CAAHEP Accreditation Workshop for Paramedic Programs
IT’S A NEW DAY
TIME TO MOVE FORWARD
Introduction to CAAHEP Accreditation and the CoAEMSP
Objectives

- Define who CAAHEP and CoAEMSP are and what they do
- Describe the process of accreditation for Paramedic programs
- List resources on the CoAEMSP website
Commission on Accreditation of Allied Health Education Programs

CAAHEP
From CAHEA

Committee on Allied Health Education Accreditation
a committee of the AMA

Organized as a separate corporation in April 1994
Mission

To assure quality health professions education to serve the public interest.

Vision

To be the premier agency for programmatic accreditation services.
• Largest programmatic/specialized accreditor in the health sciences field in the U.S.

• Accredits over 2200 educational programs

• 30 health science occupations

• 25 Committees on Accreditation
To name a few

- Advanced Cardiovascular Sonography
- Anesthesia Technology
- Anesthesiologist Assistant
- Art Therapy
- Assistive Technology
- Cardiovascular Technology
- Clinical Research Professional
- Cytotechnology
- Diagnostic Medical Sonography
- Emergency Medical Services - Paramedic
- Exercise Physiology
- Exercise Science
- Intraoperative Neurophysiologic Monitoring
- Kinesiotherapy
- Lactation Consultant
- Medical Assisting
- Medical Illustration
- Medical Scribe
- Neurodiagnostic Technology
- Orthotic and Prosthetic Assistant
- Orthotic and Prosthetic Technician
- Orthotist/Prosthetist
- Pedorthist
- Perfusion
- Personal Fitness Training
- Polysomnographic Technology
- Recreational Therapy
- Specialist in Blood Bank Technology/Transfusion Medicine
- Surgical Assisting
- Surgical Technology
CAAHEP Leadership Bodies

- Commission
- Board of Directors
- Committees on Accreditation (CoAs)
Council for Higher Education Accreditation (CHEA)

- Recognizes higher education accrediting bodies
- Seeks to improve accreditation process
- Serves as national advocate for voluntary self-regulation through accreditation
- CAAHEP’s Accreditor
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

CoAEMSP
Mission Statement

The mission of the CoAEMSP is to advance the quality of EMS education through CAAHEP accreditation.

Vision Statement

CoAEMSP is recognized as the leader in evidence based standards for accreditation.

Core Values | CLARITY

Commitment
Dedication of time, talent and resources toward the achievement of CoAEMSP's mission.

Leadership
Inspiring others to advance the vision and goals of the CoAEMSP.

Action-oriented
Advancing the goals and projects of the CoAEMSP through timely, deliberate and thoughtful decision-making and effective implementation.

Respect
Honoring the perspective of any individual or organization.

Integrity
Carrying out the work of the CoAEMSP with honesty, professionalism and high ethical standards.

Quality
Consistently meeting or exceeding established standards and expectations in all CoAEMSP activities.
• Evaluate a program’s observance of accreditation Standards

• Observe CAAHEP’s policies and procedures and adopt complementing practices

• Conduct site visitor training workshops

• Focus on quality assurance in review of programs

• Observe due process in review of accreditation applications
Sponsors

coaemsp.org/Sponsors.htm
<table>
<thead>
<tr>
<th>Staff Roles + Responsibilities</th>
</tr>
</thead>
</table>
| **George Hatch, Jr**  
  Executive Director |
| **Gordy Kokx**  
  Assistant Director  
  of Accreditation  
  Services |
| **Jennifer Anderson Warwick**  
  Accreditation  
  Consultant |
Staff Roles + Responsibilities

Karen Franks
Assistant to the Executive Director

Lisa Collard
Accreditation Services Specialist

Lynn Caruthers
Accreditation Services Assistant

Ruth Crump
Accreditation Services Assistant
Process of Accreditation
Steps to Accreditation

1. Self Study Report
2. Executive Analysis
3. Site Visit
4. Findings Letter
5. CoAEMSP Board Reviews Accreditation Record & Makes Recommendation to CAAHEP
6. CAAHEP either awards or denies accreditation
The CAAHEP Accreditation Process for Paramedic Programs

