

COMPREHENSIVE PROGRAM REVIEW

Mobile Intensive Care Technician (MICT)

2016-2019

Mission Statement: Kapi‘olani Community College provides open access to higher education opportunities in pursuit of academic, career, and lifelong learning goals to the diverse communities of Hawai‘i. Committed to student success through engagement, learning, and achievement, we offer high quality certificates and associate degrees, and transfer pathways that prepare indigenous, local, national, and international students for their productive futures.

Part I. Executive Summary of CPR and Response to previous ARPD recommendations

The Mobile Intensive Care Technician (MICT) Program’s goals supported the College’s Strategic Plan for 2015-2021 through directives Strategic Direction:

I. Hawai‘i Graduation Initiative: Focus on Student Success

1. I (A) Increase annual CA and degree completion by 5% from 1,347 to 1,805.

Program Goal 3: To meet community needs by providing high quality MICT educational programs for all islands as appropriate.

The MICT program continues to respond to the increasing needs of the communities of interest. Additional classes for both EMT and MICT have been added to increase the available workforce (see Table 1). We continue to struggle with identifying facilities and faculty in responding to these demands. Faculty compensation is not commensurate with other programs and employment opportunities when compared to the cost of living.

Table 1: MICT Program Graduates receiving certificates of completion by year:

Year	Oahu- Graduates	Hawai‘i - Graduates	Maui- Graduates	Total Graduates
2016	10	8	0	18
2017	9	0	7	16
2018	8	10	0	18
2019 (Current/ projected*)	(12)	(10*)	(5)	(27)

II. Hawai‘i Innovative Initiative: Productive Futures of Students, Faculty, and Staff: Enhance workforce development efforts, linking to development emerging sectors in Hawai‘i ’s economy while simultaneously providing a stable workforce for the traditional employment sectors.

2. II (A) Increase annual CTE (non-CA) certificate completion by 3% annually from 551 to 677.

Program Goal 4: To be an integral part of a statewide comprehensive Emergency Medical Services (EMS) system.

The MICT Program through CE is an integral partner within the statewide EMS system. As the needs of the communities of interest has increased, the program continues to meet the needs of the workforce to maintain national certification and state licensure and provide quality patient care as measured through employer surveys.

3. II (B) Improve workforce development tracking and employer satisfaction, graduate earnings, and improve integration of continuing education and credit programs.

Program Goal 1: To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards.

Program Goal 2: To provide graduates with the entry-level skills and knowledge necessary for performing the tasks of a Mobile Intensive Care Technician (MICT).

As a nationally accredited paramedic (MICT) program, the program assesses, evaluates, and responds to employer satisfaction, student, and graduate surveys, and graduation placement, although, currently does not track graduate earnings. As the single provider of MICT education on the Islands, it is imperative we provide quality education and respond to areas of concern. One benchmark is graduate performance on the National Registry of EMT’s (NREMT) national certifying examination (see Table 2). The KCC EMT and MICT Programs consistently demonstrate the highest national pass rates in the nation.

Table 2: KCC & National MICT Pass Rates on the Written National Certifying Exam

Year	KCC 1st Time Pass Rate	KCC Cumulative Pass Rate	National 1st Time Pass rate	National Cumulative Pass rate
2016	100%	NA	71%	89%
2017	96%	100%	73%	90%
2018	100%	NA	74%	87%

4. II (D) Develop local, national, and global community partnerships that advance the college’s strategic outcomes.

Program Goal 5: To improve relationships with professional and educational agencies, nationally, and internationally.

The MICT Program maintains national accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) which promotes accountability, transparency,

and ensures program quality through a rigorous process. Faculty members participate on national, state, and local boards and committees assuring the program is current with national, state, and community standards and expectations. These reflect a commitment to student access, recruitment, success, diversity, educational quality, the integration of technology, and collaboration with stakeholders to assure the program is meeting the needs of the community.

5. II (I) Advance the use and understanding of Hawai'i an language, history and culture.

Program Goal 1: To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards.

The MICT Program regularly integrates Hawaiian culture and values throughout the curriculum utilizing various activities. In order for graduates to function effectively and efficiently as MICT's within the community, it is essential they have a fundamental understanding of the culture in which they are expected to practice and the patients whom they will be providing care. Healthcare disparities and expectations are best identified and addressed by those practicing within the community.

