based students were allowed to enroll. Perhaps that is not possible, again, I am not sure of the laws and administrative rules in the State of Washington.)

9. What are your recommendations?

It is my opinion that you should be allowed to proceed with this proposal. Our profession will improve as our providers gain more education.

Please do not hesitate to contact me if you have any questions, require further materials or if I can assist you in any way.

With best regards:

Douglas K. York, NREMT-P, PS
Director
EMS Learning Resources Center

CENTRAL WASHINGTON UNIVERSITY

April 27, 2009

C. Dean Brooke, Assistant Director
University of Washington Paramedic Training Program
325 Ninth Avenue, Box 359727
Seattle, WA 98104-2499
Re: Review of Bachelor of Paramedicine Degree

Dear Mr. Brooke:

Thank you for the opportunity to review your endeavor to establish a bachelor degree program in paramedicine. I commend you, and your colleagues, in recognizing the importance of elevating the paramedicine certification to a formal, academic degree.

In providing you with input from my review, I will address the guiding questions you've provided and supplement them with my personal observations.

1. The program design is coherent and consistent with traditional educational structure of paramedic programs. I'm confident that you already have experience with this design in delivering the paramedic certifications to date. I'm sure it will work well in its transition into a degree program. The logical progression of didactic, practical, and clinical education serves well to establish cognitive foundations, create settings to develop psychomotor skills, and opportunities to refine that develop. I would recommend not changing the sequencing of the courses.

   The curriculum spans the entire breadth of the recommended national standard guidelines and provides adequate depth to assure skill development for entry-level competency in paramedicine. The only area that I would recommend increased depth is that of 12-lead electrocardiography. From the documents provided, it appears that 12-lead instruction is inclusive of an eight-hour lecture/lab format in the MEDEX 401 course during the seventh week of instruction. I would recommend greater depth of instruction in this area to meet the demands of the profession upon entry as a paramedic.

   In terms of the assessment of learning outcomes, it appears that the didactic sessions are largely graded based upon either weekly quizzes and homework assignments (MEDEX 401, 402, 404, and 406) or based upon summative examinations (MEDEX 403, 405, and 407). To assure adequate student assessment and student progression in learning, a combination of formative and summative assessment measures are recommended. In the courses that employ weekly quizzes, it might be beneficial to include a summative examination as well. In the courses that rely solely upon summative exams, some form of formative evaluation may be beneficial, or

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EEO/AA/TITLE IX INSTITUTION • TDD 509-963-2143

perhaps a mid-term summative examination would suffice. Given the diversity in student learning, it may be advisable to utilize as many forms of assessment as resources and time permit. Examples include: term papers, research papers, oral presentations, journal clubs, group projects, and a variety of homework assignments. Components of course grades should be appropriately weighted and be comprised of all three learning domains (cognitive, psychomotor, and affective) in final grade determination. Further examples include: attendance and participation, affective performance scored each quarter, formative assessment, and summative assessment in both didactic and practical skill labs.

2. The program compares favorably to similar, university-based programs in its structure and content. Many aspects of the program constitute a traditional approach to paramedic education, and several elements reveal an innovative perspective. For example, requiring an entire quarter in anatomy and physiology prior to the start of the paramedic curriculum is admirable and a practice that I strongly support. Also, some of the clinical skill instruction extends beyond the traditional scope of skill development among paramedic students – again, an admirable approach.

3. With the adjustment to the demand for 12-lead electrocardiography, the program parallels the current trends and demands associated with paramedic education. For example, MEDEX 402 provides important instruction in more advanced airway management techniques (e.g., RSI, surgical airway management, modified airway techniques, cricothyrotomy, etc.) than what is traditionally offered by paramedic training institutions. It is difficult to determine from the information provided, but I presume ventilatory assistive techniques (e.g., CPAP, BiPAP, PEEP, etc.) are also instructed

4. Learning outcomes assessment should be modified in accordance to the recommendations in item 1 above. To reiterate, it is important to provide both formative and summative assessments for each didactic course and for most practical skills instruction. It is also important to vary the methods of assessment to accommodate the diversity of learning styles of most students.

