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| WHY DO A PROGRAM REVIEW? |

As a part of accreditation, the Higher Learning Commission (HLC) requires institutions to have an established process to regularly review all programs. Every institution is allowed the latitude to develop and administer a review process that is suited to the institution’s unique circumstances and needs.

The ICCB requires all instructional programs and all student and academic support services to conduct a program review at least once every five years. The program review process should…

* Examine the need for the program, its quality, and its cost of operation.
* Involve employees of the unit as well as individuals not employed in the unit.
* Examine current information and data.
* Produce results that are considered in campus planning, quality improvements, and budget allocation decisions.

The College’s annual program review report to the ICCB comes from the approved program reviews.

The purpose of Sauk’s program review process is to promote continuous improvement and to link those improvements to other internal processes, including curriculum development, assessment, budgeting, facility planning, and to the strategic plan through operational plans.

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| **TIMELINE** |
| April/May | Units informed that they are scheduled to conduct a program review in the fall |
| Beginning of the fall semester | Program review orientation sessions conducted |
| Fall semester | Units conduct their program reviews |
| **December 1** | **Program reviews are due** |
| Early Spring semester | Unit’s administrator and the Program Review Committee will consider program reviews, request revisions, and approve final reviews |
| April 1 | Equipment Requests, Personnel Change Requests, and Major Project Requests from *approved* program reviews, will be forwarded for consideration in the budget allocation process |
| End of spring semester | Instructional units submit next year’s operational plans, including all activities identified in the program review |
| Early July | Student and academic support services submit next year’s operational plans, including all activities identified in the program review |

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| **INSTRUCTIONS** |

* The program review is to be conducted by a team of 5 to 10 individuals consisting of the following:
	+ Department/unit staff
	+ Department/unit administrator
	+ 1 or 2 employees not part of the department
	+ 1 or 2 students
	+ 1 or 2 community members/non-SVCC employees
* Use this document as a template. Do not use alternate formats.
* Complete all items on all pages
* The ICCB Best Practices Report may describe the entire unit or a specific practice. *This is the only optional component* of the program review
* Insert the names of the program review team on the Signatures and Approval page
* Complete any appropriate request forms:
	+ Equipment Request
	+ Personnel Change Request
	+ Major Project Request
	+ Request forms are available in *FAST* under *Documents and Forms*
	+ Requests will be forwarded to the budget allocation process, *after all program review revisions have been submitted and the review has been approved by the Program Review Committee*. The requests will not be forwarded to the budgeting process until the Committee informs the unit that the review has been approved.
* The approval process:
	+ Submission of the review alone does not constitute approval
	+ The Program Review Committee may request additional analysis, clarification, or information, and will not approve the review until it is satisfied that its requests have been addressed
		- Reviews must be *approved by April 1* for requests to be forwarded for budgetary consideration
	+ The program administrator may request a meeting to discuss the review and/or request modifications, and approves the review after the Committee approves it
	+ The President provides the final approval of every review

QUESTIONS: Contact the Program Review Committee Chair, Janet Lynch, with any questions regarding your program review.

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| **HOW to SUBMIT the PROGRAM REVIEW** |

* Program reviews are due on December 1
* The program review, appropriate request documents, and any other support documents should be submitted as an e-mail attachment to:
	+ The program’s immediate administrative supervisor (dean or vice president), *and*
	+ The chair of the Program Review Committee, Janet Lynch.
* A printed copy of the review *is not required*, and is discouraged.
* A printed copy of the Signatures and Approval page, with signatures from all team members, should be sent to the Program Review Committee Chair, Janet Lynch.

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| **ALIGNMENT WITH THE COLLEGE MISSION** |

**College Mission**

Sauk Valley Community College is an institution of higher education that provides quality learning opportunities to meet the diverse needs of its students and community.

**College Vision**

Sauk Valley Community College will be recognized as a benchmark institution of higher education that provides exceptional learning opportunities in response to the diverse needs of its students and community.

**Program Mission**

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| ***We will provide quality learning opportunities to meet the educational needs of students, with a desire to be instrumental in providing emergent health care to the community. The program will meet the expectations of SVCC stakeholders, maintain fiscal responsibility, and represent the institution in a positive manner .***  |

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| **VIABILITY COMPONENT**The viability component focuses on quantitative analysis and the need for the program. |

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| **SECTION A: ENROLLMENT & RETENTION DATA** for major field required coursesAdditional resource: Operational plans |