III. Enrollment: Improve Re-enrollment and Outreach.

6. III (F) Increase annual enrollment of working age adults by 5% from 2,548 to 3,740.

Program Goal 3: To meet community needs by providing high quality MICT educational programs for all islands as appropriate.

The MICT program continues to respond to the increasing needs of the communities of interest by offering MICT classes on Maui and Hawai'i as needed. Additional classes for both EMT and MICT have been added increasing graduates (see Table 1). The program director actively engages in recruitment opportunities to engage potential students at all levels. These efforts may take several years to demonstrate a return on time invested.

IV. Modern Teaching and Learning Environments: Ensure that students and faculty have the learning and teaching environments appropriate for the third decade of the 21st century and the sustainability practices to maintain those environments.

7. IV (F) Invest in staff and faculty development to improve impact practices and currency in their field.

Program Goal 1: To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards.

Program Goal 6: To encourage and support self-directed professional development.

The MICT program has been fortunate that faculty professional development has been supported by the college. It is crucial the College continue to do so to assure the most current content and best practices are being employed. The medical director and faculty members attend professional development within both the discipline of EMS and that of teaching and instruction. These learning opportunities ensure faculty are teaching current trends in patient care informed by evidence-based guidelines and best practices and doing so effectively thereby enhancing student success.

8. IV (N) Engage with all stakeholders and visitors and empower them with authoritative and relevant information and services.

Program Goal 1: To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards.

Program Goal 5: To improve relationships with professional and educational agencies, nationally, and internationally.

The MICT Program maintains national accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) which promotes accountability, transparency, and ensures program quality through a rigorous process. As a nationally accredited paramedic (MICT) program, the program assesses, evaluates, and responds to employer satisfaction, student, and graduate surveys, and graduation placement, although, currently does not track graduate earnings. The MICT program regularly engages with stakeholders through minimally annual EMS Advisory Committee meetings. These members represent all factions of the EMS community on all islands and provides a venue for stakeholders to provide feedback and assure the program is performing as expected.

9. IV (O) Invest in distance education and information technology to improve learning outcomes, student success, and support services.

Program Goal 7: To incorporate advanced technology in all aspects of prehospital care.

The EMT and MICT Programs have recently initiated efforts in technology to enhance student success. Courses that have utilized online enhanced courses include Oahu EMT Summer 2018, Hilo EMT and MICT 2018-2019, Oahu MICT 2019. These efforts require a significant time commitment from faculty who are already overloaded due to staffing shortages, therefore progress is slow. The program director voluntarily completed TOPPS and the Hilo faculty member is planning to attend.

The department chair monitors the budget account balances for the EMS department. The MICT program has been able to purchase the equipment and supplies as needed. Projected budget cuts may result in difficulty obtaining equipment in the future. The professional fee account balance is collected each semester and there is a need to monitor the use and balances. Supplies are currently being met in the classroom through student technology fees however, there has been difficulty accessing these funds and discrepancies regarding current monies. This may negatively impact the program in the future if not addressed.

10. IV (P) Demonstrate improvement to programs and services through continuous, robust outcomes assessment.

Program Goal 1: To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards.

As stated above, the MICT program maintains national accreditation and communicates regularly with stakeholders to ensure a continuous improvement process. Graduates consistently outperform other paramedic graduates on the national certifying exam (see Table 2). Employer, alumni, student, faculty and advisory board members are surveyed annually for

program feedback.

Part II. Program Description

History

Emergency Medical Services education in Hawai'i began in 1971 with an EMT-A program. In 1973, the first MICT (Paramedic) program began. The training was funded by federal grants through the U.S. Department of Transportation and provided by the Hawai'i Medical Association. In 1979, the State Comprehensive EMS Act (Act 148) was adopted and provided state funding for the continuation of training. In 1981, a gradual transition of transferring training programs from the Hawai'i Medical Association to the University occurred. The programs were incrementally transferred to the University of Hawai'i through the State of Hawai'i's Employment Training Office.

In December of 1985, the programs were transferred laterally to Kapi'olani Community College and the Department of Emergency Medical Services was established. Until its transfer to Kapi'olani Community College, the program granted a certificate to those completing EMT and MICT Programs. The Department of Emergency Medical Services Program has four different aspects.