5. In this item, I will presume that student assessment refers to the entry-level assessment since student learning outcomes is addressed in items 1 and 4 above. Selection criteria for student candidates for a program typically vary from program to program as local and regional demand dictate. One study, currently underway, evaluates the utility and efficacy of HOBET examination scores as a predictor of student performance and successes. The preliminary indication is that HOBET exams for paramedicine education are highly predictive. I would recommend employing HOBET exams as a component of entry assessment to the program.

   Another aspect of entry eligibility is the EMT credentialing and experience assessment. Some programs require at least two-hundred call volume experience as an EMT for eligibility to a paramedic program. Additional questions that remains are: "Are all EMT certifications

equivalent in their skill verification?" and "Can Washington state-based paramedic programs accept students from outside of Washington state?" These questions remain unanswered in my estimation and may impact future student candidacy to your program.

6. In my review of the provided materials, I could not identify any elements of program assessment. The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) and its parent organization, The *Commission on Accreditation of Allied Health Education Programs* (CAAHEP), recommend program assessment based upon successful compliance to program goals and objectives. This assessment is traditionally conducted through student evaluations, graduate evaluations, and employer evaluations, as well as placement assessment. It would be important to institute such assessment instruments in your strategic plan.
7. Based upon my review of the provided material, the program resources appear to be more than adequate. My review does not include any comments on administrative, facility or equipment resources as I have not assessed that aspect. However, based upon the documentation, it appears that the program has a wealth of faculty resources that would contribute greatly toward the depth of the program's educational goals. The availability of the medical staff to assist instruction of the program puts your program at a distinct advantage over most in providing advanced clinical instruction. Of the few university-based, degree paramedic programs in the country, not many have a medical school affiliation and the faculty resources available to your program. I commend you on this advantage and look forward to the inevitable scholastic achievements derived from this opportunity.

8. The program's strengths are illustrated in item 7 above, with the remarkable faculty resources. I would also add that the access to Seattle Fire Department Medic One provides exceptional field internship opportunities for your students. The long history you have shared with this institution demonstrates that commitment toward paramedic education and professional development.

   The weaknesses are small by comparison and will certainly be resolved in time. I would propose that the greatest weakness the program faces is the lack of experience of instruction in the academic setting. This deficiency is counter-balanced by the tenure of the paramedic certification program, coupled with the legacy of the University of Washington experience in academics. In short order, the program will have resolved its growing pains and will invariably enjoy substantial successes.

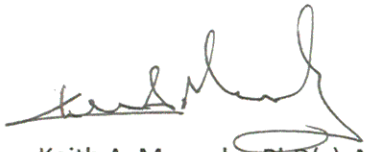
9. Based upon my review of the materials provided, my recommendations, in summary, are:
   - To institute formative and summative assessments in all didactic and practical courses
   - To assure assessment of students in cognitive, psychomotor, and affective domains in all courses of instruction.

- To vary the methods of assessment of learning outcomes to accommodate the diversity in learning styles of students.
- To expand the content of instruction for 12-lead electrocardiography to fully meet the needs of entry-level paramedics in contemporary prehospital care.
- To consider the inclusion of a course of instruction in pathophysiology to run concurrently with the anatomy and physiology quarter of instruction so that the program may contribute more toward the elevation of the academic status of university-educated paramedics.
- To consider the inclusion of a course of instruction in medical mathematics and drug calculations as a dedicated means of mathematical skill development for paramedic students.
- To continue with the substantive faculty support of the program from the medical staff in instruction and skill development of its students.
- To consider inclusion of the HOBET examination as a component of the selection criteria for entry into the program.
- Development of a Program of Study (or similar instrument) to guide the educational goal attainment of the student and to enable a means of gauging adequate academic progression toward the degree.
- To focus future goals of the program on advancing the clinical instruction of paramedics given the faculty and institutional resources available to the program.

It has been a pleasure reviewing the program's plan to provide a bachelor degree in paramedicine through the University of Washington, School of Medicine. It is apparent to me that the program has great potential and will contribute greatly toward the academic development of the paramedic profession. I commend you on your efforts.

Please don't hesitate to contact me for any additional needs or for clarification of my review. I look forward to a long-lasting, collaborative relationship and wish you the very best.

Sincerely,



Keith A. Monosky, PhD(c), MPM, EMT-P
Director, EMS Paramedic Program
Associate Professor, Department of Nutrition, Exercise, and Health Sciences

UNIVERSITY OF VIRGINIA HEALTH SYSTEM

The DEPARTMENT *of* EMERGENCY MEDICINE

April 21, 2009

C. Dean Brooke
Assistant Director
University of Washington Paramedic Training Program
325 Ninth Avenue, Box 359727
Seattle, WA 98104-2499

Re: Bachelor of Paramedicine Degree

Dear Mr. Brooke:

Thank you for the privilege of providing input into your Bachelor of Paramedicine proposal. I commend you for having the initiative to create a Bachelor's program which provides significant additional academic recognition for the rigorous program you provide to students. As you know, the national trend supports professionalization of EMS by creating precisely such programs.

I have addressed your questions in narrative form below.

(1 and 2) The program design reflects appropriate coherence with the National Standard Paramedic Curriculum. Although those reports are not included in the information provided for review, the program's longstanding accreditation through CoAEMSP/CAAHEP speak to the fact that it meets national standards, compares favorably to other programs, is dedicated to ongoing quality improvement, and welcomes and stands up to independent scrutiny. As you note, although it may appear to be an unusually intensive program, this structure is present in other programs where it meets specific local needs.

(3) The program is responsive to current trends in the field. It is a leader in integrating research into daily emergency medical services practice and education, in some ways dictating what current trends in the field will be, particularly in the area of cardiac resuscitation. Simulation experience is available currently, and anticipated to expand significantly with the upcoming addition of the new simulation center, and its use should be emphasized in the degree materials.

(4 and 5) Student learning outcomes are appropriate. In the review materials provided, specific numeric parameters are provided, but evaluation tools were not included. The methodology of progressive student clinical responsibility and rigorous, high level oversight with frequent direct feedback is laudable. This staged progression and intensive direct mentorship and practical experience deserves additional emphasis.

Individual course descriptions offer linkage to the national curriculum areas and their cognitive, affective, and psychomotor objectives. Additional specifics on required minimum competencies should be added to the minimum hours specified in Medex 414, 415, 424, 425, 434, 435, 444 and 445.

Additional specificity may be of benefit in the clinical practicum grading policy, adding clarity to the cumulative score requirement by adding expectations of progression in grading and parameters for maximum

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numbers of "below expectations" scores to achieve a passing grade by course completion. Validation of evaluation methodology is a part of the national accreditation requirement, but explicit inclusion of that information either within the grading policy for the clinical practicum courses or in the student handbook would be valuable.

(6) Program assessment is also provided for under the national accreditation requirements, including post-graduate surveys, employer surveys, and input from regional stakeholders in the form of an advisory committee. Again, explicit inclusion of these periodic student, graduate, and employer surveys in the program evaluation methodology provides evidence of ongoing self-assessment and improvement activity within the program.

(7) Resources are well-established. The faculty is distinguished and represents a broad spectrum of specialties. The high level of physician involvement in all aspects of the educational program is a great strength of the program, as is access to clinical and field opportunities. The unprecedented level of financial and academic support the program enjoys through the Medic One Foundation shows the long standing, high level partnership between the program and its stakeholders.

(8) In addition to those specified above, some of the greatest program strengths are the long tradition and tremendous support of the academic and EMS communities, high level of intellectual expectations, clinical experience, and close monitoring and feedback to students as they progress through the program in order to create field-ready paramedics with a well-integrated didactic and clinical experience. The high level of motivation and responsibility created by the student selection mechanism also allows for matriculation of students who are best situated to succeed.

