

CoAEMSP/CAAHEP Standards Interpretation

Standard IV: Student & Grad Evaluation

Standard V: Fair Practices

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Program Objectives

Upon completion of this session the participant will be able to

- Discuss interpretations of CAAHEP **STUDENT & GRADUATE EVALUATION** Standards
- Discuss interpretations of **FAIR PRACTICES** Standards

Standards & Guidelines

www.CoAEMSP.org

**S & G with Interpretations
document**

Regular font: STANDARDS—must do

Italics font: GUIDELINES-suggestion

Right column: Interpretations

STANDARDS & GUIDELINES

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

A. Student Evaluation Standards say...

“...must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students’ progress toward an achievement of the competencies ...in the curriculum.”

Key issue

- 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.**

Key issue

- **Didactic evaluation**
 - Must include **formative and summative** evals
 - 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
- **Purpose—improve evaluation**
- **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

- **A comprehensive affective evaluation must occur on each student**
- **This affective evaluation is separate from those affective components from clinical or field evaluation.**

Key issues

- Inappropriate behaviors must be **counseled and documented.**
- Inappropriate behaviors must have cont eval and **successfully remediated or academic action** taken (e.g. probation, failure).

Key issue

- **Terminal competence**
 - 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 evaluations**
 - 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 evals
 - Evals 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**

Key issue

- **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**

Outcomes & Outcomes Assessment

Standards say

- “Program must periodically **assess its effectiveness** in achieving its stated goals and learning domains. The results must be reflected in the **review and timely revision** of the program.”
- “Outcomes assessment include: exit point completion, grad satisfaction, employer satisfaction, job placement, state/national registration.”

New Programs (initial)

- **Not required to have outcomes data but must have a plan as to how they will collect and analyze data.**
- **Program should make plans on how to do this**

Continuing Programs

- **Notified by CoA annually as to due date of annual report—usually Dec 1.**

(coming soon...to a program near you.)

STANDARDS & GUIDELINES

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Fair Practices

- **A. Publications & Disclosure**

Standards say

“Announcements, catalogs, publications, and advertising must **accurately reflect** the program offered.”

“The following **must be made known** accreditation status...,admission policies/practices, technical standards, policies on **advanced placement**, transfer of credits...”

Note on **Advanced Placement**

- Do you have any students who end up on the authorized NREMT list to test and have not gone through all your traditional paramedic program?
- We will be asking about this—what is your policy on how this is done

Such as nurse to paramedic policies

Or paramedic from a non-accredited program to go through yours

NOTE TO PROGRAM DIRECTORS

- Include exact statement about accreditation status from Policies (see next slide).
- Letter of Review (**LOR**) statement can be used **EXACTLY** off of the CAAHEP website.

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

1361 Park Street

Clearwater, FL 33756

727-210-2350

www.caahep.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

QUESTIONS? ANSWERS?

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