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| **DATA TABLE 1: Course Enrollment for *Discipline*** (Tutorials not included) | **Discipline:** | **Emergency Medical Technician** |
| Use to answer question #1 |   |   |   |   |   |   |
| **Row** |   | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **5 Year Total** |
| a | Total Sections Offered | 7 | 6 | 5 | 4 | 6 | 28 |
| b | Total Enrollment at 10th day | 59 | 58 | 54 | 57 | 58 | 286 |
| c | Average enrollment for all sections offered | 8.4 | 9.7 | 10.8 | 14.3 | 9.7 | 10.2 |
| d | Course |  EMS 101 |  EMS 101 |  EMS 101 |  EMS 101 |  EMS 101 |   |
| e | Sections | 2 | 2 | 3 | 2 | 2 | 11 |
| f | Enrollment at 10th day | 26 | 34 | 43 | 33 | 24 | 160 |
| g | Average enrollment per section | 13.0 | 17.0 | 14.3 | 16.5 | 12.0 | 14.5 |
| h | Course |  EMS 103 | EMS 103 |  EMS 103 |  EMS 103 |  EMS 103 |   |
| i | Sections | 0 | 0 | 0 | 0 | 0 | 0 |
| j | Enrollment at 10th day | 0 | 0 | 0 | 0 | 0 | 0 |
| k | Average enrollment per section | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| l | Course |  EMS 104 |  EMS 104 |  EMS 104 |  EMS 104 |  EMS 104 |   |
| m | Sections | 1 | 0 | 0 | 0 | 0 | 1 |
| n | Enrollment at 10th day | 5 | 0 | 0 | 0 | 0 | 5 |
| o | Average enrollment per section | 5.0 | 0.0 | 0.0 | 0.0 | 0.0 | 5.0 |
| p | Course |  EMS 106 |  EMS 106 |  EMS 106 |  EMS 106 |  EMS 106 |   |
| q | Sections | 1 | 1 | 0 | 1 | 2 | 5 |
| r | Enrollment at 10th day | 7 | 7 | 0 | 12 | 15 | 41 |
| s | Average enrollment per section | 7.0 | 7.0 | 0.0 | 12.0 | 7.5 | 8.2 |
| t | Course |  EMS 111 |  EMS 111 |  EMS 111 |  EMS 111 |  EMS 111 |   |
| u | Sections | 1 | 1 | 0 | 1 | 0 | 3 |
| v | Enrollment at 10th day | 7 | 6 | 0 | 12 | 0 | 25 |
| w | Average enrollment per section | 7.0 | 6.0 | 0.0 | 12.0 | 0.0 | 8.3 |
| x | Course |  EMS 116 |  EMS 116 |  EMS 116 |  EMS 116 |  EMS 116 |   |
| y | Sections | 1 | 1 | 1 | 0 | 1 | 4 |
| z | Enrollment at 10th day | 7 | 6 | 6 | 0 | 11 | 30 |
| aa | Average enrollment per section | 7.0 | 6.0 | 6.0 | 0.0 | 11.0 | 7.5 |
| ab | Course |  EMS 121 |  EMS 121 |  EMS 121 |  EMS 121 |  EMS 121 |   |
| ac | Sections | 1 | 1 | 1 | 0 | 1 | 4 |
| ad | Enrollment at 10th day | 7 | 5 | 5 | 0 | 8 | 25 |
| ae | Average enrollment per section | 7.0 | 5.0 | 5.0 | 0.0 | 8.0 | 6.3 |

1. Describe the five-year enrollment trends

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| EMS 101 (Basic class for all EMS providers, including local volunteer fire departments): enrollment has remained consistent during the period with only slight fluctuations. EMS 103 and 104 are intermediate level EMS classes. State guidelines have changed that for all intents and purposes negated the need for this level. We therefore have not had sufficient enrollment to warrant a class.EMS 106, 111, 116, and 121 (Paramedic courses) have experienced an increase in enrollment, in part, due to the availability of an associates in applied science degree in emergency medicine.  |

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| **DATA TABLE 2: Enrollment & Retention for *Discipline*** (Tutorials not included) | **Discipline:** | **Emergency Medical Technician** |
| Use to answer question #2 |   |   |   |   |   |   |
| **Row** |   | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **5 Year Total** |
| a | Number of credit hours at 10th day | 497.5 | 377.5 | 312.5 | 488 | 554.5 | 2230.0 |
| b | Number of reimbursable credit hours at semester end | 462.5 | 321.5 | 282.5 | 428 | 520.5 | 2015.0 |
| c | Number of credit hours lost between 10th day & semester end | 35.0 | 56.0 | 30.0 | 60.0 | 34.0 | 215.0 |
| d | Retention rate (% of 10th day credits that are reimbursable) | 93.0% | 85.2% | 90.4% | 87.7% | 93.9% | 90.4% |

1. Describe the five-year retention trends

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| FY 2008, FY 2009, and FY 2010 showed a mean attrition rate of 25%, down from the 33% of the previous review, due to the lack of curriculum understanding or motivation to prepare for class. EMT – Basic classes experience the most attrition as the students do not understand the amount of study needed for this type of work. Student orientation and curriculum expectations are described at the initial class. Tutorial opportunities remain available to the students with none pursuing the option. Attrition from the paramedic level courses has been 10% due to incomplete clinical rotations for a semester. Student orientation during the initial class and weekly reminders of clinical status provide guidance and maintain enrollment. |

1. Describe the efforts to increase enrollment and to improve retention conducted since the last program review. Indicate how frequently each effort was conducted during the past five years.

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| The associate in applied science degree for the paramedic program was approved by the Illinois Community College Board and implemented in 2008. Flyers advertising the program are distributed each semester and instructors provide a focused orientation that describes the expected course outcomes during the initial class. A small study was conducted, of several local hospital based programs, offering accelerated, nine month and twelve-month paramedic programs. This enticement resulted in the loss of numerous students that did not wish to attend a two-year program. It was discovered that since clinical rotations were not allowed until the didactic portion was complete, these courses ultimately lasted two years. This information has resulted in more students enrolling in the local program. Clearly defined guidelines and expectations are available through the student handbook, distributed at the beginning of each course.  |

1. Describe what will be done to improve the enrollment and retention trends during the next five years.

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| Accreditation of the paramedic program will begin in 2012. The National Registry of EMT’s has mandated that all programs will become accredited by January 1, 2013 if student candidates wish to sit for the national registry exam. This mandate is intended to bring the standards of education to a level equal to that of other healthcare programs. This requires the program director, or in this case, the EMS coordinator to possess a bachelors degree as a qualification to oversee the curriculum. Accreditation will be through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Provider (CoAEMSP). The accreditation will align very well with the current associates in applied science degree program, as most of the requirements are already in place. This degree of professionalism will enhance the program making it more attractive to potential students. Student attrition from the paramedic program has been due to financial burden. Students will be directed to seek assistance through financial aid to facilitate successful completion of the course. |

1. Summarize the activities identified above in the operational plan (under Goal 1 or 2). Goal 1 Program accreditation will begin in 2012 for alignment with standards set by the National Registry of EMTs. This will make the program more attractive to potential students. Students requiring financial assistance will be directed to the financial aid office. Indicate below if activities will be included in the operational plan.

