



Suggested Questions to Ask During a Site Visit

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During the course of the site visit, the site visit team will sound repetitive to themselves. The same introduction of who the team members are and why you are there should be repeated with each group of individuals that are met with. Many questions are asked multiple times; however, each time to a different group of individuals. As a site visit team, you are looking for common themes. The goal is to be conversational in your interviews and putting at ease the people you are interviewing.

Session with Program Director prior to Opening Session

- Explain you are representing the CoAEMSP and as agents of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)
 - Tell them who that is and what they do
- Explain your purpose is to obtain info for the CoAEMSP/CAAHEP by talking with different groups of people and looking at records, etc. and to provide feedback to the program.
- Evaluation of the program is against the CAAHEP *Standards*; we would like to be a helpful consult to them.
- Explain you will collect information, draft a Site Visit Report, and present the site visit team's findings during the Exit Summation on the last day of the site visit.
- Identify rough time frame of process above (*no promises!*)
 - Projected CoAEMSP Board meeting _____
 - CAAHEP meets every other month; however, we cannot guarantee which month the recommendation will appear on their agenda
- Purpose of this session is to set the stage and the tone for the site visit.

Opening General Session

[Note to Site Visit Team: Please read this script at the beginning of the on-site review. If not your style, ensure the key points are covered.]

Good morning. We represent the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), which operates under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the accreditor. We are here on-site to gather information through observation, interview, and review of documentation to verify, clarify, and amplify the contents of the self study report prepared by the program. We will objectively report our findings to the CoAEMSP relative to the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. In addition, we are a consultative and facilitative team for the accreditation process.

As site visitors for CoAEMSP, a Committee on Accreditation of CAAHEP, we understand that information has been made available to us about the program, institution, and faculty. We agree to respect and protect this information. All discussions and written information provided prior to, during, and after the site visit will remain confidential.

While the Family Educational Rights and Privacy Act (FERPA) generally requires written permission from the parent or eligible student in order to release any information from a student's education record, FERPA allows disclosure without consent to accrediting organizations carrying out their accrediting function (34 CFR § 99.31).

We will share our findings with you at the end of this review visit during the Summation Conference.

Talking points to cover:

- Introductions of everyone and their role (not just the site visitors)
- Express thanks for the hospitality (if extended thus far—nice hotel, appreciated program director picking you up, etc.)
- Say a word about the Self Study Report (thorough, helpful, clear, informative, interesting, etc.), if appropriate
- Explain you are representing the CoAEMSP and as agents of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)
 - Tell them who that is and what they do
- Explain your purpose is to obtain info for the CoAEMSP/CAAHEP by talking with different groups of people and looking at records, etc. and to provide feedback to the program.
- Evaluation of the program is against the CAAHEP *Standards*; we would like to be a helpful consult to them.
- Explain you will collect information, draft a written Site Visit Report, and present the site visit team's findings during the Exit Summation on the last day of the site visit.
- This site visit is part of a CAAHEP accreditation process, which begins with writing a Self Study Report; other steps include an Executive Analysis, Site Visit, official site visit Findings Letter, Confirmation of the Factual Accuracy (or alleging factual inaccuracy), Program's Response to the Findings Letter, review by the CoAEMSP Board members and formal recommendation to CAAHEP, and finally CAAHEP's final decision.

- Possible accreditation recommendations:
 - Seeking Initial Accreditation
 - Initial Accreditation
 - Initial Accreditation with Progress Reports
 - Withhold Accreditation
(program is given an opportunity to Request Reconsideration in advance)
 - Seeking Continuing Accreditation
 - Continuing Accreditation
 - Continuing Accreditation with Progress Reports
 - Probationary Accreditation
(program is given an opportunity to Request Reconsideration in advance)
- Identify rough time frame of process above (*no promises!*)
 - Projected CoAEMSP Board meeting _____
 - CAAHEP meets every other month; however, we cannot guarantee which month the recommendation will appear on their agenda
- For the Dean or Leadership, ask a question to verify what the self study states.
 - I understand from your self study that you are accredited by XYZ and are due again ABC, is that correct? (or something similar that verifies what the self study has said.)
 - It appears from the self study that the program has some challenges with XYZ (enrollment, or adequate faculty or adequate resources or adequate budget). Is that something that you feel can be managed and is being addressed? *Or something like that. If the challenge is medical direction and the medical director is present then I would not do that.*

Program Director

In addition to the questions that appear under Faculty.

