

ACADEMIC SENATE PROPOSAL TRACKING SHEET
(Document To Be Originated By the Academic Senate Secretary On Canary Color Paper)

Proposal # <u>15:25</u>	Title: <u>Emergency Responder Course Completion</u>
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(Proposal explanation, submitter and college dean signatures on attached program/degree or course revision form.)

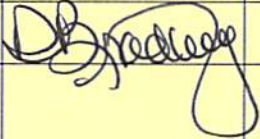
All proposals MUST have their originating college faculty body (Ex. Arts & Sciences, Education and Nursing; Technical Sciences) approval and must be signed by the submitter and the college dean before being submitted to the Academic Senate Secretary.

1. Submit all proposals (using the appropriate Academic Senate program/degree and/or course revision forms or General Education Inclusion form) to the Academic Senate Secretary. **NOTE: Level 1 or Level 2 forms must be submitted concurrent with this proposal where applicable. For Education proposals, PEU approval must be received prior to forwarding the proposal to the Senate.**
2. The Academic Senate Secretary logs and numbers items and forwards them to the appropriate Academic Senate subcommittee(s): General Education (if applicable), or Curriculum. A transmittal e-mail will be sent to the Recording Secretary of the receiving committee, cc Provost's Administrative Assistant, by the Academic Senate Secretary. A digital copy of the proposal will be linked on the Academic Senate Proposal page by the Academic Senate Secretary.
3. The Academic Senate subcommittee(s) consider(s) the proposal. If approved, the proposal is returned to the Academic Senate Secretary for forwarding to the next committee. If a committee disapproves the proposal, the originator may request that the item be forwarded to the next body for consideration. The committee will provide written rationale to the originator, via the Academic Senate, when a proposal is disapproved and the proposal is returned to the originator. Upon completion of committee action, the proposal will be returned to the Academic Senate Secretary, and a transmittal e-mail sent by the Committee Recorder to the Senate Secretary, cc Provost's Administrative Assistant.
4. The Academic Senate considers the proposal and recommends approval or disapproval. If approved, the proposal is forwarded to the Provost for consideration. If the Academic Senate disapproves the proposal, the originator may request that the item be forwarded to the Full Faculty for consideration, utilizing the procedures set forth in the Senate Bylaws. The Academic Senate will provide written rationale to the originator when proposals are disapproved and the proposal is returned to the originator.
5. Approved proposals will be forwarded to the Provost. The Provost approves or disapproves the proposal. If approved, the proposal is then forwarded to the Chancellor. From this point forward, the Provost's Administrative Assistant will update the Proposal page on the website by contacting the webmaster.
7. The Chancellor approves or disapproves the proposal.
8. The proposal will then either be implemented or referred to MSU for further action. The tracking page on the Provost site will be updated as required.

Subcommittee and Academic Senate college representatives will notify their respective colleges' of the progress of submitted proposals or the proposal may be tracked via the web page -- <http://www.msun.edu/admin/provost/senate/proposals.htm>

Documentation and forms for the curriculum process is also available on the web page:
<http://www.msun.edu/admin/provost/forms.htm>

***** (If a proposal is disapproved at any level, it is returned through the Academic Senate secretary and the Senate President, to the Dean of the submitting college who then notifies the originator.

	Date	Action Taken	Signature	Date	Comments/Reason for Disapproval	Sent to	Date	Transmittal E-mail sent
*Abstract received by Senate Secretary		Copy to Senate President. Forward to Provost.						
*Provost		<input type="checkbox"/> Abstract Approved <input type="checkbox"/> Disapproved						
Received by Senate Secretary	12/1/15	Tracking form initiated						
General Education Committee (if applicable)		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Curriculum Committee (if applicable)		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Academic Senate		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Full Faculty (if necessary)		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Provost		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Chancellor		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
MSU		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
BOR		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
NWCCU		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
Provost		Advise originating college and Academic Senate of status. Update Web page.						
Registrar		Catalog/Policy Manual Update						

NOTE: The secretary of the Academic Senate will update the Academic Senate Proposal web page from initial receipt until the proposal reaches the Provost. The Provost's Administrative Assistant will ensure that the current status of each proposal is maintained on the Academic Senate Proposal web page from that point forward. ***Abstract and pre-approval required for new programs ONLY.**

CEASN PROPOSAL TRACKING SHEET

(Document to Be Originated By CEASN Secretary)

1. Submit all proposals (using the appropriate Academic Senate program/degree and/or course revision forms) to the CEASN Administrative Assistant.
2. The CEASN Administrative Assistant forwards them to the appropriate CEASN Committee.