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|  x Activities will be included in the operational plan. Activities will not be included in the operational plan. |

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| **SECTION B: PROGRAM COMPLETIONS & NEED FOR THE PROGRAM** Additional resource: Operational Plans |

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| **DATA TABLE 3: Course Grades & Completion for *Discipline*** (Tutorials not included) | **Discipline:** | **Emergency Medical Technician** |
| Use to answer question #6 |   |   |   |   |   |   |
|   |   | **Fall Semesters** | **5 Year** |
| **Row** |   | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **Total** |
| a | Number of enrolled students at 10th day (duplicated) | 43 | 33 | 23 | 47 | 41 | 187 |
| b | Number of successful completions (Grades A, B, C, or P) | 31 | 24 | 20 | 30 | 30 | 135 |
| c | Proportion of successful completions (Grades A, B, C, or P) | 72.1% | 72.7% | 87.0% | 63.8% | 73.2% | 72.2% |
| d | % A | 16 | 12 | 5 | 4 | 7 |   |
| e | % B | 4 | 6 | 7 | 16 | 19 |   |
| f | % C | 10 | 5 | 7 | 10 | 4 |   |
| g | % D | 1 | 1 | 1 | 2 | 4 |   |
| h | % F | 0 | 4 | 0 | 8 | 2 |   |
| i | % I Q | 0 | 0 | 0 | 0 | 0 |   |
| j | % W | 11 | 4 | 2 | 7 | 5 |   |
| k | % P X Z | 1 | 1 | 1 | 0 | 0 |   |
|   |   | **Spring Semesters** | **5 Year** |
|   |   | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **Total** |
| l | Number of enrolled students at 10th day (duplicated) | 26 | 22 | 28 | 54 | 59 | 189 |
| m | Number of successful completions (Grades A, B, C, or P) | 18 | 16 | 21 | 36 | 37 | 128 |
| n | Proportion of successful completions (Grades A, B, C, or P) | 69.2% | 72.7% | 75.0% | 66.7% | 62.7% | 67.7% |
| o | % A | 10 | 11 | 10 | 12 | 16 |   |
| p | % B | 4 | 4 | 9 | 16 | 16 |   |
| q | % C | 4 | 1 | 2 | 8 | 5 |   |
| r | % D | 3 | 2 | 1 | 3 | 4 |   |
| s | % F | 2 | 1 | 0 | 5 | 9 |   |
| t | % I Q | 0 | 0 | 0 | 0 | 0 |   |
| u | % W | 3 | 3 | 6 | 10 | 9 |   |
| v | % P X Z | 0 | 0 | 0 | 0 | 0 |   |

1. Describe the five-year successful *course* completion trends

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| Successful course completion trends are directly related to student attitude, motivation, and effort. Those seeking a career in the profession maintain a higher rate of completion than those taking the class as an elective. All course requirements are emphasized at the beginning to ensure understanding of didactic and clinical expectations. |

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| **DATA TABLE 4: Enrollment & Completion Data for *Discipline* and *Program*** | **Discipline:** | **Emergency Medical Technician** |
| Use to answer question #7 |  |  |  |  |  |  |
| **Row** |  | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **5 Year Total** |
| **Totals for all Programs in Discipline** |
| a | Declared majors | 39 | 35 | 26 | 38 | 42 | 180 |
| b | Number of program completions | 1 | 2 | 75 | 17 | 29 | 124 |
|  | **Program:** | **Emergency Medical Services (AAS 0054)** |  |  |
| c | Declared majors | 0 | 0 | 0 | 14 | 14 | 28 |
| d  | Number of program completions | 0 | 0 | 1 | 0 | 1 | 2 |
|  | **Program:** | **Emergency Medical Technician, Basic (Cert 0E95)** |  |  |
| e  | Declared majors | 6 | 6 | 7 | 8 | 4 | 31 |
| f | Number of program completions | 0 | 0 | 71 | 17 | 21 | 109 |
|  | **Program:** | **Emergency Medical Technician, Intermediate (Cert 0E94)** |  |  |
| g | Declared majors | 0 | 0 | 0 | 0 | 0 | 0 |
| h | Number of program completions | 0 | 0 | 0 | 0 | 0 | 0 |
|  | **Program:** | **Emergency Medical Technician, Paramedic (Cert 0E97)** |  |  |
| i | Declared majors | 33 | 29 | 19 | 16 | 24 | 121 |
| j | Number of program completions | 1 | 2 | 3 | 0 | 7 | 13 |

1. Describe the five-year successful *program* completion trends

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| Successful program completion trends are directly related to student attitude, motivation, and effort. 30% of those registered for the paramedic program will not complete due to career or life changes that dissuade them from their initial goals. Many of those who register for the basic program are not seeking a career in the field but only course credit, and therefore do not value completion.  |

1. Describe what was done to improve the successful course and program completion rates since the last program review. Indicate how frequently each effort was conducted during the past five years.

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| Student handbooks are distributed during the first class orientation of each course or program. These handbooks specify and clarify the program completion requirements. Faculty reach out to students in jeopardy on a weekly basis to offer assistance. |

1. List any concerns identified in the *Career and Technical Follow-Up Study* and discuss solutions, ***OR*** if there were no concerns identified, indicate “No concerns.”