1. Program submits Letter of Review Self Study Report (LSSR)
2. If all core elements are met, CoAEMSP grants Letter of Review (LoR) status
3. Program enrolls its 1st cohort under the LoR status
4. Program graduates its 1st cohort under the LoR status
5. Program submits the ISSR 6 months after its 1st cohort graduates
6. CoAEMSP conducts a site visit
7. Program responds to the site visit findings
8. CoAEMSP Board makes a recommendation to CAAHEP for an accreditation status
9. CAAHEP makes final determination of the accreditation status (up to 5 years)
10. Program submits the CSSR

Letter of Review – a CoAEMSP status
Accreditation – a CAAHEP status

Disclaimers:
- No guarantee of the LoR status – or – eventual accreditation
- Each step has a subprocess
- Accreditation is up to 5 years

Paramedic programs are accredited by CAAHEP (Commission on Accreditation of Allied Health Education Programs – www.caahep.org) upon the recommendation of CoAEMSP (Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions – www.coaemsp.org).
Committee on Accreditation of Educational Programs
For the EMS Professions
4101 W. Green-Oaks Blvd. - Suite 305-599
Arlington, TX 76016

Self-Study Report Format
For Programs Seeking
Initial Accreditation
## Possible Recommendations to CAAHEP

<table>
<thead>
<tr>
<th>Initial Accreditation</th>
<th>Continuing Accreditation</th>
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<tbody>
<tr>
<td>Initial Accreditation (5 years)</td>
<td>Continuing Accreditation</td>
</tr>
<tr>
<td>Withhold Accreditation</td>
<td>Probationary Accreditation</td>
</tr>
<tr>
<td></td>
<td>Withdraw Accreditation</td>
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</tbody>
</table>

**Expire** – 1st Continuing only

*CoAEMSP may Table its Recommendation pending more information*
• Reviews CoAEMSP’s recommendation

• Makes final decision

• Notifies Program within 2 weeks of meeting via email
Completing the Self Study Report
Self-Study Report
For Programs Seeking
Initial Accreditation
(LSSR)

Each program conducts an internal review culminating in the preparation of this report, and any additional information submitted with the report. CoAEMSP interprets questions in the LSSR and the future preparation for the report and any additional documentation for completeness.

INSTRUCTIONS

Electronic copies may ONLY be submitted by uploading the workbook documentation in its original format plus a single pdf file of ALL supporting documentation (no paper copies or USB/CDs are accepted). The CoAEMSP Executive Office will review the CSSR and any additional documentation for completeness.

Visit www.coaemsp.org for additional information about CoAEMSP and accreditation services.

(CSSR) for the 2015 Standards & Guidelines

Self-Study Report
For Programs Seeking
Continuing Accreditation
(CSSR)

INSTRUCTIONS

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(LSSR) for the 2015 Standards & Guidelines

Self-Study Report
For Programs Seeking
Letter of Review

Visit www.coaemsp.org for additional information about CoAEMSP and accreditation services.

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INSTRUCTIONS

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Electronic copies may ONLY be submitted by uploading the workbook documentation in its original format plus a single pdf file of ALL supporting documentation (no paper copies or USB/CDs are accepted). The CoAEMSP Executive Office will review the CSSR and any additional documentation for completeness.
1. **Program** receives notice from the CoAEMSP that the Self Study is due (6 months to 1 year in advance).
2. **Program** completes the self study report and digitally submits to the CoAEMSP.
3. **CoAEMSP** assigns a reader to review the Self Study Report and writes the Executive Analysis (EA).
4. **CoAEMSP** emails the EA to the program director and the dean to begin “in-flight corrections”.
Role of the Executive Analysis

Assist the Program and the Site Visit Team in preparation for the site visit.
Resources Available

www.coaemsp.org
CoAEMSP Interpretations of the CAAHEP Standards
Discuss the interpretations of each section of the CAAHEP Standards & Guidelines.
Standards and Guidelines

S & G with Interpretations document

Regular font:
STANDARDS → must do

Italics font:
GUIDELINES → should do (suggestion)
Standard I: Sponsorship
I. Sponsorship

Note: The CoAEMSP office will evaluate this Standard BEFORE a site visit is scheduled.
Lack of clear compliance with Sponsorship standard is a DEAL BREAKER
A sponsoring institution...must either award credit for the program or have an articulation agreement with an accredited post-secondary institution