Proposal Number: 2015-2016 # 5	Title: Emergency Responder Course Completion
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Date

Received by CEASN Administrative Assistant

10.16.15

Forwarded to CEASN College Meeting

10.16.15

Approved

Disapproved



Chair

Date

Signature

Returned to CEASN Administrative Assistant

11.13.15

Forwarded to Dean for Signatures

11.13.15

 11-13-15

Dean

Signature

Returned to CEASN Administrative Assistant

11.13.15

Forwarded to Professional Education Unit

12.1.15

Approved

Disapproved

Signature

Date

Returned to CEASN Administrative Assistant

12.1.15

Forwarded to ACAD Senate

CEASN PROPOSAL TRACKING SHEET

(Document to Be Originated By CEASN Secretary)

1. Submit all proposals (using the appropriate Academic Senate program/degree and/or course revision forms) to the CEASN Administrative Assistant.
2. The CEASN Administrative Assistant forwards them to the appropriate CEASN Committee.

Proposal Number: 2015-2016 # 5	Title: Emergency Medical Responder Certificate
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	Date	
Received by CEASN Administrative Assistant	9.29.15	returned to NRSBG for improvements-
Forwarded to CEASN College Meeting	9.29.15	
		Approved _____ Disapproved _____
Returned to CEASN Administrative Assistant	_____	Chair Signature _____ Date _____
Forwarded to Dean for Signatures	_____	Dean Signature _____
Returned to CEASN Administrative Assistant	_____	
Forwarded to Professional Education Unit	_____	Approved _____ Disapproved _____
		Signature _____ Date _____
Returned to CEASN Administrative Assistant	_____	
Forwarded to ACAD Senate	_____	

COURSE REVISION FORM

NEW X DROPPED _____ MAJOR REVISION _____ FOR INFORMATION ONLY _____

College MSU - NORTHERN Program Area Emergency Medical Service (EMS) Date 9-17-15

Submitter *Andy Williams* Dean _____ Date _____
Signature Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):

This is a new course not found under the ECP state course list. This course is required to meet the goals of the TAACCCT4 Grant.

Please provide the following information:

College: MSU - Northern

Program Area: EMS Program

Date: 9/18/15

Course Prefix & No.: ECP 1xx

Course Title: Basic Life Support for Health Care Providers

Credits: 0.5

Required by: Nursing and EMT, AEMT, Paramedic

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab: 8 hours

Gradable Lab:

Contact hours lecture: 6

Contact hours lab: 2

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

The BLS Healthcare Provider Course teaches the skills of CPR for victims of all ages (including ventilation with a barrier device, a bag-valve-mask device, and oxygen), use of an AED, and relief of a Foreign Body Airway Obstruction. The course is designed for healthcare providers who care for patients in a wide variety of settings, both in and out of hospital.

Course Outcome Objectives:

1. Demonstrate on an adult manikin the current sequences and techniques for CPR
2. Demonstrate on a child manikin the current sequences and techniques for CPR
3. Demonstrate on an infant manikin the current sequences and techniques for CPR
4. Demonstrate on an adult manikin the appropriate usage of a barrier device and BVM
5. Understand the signs and symptoms of heart attack and stroke
6. Use of an Automated Defibrillator
7. Relief of foreign body airway obstruction for adult, child, and infant victims

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

Adult and infant manikins, student manuals, barrier devices, BVMs, AHA DVD, Instructor book. All of these items have been funded through the TAACCCT4 grant.

Updated 09/29/05

Montana Board of Regents
ACADEMIC PROPOSAL REQUEST FORM

Item Number: XXX-XXXX+XXXXX

Meeting Date: _____

Institution: MSU – Northern: CEASN

CIP Code: _____

Program Title: Emergency Medical Service (EMS) Program – EMR Course Completion

Please mark the appropriate type of request and submit with an Item Template and any additional materials, including those listed in parentheses following the type of request. For more information pertaining to the types of requests listed below, how to complete an item request, or additional forms please visit the [Academic, Research and Student Affairs Handbook](#).