1. Public Safety Education (First Responder and First Responder Refresher) for Kaua'i, Maui and Hawai'i
2. Emergency Medical Technician (EMT)
3. Mobile Intensive Care Technician (MICT) or Paramedic
4. Continuing Medical Education of Prehospital Personnel

The Emergency Medical Services Program is designed to be competency-based and offers a career ladder. A Certificate of Completion for Emergency Medical Technician (EMT) and a Mobile Intensive Care Technician (MICT) Certificate of Achievement and an Associate of Science Degree for MICT are offered. Upon completion of the EMT Certificate Program, students can be employed in the field. After gaining field experience they may continue their education at Kapi'olani Community College and enter the MICT Certificate Program and their Associate of Science Degree in Mobile Intensive Care Technician. One hundred percent of MICT program become employed upon completion of the program and NREMT certification exams.

The Department Chairperson oversees the Emergency Medical Services Department. As per the accreditation body, the MICT program has a Program Director. In January 2019 at the recommendation of the CoAEMSP, the Clinical Coordinator position was separated from the MICT Program Director position. This allows the Clinical Coordinator to focus on clinical cooperation between the EMT and MICT programs and a streamlined scheduling process for clinicals on Oahu. This also allows the Clinical Coordinator to develop clinical relationships with outside organizations and manage mentor training for the MICT program. The Program Director can facilitate the alignment of the MICT programs and lead the MICT program through the accreditation. The department staff includes nine faculty, some casual hires, and a contingent of skills instructors from affiliated clinical agencies. One primary medical director is employed, halftime, to ensure accuracy of the medical content in the programs. The paramedic field instruction program consists of volunteer paramedics who work for the agencies for which the college serves.

Program Goals

1. To deliver an effective and efficient MICT curriculum that meets both local, state, and national standards
2. To provide graduates with the entry-level skills and knowledge necessary for performing the tasks of a Mobile Intensive Care Technician (MICT).
3. To meet community needs by providing high quality MICT educational programs for all islands as appropriate.
4. To be an integral part of a statewide comprehensive Emergency Medical Services system.
5. To improve relationships with professional and educational agencies, nationally, and internationally.
6. To encourage and support self-directed professional development.
7. To incorporate advanced technology in all aspects of prehospital care.

Program Student Learning Outcomes

1. Apply and possess the knowledge, skills, and critical thinking necessary for an entry-level Paramedic required to ensure scene safety, effectively assess patient(s), make critical decisions, competently treat patient(s), safely extricate and appropriately transport patients in a variety of settings.
2. Effectively communicate, interact and work appropriately with patients, family members, bystanders, fellow emergency workers, EMS partners/colleagues, hospital health care providers, and supervisors.
3. Display proficiency-managing emergencies on scene and identifying coping strategies to manage long-term stress.
4. Demonstrate professional and ethical behavior as an EMS health care provider.
5. Incorporate knowledge of multicultural perspectives to meet the needs of diverse populations.
6. Develop effective treatment plans that ensure consistent high-quality patient care, cognizant of EMS' role within a larger continuum of care.

MICT Certificate and Degree:

- [**Associate in Science - Mobile Intensive Care Technician \(Paramedic\) \(71.33-75.33 credits\)**](#)
- [**Certificate of Achievement - Mobile Intensive Care Technician \(40.33 credits\)**](#)

For Certificate and Degree information see 2018-2019 College catalogue:

<https://www.kapiolani.hawaii.edu/academics/programs-of-study/mobile-intensive-care-technician-program/>

Program Description: The Mobile Intensive Care Technician (MICT) which is also known as the Paramedic (EMT-P). Certification as an EMT is a prerequisite to the MICT program. The MICT is prepared to perform advanced life support functions in the pre-hospital emergency setting under the direction of a medical doctor. In addition to all functions performed by an EMT, a MICT performs advanced functions such as administering intravenous fluids; administering medication; performing endotracheal intubation; recording and reading electrocardiograms; using the cardiac monitor defibrillator. Graduates are qualified to take the National Registry Examination for certification as an EMT-P and can apply for work with an ambulance service.

Special Admission Requirements for Mobile Intensive Care Technician: The deadline for applications to the Mobile Intensive Care Technician (MICT) program on Oahu is October 1 (The Maui and Hilo sites have their own application deadlines). The acceptance review period is November 1 - November 30. Applicants to the MICT program are required to have a current State of Hawai'i Emergency Medical Technician (EMT) License and Basic Life Support (BLS) card.