**Articulation Agreement**

An articulation agreement is an agreement between an educational institution and a training facility to provide college credit to individuals completing the training program. This agreement allows students to receive college credit if they enroll at the educational institution; it does not require that students who do not register receive college credit. The articulation agreement may be composed as a memorandum of understanding, transfer agreement, or other suitable instrument, as long as the requirements of articulation are met.
MUST maintain records permanently, insure program quality, insure fair practices
Key Issue: Fire Academy or EMS Training Agency

Fire Academy or EMS training agency

Must be an agency of federal, state, city or county government

Must be authorized by the State to provide initial education programs

Must have an articulation agreement with educational institution that can provide college credit

OR must be recognized by the state as a post secondary educational institution
Consortium members establish governance that runs educational program

Governance, roles of each member, and lines of authority must be clearly defined
Standard II: Program Goals
All programs must have the Minimum Expectations goal (we will see that in Standard II.C), which states (note it is a quotation):

- Additional goals, if any, must be measurable
- All program goals must be evaluated annually
- All program goals must be reviewed by Advisory Committee annually
Key Issue: Advisory Committee

Advisory Committee

Must meet at least **annually** *(Minutes necessary)*
Must review

- Program Outcomes *(annual report)*
- Resource assessment
- Action plan

Review and endorse program required minimum numbers of patient contacts, including Team Leads *(SSR - Appendix G)*
Communities of Interest

Advisory Committee must include representation from each named Community of Interest (Standard II.A)

- Students
- Graduates
- Faculty
- Sponsor administration
- Hospital/clinic representatives
- Employers
- Police and/or fire services with a role in EMS
- Key governmental officials
- Physicians
- Public (should not be someone who qualifies in another named category)
Advisory Committee must include:

Police and/or fire services *if they have a role in EMS*

Key governmental official can be

- Elected official
- Appointed public official
- Individual involved in emergency mgmt
- Other public official *(State EMS rep)*

Public member

should be a person who has valuable input to the program. The public member should not be employed by the sponsor or a clinical affiliate and should not qualify as any other named community of interest representative. *(consumer)*
II.C. Minimum Expectations

All programs must have the Minimum Expectations goal (Standard II.C), which states (note it is a quotation):

“To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”
Standard II.A requires that “There must be a written statement of the program’s goals and learning domains...”

The program should provide the written Minimum Expectation goal (and other program goals, if any) to all students (e.g., program website, program handbook, course syllabi).

The program must ensure that in order to graduate that a student has met all elements (i.e., cognitive, psychomotor, and affective learning domains) of the Minimum Expectations goal (and other goals, if any).
Standard III: Resources
“...sufficient to ensure achievement of goals & outcomes.”

- Faculty
- Clerical and Support Staff
- Curriculum
- Finances
- Classroom, Laboratory, and Ancillary Student Facilities
- Clinical Affiliates
- Equipment
- Supplies
- Computer Resources
- Faculty/Staff Continuing Ed
- Instructional reference materials
Key Issue: Resources

No set number of anything

Annual resource assessment matrix (SSR Appendix A)—with analysis and updated action plans.

MUST use “Program Personnel Resource Survey” and “Student Resource Survey” (see Evaluation Instruments link on CoAEMSP on website)

Space—classroom and lab can be the same—provided space adequate for required activities
Key Issue

No requirement for full-time clerical support

Is anything falling through the cracks?

Solutions are to be determined by the Program, such that the program is meets the accreditation Standards
On an average, how many hours a week do you and your instructors spend doing tasks an administrative assistant can do?

Your average number hours a week working?
Standard III.A.2 states:

“For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions...”
Key Issue

Must ensure exposure to, and assessment and management of:

- Adult trauma and medical emergencies
- Airway management to include endotracheal intubation
- Obstetrics to include obstetric patients with delivery and neonatal assessment and care
- Pediatric trauma and medical emergencies including assessment and management
- Geriatric trauma and medical emergencies
Key Issue

Tracking system must exist, it does not matter how it is tracked

Pediatric age subgroups must include

- Newborn
- Infant
- Toddler
- Preschool
- School-age
- Adolescent
Key Issue

Program must set and require **minimum numbers of patient contacts**

Minimums must be **reviewed & approved** by the medical director, and reviewed and endorsed by advisory committee (& documented)