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| No concerns. |

1. Use data from the Illinois Workforce Development System <http://iwds.state.il.us/iwdshome.html> (click on *Consumer Information,* click on *Compare performance…* and enter *Sauk Valley Community College* as the training provider name) which tracks WIA eligible students, to answer the following:

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| Percent of students who complete the program: 60 %Percent of students employed after exiting WIA: 100 %Average starting hourly wage: $ 10.00 |

1. Describe the occupational need for the program. (Create one or more tables that illustrate the projected occupational demand for program completers using information available on the Illinois Department of Employment Security website [www.ilworkinfo.com](http://www.ilworkinfo.com), click on *Workforce Info Center*, click on *Industry* under *Labor Market Analysis,* then explore the available links; ***OR*** use any other reputable source. Include all appropriate job titles. Be sure to site your data source.)

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| Occupational Wage DataEmployment Wage Statistics

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|  |   | Help for Employment Wage Statistics. This link opens a new window. |

The table below shows the estimated 2007 Employment Wage Statistics for individuals employed as Emergency Medical Technicians and Paramedics in Illinois.

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| --- | --- | --- | --- |
| **Rate Type / Statistical Type** | **Entry level** | **Mean** | **Experienced** |
| Annual wage or salary | $19,967.82 | $29,319.53 | $40,656.36 |
| Hourly wage | $9.60 | $14.09 | $19.55 |

Source: IL Dept. of Employment Security (Wage data for 2007 is aged to 2008Q3)Q1 and Q3 wage rates represent the 25th and 75th percentile of the wage distribution, respectivelyData is from an annual wage survey |

 Wage Rates Area Distribution

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The table below shows the distribution of the estimated 2007 median annual labor market wage rates for individuals employed as Emergency Medical Technicians and Paramedics compared with Ambulance Drivers and Attendants, Except Emergency Medical Technicians in Illinois by County.

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| **Area Name** | **2007Median Annual Wage for Emergency Medical Technicians and Paramedics sort order** | **2007Median Annual Wage for Ambulance Drivers and Attendants, Except Emergency Medical Technicians** | **Difference** |
| Kane County | $58,797 | N/A | ($58,797) |
| Lee County | $50,876 | N/A | ($50,876) |
| Perry County | $45,971 | N/A | ($45,971) |
| Franklin County | $45,613 | N/A | ($45,613) |
| Woodford County | $44,741 | N/A | ($44,741) |
| Ford County | $41,306 | N/A | ($41,306) |
| Cook County | $38,927 | N/A | ($38,927) |
| Fayette County | $38,911 | N/A | ($38,911) |
| Morgan County | $35,438 | N/A | ($35,438) |
| McHenry County | $34,157 | $29,043 | ($5,115) |

Source: IL Dept. of Employment Security (Wage data for 2007 is aged to 2008Q3)Q1 and Q3 wage rates represent the 25th and 75th percentile of the wage distribution, respectivelyData is from an annual wage surveyOccupational Employment & Future Employment Outlook

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The occupation projection figures for Emergency Medical Technicians and Paramedics in Illinois compared with Ambulance Drivers and Attendants, Except Emergency Medical Technicians in Illinois are summarized in the table below:

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| --- | --- | --- | --- |
| **Projection Figures** | **Emergency Medical Technicians and Paramedics** | **Ambulance Drivers and Attendants, Except Emergency Medical Technicians** | **Difference** |
| Estimated Employment | N/A | N/A | N/A |
| Projected Employment | N/A | N/A | N/A |
| Total - Employment Change | N/A | N/A | N/A |
| Annual Avg. Percent Change | N/A | N/A | N/A |
| Total Annual Avg. Openings | N/A | N/A | N/A |
| Annual Avg. Openings Due to Growth | N/A | N/A | N/A |
| Annual Avg. Openings Due to Replacement | N/A | N/A | N/A |

Source: IL Dept. of Employment Security, Projections UnitIndustries that Employ these Occupations

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There is no data available for Emergency Medical Technicians and Paramedics compared with Ambulance Drivers and Attendants, Except Emergency Medical TechniciansNational Earnings Data Summary

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|  |   | Help for  National Earnings Data Summary. This link opens a new window. |

Earnings of EMTs and paramedics depend on the employment setting and geographic location of their jobs, as well as their training and experience. Median hourly wages of EMTs and paramedics were $14.10 in May 2008. The middle 50 percent earned between $11.13 and $18.28. The lowest 10 percent earned less than $9.08, and the highest 10 percent earned more than $23.77. Median hourly wages in the industries employing the largest numbers of EMTs and paramedics in May 2008 were $12.99 in other ambulatory healthcare services and $15.45 in local government.In 2008, about 27 percent of EMTs and paramedics belonged to a union or were covered by a union contract.Source: [U.S. Department of Labor Bureau of Labor Statistics](http://www.bls.gov/)Wage Rates Area Distribution

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|  |   | Help for Wage Rates Area Distribution. This link opens a new window. |

The table below shows the distribution of the estimated 2007 mean annual labor market wage rates for individuals employed as Emergency Medical Technicians and Paramedics in Illinois by Workforce Region.

| **Rank** | **Area Name** | **2007Mean Annual Wage** |
| --- | --- | --- |
| 1 | [LWA 05](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000050&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $47,910 |
| 2 | [LWA 02](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000020&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $42,058 |
| 3 | [LWA'S 7, 8, 9 (cook County)](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000270&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $40,573 |
| 4 | [LWA 10](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000100&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $36,191 |
| 5 | [LWA 22](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000220&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $33,145 |
| 6 | [LWA 25](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000250&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $32,946 |
| 7 | [LWA 19](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000190&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $31,940 |
| 8 | [LWA 17](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000170&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $30,230 |
| 9 | [LWA 18](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000180&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $29,678 |
| 10 | [LWA 13](http://illinois.virtuallmi.com/occdetails.asp?category=wages&session=occdetail&geo=1715000130&oescode=&siccode=&onetcode=29204100&elementid=&p=&ff_OESWageAreaAreatype=15) | $29,511 |