1. How much release time is provided to you outside of classroom and student activities for accreditation activities?
2. How much input do you have in the budget? If you need equipment, supplies, continuing education, do you annually create a list of needs and “wants”? What is the process for obtaining those?
3. What support was provided to you specifically for the writing of the Self Study Report?
4. What role do you play in scheduling, supervision and evaluation of adjunct faculty?
5. Have students utilized the grievance process? What was the issue and how was it resolved?
6. Describe an issue with a student in which the medical director was involved. What was the resolution?
7. If the medical director is not involved in the program, what steps have you taken to repair this problem?

Clinical Coordinator *(if applicable)*

Medical Director

1. Tell us a little about yourself.
 - a. Review of the CV of the medical director and associate medical director and assistant medical director(s), if applicable.
2. Tell us about your involvement with EMS.
 - a. To assess the knowledge of EMS and the local EMS community.
3. Do you provide medical direction for EMS?
 - a. Online?
 - b. Protocol/standing order development?
4. How do you stay current with changes in EMS?
 - a. Locally? Regionally? At the state level? At the national level?
 - b. Journals
 - c. Attending Conferences
5. How often do you communicate with the program director (in person, phone, e-mail, etc.)?
 - a. What type of issues do you discuss (curriculum student issues, etc.)?
6. Tell us about your involvement with the Paramedic Program.
 - a. How did you become involved with the program?
 - b. Do you have a contract with the program?
 - c. What are your contractual duties?
 - d. Are you involved in the student selection process?
 - e. Do you review and approve:
 - i. Curriculum?
 - ii. Formative evaluations?
 - iii. Summative evaluations?
 - f. How do you document that approval process?
 - g. What is your interaction with the program director and/or faculty?
 - h. Do you spend any time teaching within the program?
 - i. Didactic?
 - ii. Practical labs?
 - iii. Clinical setting?
 - i. Do you participate in the summative evaluation?
 - j. How do you assess student progress?
 - k. How do you assure student competency for graduation?
 - l. Are you involved with student disciplinary and/or counseling activity?
7. Do you participate in the advisory committee?
 - a. What is your role on that committee?
8. If there is an associate medical director, how do you share the duties and who has the final say on any issue or concern?
9. What changes would you like to see within the program?
10. What is needed by the program to be more effective in the educational process?
 - a. Facilities?
 - b. Equipment?
 - c. Faculty and staff?
11. *If time permits*: What do you see for the future of EMS locally and nationally?
12. Is there anything else you would like to tell us about the program?
13. Do you have any questions for us?

Faculty – General

Some site visitors like to do the faculty questions grouped with related questions and then move from one area of the program to another. Program directors are generally included in this session although faculty and program director are not included in other interviews.

1. How is the main text selected for the program?
2. Do you attend the advisory committee meetings?
 - a. What is the typical agenda?
 - b. Who is the chair of that meeting?
3. How do you conduct student recruitment if necessary?
4. What are requirements for admission?
5. What is the application process, selection, class size, attrition, and success of students?
6. How are students selected for the program? How often?
7. Is there an interview with potential students? By whom?
8. Who does the majority of clerical (admissions, financial aid, student support, and filing) work for the program?
 - a. Is anything lacking / not getting done when it comes to clerical work?
 - b. Who returns calls from individuals interested in the program?
 - c. Who works with candidates to make sure they have the appropriate application paperwork
9. How are student polices developed / enforced?

Faculty – Didactic and Lab

1. Who instructs classroom and who instructs labs? How do instructors know what to cover in classroom and lab?
 - a. What are your (each person) responsibilities in the program?
2. Who instructs the didactic / lecture portions of the paramedic program?
 - a. Are there any requirements to instruct in the classroom and skill lab?
 - b. How are shared responsibilities determined?
3. What is your curriculum based on?
 - a. How do you keep the curriculum up to date with current clinical issues as well as trends and technologies?
4. Who develops your course schedule?
 - a. Do you follow the schedule and if not, what derails you?
 - b. Where do your lesson plans originate / how are they developed and kept current?
 - c. Where do your class presentations come from (PowerPoint, videos, etc.) / how are developed and kept current?
5. If you are not able to instruct, what is the plan for others to step in?
6. What (in)formal training / education have you had in adult education?
7. What (in)formal training / education have you had in evaluation development (test item writing) and evaluation validity and reliability?
 - a. How do you develop your exams?
 - b. Who is involved in the exam development?
 - c. How do you evaluate your major exams?
 - d. What processes do use do you use to assure validity and reliability of your tests?
 - e. Do you do an item analysis (difficulty level and discrimination index or RPBI?)
 - f. What do you do with the item analysis?