A. Notifications:

Notifications are announcements conveyed to the Board of Regents at the next regular meeting.

1a. Placing a program into moratorium (Document steps taken to notify students, faculty, and other constituents and include this information on checklist at time of termination if not reinstated)

1b. Withdrawing a program from moratorium

2. Intent to terminate an existing major, minor, option or certificate – Step 1 (Phase I Program Termination Checklist)

3. Campus Certificates, CAS/AAS-Adding, re-titling, terminating or revising a campus certificate of 29 credits or less

4. BAS/AA/AS Area of Study

B. Level I:

Level I proposals are those that may be approved by the Commissioner of Higher Education. The approval of such proposals will be conveyed to the Board of Regents at the next regular meeting of the Board.

1. Re-titling an existing major, minor, option or certificate

2. Adding a new minor or certificate where there is a major or an option in a major (Curriculum Proposal Form)

3. Revising a program (Curriculum Proposal Form)

4. Distance or online delivery of an existing degree or certificate program

5. Terminating an existing major, minor, option or certificate – Step 2 (Completed Program Termination Checklist)

Temporary Certificate or AAS Degree Program

Approval for programs under this provision will be limited to two years. Continuation of a program beyond the two years will require the proposal to go through the normal Level II Proposal approval process.

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ACADEMIC PROPOSAL REQUEST FORM

C. Level I with Level II Documentation:

This type of proposal may go to the Board as a Level I item if all Chief Academic Officers are in agreement. If consensus among the Chief Academic Officers is not reached, however, the item will go to the Board as a Level II request.

1. Adding an option within an existing major or degree (Curriculum Proposal Form)

2. Consolidating existing programs and/or degrees (Curriculum Proposal Form)

D. Level II:

Level II proposals require approval of the Board of Regents. These requests will go to the Board in a two-meeting format, the first being as informational and the second as action.

1. Re-titling a degree (ex. From B.A. to B.F.A)

2. Adding a new minor or certificate where there is no major or option in a major (Curriculum Proposal Form)

3. Establishing a new degree or adding a major or option to an existing degree (Curriculum Proposal Form)

4. Forming, eliminating or consolidating a college, division, school, department, institute, bureau, center, station, laboratory or similar unit (Curriculum Proposal Form or Center Proposal Form, except when eliminating or consolidating)

5. Re-titling a college, division, school, department, institute, bureau, center, station, laboratory or similar unit

Specify Request:

Request to form an EMR Course completion. This will include Basic Life Support for Healthcare providers as well as Emergency Medical Responder training. This will allow students to quickly become workforce ready with the appropriate certifications and qualifications required to work in the emergency medical services field.

Needs assessments were completed by inquiring as to the medical staffing needs of the city of Havre, Hill County, and the surrounding communities that fall within the jurisdiction of the Montana State University – Northern. Subjects of this survey included the Northcentral Hi-line area local hospitals, doctor offices, nursing homes, emergency medical services, tribal colleges, clinics, and other health care providers. The surveys revealed that all EMS agencies in North Central Montana believed that they desperately needed more qualified EMS providers. The agencies also reported that they have minimal opportunities to provide current EMS employees with state and nationally required refresher training and Continuing Education in order to relicense and retain their current care providers. Many agencies are staffed by volunteers who have minimal resources to travel great distances to places such as Great Falls to attend established and successful EMS programs. The agencies themselves feel that they are unable to share or take on the burden of paying for travel for potential candidates due to tightly stretched budgets that are struggling to stock the ambulance shelves with needed supplies. The agencies described tight Medicaid requirements and limitations on how much can be billed for, noting that there are low collection rates for uninsured patients. Northern has received a state grant to meet the needs of the community and work force. This program has been identified as a top priority to meet those needs by

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providing local, top quality EMS initial, ongoing, and continuing training for Havre, Hill county, and the surrounding communities.

Revised 12/3/2015

Montana Board of Regents
CURRICULUM PROPOSAL FORM

Emergency Medical Responder Course Completion

1. **Overview** -This is a request to establish an Emergency Medical Responder Course Completion. The EMS program will offer Basic Life Support for Healthcare Providers as well as Emergency Medical Responder course training. The program creation is funded through a grant to expand the Allied Health courses offered to meet the needs of the community and region. A needs assessment has been completed and EMS has been identified as a top priority for this grant. This program will provide much needed local resources and training for initial certification to get work force ready adults licensed and qualified to work in the EMS field. This program will also provide upgrade training and advancement opportunities to those who are currently in the field working. Once individuals are licensed they are required to receive ongoing training and continuing education to relicense and this program will address those needs as well.

