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TO: Antonio Moreira, Vice Provost  
FROM: Scott E. Casper, Dean, College of Arts, Humanities, and Social Sciences  
RE: Academic Program Review, Department of Emergency Health Services

I have carefully reviewed the Self-Study for the Academic Program Review of the Department of Emergency Health Services (EHS) and the report of the External Reviewers. The Self-Study highlights the Department's signature strengths and its key challenges, and offers a crystal-clear outline of strategic priorities and potential actions to achieve them. The External Reviewers' report provides useful, specific recommendations about how EHS can move forward with appropriate assistance from administration. Both are thoughtful, important documents about a department that exemplifies UMBC's commitment to prepare students for socially significant careers within a liberal arts university.

**Context: To provide some context for the Reviewers' report, I offer some data on enrollment in the Department.** (This is routinely part of the CAHSS Dean's report for APRs.)

Student numbers: Posted IRADS data for Fall 2016 indicate that the department had 91 total majors (primary and additional plans), 37 minors, and 23 students in the master's program (11 of these in the online master's program). The number of majors is roughly equal to that in Fall 2013 (92), though lower than in the intervening years (F14=106, F15=104). The number of minors increased substantially in Fall 2016 over the previous years (F13 and F14=23, F15=26). The master's program decreased somewhat in Fall 2016 (from 29-30 each of the previous three years), possibly due to the loss of students from Saudi Arabia.

Student-faculty ratios: In Fall 2016, the student-faculty ratio (SFR) for students in all plans was 19.3 for full-time faculty, as against 24.7 for CAHSS; it was 15.9 for FTE faculty, as against the CAHSS

average of 20.7; and it was 51.3 for tenured/tenure-track FTE faculty, as against the CAHSS average of 34.7. The SFR for FTE students was 13.4 for full-time faculty, as against 19.1 for CAHSS; it was 11.1 for FTE faculty, as against 16.1 for CAHSS; and it was 35.9 for tenured/tenure-track FTE faculty, as against 26.9 for CAHSS.

The fact that most SFRs are lower than the College ones is due primarily to the hands-on/lab nature of instruction in Emergency Health Services. (They may be lower also because some REX reports include non-teaching faculty members.) The higher SFRs for tenure-track faculty reflect the fact that EHS's faculty include 3 full-time, tenure track faculty and 3.6 non-tenure track regular faculty members (1.6 Clinical-track and 2 Lecturer-track, typically with professional training and field experience).

### **Reviewers' Evaluation:**

The Reviewers offer significant and, I believe, well-deserved praise for EHS's endeavors in a number of areas:

- The Reviewers call our program “clearly one of the premier emergency health education programs in the country. It enjoys a long-standing, favorable reputation, produces quality and accomplished graduates, and employs talented and highly credentialed faculty.”
- They comment positively on EHS's use of student learning outcomes assessment, including closing the loop with appropriate curricular revision: “Their self-study provides detailed evidence of stated educational goals, learning outcomes, and the department[]s actions of assessments, alignments, and revisions.”
- Students who met with the Reviewers were enthusiastic about their choice of UMBC. For example, “first year students ... were fully aware that their choice of program would enable them to advance within the profession and start their careers in EMS at levels above the average paramedic undergraduate.”
- Faculty research “is suitable to the program and affords the faculty members ample opportunity for creative and original contributions toward the research and professional literature of the discipline of EMS.”
- The Reviewers applaud the recent “development of a doctoral opportunity” between EHS and the UMBC School of Public Policy.

The Reviewers identify several areas for continued improvement, in the categories of Faculty Replacement, Resource Allotments (facilities and equipment), and Budgetary Shortfalls. They also offer a number of recommendations regarding curriculum (including building relationships with other departments and with the University of Maryland, Baltimore [UMB]) and student recruitment. I will take up these issues in roughly the order of the Reviewers' report.

#### 1. Faculty Replacement:

This is the subject of greatest concern in the EHS Self-Study as well: ensuring succession in a department with several veteran faculty members nearing retirement (including two of the three tenure-track faculty). The Self-Study further indicates that a critical mass of graduate faculty is necessary to maintain the master's program.

The Reviewers strongly recommend “that a national search be begun immediately in preparation for the replacement of at least two full-time faculty members.”

*Action: With the Provost’s approval, I have already authorized EHS to conduct a national search in 2017-18 for two tenure-track faculty members to begin in Fall 2018. One of these, at the Associate Professor or Advanced Assistant Professor level, should be capable of succeeding Professor Bissell (retiring Spring 2018) as Graduate Program Director. The successful candidate should also be on a trajectory to succeed the current Chair in roughly five years. The other position, at the Assistant Professor level, is the conversion of an existing Clinical faculty position, to enhance EHS’s research production and profile and contribute to the graduate as well as undergraduate program.*

Based on previous experience, candidate pools in EHS can be quite small and homogeneous. I encourage the Department to heed the Reviewers’ excellent suggestions about recruiting, and expect it to work closely with the UMBC STRIDE faculty fellows to develop and conduct an inclusive search process.

(I also agree with the Self-Study [p. 59] that it is worth exploring the concept of having students in the new EHS/Public Policy PhD track teach or co-teach some courses as part of their doctoral program.)

## 2. Resource Allotments (facilities and equipment):

Space: Echoing the Self-Study, the Reviewers note, “Another frequently cited concern was the inadequacy of facilities, including space allocations.” Specifically, they mention that “Lab areas are particular sparse in number and space,” and recommend that “an additional lab break-out room would benefit the EHS department considerably given the need for discrete skill development and portfolio scenario-based instruction in the future.”

*I agree, and working on this space need is a high College priority.* EHS submitted a request for additional lab space three years ago, early in the “Second-Wave Backfill” process for space vacated in Sherman Hall and elsewhere after the Fine Arts Building renovation. That request has been on hold, with several others, awaiting College prioritization of an available space in Sherman. I have determined that an EHS lab is the best use of this space. After the approval of the APR Action Plan by senior administration, which I hope will occur later this summer, EHS will re-submit its space request, indicating any changes in circumstances (including the Reviewers’ recommendation), for consideration by the Space Management Committee and the Provost. I hope that this will address the issue of EHS space allocation for the foreseeable future.

Capital equipment: The Reviewers make clear that “the most essential equipment—the simulation manikin—is outdated and on the verge of failure,” and “needs replacement as soon as possible.” Further, they noted “other equipment deficiencies ... in ancillary devices, state-of-the-art training equipment ..., and new simulation equipment.”

*We must find the funds to replace the most outdated and precarious equipment as soon as possible, and develop a long-term plan for maintenance and lifecycle replacement.* I enthusiastically endorse the Department’s own priority (Self-Study, p. 59) to develop a three-year budget cycle taking into account all of its needs. *I ask EHS to develop (a) estimates of immediate replacement needs and costs and (b) a multi-year plan for funding maintenance and replacement.* I would then expect to work with the Provost’s Office on meeting these

needs. (**See below** for further information about the Department’s budget.) EHS should also investigate the possibility of external funding, from grants or in conjunction with UMBC’s comprehensive campaign; I will be happy to make connections between the Chair and appropriate personnel in the Office of Institutional Advancement (OIA).

Disposable equipment: Citing national norms, the Reviewers recommend raising student lab fees to underwrite the cost of disposable supplies. *I endorse this recommendation, which corresponds to UMBC’s policies and practices regarding lab fees. Once EHS has developed its multi-year budget cycle (see above), I will work with EHS to develop a reasonable proposal for consideration by the Council of Vice Presidents and Deans.*

### 3. Budgetary Shortfalls:

The Reviewers describe the Department’s operating budget as “inadequate,” including “a consistent shortfall in the revenues produced by the department to support its function” (revenues from the PACE continuing education program). The Reviewers apparently attempted to review various student data to “discover the nature of this shortfall,” found them “inconclusive,” and encourages “the department and institution to explore the origins of these data and their accuracy in reflecting the department’s financial and academic performance.”

I am not certain what the Reviewers mean here, or how they think that departmental budgets are linked to student numbers at UMBC. However, over the academic year just completed (2016-17), the College of Arts, Humanities, and Social Sciences performed a systematic review of its Flexible Resource Allocation Program (FRAP), including the funding for operating and adjunct instruction in every department and program. This FRAP review resulted in a new allocation system: adjunct funding is derived from straight and/or weighted averages of actual adjunct spending over the prior three years; operating budgets are derived from a variety of matrices and considerations, including (for example) numbers of student plans and overall student FTE, numbers of tenure-track and non-tenure-track faculty, discipline-specific infrastructure, etc. *This review resulted in a net increase in EHS’s overall budget of more than \$10,000—with some of this budget allocated in consideration of EHS’s teaching labs and equipment. Moreover, a long-standing expense to the Department has now ceased, with the College’s assumption of the portion of a Clinical faculty member’s salary (done on a temporary basis in FY17, to be extended in FY18, and base funded when the position is converted to tenure track in FY19).*

I am hopeful that these developments will help alleviate EHS’s annual budget shortfalls, given that PACE revenue clearly no longer generates sufficient funds for the purpose (nor should PACE be considered primarily a revenue generator). The new FRAP system includes also a three-year review cycle, so that we can gauge its efficacy within reasonable time. Recalibrating student lab fees to the current costs of disposable supplies should help also, and ideally enable EHS to develop a reserve toward capital maintenance and replacement (see above).

### 4. Other Issues and Recommendations from the Reviewers:

(a) Enrollments, esp. in the Management Track: The Reviewers write that “the Department recognizes the need to increase enrollments in all programs,” and recommend “that the Department and College develop enrollment goals that balance the needs of the program with available resources and university standards pertaining to workload and faculty needs.” *This seems reasonable enough—and I am quite aware that institutional data and ratios can be misleading, particularly regarding the extent of individualized and small-group instruction in a lab-oriented discipline such as EHS.*

I find especially intriguing the Reviewers' more specific suggestions about student recruiting for the Management Track. For example, they describe the potential to recruit "practicing paramedics to enroll in the undergraduate management track with advanced standing through the awarding of experiential credits from their paramedic certification." While I encourage the Department to consult with Enrollment Management about the feasibility of such a strategy, I would caution that UMBC's liberal-arts foundation (embodied in the General Education Program) may involve requirements that practicing paramedics may not have met in their prior education.

I would add that EHS has worked and can continue to work with two-year colleges and even high schools in our region that offer emergency-health or paramedic training, in order to recruit students potentially interested in the education and career opportunities that our EHS Department provides. I am very pleased to see articulation agreements with several area community colleges (Howard, Anne Arundel, and CCBC) in the "opportunities" section of the Self-Study (p. 57).

(b) Curriculum/intra- and inter-institutional synergies: The Reviewers discuss "opportunities for enhancement" of EHS's curriculum, in conjunction with the evolution of emergency health pedagogy nationally. In particular, they describe "interdisciplinary/interprofessional education" (IPE), in which students work with health professionals from a variety of disciplines "with the goal of fostering interprofessional interactions that enhance the practice of each discipline." IPE is especially relevant in today's context, when health-care professionals must collaborate with "a wide variety of health providers as practitioners." The Reviewers recommend IPE as valuable for undergraduate and graduate instruction, and for graduate student and faculty research. *This recommendation seems well worth the Department's consideration and exploration. It could become a springboard for collaborations both within UMBC (e.g., with the Health Administration and Policy Program in the Department of Sociology, Anthropology, and Health Administration and Policy; or with the Departments of Psychology and Biological Sciences) and beyond UMBC (e.g., with colleagues at UMB).* The Chair has already begun collaborative relationships with faculty in these and other departments, which could dovetail with discussions about IPE. To consider the feasibility of UMB collaborations, the Department might consult with the joint UMB-UMBC Gerontology PhD program, or with UMBC faculty members who hold affiliate appointments at UMB.

The Reviewers recommend also "increasing distance learning delivery methods across all programs," and ensuring "faculty training" to make these methods effective. EHS already offers some of its programs through distance learning, and it might certainly consider extending that approach to others, as it deems appropriate and feasible. *I recommend consultation with the Faculty Development Center and the Division of Instructional Technology about best practices and methods in distance learning, as well as with peer EMS programs.*

(c) PACE continuing education program: The PACE program does not merely (or most importantly) provide revenue for EHS's other programs; it is an essential component of the Department's philosophy of supporting emergency-health education for practitioners at every career stage. To expand that program, which must remain self-supporting, the Reviewers recommend "the investment of an online payment system and increased distance learning deliveries of existing and new courses." These seem like reasonable suggestions, as is the Self-Study's note of a "need for new, innovative products and programs" in PACE (p. 58). *I encourage the Department to consult with the Division of Professional Studies (DPS) about online payment systems, because DPS has developed such systems for its continuing education programs. Indeed, EHS might well explore whether it is feasible and/or cost-effective for DPS to*

*assume the logistical details of the PACE program. And to the extent that new products or programs are advisable or necessary for PACE to keep abreast of changes in the field or in its pedagogy, the Department should work to develop them.*

#### 5. Other Issues Identified in the Self-Study:

The Reviewers addressed most of the concerns raised in the Department's Self-Study: the retirements of senior faculty, the challenges of space and equipment, the operating budget. A few items in the Self-Study, not mentioned by the Reviewers, are also worth noting. Without making specific recommendations about these items, I encourage the Department to consider them in its continuous planning and improvement.

(a) "Difficulty completing pre-professional requirements and Paramedic Track requirements for graduation within four years" (p. 57). To the extent that this is true, I endorse the "opportunity" for restructuring the track curriculum (also p. 57).

(b) "Some courses are outdated and need revision" (p. 57; echoed regarding the Management Track p. 60). To the extent that this is the case, the Department must address it. Likely the recruitment of new faculty will lead to the creation of new courses and/or the renovation of existing ones.

(c) Enhancing faculty and student research: This is absolutely a priority, and the new Chair has already made strides toward it in her own collaborations with COEIT faculty. Hiring several research-active faculty members over the coming years will contribute to this goal, as will developing the PhD track with Public Policy.

### **Conclusion**

The Emergency Health Services Department occupies a unique place at UMBC and nationally. As a four-year degree with a liberal-arts foundation, it prepares students for careers in the emergency health field and for advancement in those careers. The Department boasts an outstanding track record of placing its graduates in the field, and many of them have attained positions of leadership in emergency management in Maryland, nationally, and internationally. Further, EHS is known nationally as a research-oriented department in a field where many departments focus primarily on training practitioners.

EHS is now at a critical moment of transition. The faculty members who have built and sustained the Department over the past two decades will soon retire. We must act soon to provide EHS with the faculty members and up-to-date resources to continue fulfilling its promise to students. I am pleased that we have already begun to make those commitments. The new Chair, an exceptional recent hire (and an alumna of the program's bachelor's and master's programs), brings medical experience, research strength, commitment to students, and vibrant enthusiasm to her leadership role. The searches we will conduct over the coming year should bolster EHS's cutting-edge teaching and research, and we are on a path to addressing the resource issues (though not without assistance from senior administration). I am equally impressed that the Department has a clear-eyed sense of its own responsibilities in meeting the challenges, as the strategic priorities in its Self-Study make

clear. I look forward to working collaboratively with the Chair and the Department to accomplish these goals—and maintain EHS’s position as a national leader in its field.

Cc: J. Lee Jenkins, Chair, Emergency Health Services  
Janet Rutledge, Vice Provost and Dean of the Graduate School