Tracking must demonstrate that **each** student meets ALL of the minimum required numbers of patient contacts (in order to complete the program)

**Periodic evaluation** that minimums are adequate “to prepare a competent entry-level paramedics...” (remember Standard II.C)
PATIENT types & access are important, location of those patients is not

Psych patients may be found in ED, critical patients may be found in ED, pediatrics maybe be found in ED—OR NOT!
Key Issue

Clinical objectives must exist & state the rotation intent and outcome required

Live patient encounters must occur; simulations can be integrated to help achieve competency (not for field internship-team leads)
Key Issue: Airway Management

Successful in combination of live intubations, high fidelity simulations (highly recommended), low fidelity simulations, cadaver labs, etc., in all age brackets

Should have exposure to diverse environments

- Hospital units (OR, ED, ICU)
- Out of hospital settings (ambulance, field, home)
- Labs (floor, varied noise levels, varied lighting conditions)
Recommendation: no fewer than 50 attempts at airway management across all age levels, with a 90% success rate utilizing endotracheal intubation models in their last 10 attempts. The paramedic student needs to be 100% successful in the management of their last 20 attempts at airway management.

The NREMT’s Paramedic Psychomotor Competency Packet (PPCP) will work toward this.
Clinical, field experience, and field internship sites should be evaluated by the program (includes student evaluations).

**Tracking** must document that minimum requirements for competency are being met.
Most recently graduated class—do they all have required minimums?

If not, this is a citation—but if it’s being done on current class—it can be reported in progress report.
Key Issue

Preceptor **orientation** must occur for **key persons** in the **hospital**. The program must document that each identified key person has been oriented.

Preceptor **training** must occur for each and **every field** placement **preceptor**. The program must demonstrate that each field internship preceptor has completed the training.
Key Issue

The training/orientation must include the following topics:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria of evaluation for grading students
- Contact information for the program
- Program’s definition of Team Lead
- Program’s required minimum number of Team Leads
- Coaching and mentorship techniques
Options for preceptor training methods:

- Written documents
- Formal course
- PowerPoint® presentations
- Video
- Online
- On site train-the-trainers
- Others—what works for your system
For **clinical and field experiences**, the program should focus on the evaluation of the experience, but that evaluation must include at least an overall, not necessarily individual, evaluation of the preceptors.

For **field internship** experiences, the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of **each** active field internship preceptor. Field internship preceptors should be provided with feedback.
Program director must have a minimum of a Bachelor’s degree from a post-secondary institution accredited by an agency recognized by the U.S. Department of Education (USDE)

Any major is acceptable
Must document fulfillment of each responsibility specified in Standard III.B.2.a (there are 8 responsibilities)

**Medical oversight** is primary role

Must interact with students

Does **not** have to do lectures or labs etc

**Terminal competency sign off must occur for each graduate**

Must review exams, curriculum, quality of instruction, student progress

Must review and approve program minimum required numbers of patient contacts
Do you know who your medical director is?

What does he/she do?

When do you see him/her?
Standard III.C includes the requirement that:

Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, **which must occur after all core didactic, laboratory, and clinical experience**.

Core courses are the didactic, laboratory, clinical, and field experience courses that impart the paramedic competencies to assess and manage any patient type.

Certainly integration is okay!
Required curriculum content should be documented through:

- Course syllabi
- Lesson plans
- Instructional materials
- Text
a document that describes a body of instruction (course). It must include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation, but often includes days/times class meets, required text and other references, attendance policy, grading methodology, and ADA policy.
Field internship must allow for progression to team leader.

A minimum number of team leads must be required.

Team leads must reflect depth and breadth of paramedic profession (ALS calls).

Internship must occur after completion of all core didactic, laboratory, and clinical experience.
Standard IV: Student Evaluation
There must be a **summative comprehensive final evaluation.**

- It must be a capstone event that occurs *AFTER* completion of ALL course components.