2. **Provide a one paragraph description of the proposed program. Be specific about what degree, major, minor or option is sought.**

This course completion will include courses which will get individuals qualified for positions quickly for the EMR level of EMS care. These course are required for the Emergency Health Science A.S. and B.S.

3. **Need**

A. **To what specific need is the institution responding in developing the proposed program?**

Needs assessments were completed as a requirement of the TAACCCT4 grant by inquiring as to the medical staffing needs of the city of Havre, Hill County, and the surrounding communities that fall within the jurisdiction of the Montana State University – Northern. Subjects of this survey included the Northcentral Hi-line area local hospitals, doctor offices, nursing homes, emergency medical services, tribal colleges, clinics, and other health care providers. The surveys revealed that all EMS agencies in North Central Montana believed that they desperately needed more qualified EMS providers. The agencies also reported that they have minimal opportunities to provide current EMS employees with state and nationally required refresher training and Continuing Education in order to relicense and retain their current care providers. Many agencies are staffed by volunteers who have minimal resources to travel great distances to places such as Great Falls to attend established and successful EMS programs. The agencies themselves feel that they are unable to share or take on the burden of paying for travel for potential candidates due to tightly stretched budgets that are struggling to stock the ambulance shelves with needed supplies. The agencies described tight Medicaid requirements and limitations on how much can be billed for, noting that there are low collection rates for uninsured patients.

B. **How will students and any other affected constituencies be served by the proposed program?**

By offering local training we can increase the number of responders and qualified ambulance volunteer available to staff the ambulances. Havre Fire will have experience a significantly increase hiring pool to get the best candidate due to the increase in qualified candidates. During the last hiring process Havre Fire only received 4 applications and not all of them were qualified with the minimum EMT certification.

C. **What is the anticipated demand for the program? How was this determined?**

Though our needs assessment we believe that we will see a class of 6-12 EMR students every year, 6-12 EMT students every semester, 6-12 AEMT students every other year as well as 6-12 Paramedic students every year.

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CURRICULUM PROPOSAL FORM

The demand for this program may exceed these number and we may offer certain course more often than listed.

4. Institutional and System Fit

A. What is the connection between the proposed program and existing programs at the institution?

The university currently offers a nursing program. We would be partnering with the nursing. This will allow us to share resources such as training tools, simulator mannequins, and equipment as well as faculty and adjunct instructors.

B. Will approval of the proposed program require changes to any existing programs at the institution? If so, please describe. NO

C. Describe what differentiates this program from other, closely related programs at the institution (if appropriate).

This program is completely unique to the University with the exception of similarities of the medical training the nurses receive. However, the certification and licensure is significantly different with exclusive requirements and learning objectives.

D. How does the proposed program serve to advance the strategic goals of the institution?

We believe we will ease the burden of low qualified applicants for volunteer and professional services by providing quality, initial, and ongoing EMS training to the surrounding communities and agencies. MSU-Northern has been working with MSU-Great Falls to duplicate their successful program and utilize their experience and guidance to build a successful and sustainable EMS program now and into the future. By offering local classes to our communities they can properly staff their life saving ambulances with highly trained, qualified care providers and meet the needs of their home town communities. Our program will work closely with these agencies to meet local training needs as well as collaborate and combine resources to hold initial training classes for several agencies at one time. The EMS program is being designed from the ground up to improve health care in the field by reducing morbidity and mortality while creating a self-sustaining program for the extended future.

E. Describe the relationship between the proposed program and any similar programs within the Montana University System. In cases of substantial duplication, explain the need for the proposed program at an additional institution. Describe any efforts that were made to collaborate with these similar programs; and if no efforts were made, explain why. If articulation or transfer agreements have been developed for the substantially duplicated programs, please include the agreement(s) as part of the documentation.