Additional information is listed in the "special requirements for programs in health career education" section. After acceptance to the college, applicants to the Mobile Intensive Care Technician Program, will be evaluated based on a point system that includes EMT written and skills exam scores, EMT coursework grade, an essay, documentation of 300 ambulance transports as an EMT and an interview. Selection is based on the highest qualifying scores.

Credentials and Licenses Offered

Graduates from the Mobile Intensive Care Technician Program qualify to sit for the National Registry of Emergency Medical Technician (NREMT) paramedic national certifying examination. The examination includes both cognitive and skills testing. Successful completion of the KCC MICT program and the National Registry examination qualifies the graduate for state licensure at the MICT level through the Hawai'i State Department of Commerce and Consumer Affairs.

Faculty:

Jeff Zuckernick, MICT, MBA, Professor, Chair (Oahu)
Mark Kunimune, MICT, MBA, Clinical Coordinator, Associate Professor (Oahu)
Leaugeay Barnes, MICT, MS, Instructor, (Oahu)
Stacey Oho, MICT, AS, Instructor (Oahu)
David Kingdon, MICT, MPH, Assistant Professor (Maui)
David Mendonsa, MCT, PA, Instructor (Hawai'i)

Casual Hires:

The program hires and utilizes a pool of part-time instructors to assist with lectures and skills instruction.

Medical Directors:

Dale Oda M.D., Medical Director

Robert Bonham M.D., Associate Medical Director

Ron Kuroda M.D., Associate Medical Director

Part III. Curriculum Revision and Review

Curriculum review and revisions ongoing through Curriculum Central and the required approval of Department of Health (DOH). This curriculum was implemented January 2017. The approved curriculum is as follows with (c) denoting clinical courses and (i) denoting internship courses:

- MICT 152
- MICT 150(c)
- MICT 162
- MICT 161(c)
- MICT 170
- MICT 171(c)
- MICT 180
- MICT 181(c)
- MICT 190
- MICT 191(c)
- MICT 205
- MICT 203(c)
- MICT 320(i)
- MICT 330(i)
- MICT 340(i)
- MICT 350(i)

The following Course Learning Reports have not been completed for these courses due to the CLR timelines. We are due to evaluate these courses in 2022.

Part IV. Survey results

1. Student satisfaction, including student support services are found in the CoAEMSP accreditation appendix.
2. Occupational placement in jobs is at 100%. Graduates are employed with the City and County of Honolulu, American Medical Response, or Hawai'i County Fire Department
3. Employer satisfaction may be found in CoAEMSP accreditation appendix.
4. Graduate/ Persistence data may be found in the ARPD.

Part V. Quantitative Indicators for Program Review

Listing of most recent three years of ARPD data for demand, efficiency and effectiveness:

Link to 2016 ARDP DATA:

<https://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=20>

16&college=KAP&program=73

Link to 2017 ARDP DATA:

<https://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2017&college=KAP&program=73>

Link to 2018 ARDP DATA:

<http://www.hawaii.edu/offices/cc/arpd/instructional.php?action=analysis&college=KAP&year=2018&program=73>

Part VI. Analysis of the Program

1. Current Situation- Internal

A. Demand Indicators

The 2018 Demand Indicators show the program is “Healthy”. The number of majors for Fall Full-Time is at 59%. In January 2017, an O’ahu cohort started with 12 students enrolled. Of the 12 students, 10 (83%) successfully completed the program through Fall 2017. In August 2017, a Hawai’i Island cohort started with 10 students, 10 of the 10 students (100%) successfully completed the Fall 2017 semester. Statewide, 20 of the 22 total students (90%) successfully completed the Fall 2017 semester. In January 2018, 11 students started in the O’ahu cohort, through the end of the Spring 2018 semester, 8 students (73%) successfully completed the semester. The occupational profile for EMT’s and paramedics supports this assessment: https://uhcc.hawaii.edu/workforce/occupation_profile.php?soc=29-2041

B. Program Efficiency Indicators

The 2018 Efficiency Indicators, for all islands, show the program is “Healthy”. For the 2017-2018 academic year, there were 22 majors. The O’ahu campus site had 3 full-time BOR appointed faculty. The Hawai’i Island campus site had 1 full-time BOR appointed faculty. The student to faculty ratio was 22 students to 4 faculty members or 5.5. The rubric shows that anything below 7 is considered unhealthy.

C. Program Effectiveness Indicators

The 2018 Effectiveness Indicators show the program is “Unhealthy”. The report shows there were 11 withdrawals. The program records show that in AY 2017-2018, 2 students withdrew from the program. Because the O’ahu cohorts run on the calendar year (January start and December completion), there are no students who move from the Fall semester to the Spring semester. The August 2017 Hawai’i Island MICT cohort started with 10 students and all 10 students (100%) moved from the Fall 2017 to the Spring 2018 semester.

Every MICT student that completes the program receives a Certificate of Achievement. Since graduation for the various cohorts occur at different times, O‘ahu completes in December, Hawai‘i Island completes in September, and Maui completes their cohorts 12 months from the start of the program. The data for the program effectiveness indicator is inaccurate due to date discrepancies. The O‘ahu cohort that started in January 2017 completed their program work in December 2017 with 10 of the 12 students (83%) receiving MICT a Certificate of Achievement. The ARPD shows 0 students completing their Certificate of Achievement in MICT.

D. Perkins Indicators

The MICT Program met all Perkins Indicators (2016-2017- only year reported). While 4P1 suggest student placement (66.67) minimally met the goal (64.51), 100% of MICT graduates obtain job placement.

E. Performance Indicators

The MICT Certificate of Achievement courses are required for licensure and employment in the state of Hawai‘i . All students who complete the MICT program are eligible for the MICT Certificate of Achievement and are encouraged to obtain upon completion.

Completing the MICT AS Degree is not a requirement for licensure and employment in the state of Hawai‘i. As such, the Perkin's indicators show that student retention and completion have not been met. Graduates of the MICT program choose not to complete their AS degree until later in their careers as part of job promotion or as a pathway to obtaining a bachelor's degree.

F. External Review

The MICT program is accredited by the CAAHEP. The MICT Program submitted a self-study and CoAEMSP conducted a site visit in 2018. The program submitted an annual report in March 2018 to CoAEMSP. A progress report regarding standards violations is due December 1, 2019.

Part VII. Tactical Action Plan (2019- 2023)

Long term plans for the MICT program are guided by the college’s strategic plan. In the intermediate term, plans are guided by the program’s comprehensive program review (CPR). The actions indicated in this report provide short-term measures, which will contribute to the goals of the comprehensive program review, aligned with the college’s strategic plan.

The Action Plan for the MICT Program based on the draft 2015-2021 Strategic Plan and Accreditation Report:

1. Identify and initiate steps towards procuring an appropriate site for teaching classes in Hilo. This is part of the program accreditation report by the Commission on Accreditation for Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Programs (CoAEMSP). The VCAA has been consulted to effect improvements on these

campuses.

- There are plans that will negatively impact the MICT program in Maui which must be addressed. With this knowledge, it would behoove us to initiate the process to identify and procure a new site for classes and labs.
2. Recruit faculty for teaching classes in Hilo. This will allow us to expand the program to continue to meet the needs of our communities while mitigating faculty overload.
 3. Continue to facilitate the alignment of the three MICT program sites (O'ahu, Maui, and Hilo) in key areas -- curriculum, cognitive and psychomotor testing, clinical and internship objectives and evaluation process, operating policies and procedures, program entry and completion requirements, etc.
 4. Continue the review, analyze, and revise the MICT program curriculum through the required Department of Health approval mechanism to ensure we are meeting the needs of the communities we serve.
 5. Work with the Dean and the Department Chair, to distribute appropriate teaching loads for the MICT program effectively and efficiently at all three sites.
 6. Assess the mentoring program to oversee MICT student internship rotations and to assist with instruction in skills lab sessions
 7. Repair and update equipment as needed to ensure all program needs are adequately met at all sites.
 8. Focus on student success will include:
 - Assessing the entry process to assist in ensuring that students enter the program are prepared to succeed.
 - Consider the need to develop a preparatory class for candidates prior to entering the MICT program.
 - Developing a more robust and consistent process for identifying and remediating students who exhibit patterns un conducive to success concerning knowledge, skills, or behaviors early in the program.

Part VIII. Resource and Budget Implications

One essential factor in attaining the goals set forth will be in effectively utilizing the teaching faculty within the department. The Department Chair and MICT Program Director will work collaboratively to address the need to have all faculty members teaching an appropriate load across the program courses in EMT, MICT and CME. The overload can be managed by hiring another full-time faculty member on Hilo as well as effectively utilizing lecturers as needed. Approval to begin the process was obtained through the critical need procedure. Currently, the search committee is reviewing questions for the interview.