(9) Overall, I think you should capitalize on and further emphasize your many program strengths in the application materials, particularly in the introductory material. They support the program as academically worthy of recognition as a Bachelor's level program through its level of rigor, integration, and community integration. In addition, shedding more light on the pivotal relationships between your program, its graduates, and the regional EMS agencies and the services they provide to western Washington may provide valuable context to state-level program reviewers less familiar with the specific context of EMS. A timeline schematic showing the didactic and clinical course progression and hours may help provide a clearer roadmap to the complex curriculum plan.

You provide an excellent proposal based on a proven, nationally known program which is well integrated into the academic, medical and communities it serves. I have every reason to believe that you will be successful in bringing the additional professional and academic benefit of a Bachelor of Paramedicine program to the University of Washington.

I appreciate the opportunity to participate in this process. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

Sabina A. Braithwaite, MD, FACEP
Associate Professor of Emergency Medicine

P.O. Box 800699 • Charlottesville, VA 22908-0699
Tel: 434-924-8485 • Fax: 434-924-2877

Date: 5 June 2009

TO: Robert Corbett

FR: Dean Brooke, Assistant Director
UW/HMC Paramedic Training Program

RE: UW/HMC Paramedic Program Student and Program Assessment

This letter is in response to questions / criticisms regarding how we self evaluate our program and how we evaluate students.

We do in fact have an extensive battery of formative and summative evaluations on students. This is done both on a weekly basis as well as quarterly. The material we included in the proposal that was submitted to the HEC Board contains an array of evaluations (see evaluation appendices). We include psychomotor, affective and cognitive evaluations in determining student ability. The combination of the typical classroom style testing, the comprehensive field evaluations and clinical skills assessments (i.e. intubations, iv access, etc.), provide a very thorough process of evaluating competency.

Student progress is measured on a regular basis by a combination of methods ranging from written tests to formal performance evaluations. Some methods of evaluation are: 1) Quizzes that cover subject matter of the each week; 2) Block exams are comprehensive written examinations following each major block of study. 3) Final Examination which includes a comprehensive written test and an oral exam. 4) Field Reports monitor daily field performance with written feedback provided to students and will document patient outcome, address concerns of assessment and treatment and may identify other areas of concern. 5) Procedure checklists document proficiency and competency for skills and procedures that are taught in classrooms and labs. 6) Clinic Evaluations by instructors and preceptors document and monitor student progress in clinical settings. 7) Log book records include a daily, field and clinical log that are used to record the students training and to determine the amount of experience gained. 8) Progress interviews by the Assistant Director and/or the Medical Director are conducted once per month to assess student progress and provide academic guidance. 9) Performance Evaluations are utilized in field internships and on Medic One Units both as evaluation of performance and as a teaching tool based on observations of patient work up, medical knowledge, work ethic, fieldwork, daily drill sessions and interactions with other health care providers. 10) Paramedic Evaluations performed by senior paramedics are utilized to assess student performance in real life situations. 11) Physician Evaluations are utilized to evaluate student performance, their clinical competency, critical thinking and multi-tasking skills. Physicians spend 12 hours shifts with students and drill them on areas of emergency medicine as well as observe and evaluate field performance. These are some examples of the methods by which the program evaluates psychomotor, affective and cognitive progress of students.

The culmination of training is the successful passage of the National Registry Exam. This exam provides verification at the national level of paramedic training and sets a medical-legal standard for evaluating the competence of paramedics. This exam is a requirement for graduation from the UW/HMC Paramedic Program.

As part of our accreditation requirements, the Paramedic Program has multiple evaluation processes that are on-going or conducted on a regular basis. We review and critique almost every aspect of our program looking for ways to improve curriculum content and delivery, lecture presentations, laboratory hands on experiences, and field internships. We seek evaluations from our students, our preceptors, faculty and provider groups. The success of our program is a result of this continuous self-evaluation process and feedback.

We have developed a system of evaluation over our 40-year history. We gather feedback and evaluation from students on a daily basis regarding classroom presentations, content, organization and field applicability. Students evaluate their clinical rotations, give feedback on textbooks and equipment and evaluate their lab experiences. Students evaluate mentors, preceptors, and faculty on a quarterly basis. Exit interviews are conducted with students and suggestions or comments are solicited. All of this information is used to strengthen and improve the program.

