

REAL Curriculum Program Alignment Proposal

Department or School: RUC – Clinical Health Professions / Emergency Services Date: 10/7/2020

Degree type: BS BA BBA BSN BM BFA BSW Minor Certificate

Program: Emergency Services Minor

REAL Area Program Designation Sought (check all that apply): R E A L

Dept/School Contact: Dr. John Cook, jcook85@radford.edu 540-400-3536

BS/BA Requirements: _____

- Any degree program that fulfills a REAL area must include at least 9 unique credit hours for each area covered. At least 3 of these 9 credit hours must be at the 300 level or above
- A single major degree program may fulfill no more than three REAL areas for any one student, unless all four REAL areas are fulfilled by accreditation or licensure requirements.
- A single minor or certificate degree program may fulfill no more than two REAL areas.
- Degree program may cover up to two REAL areas using a single prefix.
- All courses documenting the coverage of a REAL area must fulfill all learning outcomes and be designated in that area.
- All courses that document fulfillment of a REAL area within a degree program of study are NOT required to be taught by the department/school. However, departments/schools are expected to formally communicate with other departments about reliance on and inclusion of courses in their degree program plans of study. Indicate this through signature of chair or director of the partnering department or school in the areas below.
- Departments or schools that seek to fulfill REAL areas must acknowledge assessment requirements for those areas. Assessment of degree seeking students is required to be conducted yearly by the department or school offering the degree program.
- If departments or schools want to use a menu of courses to fulfill a particular area, please duplicate the sections below for each REAL area and include information for each course included in the menu of options.
- Please save this file for submission as PROGRAM NAME_ProgramType.docx (Example: Criminal Justice_BS.docx)

By signing, the department/school acknowledges the above conditions and considerations:

Dept/School Signature	Date:
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Official Program Description:

NEW MINOR:

Emergency Services Minor (21 credit hours)**Introduction**

The Emergency Services minor is ideal for any undergraduate student looking to explore the field of emergency services while obtaining life-saving skills that will benefit the student personally, as well as professionally. Students will learn the skills necessary to become an Emergency Medical Technician and practice those skills in the hospital and prehospital settings through clinical rotations. The Emergency Services minor will satisfy the “R” and “L” designations of the REAL curriculum.

Required Courses

- ESID 101 (L) – Emergency Medical Technician (7 cr)
OR
 - ESID 102 (L) – Emergency Medical Technician I (4 cr)
 - ESID 103 (L) – Emergency Medical Technician I (3 cr)
- AND
- ESID 105C – Emergency Medical Technician Clinical (1 cr)
 - ESID 245 (R) – Introduction to Emergency Services Research (3 cr)
 - ESID 375 (L) – Introduction to Emergency Management (3 cr)
 - BIOL 310 (R) – Human Structure and Function I (4 cr)
 - STAT 130 (R) – Understanding Statistics in Society (3 cr)
OR
 - STAT 200 (R) – Introduction to Statistics (3 cr)

SCIENTIFIC AND QUANTITATIVE REASONING

<p>R Area: Course Prefix: ESID Course Number: 245 Course Title: Introduction to Emergency Services Research Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Area: Course Prefix: BIOL Course Number: 310 Course Title: Human Structure and Function I Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: See email approval</p>
<p>R Area: Course Prefix: STAT Course Number: 130 Course Title: Statistics in Society Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input checked="" type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: See email approval</p>
<p>R Area: Course Prefix: STAT Course Number: 200 Course Title: Introduction to Statistics Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 10</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input checked="" type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: See email approval</p>
<p>R Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be) STAT 130 or STAT 200</p>	
<p>R Area: Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world, mathematics, or related areas.</p>	

Learning Outcome 1: Students apply scientific and quantitative information to test problems and draw conclusions.	Description of learning outcome assessment plan: The plan for assessment of the Minor in Emergency Services is to use the university-based assessment that will be developed for REAL studies minors and that a program can opt into. The Minor in Emergency Services program plans to opt into the assessment that the university will offer for indirect and direct measures.
Learning Outcome 2: Students evaluate the quality of data, methods, or inferences used to generate scientific and quantitative knowledge.	Description of learning outcome assessment plan: The plan for assessment of the Minor in Emergency Services is to use the university-based assessment that will be developed for REAL studies minors and that a program can opt into. The Minor in Emergency Services program plans to opt into the assessment that the university will offer for indirect and direct measures.
Additional information for REAL Council consideration:	

APPLIED LEARNING

L Area: Course Prefix: ESID Course Number: 101 Course Title: Emergency Medical Technician Credit Hours: 7 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 15	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input checked="" type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
L Area: Course Prefix: ESID Course Number: 102 Course Title: Emergency Medical Technician I Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 15	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input checked="" type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
L Area: Course Prefix: ESID Course Number: 103 Course Title: Emergency Medical Technician II Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 15	Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input checked="" type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
L Area: Course Prefix: ESID Course Number: 375	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.

Course Title: Introduction to Emergency Management Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 15	Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
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L Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)

L Area: Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.	
Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.	Description of learning outcome assessment plan: The plan for assessment of the Minor in Emergency Services is to use the university-based assessment that will be developed for REAL studies minors and that a program can opt into. The Minor in Emergency Services program plans to opt into the assessment that the university will offer for indirect and direct measures.
Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.	Description of learning outcome assessment plan: The plan for assessment of the Minor in Emergency Services is to use the university-based assessment that will be developed for REAL studies minors and that a program can opt into. The Minor in Emergency Services program plans to opt into the assessment that the university will offer for indirect and direct measures.
Additional information for REAL Council consideration:	

Are existing material resources adequate to support this program alignment proposal?

Yes No If not, what additional material resources would be needed?

Are existing space resources adequate to support this program alignment proposal?

Yes No If not, what additional space resources would be needed?

Are existing human resources adequate to support this program alignment proposal?

Yes No If not, what additional human resources would be needed?

Department Curriculum Committee Recommendation:	Signature:	Date:
Chair/Dean on Behalf of Dept/School:	Signature:	Date:
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date: