

Advisory Committee Meeting Minutes Paramedic Program

See last page for the purpose of the program's Advisory Committee, including a description and list of responsibilities.

PROGRAM SPONSOR:	Moorpark College		
CoAEMSP PROGRAM NUMBER:	601022	DATE, TIME, + LOCATION OF MEETING:	Oct. 1, 2024, 1300-1600 Admin138
CHAIR OF THE ADVISORY COMMITTEE:¹			
ATTENDANCE			
Community of Interest	Name(s) <i>List all members. Multiple members may be listed in the same category.</i>	Present – Place an 'x' for each person present	Agency/Organization
Physician(s) <i>(may be fulfilled by Medical Director)</i>	Dr. Andy Bourgeois	X	
Employer(s) of Graduates Representative(s)	Mike Sanders, Director of Ops. Joey Williams, Clinical Manager Jeffrey Shultz, Ops. Manager	X X	AMR AMR AMR
EMS Agency Members	Steve Carroll, Administrator Chris Rosa, Dep Admin Adriane Gil-Stefansen, Dep Admin	X X	VCEMS VCEMS VCEMS
Public Member(s)	TBA		
Clinical and Capstone Field Internship Representative(s)	Rachel Caffey Tom Gallegos Michelle Slaney	X	NHMC VCMC LRHMC
	Joey Williams, Clinical Manager	X	AMR
	Robert Miner, Captain		VCFD
Faculty ²	Carrie Pollack, Adjunct Brad Ditto, Adjunct		Moorpark College Moorpark College

¹ The chair should not be employed by the sponsor of the program. The Advisory Committee is *advising* the program.

² Faculty and administration are ex-officio members.

Community of Interest	Name(s) <i>List all members. Multiple members may be listed in the same category.</i>	Present – Place an 'x' for each person present	Agency/Organization
Sponsor Administration ²	Carol Higashida, Dean Robert Cabral, Dean Elizabeth Nielsen, Admin Asst Michael Hoffman, Grant Dir./CTE/SWF Marcela Hernandez, Admin Asst/HS	X	Moorpark College
Student(s) (current)	Broderick Guzman Jose Barrera Christopher Buell Brecon Welton Julie Eastland Nicholas Waite Austin James Cooper Bayles David der Gregorian David Bowman Jeffrey Robbs	X X	Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College Moorpark College
Graduate(s)			
Program Director, <i>ex officio, non-voting member</i>	John Everlove	X	Moorpark College
Clinical Coordinator/Faculty	Kristen Shorts	X	Moorpark College
Medical Director, <i>ex officio, non-voting member</i>	Dr. Andy Bourgeois	X	Moorpark College
Support Staff	Crystal Wirth, Ofc Asst/EMS	X	Moorpark College
	Tom O'Connor, VC EMS Prgm Dir.	X	Ventura College

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1.	Call to order	Yes		Meeting was called to order at 1:12 p.m.

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2.	Roll call	Yes	- Introductions were made.	
3.	Review and approval of meeting minutes	N/A	- There were no previous meeting minutes to review.	
4.	<p>Review the Program’s minimum expectations [2023 CAAHEP Standard II.A. Minimum Expectations]</p> <ul style="list-style-type: none"> • “To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.” • Establish / review additional program goals³ 	Yes	<ul style="list-style-type: none"> - The program has completed the initial evaluation for CAAHEP and will be entering in to the site review process next month after submitting an Initial Accreditation Self Study Report (ISSR). The site review will take place next month. - Goal is to educate toward effective critical thinking and informed decision making; analysis of information to prioritize care and treatment. <ul style="list-style-type: none"> • Tom O’Connor suggested changing the language of this statement from saying “toward”, as the program is achieving the education of effective critical thinking, informed decision making, etc. - Program expectations reinforce professionalism and focus on student, staff, and faculty behaviors to promote respectful interaction. - Goal of work place preparation for students; mentorship. <ul style="list-style-type: none"> • Austin James feels that he was very prepared. He suggested adding an extra space on the patient contact form where students would report interactions with other ambulance crews while working in the Emergency Department. This could help students open up by having them go up and talk to crews as they bring in patients. He believes it will help to enhance the student’s social and communication skills. 	John moves to strike the word “towards” from the minimum expectations statement.

³Additional program goals are not required by the CAAHEP *Standards*. Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to the entry into the field.

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			<ul style="list-style-type: none"> • Since Dr. Andy Bourgeois sees the program's students come in to his hospital and hand off patients to him, John asked how he felt about the work place preparation piece and asked if through the preceptorship process, are they fitting that prepared model or are there ways that the program can be doing things better. Dr. Bourgeois stated that the ones that he sees routinely are great. He sees no issues at all. He really liked Austin's suggestion in regards to interacting with the ambulance crews. He would like to see that incorporated. He thinks to see the patient, figuring out what the paramedics just did, and get some reasoning what they did and why they did it all in real time would be really good. - After asking if the program has students write a reflection after their shift, Tom suggested for them so every so often upload video reflections as an alternative to Canvas. Carol suggested creating a rubric to set an expectation for the videos. Austin thought it would be a good idea to have students present on one patient they had and walk them through what happened on the class Zoom meeting held weekly. - John Everlove asked the committee their thoughts on these goals. Dr. Andy Bourgeois agrees that the goal is not to just get the students to pass the test, but to train towards the critical thinking skills for the situations that do not quite fit in the box or book. He also likes the focus on respectful interaction and interpersonal skills. He agrees with the wording of the goals. John asked the students in attendance if they would share what their experience with these goals were. Austin stated that he felt transitioning from didactic to clinicals, being able to apply different 	

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			<p>behaviors towards patients and patient assessments, and really being able to use all of the skills learned in didactic, was fantastic. The only hurdle he saw was using these skills for the first time on a real patient. He suggested to maybe incorporate some time during lecture for real patient presentations. It would be preferable for them to not be “cookie cutter” patients with typical symptoms. It would be best to have scenarios that are challenging and unexpected to better prepare them for the field. Kristen Shorts asked Austin if he thought the case reviews that are given towards the end of didactic were helpful. Austin felt that they were, and more of those would be great. Cooper Bayles agreed with everything Austin said. When it came to didactic, he really appreciated the case reviews and real calls that Kristen shared with the class. Cooper made a suggestion that he feels could be helpful to future students with regards to these calls. Without listening to the call beforehand, the students would run through a scenario of a call and then go back to that call with all of the information Kristen is able to gather such as the diagnosis that the doctors gave at the hospital, along with the treatment protocols that were done/not done on scene that could have helped the patient even more so. As far as the clinical portion of the program goes, Cooper feels that it has thoroughly prepared him for his internship.</p> <ul style="list-style-type: none"> - John asked the students if they felt that they were sufficiently prepared to interact with patients in a real-world clinical care setting such as in a hospital. Austin stated that he felt 100% prepared. He feels the information that he gained from the program made him a lot more confident going in to patient contacts. Cooper agreed. He feels that the didactic portion of the program 	

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			<p>helped to fine tune his skills with patient interaction. John asked if Austin or Cooper had any suggestions on how to bring up a student to a higher level of competency that may be struggling with interpersonal skills or may have not had much experience with patient interaction when starting the program. Austin is not sure how to work that in to a didactic, since it is hard to teach someone how to be more interpersonal. He thinks there are definitely activities that can help promote interpersonal skills, but whether it works would depend on the individual. John asked Carol Higashida what she would suggest, being that she oversees quite a few programs that deal with patients. She suggested to talk to Bob Darwin, director of the Radiology Program. Their agency partners' biggest concern every year is students' communication skills. Because of this, Bob incorporated a book that specifically addresses this issue. Crystal Wirth shared that the Radiology Program also has the students learn two to three new things about each patient they interact with that is non-related to the exam. Whether it is finding out what their favorite color or sports team is, if they have any kids, etc., this not only gets the student to open up and communicate, but also helps put the patient at ease in most cases. Joey believes that would be a good tool to use in trying to find connections with patients. He feels that sometimes it does not matter how much experience a person has, but whether or not a person is an introvert or extrovert. Tom gave a few tips on how to get students more comfortable with communicating such as going out around campus to find 5 students to talk to and maybe teaching them CPR, or to yell during their ACLS class what they were doing to their partners. Austin suggested setting up a table on campus to do Stop the Bleed and Hands Only CPR while handing out fliers for the program on a skills day. Cooper really likes these ideas for the</p>	

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			<p>people that are not so confident coming into the Paramedic Program to go out and set up tables around campus teaching different skills because the only way to get better talking to people is by talking to people. 95% of the job is talking to strangers. Activities to nurture interpersonal skills would greatly benefit students, especially those who are less confident. Tom suggested having students help out in triage at a hospital for a 12 hours shift. John asked Kristen if there was an opportunity for paramedic students to work in triage or engage patients in the waiting areas at Simi Hospital. She believed there is a possibility to pair up students with a triage nurse for 6 hour shifts to help with asking triage questions.</p> <ul style="list-style-type: none"> - There are a lot of conversations happening at the EMS level right now regarding de-escalation and crisis communication and how EMS embraces that. John asked Chris Rosa if he has seen anything at that can be introduced to create a pathway within the EMS education programs that would help to connect these dots for our students and for the goals of the administration. Chris stated that the sheriff's office and law enforcement have good de-escalation training items that they use. They have invited EMS out to their sessions to check it out and to also see how they can potentially use some of that in whatever training that EMS develops here locally. As Chris learns more, he will share so that the program's goal of aligning with the standard set by the county can be met. - The committee was in agreement that the program's expectations and goals are an effective way to educate its students. 	

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5.	<p>Support the Program’s required minimum numbers of patient/skill contacts for each of the required patients and conditions [2023 CAAHEP Standard III.C. Curriculum]</p> <ul style="list-style-type: none"> • Student Minimum Competency (SMC) Recommendations (<i>effective January 1, 2023</i>) • Review summary graduate tracking reports 	Yes	<ul style="list-style-type: none"> - Acknowledgement of all participants and collaborative effort to maximize the student’s experience. <ul style="list-style-type: none"> • John acknowledged the challenge in healthcare of being careful and considerate of the possibility of playing calls for educational purposes that a current student may have run. There are good resources that have built scenarios with video footage, ReelDX. John asked the committee if they felt that would be a good resource worth investing in. Joey Williams shared that they used ReelDX for about two years, but did not renew it this year due to the fact that there were not enough cases being added to the pool that made it worth its value. However, he believes it is a great idea for the college level. Tom suggested possibly working with the students in the Theatre Arts Programs and have them get involved by acting out and recording scenarios in a ReelDX style. - John stated that the first cohort exceeded the CAAHEP benchmarks and minimum competencies are being met. Kristen stated that the distribution that the program has at the five facilities is very good in terms of getting the exposure one would hope to have for their paramedic students. <ul style="list-style-type: none"> • One of the changes made for this cohort include adding weekly Zooms to check in, reminder to document, encouragement, etc. This weekly meeting has helped students owning the documentation piece of it and taking credit for what they are doing. • Another thing the program has tried to do is having students make connections with higher level health care providers to break the ice and 	

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			<p>have discussions with people that are within the clinical environment. This helps with the student not feeling foreign to the experience when walking in the door.</p> <ul style="list-style-type: none"> • There is a lot of time spent at the orientation process before the student gets in to clinical. Expectations for the student and what the expectations should be for themselves are gone over. 	
6.	<p>Review the program’s annual report and outcomes [2023 CAAHEP Standard IV.B. Outcomes]</p> <ul style="list-style-type: none"> • Annual Report data • Thresholds/Outcome data results • Graduate Survey results • Employer Survey results • Resources Assessment Matrix (RAM) results • Other 	Yes	<ul style="list-style-type: none"> - 23/24: 9 of 16 graduates; 8 of 9 first time pass rate. <ul style="list-style-type: none"> • All 9 are working in the field; 8 out of the 9 are working in the capacity of a paramedic. - 24/25: 11 of 19 are currently in the program. After conducting exit interviews, it was found that attrition is due to various things such as course content, outside work demands/financial barriers, and family crisis events. - The program holds an orientation one to two months before the program starts. There, demands of the program and expectations are discussed. Family members of the students are strongly encouraged to attend. - Surveys submitted and encouraging feedback to improve program processes to support clinical partner agencies. <ul style="list-style-type: none"> • John asked Joey, as an employer, what his experience has been with graduates of the program. Joey stated that they hired three or four of the graduates and so far, they have been really great. Everyone seemed prepared and ready for the field. 	

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<p>7.</p>	<p>Review the program’s other assessment results [2023 CAAHEP Standard III.D. Resource Assessment]</p> <ul style="list-style-type: none"> • Long-range planning • Student evaluations of instruction and program • Faculty evaluations of program • Course/Program final evaluations • Other evaluation methods 	<p>Yes</p>	<ul style="list-style-type: none"> - John asked the committee members if, as a committee and agency partners, they believed that the Moorpark College Paramedic Program is a viable and necessary program in the EMS community for producing more Paramedics, and does the program have support from the members to continue moving forward. <ul style="list-style-type: none"> • Joey 100% feels that this is a great program. Staffing levels are close to being low again and feels that they are in need of this program. • Tom Gallegos from VCMC gave his support to the program. • Chris has no concerns and appreciates and enjoys working with the program. • Adrienne Gil-Stefansen feels there is huge benefit in having programs that offer spots for students throughout the county to better their career path and that also gives the employers a larger pool to choose from. She supports the program continuing. • Overall, the committee was in unanimous support of Moorpark College’s Paramedic Program continuing. - In the program’s long-range planning and the program review process, strengths, weakness and needs of the program are discussed. <ul style="list-style-type: none"> • The program has been very fortunate to have the support of the Career Technical Education (CTE) group with equipment requests and other material for the program to help the students meet learning expectations and cover curriculum needs. The program will continue to request things as technology changes. However, there are financial challenges at the state level that will impact our programs at the college. Grant 	

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			<p>programs and the availability of funds within those grant programs are shrinking. Carol stated that a bond measure that would have given the colleges within the district \$500 million was voted by the board of trustees to not be put on the ballot in November. Even so, through the program review process, requests of program needs will still be entered. With the EMS programs expanding, there is a need for a full-time faculty member and clerical support. This will be requested and will go through the prioritization process to see if there are funds available.</p> <ul style="list-style-type: none"> • Another item for long-range planning and goals would be hiring part-time faculty for the EMT, Paramedic, and EMR programs. Minimum qualifications for EMS vocational programs faculty are any two-year degree, and a license. There is an open pool for applications right now. • Dr. Bourgeois, as the medical director of the program, shared that looking at Tom’s facilities was impressive. His EMS programs have their dedicated space, a large and organized store room, and more access to equipment. It would be great to have a similar setup for our students. What the program has now is adequate, but to have a lot more equipment that is easily accessible would be so much more helpful. Also, with it being only the second round using the current textbook with a cohort, he would like to see the program optimize and continue to streamline the curriculum and scheduling. He thinks there was great discussions today regarding simulations with patient cases and would like to contribute to creating those which 	

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			<p>he feels would be helpful. He would like to see the integration of some clinical stuff earlier to make the content being learned in class seem more applicable.</p> <ul style="list-style-type: none"> • Ongoing engagement with graduates will continue to be the program’s collective focus. It is believed our students continue to have needs after graduation: peer support, counseling and ongoing advice, career advancement suggestions, and letters of recommendation. • Monthly meetings/discussion of areas of improvement and opportunities to advance student outcomes. <p>- In looking at evaluation methods, there has been feedback received by students that they appreciate peer support. They also appreciate counseling, not only in academics, but in employment and in behavioral health as well. It has been demonstrated that there is a need for a coping behavioral health mechanism to this, so the program has set up several meetings to help support the students and create an environment where they feel comfortable and secure as peers and as a group, engaging in a process that looks a lot like critical incident stress management in a pre-hospital setting. Carol asked if students would find value in having an embedded mental health counselor on site close to where the paramedic classroom is. Cooper and Austin both feel it would be helpful and also thought it would be beneficial for the mental help counselors to come to the classroom to introduce themselves and relay how to get in to contact with them, make appointments, and where to go.</p>	
8.	Review program changes <i>(possible changes)</i>	Yes	<p>- In order to make sure that there is not overlap in the field internships and clinical rotations within the hospitals with</p>	

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	<ul style="list-style-type: none"> • Course changes (schedule, organization, staffing, other) • Preceptor changes • Clinical and field affiliation changes • Curriculum changes <ul style="list-style-type: none"> ○ Content ○ Sequencing 		<p>Ventura College’s Paramedic Program, both Tom and John have agreed to shift the start of their programs. Tom will move the start of Ventura College’s program back a little bit, while John has agreed to move Moorpark College’s program forward. With that in mind, PM M10 will now begin towards the end of April or beginning of May depending on how the academic calendar falls. Outside of this schedule change, there are no other dramatic schedule changes in the program.</p> <ul style="list-style-type: none"> - Thankfully to our partnerships and contracts, the program is expanding preceptorships for students, not decreasing. The program now has agreements with Fillmore Fire Department, Glendale Fire Department, and other agencies and organizations throughout the United States. John thanked Adrienne and Chris for the EMS partnership and facilitating a lot of discussions with the program’s partner agencies. Joey was also thanked for taking on the lion’s share of clinical preceptorship in Ventura County. Outside of any other partner agency, they statistically take on the most students. - Curriculum is always under review to evaluate pace, blocks of content, and instructional modalities for student success. 	
9.	<p>Review substantive changes <i>(possible changes)</i> [2023 CAAHEP Standard V.E. Substantive Change]</p> <ul style="list-style-type: none"> • Program status • Sponsorship • Location • Sponsor administrative personnel • Program personnel: PD, MD, other • Addition of distance education component • Addition of satellite program 	Yes	<ul style="list-style-type: none"> - None at this time. 	

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	<ul style="list-style-type: none"> Addition of alternate location(s) 			
10.	Other identified strengths	Yes	- There were no other strengths identified other than what was discussed previously.	
11.	Other identified weaknesses/room for improvement	Yes	- The only item suggested for improvement was made by Adrienne. She brought up that the equipment storage room is in need of organization and it would help streamline skills. John agreed and let her know that storage racks were purchased for the bins that are already there.	
12.	Identify action plans for improvement	Yes	- The totality of the program's effort is the action plan. Thanks to the contribution made at this meeting, there are now specific items that can be put in the CoAEMSP document that specifically outlines a plan for improvement.	
13.	Other comments/recommendations	Yes	- There were no other comments or recommendations made.	
14.	Staff/professional education	Yes	- Tom announced that ACCREDITCON, a conference by CoAEMSP, will be in Anaheim next year from May 28-June 1. Normally it is out of state, so this is a great opportunity for EMS faculty to attend.	
15.	CoAEMSP/CAAHEP updates	Yes	- There were no updates at this time.	
16.	Next accreditation process (i.e., self-study report, site visit, progress report)	Yes	- ISSR will be submitted in November and a site visit will be scheduled soon after. The site visitors will come on campus and attempt to meet with several graduates, current students, faculty, and possibly committee members.	

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17.	Other business	Yes	- Carol wanted to address the EMT Program, which serves as a pathway to go in to the Paramedic Program, and ask the committee and agency partners whether or not they see value with the college continuing to have, the EMT Program. The committee unanimously agreed that it is worthwhile to continue offering the EMT Program at Moorpark College. The Advisory Committee supports and recommends the following programs: Emergency Medical Technician-EMT, Certificate of Achievement, and Emergency Medical Services Associate in Science Degree.	
18.	Next meeting(s)	Yes	- Monday, October 6, 2025.	
19.	Adjourn	Yes	Meeting adjourned at 3:56 pm.	John made a motion to adjourn the meeting; Dr. Bourgeois seconded.

Minutes prepared by _____ Crystal Wirth _____

Date 10/28/24

Minutes approved by _____ John Everlove _____

Date 11/02/2024

Medical Director's signature (for item #5 above) _____

Date _____

Attach program's required **Student Minimum Competency** numbers (Summary Tracking tab) to verify which required minimum numbers were reviewed and supported (*item #5 above*)

Purpose of the Advisory Committee (CAAHEP Standard II.B.)

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, clinical and capstone field internship representatives, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

It is recommended that the chair of the advisory committee be from one of the following groups: graduates, employers, physicians, clinical and field internship representatives, or public.

Program advisory committee meetings may be conducted using synchronous electronic means.

The program advisory committee minutes must document support of the program required minimum numbers of patient contacts.

Responsibilities of the Advisory Committee

- Review the minimum program goal.
- Review and support the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.