- It must include **cognitive, psychomotor and affective domains.**
Didactic evaluation

- Must include **formative and summative** evaluations
- Must be **progression in the level** of questions
- Must be reviewed for **validity and medical accuracy** (document medical involvement)
Key Issue

Validity must be demonstrated on major exams

Method of demonstration may vary

Depends on # of students

Reviewed by item analysis
  Difficulty index
  Discrimination index
Key Issue

Psychomotor exams must demonstrate movement to entry level competence

Program must designate minimum # of repetitions of skills

Numbers of skill repetitions must have input from Advisory Committee and Medical Director
Key Issue

Program must teach, monitor and evaluate affective domain

Affective components should be continuously evaluated (in all components: classroom, lab, clinical & field)

A comprehensive affective evaluation must occur on each student
Inappropriate behaviors must be counseled and documented.

Inappropriate behaviors must have continual evaluation and successfully remediated or academic action taken (e.g. probation, failure).
Key Issue: Terminal Competency

Document competency achievement in each domain for each student

Joint responsibility of Program Director & Medical Director

Signed by medical director and program director
Key Issue: Documentation of Student Evaluation

Must be maintained in sufficient detail to verify learning progress & achievements

Master copy of all exams/evaluations (written, psychomotor and affective)

Record of student performance on all written & psychomotor exams and affective evaluations

Evaluations should be reviewed with students in a timely fashion—and documented
Key Issue: Student Counseling

*academic advice and guidance*

at least once per academic session

Adequately timed that student can respond to counseling

Policy needed on when counseling will occur

Documentation should include at least

  - Date of counseling
  - Reason for counseling
  - Signature of faculty
  - Student’s response
  - Student’s signature
Field Internship

Must keep *master copy* of field evaluation instruments

Must maintain *record of student internship performance*

Should show *progression to role of team leader*

**Successful team leads**
Not required to have outcomes data but must have a plan as to how they will collect and analyze data

Annual Report data to be collected includes (Standard IV.B.1):
- national or state credentialing examination(s) performance
- programmatic retention/attrition
- graduate satisfaction
- employer satisfaction
- job (positive) placement
- programmatic summative measures (i.e., final comprehensive students evaluations in all learning domains)

The program must meet the outcomes assessment thresholds established by the CoAEMSP
Standard V: Fair Practices
V. Fair Practices
A. Publications and Disclosure

4. The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.
All programs must publish, preferably in a readily accessible place on their websites, the 3-year review-window average results of the outcomes for: National Registry (or State, as applicable) Written and Practical Exams, Retention, and Positive Placement.

At all times, the published results must be consistent with and verifiable by the online Annual Report of the program.

Each year in the Comments tab of the Annual Report, the program must state the website link (or other publication) where its results are published.
Post Outcomes

Data must be verifiable

Programs MUST provide evidence of a website to the results with the Annual Report
Do you have any students who you authorize to test with the NREMT, who have not gone through all your full, regular paramedic program (i.e., received advanced placement)?

Ex: Nurse to Paramedic policies – or – Paramedic from a non-accredited program to go through yours
Note to Program Directors

For CAAHEP accredited programs, MUST include exact statement about accreditation status from Policies (see next slide).
CAAHEP Statement

“The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

To contact CoAEMSP:
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
Phone: 214.703.8445
Fax: 214.703.8992
www.coaemsp.org”
Note to Program Directors

For programs holding a CoAEMSP Letter of Review (LoR), MUST use the following statement verbatim:

"The [name of sponsor] Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org"
Key Issue

Must be current affiliation agreements

Must define responsibilities of program/institution

Must define what students can do and responsibilities of preceptor

Must have periodic review to ensure needs met
Key Changes to 2015 *Standards*

Associate Medical Director

Assistant Medical Director

Lead Instructor

More Explicit:

- Preceptor Training (Program Director Responsibilities)
- Patient Minimums (Medical Director Responsibilities)
## Key Changes to 2015 Standards

### Sponsorship

<table>
<thead>
<tr>
<th>Standard</th>
<th>Ref</th>
<th>Year</th>
<th>Changes</th>
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<tbody>
<tr>
<td>1. A. Sponsoring institution</td>
<td>IA</td>
<td>2015</td>
<td>A sponsoring institution must be at least one of the following: 1. A post-secondary academic institution accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program or to approve college credit, which awards a minimum of a certificate at the completion of the program. 2. A foreign post-secondary academic institution acceptable to CAA/HEP. 3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare, which is affiliated with an accredited post-secondary educational institution or equivalent or an accredited graduate medical education program, which awards a minimum of a certificate at the completion of the program. 4. A branch of the U.S. Armed Forces or other governmental educational or medical service, which is affiliated with an accredited post-secondary educational institution or equivalent that is authorized under applicable law or other acceptable authority to provide a post-secondary educational program which awards a minimum of a certificate at the completion of the program, or a national organization authorized under applicable law or other acceptable authority to approve college credit.</td>
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### Consortium