Source: IL Dept. of Employment Security (Wage data for 2007 is aged to 2008Q3)Q1 and Q3 wage rates represent the 25th and 75th percentile of the wage distribution, respectivelyData is from an annual wage surveyEmployment Data Occupational Employment & Future Employment Outlook

|  |  |  |
| --- | --- | --- |
|  |   | Help for Occupational Employment & Future Employment Outlook. This link opens a new window. |

There is no data available for Emergency Medical Technicians and Paramedics in Illinois.There is no distribution data available for Emergency Medical Technicians and Paramedics by workforce region. |  |  |   |   |  |  Illinois Community College Board | 14:04 Monday, August 30, 2010 |  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | FY10 Career and Technical Education Follow-Up |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | STATE REPORT 1 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Educational Status by Program & Degree |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |

1. Describe what will be done to improve the successful course and program completion trends during the next five years.

|  |
| --- |
| Greater emphasis will be placed on course and program completion requirements during the initial orientation sessions. These orientation sessions will be scheduled at the beginning of each course/program.  |

1. Summarize the activities identified above in the operational plan (under Goal 1 or 2). Goal 2 Students will be informed at the beginning of each course of the requirements for successful course/program completion to further reduce attrition. Those seeking financial assistance will be directed to financial aid. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan. What is going in OP? Don’t see anything in this section that I feel needs to go there. x Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION C: PROGRAM FINANCES**Additional resources: Operational Plans |

|  |  |  |
| --- | --- | --- |
| **DATA TABLE 5: Program Revenue for *Discipline*** (Tutorials not included) | **Discipline:** | **Emergency Medical Technician** |
| Use to answer question #12 |   |   |   |   |   |   |
| **Row** |  | **FY06** | **FY07** | **FY08** | **FY09** | **FY10** | **5 Year Total** |
| a | Direct income (Tuition & fees at 10th day) | $37,277 | $35,708 | $38,631 | $41,270 | $50,142 | $203,028 |
| b | Apportionment (Estimated) | $46,651 | $39,847 | $36,224 | $43,834 | $56,628 | $223,184 |
| c | **Total income** (Row a + b) | $83,928 | $75,555 | $74,855 | $85,104 | $106,770 | $426,212 |
| d | Employee expense (Salaries & benefits)1 | $25,621 | $13,238 | $36,953 | $24,577 | $15,363 | $115,752 |
| e | Supply expense (Purchases charged to budget supply line & software purchases) | $2,787 | $1,940 | $2,223 | $1,362 | $2,908 | $11,220 |
| f | Equipment expense (Purchases charged to budget equipment line) | $0 | $3,545 | $0 | $47,644 | $0 | $51,189 |
| g | Other expense (Any expense that does not fit into the above categories) | $6,398 | $5,913 | $4,221 | $4,017 | $6,920 | $27,469 |
| h | **Total expense** (Row d + e + f + g) | $34,806 | $24,636 | $43,397 | $77,600 | $25,191 | $205,630 |
| i | **Net income** (Row c - Row h) | $49,122 | $50,919 | $31,458 | $7,504 | $81,579 | $220,582 |
| 1 Employee expense = Salaries (prorated by credits taught) + benefits (averaged across the College to eliminate penalties to programs due to dependent insurance coverage) |

1. Describe the five-year income and expense trends.

|  |
| --- |
| Income and expenses have increased during the past five years primarily due to a larger number of courses taught but the program still maintains a good net income. |

1. Describe what was done to improve the program’s financial viability during the past five years.

|  |
| --- |
| Tuition has increased several times during the past five years. Equipment and supplies are used judiciously to reduce the need for replacements.  |

1. Describe the program’s efforts to go “green” during the past five years.

|  |
| --- |
| Supplies used for skills practice are used judiciously and if possible reused. Bandages, dressings, and splints, which are designed to be disposable, are reused in the teaching sessions.  |

1. Describe new efforts for the program to go “green” during the next five years.

|  |
| --- |
| Reductions in waste will be analyzed. The cost of making paper copies, which can be recycled or created from renewable resources, will be weighed against using on-line systems such as “Blackboard” which uses energy to operate the computers that may be operated for extended periods of time to facilitate the needs. Reuse of supplies will continue as previously described. |

1. Describe how the program’s financial viability may be improved.

|  |
| --- |
| Further advertising to draw larger numbers of students will increase revenue per class or program. Educational grants will be sought to cover didactic costs, equipment and materials expenses. Inquiries to local hospitals and clinics will be made for donations of clinical skills equipment that, while it does not meet the need of the entity is applicable to practical skills teaching and testing. |

1. Summarize the activities identified above in the operational plan (under Goal 3). Goal 3 Every effort will be made to keep costs at a minimum, including reduction in waste and excessive printings. Advertising will be enhanced with information on the SVCC website. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| \_\_x\_\_\_ Activities will be included in the operational plan.\_\_\_\_\_ Activities will not be included in the operational plan. |

|  |
| --- |
| **QUALITY COMPONENT**The quality component focuses on qualitative analysis and issues. |

|  |
| --- |
| **SECTION D: COURSE SCHEDULING** |

1. Provide the program schedule by listing each required course by course number and indicating each semester in which it is planned to be offered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Year 1: Fall Semester** | **Year 1: Spring Semester** | **Year 2: Fall Semester** | **Year 2: Spring Semester** |
| EMS 101 | X | X | X | X |
| EMS 106 | X |  | X |  |
| EMS 111 |  | X |  | X |
| EMS 116 |  |  | X |  |
| EMS 121 |  |  |  | X |

1. How many semesters should it take a full-time student to complete this program?

|  |
| --- |
| A student starting with the EMS 101 course and continuing through EMS 121 will take 5 semesters to complete the program. |