As stated previously, one of the most significant challenges currently facing the MICT program is the identification and an agreement for an appropriate teaching space in Hilo. This was an area of concern for the Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoAEMSP) site visitors in August 2018 to the extent the MICT Program was cited and is at risk of being placed on probation or losing accreditation status if college administration neglects to assist program leadership in

responding to the concern. To date, current requests have not resulted in an acceptable solution and a progress report is due December 2019. As the only program providing MICT education for all islands, a loss of accreditation would be devastating to the stakeholders residing in Hawai'i, both employers and patients. MICT Program graduates would be ineligible to take the national certifying examination provided by the NREMT and therefore, have no pathway to Hawai'i state licensure. With a workforce already stretched the limits, any disruption in the process would have severe consequences for employers, residents and visitors alike. Since the MICT program is accredited as a single program, the classroom issue in Hilo could potentially affect all islands and their ability to respond to the growing patient population demand.

The City and County of Honolulu EMS provides the majority of the prehospital field and internship rotations for students for all three MICT program sites. Maui and Hawai'i students come to O'ahu for two 5- week rotations. O'ahu's students do all 4 of their required rotations with the City & County of Honolulu. Until recently, all sites and the agencies they serve, have agreed on staggering start times so there is not an overload of students on internship using City and County units and field instructors at the same time. Due to scheduling issues, the neighbor islands desire to start at the same time as the O'ahu cohorts. All three agencies and the lead faculty members from each site, along with the chair and program director, need to meet to rethink the strategies to best utilize the City and County as a resource for internship.

The program course was redesigned through previous curriculum changes which include clinical rotations in hospital units (i.e. Cardiac, Surgical, and Medical Intensive Care Units) with an instructor, physician, or nurse preceptor to review actual patient cases relevant to the content currently taught in the classroom. The addition of a dedicated Clinical Coordinator has allowed the program to expand the hospital clinical experience to include pediatric intubation rotations which is a significant achievement for the program. The goal is to include all three sites in this opportunity. The Clinical Coordinator has also piloted a pediatric simulation day in cooperation with the John A. Burns School of Medicine. The objective is to identify a funding source and provide access to students at all three instructional sites annually due to the infrequency with which EMS interacts with this population.

The internship extension is currently under review to assure transparency and fairness to all students. Currently, an intern who is unsuccessful on the fourth internship rotation is provided a fifth rotation. The process requires further elucidation and revision is underway.

The Program Director is working to facilitate accreditation processes to confirm the standards are met and all sites are moving towards consensus and alignment in major program areas as outlined previously (i.e. curriculum, program testing, policies and procedures etc.). This is a long-term project requiring support from the Department Chair and Medical Director and collaboration by MICT faculty. Other important program work includes the development of online hybrid content. Discussions are ongoing with the Distance Education support personnel.

Professional development for full time faculty is also critical to assure appropriate content and effective teaching strategies are utilized. The EMS field is dynamic and changes often. Hawai'i is isolated and attending trainings on the continent is crucial for networking at a national level and keeping abreast of the latest trends. Accreditation also requires faculty to regularly attend professional development. Ongoing and initial training for field instructors is crucial; however,

resources to provide training remains limited. Solicitations to organizations have been initiated to begin to create a fund to cover training costs.

As with all healthcare career programs, equipment is essential to educate students appropriately and effectively for their role in the community. Unlike most allied healthcare and nursing graduates, MICT personnel are expected to be job ready upon completion of the program. This necessitates having the equipment available to meet this expectation. To address equipment needs and skill instructors, the faculty will pursue Perkins Grant proposals and other external and internal funding sources.

2019-2023 Strategies:

In order to meet the needs of the communities of interest which include employers and patients, as well as align with the College's Strategic Plan, the MICT Program will focus on the following strategies:

1. Identify an educational area for the Hilo program to conduct lecture and lab to ensure ongoing national accreditation by CAAHEP.
2. Identify and hire a fulltime faculty member in Hilo to replace the previous faculty member to mitigate faculty overload while meeting the increasing needs of the community.
3. Implement an early detection, assessment, and remediation for students within the program to enhance student success and graduation.
4. Provide relevant, consistent, and effective clinical opportunities across all three MICT sites.
5. Initiate and explore distance education as a strategy to provide access to students and enhance student success.