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### Responsibilities of Sponsor

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### No Differences

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<td>4. A sponsoring institution</td>
<td>No Differences</td>
<td>2015</td>
<td>1. Responsibilities of Sponsor The Sponsor must assure that the provisions of these Standards and Guidelines are met.</td>
</tr>
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[CoAEMSP logo]
Accreditation is a journey, not a destination.

- Practitioners will gain greater credibility & professionalism in serving our patients
- Necessary step in the evolution of the profession
- Accreditation IS achievable if you are dedicated to increasing professionalism in EMS
- CoAEMSP is ready & willing to assist
The Site Visit
“I just wanted to pass on a quick thank you to you both. The site visit last week was a very positive experience for our entire department in no small part to your professional and personable approach. We were a little apprehensive as I think anyone would be when you place something that you invest a lot of time into under scrutiny. Everyone commented that you were both very easy to talk to and engaged them in good conversation. As I said last week, you make a good team. You were very easy to work with, a great resource as we were getting ready and you provided us with valuable feedback on our program.”
Purpose of the Site Visit

- Collect information
- Consultative resource
Scheduling Site Visit

- Jennifer Anderson Warwick
  - jennifer@coaemsp.org | 214-703-8445, x114

- Contacts Program after Executive Analysis is complete
  - contact you to discuss dates
  - work with you to make sure it’s a mutually convenient
  - coordinate with site visitors for those dates
Site Visit Information Form

- Proposed Dates
  - Students available (prefer entire group)
  - Key people available (program director, medical director, faculty)
  - After clinical and during field internship

- Identify airport(s)

- Recommend hotels with restaurant on premises or within walking distance
Site Visitors

- How many?
  - Minimum of 2
  - Additional days and/or site visitors on case-by-case basis

- Who are they?
  - Paramedic Educator & Physician
  - Paramedic Educator x2
Site Visitors’ Qualifications

- Meet *Standards* requirements for Program Director or Medical Director
- Experience with a Paramedic program
- Participate in Site Visitor Training (initial and continuing)
- Letters of Recommendation
- QA reports good
Site Visitors

- CVs provided at time of site visit confirmation
- No conflicts of interest allowed! (or the perception)
- Not from your State
Expect...

Someone from your State Office of EMS to observe the site visit
Consultation with Team Captain

- Logistics & schedule
- EA review
- Questions
Use agenda template on [www.coaemsp.org](http://www.coaemsp.org) and adapt

Submit to team captain for review and approval
Schedule

- Recruit/confirm participants
- Secure place for site visit team to meet/work/print
- Provide working lunch
- No dinner or entertainment
- Exit summation in time for outgoing flights
Collection of Documents

- Follow instructions in email confirmation of site visit
  *** VERY IMPORTANT! ***

- 3 boxes

- Organize as described

- Questions? → ask!
Self Preparation

Review Accreditation Documents

- 2015 CAAHEP *Standards and Guidelines*
- CoAEMSP Interpretations of the CAAHEP *Standards*
- Site Visit Report (blank)
- Site Visitor Handbook
  - Questions that site visitors will ask
  - Process issues
- Have others review the documents
  - Medical Director
  - Faculty
  - Administrative personnel
Student Preparation

- 1\textsuperscript{st} day of class: tell them your goals/objectives
- Ok to reinforce the requirements of accreditation
- Interview: tell them to BE HONEST
What to EXPECT from Site Visitors

- Professional and consultative
- Assess Program based on CAAHEP *Standards*
- Familiar with Self Study Report and *Standards*
- Maintain confidentiality
- Sensitive to your politics
YOUR input is important to us and the accreditation process
### SUGGESTED SITE VISIT AGENDA

