

CoAEMSP/CAAHEP Standards Interpretation

Standard III: Resources

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STANDARDS & GUIDELINES

- **I. Sponsorship**
- **II. Program Goals**
- **III. Resources**
- **IV. Student & Graduate Evaluation**
- **V. Fair Practices**

Standards & Guidelines

www.CoAEMSP.org

- **S & G with Interpretations (bottom of page)**
- **Regular font: STANDARDS—must do**
- ***Italics font: GUIDELINES—suggestion***
- **Right column: Interpretations**



III. Resources

- **A. Type & amount**
- **B. Personnel**
 - **1. Program Director**
 - **2. Medical Director**
 - **3. Faculty**
- **C. Curriculum**
- **D. Resource assessment**

“...sufficient to ensure achievement of goals & outcomes.”

- **Faculty**
- **Clerical/support staff**
- **Curriculum**
- **Finances**
- **Class/lab facilities**
- **Ancillary student facilities**
- **Hosp/clin/field affiliations**
- **Equipment/supplies**
- **Computers**
- **Instructional reference materials**
- **Faculty/staff cont ed**

Key issues

- **No set number of anything**
- **Annual resource assessment matrix**—with analysis and updated action plans (use survey from self study documents on website)
- **Space**— classroom and lab can be the same— provided space adequate for required activities

Key issues

- **No requirement for full time secretary (guideline)**
- **Is anything falling through the cracks?**
- **Solutions are to be determined by program**

Site Visitor Questions

- **On an average, how many hrs do you and your instructors spend a week doing tasks an administrative asst can do?**
- **Average number hrs a week working?**

Hospital/Clinical/Field Affiliations

Standards say

“..access to **adequate** numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems...”



Key issues

– Must ensure **exposure to & assessment & management of:**

Adult, Pedi, Geriatric trauma & medical emergencies

Airway mgmt to include endotracheal intubation

Obstetrics—delivery & neonatal care

Key issues

- Tracking system must exist, **it doesn't matter how tracked**
- Pedi sub groups must include
 - Neonate
 - infant
 - Child
 - adolescent

Key issues

- Program must set and *require* **minimum numbers of patient contacts**
- Minimums must be **reviewed & approved** by the medical director and advisory committee (& documented).
- Tracking must demonstrate that **each** student must meet minimums
- **Periodic evaluation** that minimums are adequate

Key issue

Patient types vs. Location

- **PATIENT** types and access are important, **location** for patients are not
- **Psych patients may be found in ED, critical patients may be found in ED, pediatrics maybe be found in ED—OR NOT!**

Key issues

- **Clinical objectives must exist & state the rotation intent and outcome required**
- **Live patient encounters must occur; **simulations** can be integrated to help achieve competency**

Key issues

- **Airway Management**
 - **Successful in combo 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)**

Key issues

- **Airway Management**
 - **Recommendation: 50 minimum** of airway attempts across all ages and all methods

 - **PPCP will help**

Key issues

- **Clinicals and field internship sites should be evaluated by the program (includes student evaluations).**
- **Tracking** should help ascertain that minimum requirements for competency are being met.

Note to Site Visitors

- **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 issues

- **Preceptor orientation** must occur for hospital personnel
- **Preceptor training** must occur for field
- **Content should include:**
 - Purposes of student rotation/internship
 - Evaluation tool use
 - Grading criteria
 - Program contact information

Key issues

- **Options for preceptor training delivery:**
 - **Written documents**
 - **Formal course**
 - **Power point presentations**
 - **Video**
 - **On line**
 - **On site train the trainers**
 - **Others—what works for your system**

Key issues

- Documentation must exist that **each field preceptor receives training**
- Preceptors must be evaluated and **provided feedback**

Key issues

- Program director must have **Bachelor's degree** from institution with USDE agency accreditation
- **Any major acceptable**

Key issues

- **Medical director**
 - Must document fulfillment of each responsibility
 - **Medical oversight** is primary role
 - Must interact with students
 - Does **not** have to lecture or labs etc
 - **Terminal competency sign off must occur for each graduate**
 - Must review exams, curriculum, quality of instruction, student progress

Site visitor questions

- **Do you know who your medical director is?**
- **What does he/she do?**
- **When do you see him/her?**

Curriculum Sequencing

Key issues

- **Didactic/theory**
- **Lab practice**
- **Clinical/hospital experience (can include field experience)**
- **Field internship-goal is team leader**

Certainly integration is okay!



Key issues

- **Required curric content should be documented through:**
 - **Course syllabi**
 - **Lesson plans**
 - **Instructional materials**
 - **Text**

From Definitions

(in Policy book on CoAEMSP.org)

Syllabus: a document that describes a body of instruction (course). It must include learning goals, course objectives, and competencies required for graduation but often includes course description, days/times class meets, required text and other references, attendance policy, evaluation methods, grading, ADA, and a content outline.



Key issue

- 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 most didactic and clinical.



Questions?

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