1. During the past five years, have courses been offered and properly sequenced so a student could complete the program in the number of semesters specified above?

|  |
| --- |
|  x Yes No |

1. During the past five years, have scheduling conflicts been avoided by coordinating the days and times that courses are offered?

|  |
| --- |
|  x Yes No |

1. During the past five years, have scheduling conflicts been avoided by coordinating schedules with other required courses, outside of this area?

|  |
| --- |
|  x Yes No |

1. Describe scheduling changes that may be needed during the next five years and the rationale for the changes, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Summarize activities that the department will perform to correct scheduling problems and make future scheduling changes in the operational plan (under Goal 1 or 2). Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
|  Activities will be included in the operational plan. Activities will not be included in the operational plan. x Issues have already been corrected. |

|  |
| --- |
| **SECTION E: CURRICULUM: COURSE OUTLINES** |

1. Have 100% of course outlines been reviewed and updated at least once during the past five years?

|  |
| --- |
|  x Yes No |

1. Are 100% of course outlines and syllabi aligned?

|  |
| --- |
|  x Yes  No |

1. Summarize activities to correct any course outline issues in the operational plan (under Objective 1.1 or 1.3). Objective 1.1 - Regular curriculum reviews and updates will keep course outlines and syllabi aligned. Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
|  Activities will be included in the operational plan. Activities will not be included in the operational plan. x Issues have already been corrected. |

|  |
| --- |
| **SECTION F: CURRICULUM: ASSESSMENT**Additional resources: Assessment Summary Reports Operational Plans |

1. List the program/discipline objectives that have NOT been assessed in this five-year period and indicate whether these will be assessed, eliminated, or replaced, ***OR*** indicate “All have been assessed.”

|  |
| --- |
| All have been assessed. |

1. Describe any curricular changes ensuing from assessment, which were made during the past five years, and the positive and/or negative results of those changes, ***OR*** indicate “None.”

|  |
| --- |
| None ensuing from assessment process. |

1. Summarize activities related to assessment issues in the operational plan (under Objective 1.1). Objective 1.1 - Curriculums will be updated as changes occur through U.S. DOT, American Heart Association (AHA), and Illinois College of Emergency Physicians (ICEP). Indicate below if activities will be included in the operational plan. Course syllabi will be modified as indicated by relevant curriculum changes.

|  |
| --- |
|  x Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION G: CURRICULUM: CURRICULAR CHANGES**Additional resources: Assessment Summary Reports Operational Plans  |

1. Describe the positive or negative impacts of the curricular changes made during the past five years.

|  |
| --- |
| Curriculum changes related to American Heart Association (AHA) patient assessment and care modification were relevant to improved patient care and had positive student impact. Following the program, students were able to apply the knowledge and skills with greater understanding and proficiency. |

1. Describe possible changes in employer or industry requirements that may be *imposed* on the program during the next five years, ***OR*** indicate “None.”

|  |
| --- |
| The National Registry of EMT’s has mandated that all programs will become accredited by January 1, 2013 if student candidates wish to sit for the national registry exam. This mandate is intended to bring the standards of education to a level equal to that of other healthcare programs. This requires the program director, or in this case, the EMS coordinator to possess a bachelors degree as a qualification to oversee the curriculum. Accreditation will be through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Provider (CoAEMSP). The accreditation will align very well with the current associates in applied science degree program, as most of the requirements are already in place. Additionally, the EMT-Basic (EMS 101) curriculum will be expanded, according to U.S. DOT standards, which will increase the time factor for the program from the current 110 hours to approximately 180 hours. The EMT-Intermediate (EMS103 and 104) will no longer exist. |

1. Describe anticipated curricular changes that the department will propose during the next five years and the accompanying needs that will be required, or indicate “None.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
| EMS 101 expanded | Updated Instructional Materials | Expanded classroom time allotment  | None |
|  |  |  |  |
|  |  |  |  |

1. Summarize activities that the department will perform to make curricular changes in the operational plan (under Objective 1.1; 1.2; or 1.3). Objective 1.2 - The curriculum will be changed to meet U.S. DOT national standard curriculum, which may include expanding the program to two semesters. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  x Activities will be included in the operational plan. Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION H: FACULTY & STAFF** |

1. Have 100% of full-time faculty participated in professional development during the past 5 years?

|  |
| --- |
|  x Yes, skip to question 37 No, continue with question 36 |

1. Describe what can be done to assure that 100% of faculty participates in professional development during the next 5 years?

|  |
| --- |
| By virtue of their licensure, all are required to participate in regular professional development training.  |

1. Will faculty need any *specialized* professional development in the next 5 years?

|  |
| --- |
|  \_ Yes, continue with question 38 x No, skip to question 39 |

1. Summarize the *specialized* professional development what will be needed, who will participate and estimated expenses.

|  |
| --- |
| The program director, or in this case, the EMS System Coordinator is actively pursuing completion of a bachelors degree which is required by National Registry of EMT’s for student eligibility to sit for the National exam. Anticipated completion of this program is July 2011. This is being completed at no cost to SVCC. |

1. Describe any proposed staffing changes along with a rational; indicate any announced retirements, and submit a completed *Personnel Change Request* form, or indicate “None.”

|  |
| --- |
| None. |

Summarize activities that the department will perform to assure that 100% of faculty participate in professional development during the next 5 years and staffing changes described above, in the operational plan in the operational plan (under Goal 1 or 2); Goal 1 - By virtue of their licensure, all are required to participate in regular professional development training.