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening before</td>
<td>Team Meeting</td>
<td>To discuss concerns and plans for the visit. If a program only has a group of students together for class on the evening before the visit, it would be helpful to meet with the entire class and conduct interviews rather than to only meet with a few on Day 1.</td>
</tr>
<tr>
<td>7:30 AM – 8:00 AM</td>
<td>Arrive on Campus</td>
<td>Review the schedule of on-site activities planned by the program, making adjustments as necessary.</td>
</tr>
<tr>
<td>8:00 AM – 8:30 AM</td>
<td>Meet with the Program Director</td>
<td>Provide the Site Visit Team an opportunity to explain the CAAHEP accreditation process, the functions of the CoAEMSP, the type of CAAHEP accreditation statuses, what the accreditation status implies, and the purpose of the Site Visit.</td>
</tr>
<tr>
<td>8:30 AM – 9:00 AM</td>
<td>Host General Group Session</td>
<td>Interview the Dean to assess the Program Director’s accountability in all phases of training and gain the Dean’s perspective of the program. Additionally, financial commitment and sustainability and institutional accreditation can be addressed.</td>
</tr>
<tr>
<td>9:00 AM – 9:45 AM</td>
<td>Meet with the Medical Director</td>
<td>Interview the Medical Director to assess medical accountability in all phases of training.</td>
</tr>
<tr>
<td>9:45 AM – 12:00 Noon</td>
<td>Interview Program Director &amp; Faculty</td>
<td>Obtain information on course selection and content, instructional methods and objectives, testing mechanisms, lab sessions, clinical issues, etc. This provides an opportunity for an exchange of ideas between the Faculty and the Site Visit Team. Team members may conduct separate interviews as desired. The informal discussions allow the Site Visit Team to obtain general reactions to the program, its objectives, and the quality of the students. The meetings will allow the Team to assess the classroom, labs, clinical and internship issues from their perspective.</td>
</tr>
</tbody>
</table>

**Anticipate Need for FLEXIBILITY**
Conducting the Site Visit

Arrive Evening Before

Light conversation only

No social activities with the program

SV Team meets to discuss issues and plans

On occasion will meet with students
Conducting the Site Visit

Day 1

Absolutes

- Program Director
- General Session
- Medical Director
- Students
- Recent Grads

- Faculty – Didactic & Lab
- Faculty – Clinical
- Review Records
Day 1 - Evening

Absolutes

- Report writing
- Planning for next day

As needed

- Evening class students
## Conducting the Site Visit

### Day 2

**Either Day**
- Visit Clinical Sites
- Tour lab, classroom, facilities and equipment/supplies
- Employers
- Advisory Committee

**Absolutes**
- Program Director
- Complete report
- Exit Summation
Conducting the Site Visit

The Site Visit Report

Unofficial

Met or Not Met

Rationale for why Not Met

Summary page must match body of document

Consortium Addendum
Evening of Arrival

- Pick up visitors, light conversation, no social activities
- Site Visit Team will meet *without* program personnel
Day 1

Meet with Program Director

• 30 minutes

• Purpose
  • Review agenda/make adjustments
  • Identify what’s new
  • Clarify Executive Analysis issues
Day 1

Meet with Program Officials

- 30 minutes

- Program Director, key personnel, Administrators/Officials

- Purpose
  - Explain CoAEMSP process
  - Obtain info about institutional commitment to program accreditation of institution
Meet with Medical Director

- 45 minutes to 1 hour
- Site Visitors and Medical Director (no PD)

Purpose
- Obtain info about medical accountability
- May become a teaching session
Day 1

Meet with Faculty

- Approximately 2-3 hours or more
- All instructors and Program Director involved in classroom and lab
- Purpose
  - Obtain info about teaching activities
Day 1

Meet with Clinical Faculty

- 30-45 minutes
- Purpose
  - Obtain info about clinical instruction, opportunities, supervision, evaluation
Interview Students

• 45-60 minutes

• Students only (no Program Director)

• All if possible
  Randomly selected if not all are available

• Purpose
  • Verify all areas related to students
Interview Recent Graduates

- 30-45 minutes
- RECENT is key
- Graduates only (*no Program Director*)
- All if possible
  Randomly selected if not all are available
- Purpose
  - Obtain info about experiences
Review Records