Feedback and evaluation is gathered on the program from our Provider groups, who evaluate the students after graduation. Faculty and staff continually evaluate curriculum content and organization, lab experiences and clinical training exercises. Some of this is done daily, or monthly in addition to a formal yearly review process where all of the information and evaluation that has been gathered is reviewed, studied and assessed. It is in these yearly evaluation meetings that we frequently revise course topics or content, evaluate lectures and lecturers, adjust presentation methods, make additions, deletions or revisions in learning objectives and course content based on continuing changes in medicine. The Assistant Director of the program conducts monthly progress meetings with students to evaluate progress and address any concerns.

In addition, the accreditation body (CAAHEP) mandates a continuous evaluative process and self-study. We provide annual reports to CAAHEP that include the results of the evaluations mentioned previously. Every five years we are site visited by CoAEMSP (Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions). As a part of this site visit we do an in depth self-study utilizing the evaluations described. We have been re-accredited in each of our last three site visits. It has been at the encouragement of this accrediting body that we have finally applied to become a degree program.

I hope this information is helpful. Again, thank you for all of your time and energy.

Respectfully Submitted.

Appendix E: HECB Forms 4-7 (Coursework, Students, Staffing, Budget)

Paramedic Training
University of Washington / Harborview Medical Center

Professional Course Requirements

		Contact hrs	Total hrs.	Cr Hrs
Quarter I	**(60 clock hours, 6 credits)**			
MEDEX 451	Anatomy & Physiology	60		6
	Total	**60**		**6**
Quarter 2	**(902 clock hours, 24 credits)**			
MEDEX 401	Introduction to Paramedicine	167	348	8
MEDEX 402	Airway Management	66	96	3
MEDEX 403	Patient Assessment	67	115	4
MEDEX 414	*Paramedic Clinical Practicum I*	73	103	3
MEDEX 415	*Paramedic Field Practicum I*	240	240	6
	Total (12 weeks)	**613**	**902**	**24**
Quarter 3	**(768 clock hours, 20 credits)**			
MEDEX 404	Medical Emergencies I	73	153	5
MEDEX 405	Trauma Emergencies	63	163	5
MEDEX 424	*Paramedic Clinical Practicum II*	72	102	3
MEDEX 425	*Paramedic Field Practicum II*	350	350	7
	Total	**558**	**768**	**20**
Quarter 4	**(787 clock hours, 19 credits)**			
MEDEX 406	Medical Emergencies II	55	155	3
MEDEX 407	Special Considerations for Paramedicine	70	120	4
MEDEX 434	*Paramedic Clinical Practicum III*	92	112	4
MEDEX 435	*Paramedic Field Practicum III*	400	400	8
	Total	**617**	**787**	**19**
Quarter 5	**(721 clock hours, 19 credits)**			
MEDEX 408	Advanced Certifications	121	150	5
MEDEX 444	*Paramedic Clinical Practicum IV*	51	91	3
MEDEX 445	*Paramedic Field Practicum IV*	480	480	11
	Total	**652**	**721**	**19**
	Grand Total	**2,500**	**3,178**	**88**

Note that this form is in place of HECB form 4 on required coursework

Form 5

ENROLLMENT AND GRADUATION TARGETS
Part I

Include this form with a new degree program proposal or a Notice of Intent to extend an existing program. Staff will post this information to the HECB Web site during the comment period.

Year	1	2	3	4	5
Headcount	24	24	24	24	24
FTE	24	24	24	24	24
Program Graduates	24	24	24	24	24

* Note that during the summer, the cohort of 24 expected to graduate will overlap the incoming cohort of 24.

FORM 6 **TABLE 1**

Program Faculty (Available upon request to Mark Bergeson @ 360-753-7881 or markb@hecb.wa.gov)

FORM 7 **TABLE 4**

SUMMARY OF PROGRAM COSTS AND REVENUE

Part II (Available upon request to Mark Bergeson 360-753-7881 or markb@hecb.wa.gov)