Indicate below if activities will be included in the operational plan, and indicate if a completed *Personnel Change Request* is attached.

|  |
| --- |
|  Activities will be included in the operational plan. x Activities will not be included in the operational plan. A completed *Personnel Change Request* accompanies this program review. |

|  |
| --- |
| **SECTION I: EQUIPMENT AND SUPPLIES**  |

1. Identify *current deficiencies* in equipment, software, and/or supplies that negatively impact the program (be as specific as possible), ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Identify *new and/or replacement* equipment, software, and/or supplies which are anticipated during the next five years, with cost estimates, ***OR*** indicate “None.” Do not include items associated with the curriculum changes noted in Section G.

|  |
| --- |
| Training mannequins for CPR or resuscitation will need refurbished within the next five years, at an approximate cost of $2500.00. |

1. Summarize activities to acquire the needed equipment, software, and supplies as described above in the operational plan (under Goal 1 or 2), ***OR*** submit a completed *Equipment Request Form*. Indicate below if activities will be included in the operational plan, and if an *Equipment Request Form* is attached.

|  |
| --- |
|  Activities will be included in the operational plan. x Activities will not be included in the operational plan. A completed *Equipment Request Form* accompanies this program review. |

|  |
| --- |
| **SECTION J: SUPPORT SERVICES** Definition: College services that are ***specific to this program***, which are utilized by students outside of the classroom (i.e. tutoring in the LAC, special materials in the LRC, etc) |

1. Describe the *program specific* support services that are currently available to students, ***OR*** indicate “None.”

|  |
| --- |
|  Test preparation books are available in the LRC for certification exam preparation. |

1. Describe gaps in the *program specific* support services that are currently available and identify possible solutions, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Describe any changes in the need for support services that are anticipated to occur during the next five years, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Summarize activities to expand or correct the gaps in support services as described above in the operational plan (under Goal 1 or 2). Dixon City Fire Department has been added as a preceptor site for all levels of EMS students. This will increase the opportunities for patient contacts in the pre-hospital setting. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  \_\_\_ Activities will be included in the operational plan. X Activities will not be included in the operational plan. |
|  |

|  |
| --- |
| **SECTION K: MARKETING**Definition: Systematic efforts aimed at attracting students to the program. |

1. Not including the catalog and program brochure, describe how the program has been promoted and marketed during the past five years, and the frequency that each promotional or marketing activity has been done.

|  |
| --- |
| Sauk holds separate college and career nights during the spring semester, each year. The Dean of Health Careers and an instructor are available to answer questions about the program or employment in the specific career. The EMS coordinator and faculty have a working relationship with all local fire departments and assist with their training needs as needed. Local fire departments are also aware of classes through this working relationship. |

1. Describe how the program can be better promoted and marketed.

|  |
| --- |
| A link to information about the program is posted on the SVCC website. Additions to the EMS web page could include instructor bios, course syllabus, and employment opportunities. Linking with Facebook will also be evaluated for incorporation. |

1. Summarize activities to better promote and market the program as described above in the operational plan (under Objective 1.2 or Goal 3). Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  x Activities will be included in the operational plan. Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION L: STUDENT INPUT**Definition: Formal and informal efforts aimed at obtaining student opinions and suggestions for improving the program. |

1. Describe the formal and informal efforts to obtain student input, the frequency of each effort, what was learned, and changes that were made ***OR*** indicate “Not applicable.”

|  |
| --- |
| Students are given a course evaluation form to complete at the end of each course/program. This form evaluates student input and preparedness for class as well as the instructor preparedness, presentation, and effectiveness. During class, students are encouraged to offer suggestions or ideas for training or topics that are relevant to the course.  |

1. Describe the formal and informal efforts to obtain student input that will be attempted during the next five years ***OR*** indicate “None are planned.”

|  |
| --- |
| The efforts listed in # 52 meet with favorable responses. No curriculum changes have been advised. Course evaluation forms are valued and will be continued. |

1. Summarize activities to obtain student input as described above in the operational plan (under Goal 1 or 2). Students will continue to complete course evaluation forms. Information gathered from these evaluations will be used to improve the curriculum. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION M: NON-STUDENT INPUT** Definition: Formal and informal efforts aimed at obtaining information regarding program content and improvement from informed sources other than students, for the purpose of keeping the program current and relevant (e.g. surveying or meeting with employers, meeting with other departments, meeting with colleagues from other colleges).Additional resources: Operational plans |

1. Describe the formal and informal efforts to obtain input, the frequency of each effort, what was learned, and changes that were made ***OR*** indicate “Not applicable.

|  |
| --- |
| Annual workforce council meetings offer local EMS employers, recent program graduates, and current students the opportunity to voice concerns, offer program suggestions, review student skills aptitude, and update the faculty on current hiring trends. These individuals, their employees, and student preceptors are encouraged to contact instructors or the EMS Coordinator with questions or concerns. EMS preceptors also evaluate the student and offer programmatic suggestions as needed on a semester basis. |

1. Describe the formal and informal efforts to obtain non-student input that will be attempted during the next five years ***OR*** indicate “None are planned.”

|  |
| --- |
| The efforts listed in # 55 will be continued. |

1. Summarize plans to obtain input from non-student sources described above in the operational plan (under Goal 1, 2, or 4). Local EMS employers, recent program graduates, and student preceptors will be offered the opportunity to voice concerns, comments, and ideas at the annual workforce council meetings. These individuals will also be encouraged to contact the program coordinator via telephone, e-mail, or mail with similar information. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  \_\_\_ Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION N: NEED AND GROWTH POTENTIAL** |

1. What is the projected level of need for the program, during the next five years?

|  |
| --- |
|  x Growing need Level need Declining need |

1. List the top five priorities to strengthen the program during the next five years. (These should be related to items discussed above)

|  |
| --- |
| 1. Completion of the accreditation process to align with the National Registry of EMT’s
2. Maintain sound fiscal and financial practices to continue with a profitable program.
3. Increase retention of students in the basic program and increase enrollment in the paramedic classes.
4. Maintain qualified and competent instructors in the program.
5. Improve awareness of the program through news media ads, website notifications, course catalog, and pamphlets.
 |