- 60 minutes or more
- Program Director necessary
- Randomly selected student files
- Purpose - Verify
  - Admission records
  - Signed completion of program competencies
  - Records of clinical and field experiences
  - Student counseling
Visit Clinical Sites

- Variable time
- Program Director or other faculty go along
- Activity may be split
- Telephone visits may work

Purpose
- Interviews with clinical preceptors (not just supervisor)
- Tour of facility NOT necessary
Meet with Program Director

- Informal feedback to Program Director and faculty based on the day’s information
- A list of documents needed for Day 2
Evening of Day 1

Site Visit Team ONLY

- Draft Site Visit Report
- No activities scheduled usually
- If evening class, possibly a time to interview students
- Site visitors use this time to begin report
Interview Employers & Advisory Committee Members

- 30 – 45 minutes

- No Program Director

- Purpose
  - Assess program outcomes and satisfaction with responsiveness
Visit Field Internship Sites

- Interviews with preceptors
- Program Director or other faculty go along
- No Program Director in interview
- Activity may be split
- Purpose
  - Assess internship
Day 2

Other Activities

- Tour program lab, classroom, facilities and instructional equipment/supplies
- Tour library possibly
Meet with Program Director

- 30 minutes
- Purpose
  - Clarify remaining issues
  - May include other faculty
Day 2

Complete Site Visit Report

- 60 minutes
- Conference room available
- Working lunch
- Program Director available
Meet with Program Director

- 30 minutes
- Purpose
  - Review report before presented to entire group
Day 2

Exit Summation

• Final meeting with the Program Director and other principals

• Provide a summary of the team’s assessment of the strengths and potential violations related to the CAAHEP *Standards*
Keep in Mind

- REPORT IS PRELIMINARY and subject to review and revision!
  - Report (or summary page) will be left with you
  - Site visitors are merely reporters
- Agenda seldom goes as planned!
- Goal is all students present for interviews
- Schedule as many recent grads as possible
- Select records of your best students, mid-range and your struggling students
- The program DOES NOT entertain the site visitors
Official Site Visit Findings

Official Findings Letter emailed to you 4-6 months following conclusion of the site visit
Processing all the information may take awhile!
Next Steps

- Make your “to do list”
- Discuss strategies
- Assign tasks
- Meet and discuss regularly
- Enlist help if needed!
Program’s Responses

**Confirmation of Factual Accuracy**

- Due 14 days after receipt of FL

- Options
  1. Confirm accuracy – OR –
  2. Identify errors and submit supporting documentation

- Based on evidence provided *at the time of the site visit*

**Response to Findings Letter**

- Due at least 45 days after receipt of FL

- Working on plans

- Implementing plans

- Already done and attached
CoAEMSP Board of Director’s Meeting

- Review entire accreditation record
  - Self Study Report
  - Site Visit Report
  - Program’s Response to the Findings Letter
- Full Board discusses the Program’s record
- Culminates in a recommendation to CAAHEP for an accreditation status
<table>
<thead>
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<th>Possible Recommendations to CAAHEP</th>
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<tbody>
<tr>
<td><strong>Initial Accreditation</strong></td>
</tr>
<tr>
<td>Initial Accreditation (5 years)</td>
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<tr>
<td>Withhold Accreditation</td>
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<td></td>
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<tr>
<td><strong>Expiration</strong></td>
</tr>
</tbody>
</table>

*CoAEMSP may Table its Recommendation pending more information*
• Reviews CoAEMSP’s recommendation

• Makes final decision

• Notifies Program within 2 weeks of meeting via email
Responsibilities of the Program for Maintaining Accreditation

and

What is coming?
You are Responsible...

- Evaluation Instruments
- Outcomes data
- Resource Assessment Matrix
- Completing the AR
- Checking fees and confirming they have been paid
- Personnel changes
- Templates
- Deadlines
- Who do you call?
- MAGIC

Checklist for Program Directors

- Financial health of the program's budget
- Compliance with standards
- Quality improvement initiatives
- Personnel changes
- Deadlines

MAGIC: Make sure you have:
- Materials
- Guidelines
- Action plans
- Checklists
Final Thoughts

Questions?

www.coaemsp.org

- George Hatch, Jr
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- Gordy Kokx
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- Jennifer Anderson Warwick
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