As stated above, we are working closely with MSU-Great Falls to duplicate their very successful and sustainable program. The Great Falls Program is similar to ours in that it is born out of need by the surrounding communities and currently draws non-local student to the campus. The non-local students receive this training and return to their hometowns to care for their communities and neighbors. Over time we will establish ourselves as a top EMS training program in the state and country by producing highly trained and competent

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student who are successful and achieving national accreditation.

5. Program Details

- A. Provide a detailed description of the proposed curriculum. Where possible, present the information in the form intended to appear in the catalog or other publications. NOTE: In the case of two-year degree programs and certificates of applied science, the curriculum should include enough detail to determine if the characteristics set out in Regents' Policy 301.12 have been met.**

This course is primarily designed entry level training for those who may be called to a medical emergency and has access to Emergency Care equipment. This course will introduce students to the applications of providing high quality Emergency Medical Care. This course will cover the etiologies, recognition, and treatment of traumatic injuries, medical emergencies, and areas of special populations such as pediatrics, and geriatrics. This course will also cover EMS systems and ambulance operations. This class is required prior to sitting for the National registry or state licensing exam. This Montana Board of Medical Examiners certified course combines lecture, skill demonstration, and skill practice to provide well-rounded education. Previous CPR or First Aid is recommended, but not required. Successful completion of this course and successfully passing the National Registry examinations merits certification good for a period of three years. This certification is the standard in Montana and many other states.

- B. Describe the planned implementation of the proposed program, including estimates of numbers of students at each stage.**

According to the TAACCCT4 grant all courses must be approved and running for Fall semester of 2017. We would like to begin offering EMT and EMR courses for 10-12 students in Spring of 2016 as special topics. We plan to begin offering EMR, EMT, AEMT, and Paramedic courses for 10-12 students during the Fall semester of 2016 to demonstrate success on all levels to the TAACCCT 4 grant prior to their deadline of Fall 2017.

6. Resources

- A. Will additional faculty resources be required to implement this program? If yes, please describe the need and indicate the plan for meeting this need.**

Initially we will require one FTE for the first EMT course and continuing of program development. This position will be funded through the TAACCCT4 grant until the program can become approved and established. The EMT course will require adjunct instructors 50% of the time to meet Instructor to student ratios. Once we begin offering AEMT courses the program will require 2 FTE and several part time instructors. 1 FTE will cover the EMT course and continued Program development and 1 FTE will Manage the AEMT course. Part time Faculty will be required to meet Instructor to student ratios as well as bring in expert instructors. For the Paramedic certificate course the program will require an additional 2 FTE to cover course instruction as well as clinical and internship management. The Paramedic classes will utilize EMT, AEMT instructors as well as part time Faculty to meet state and national instructor to student ratios. All of these positions will be funded by the TAACCCT 4 grant until the program can become established itself.

- B. Are other, additional resources required to ensure the success of the proposed program? If yes, please describe the need and indicate the plan for meeting this need.**

Training equipment for lab and skills development. All these items are initially funded through the TAACCCT4

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grant. All non-durable and non-reusable equipment and material will be covered in the course lab fees to create a self sufficient program.

7. Assessment

How will the success of the program be measured?

The success of the program will be measure in several ways. First we will monitor student's successful completion and passing of the National Registry certification exam. This is required for students to receive their license and become qualified care provide. We will also continuously perform needs assessment of the communities and surrounding agencies to ensure we are meeting the purpose of the TAACCCT4 grant. We will perform regular sustainability studies based on student's admission to the program. Lastly, we will seek national accreditation to ensure that we are providing the highest level of training and education for our students.

8. Process Leading to Submission

Describe the process of developing and approving the proposed program. Indicate, where appropriate, involvement by faculty, students, community members, potential employers, accrediting agencies, etc.

The program began with the TAACCCT4 steering committee performing a community needs assessment. They identified the need for EMS training. A contract was established with an individual to begin the process of creating the EMS program to meet the needs of the community. We then started looking to other campuses within the university system. We have worked closely with MSU-Great Falls to replicate their successful program and fit the National EMS curriculum into the university format. We have continued to develop all levels of the programs and ensuring that we are meeting National and State standards for EMS education. We have put together the following for each level and course: text books, workbooks, Instructor material, PPT, Syllabus, Program descriptions, course descriptions, course objectives, Schedules, Lab Fees, Exams, Skill sheets. We are ordering the required equipment through the TAACCCT4 grant as funds become available.