1. Summarize plans to address the top five priorities in the operational plan. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  x Activities will be included in the operational plan. Activities will not be included in the operational plan. |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 510904 |

|  |  |
| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 03 – AAS |

|  |  |
| --- | --- |
| **Program Title** | Emergency Medical Services Degree (0054) |

**Action**

x Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| *A brief description (150 words or less) of the improvements made since the last review or reasons for other program decisions, proposed action plan for future improvements and an estimated timelin*e.Course orientation has been modified and includes such topics as: course expectations, course objectives, current cost per credit hour, clinical requirements, degree completion requirements, and a grading scale. This modification has been adopted in an effort to further reduce the current attrition rate to less than 25%. Accreditation through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Provider (CoAEMSP) will begin in 2011 to align with national standards scheduled for January 1, 2013. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭X Standardized assessments

⁭X Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭ X Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ X Other, please specify: competency exams

**Statewide Program Issues (if applicable)**

|  |
| --- |
| *A brief description of emerging state-level problems and/or program issues that will eventually affect programs offered by the colleges and cannot be addressed at the local level. Such problems/issues might include licensure changes, trends in occupational demand, and developments in disciplines or modifications to university transfer policies. NONE?* |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 510904 |

|  |  |
| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 30 – Cert <30ch |

|  |  |
| --- | --- |
| **Program Title** | Emergency Medical Technician, Basic Certificate (0E95) |

**Action**

x Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| *A brief description (150 words or less) of the improvements made since the last review or reasons for other program decisions, proposed action plan for future improvements and an estimated timelin*e.Course orientation has been modified and includes such topics as: course expectations, course objectives, current cost per credit hour, clinical requirements, degree completion requirements, and a grading scale. This modification has been adopted in an effort to further reduce the current attrition rate to less than 25%. Accreditation through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Provider (CoAEMSP) will begin in 2011 to align with national standards scheduled for January 1, 2013. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭ X Standardized assessments

⁭X Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭X Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ X Other, please specify: competency exams

**Statewide Program Issues (if applicable)**

|  |
| --- |
| *A brief description of emerging state-level problems and/or program issues that will eventually affect programs offered by the colleges and cannot be addressed at the local level. Such problems/issues might include licensure changes, trends in occupational demand, and developments in disciplines or modifications to university transfer policies.* |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 510904 |

|  |  |
| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 30 – Cert <30ch |

|  |  |
| --- | --- |
| **Program Title** | Emergency Medical Technician, Intermediate Certificate (0E94) |

**Action**

⁭ Continued with minor improvements

⁭ Significantly modified

⁭x Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| *A brief description (150 words or less) of the improvements made since the last review or reasons for other program decisions, proposed action plan for future improvements and an estimated timelin*e.This level of training is no longer recognized. EMT Basic or Paramedic programming have absorbed this curriculum. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭ Standardized assessments

⁭ Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭ Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ Other, please specify:

**Statewide Program Issues (if applicable)**

|  |
| --- |
| *A brief description of emerging state-level problems and/or program issues that will eventually affect programs offered by the colleges and cannot be addressed at the local level. Such problems/issues might include licensure changes, trends in occupational demand, and developments in disciplines or modifications to university transfer policies.* |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 510904 |

|  |  |
| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 20 – Cert 30ch> |

|  |  |
| --- | --- |
| **Program Title** | Emergency Medical Technician, Paramedic Certificate (0E97) |

**Action**

⁭x Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| *A brief description (150 words or less) of the improvements made since the last review or reasons for other program decisions, proposed action plan for future improvements and an estimated timelin*e. Need. Course orientation has been modified and includes such topics as: course expectations, course objectives, current cost per credit hour, clinical requirements, and a grading scale. This modification has been adopted in an effort to further reduce the current attrition rate to less than 25%. Accreditation through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Provider (CoAEMSP) will begin in 2011 to align with national standards scheduled for January 1, 2013. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭X Standardized assessments

⁭X Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭X Student surveys

⁭X Analysis of enrollment, demographic and cost data

⁭X Other, please specify: Competency testing

**Statewide Program Issues (if applicable)**

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| *A brief description of emerging state-level problems and/or program issues that will eventually affect programs offered by the colleges and cannot be addressed at the local level. Such problems/issues might include licensure changes, trends in occupational demand, and developments in disciplines or modifications to university transfer policies.* |

**Best Practices Report**

**Optional ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Title of Best Practice**

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**Programmatic Area**

⁭ Academic Discipline

X Career and Technical Education

⁭ Cross-Disciplinary

⁭ Student & Academic Support Services

**Description of the innovation/best practice (150 word limit)**

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**What are the results/measurable outcomes?**

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**Contact Information**

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| --- |
| Sauk Valley Community CollegeName & Title: Phone Number: E-mail Address:  |

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| **SIGNATURES and APPROVALS** |

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| --- |
| **Names and Signatures of the Program Review Team** Add lines if neededSignatures indicate that team members concur with the findings of the program review |
| **Names** (Indicate chair/co-chairs) | **Signatures** |
| Douglas Sears NREMT-P, EMS Coordinator |  |
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| **Program Review Committee** |
| This Program Review is complete and acceptable. |  |
| This Program Review is complete but the conclusions ***are not*** fully substantiated. |  |
| This Program Review is incomplete and unacceptable. |  |
| Comments are attached (optional) |  |
| Program Review Committee Chair/Co-Chair |  |
| Date |  |
| Program Review Committee Co-Chair |  |
| Date |  |
| **Administrative Approvals** Administrative signatures indicate an acceptance of the program review. |
| Program Administrator |  |
| Academic Vice President |  |
| President |  |