8. Who instructs in the laboratory portions of the paramedic program?
 - a. Are there any requirements to be able to instruct laboratory sessions?
 - b. How are shared responsibilities determined?
 - c. In the lab, how many students work with each instructor?
9. Do you believe you have what you need: equipment / supplies / resources??
10. Any technology/equipment used locally that you don't have?
11. How functional are the classrooms and laboratories as learning environments?
12. What has been done to make the facilities student friendly: comfort, convenience and conducive to learning?
13. Are adequate supplies and equipment available for laboratory sessions?
14. Are your clinical sites adequate to provide the necessary learning for the students: volume and variety?
15. Are your internship sites adequate to provide the necessary learning for the students: volume and variety?
16. Where do students access computers and computer resources?
 - a. When research assignments are given, where can students get the necessary journals and articles to complete research and other assignments?
17. Are you given sufficient CE opportunities remain current with changes in medicine and educational processes?
18. Who makes the final determination that a student has successfully passed the course and is ready to sit for the National Registry exam?
19. Who evaluates you? Do you get evaluations by supervisors, peers, students?
20. Do you ever use guest lecturers? Do they get evaluated?
21. How often are physicians used to present lectures or labs?
22. How often do you interact with your medical director?
 - a. How often do your students interact with your medical director?
 - b. Describe the Medical Director interaction with students.
 - c. Does the Medical director review exam items?
 - d. Is the Medical Director involved with post exam item analysis?
23. How are non-college employees (ex., guest lecturers, preceptors, etc.) trained and evaluated?
24. When new procedures / equipment need to be taught, how easy / difficult is it to get there required resources?
25. In the laboratory/skill sessions, what procedures / scenarios are evaluated other than those required by National Registry?
26. How are psychomotor performances tracked in the lab/skill setting and correlated with clinical / field? Specifically high technical / low frequency tasks such as airway management and advanced airway placement?
27. What is the student success rate on the National Registry exams (first time / overall) for both written and practical?
28. Describe the summative (comprehensive) assessments for final evaluation of the students (cognitive, psychomotor and affective) and when do they occur?
 - a. What if students are unsuccessful? Any remediation / retest processes?
29. If you have a grievance about faculty matters, what do you do?
30. If a student is injured in class / lab / clinical, what is the process?

Faculty – Clinical and Internship

1. Who supervises the students in clinical and field locations?
 - a. Are those individuals trained / oriented as preceptors?
 - b. Who does the orientation?
2. Tell me about your program clinical rotations.
 - a. Where do the students go (which sites)?
 - b. When do they go in relation to the program schedule/sequencing?
 - c. How long is a typical shift?
 - d. How long is a typical clinical rotation?
3. Where do they get experience with specialty patients (pediatrics, OB, psych, geriatric)?
4. Tell me about your field internship preceptors
 - a. How are they chosen, trained, and assigned?
5. What are the policies for students doing scheduled clinical rotations?
 - a. Can they count clinical contacts while on duty in their EMS agency role?
 - b. Can they count runs / procedures outside of a program scheduled clinical rotation?
6. How are the students scheduled for their clinical rotations and field experience and field internship?
7. Does the Program ever send Faculty to visit clinical and field sites/preceptors during student rotations? If so how often?
8. Who conducts the Preceptor Training Program for the clinical sites?
9. Who conducts the Preceptor Training Program for the field sites? How often is this done?
10. How do you document preceptor training?
11. Describe the tracking mechanism for the required patient contacts and procedures in the clinical and field sites?
12. If students use a commercial tracking product, how does the program staff audit and what percentage of data is audited?
13. How does the Program ensure competency is evaluated at the clinical and field sites?
14. What mechanism is available for the Program to measure affective domain at the clinical and field sites?
15. What is the process for a clinical/field preceptor to follow if they have concerns about the student's abilities or other issues?
16. What is the process for the Program to insure that the students are meeting the required clinical/field minimums?
17. Does the Program provide formal feedback to the preceptors obtained from the students? If so, how?
18. What procedures exist that prevent the students from performing skills in the clinical/field sites that are NOT in the Paramedic scope of practice?
19. Does the Program have a policy that identifies the minimum criteria the Program wants for a Preceptor?
20. Does the Program have a policy on how preceptors are assigned (i.e. the same preceptor for all of the students shifts or the student is assigned to the preceptor that happens to be on duty that day)? Could it happen that a student is assigned to his brother-in-law, or a buddy?
21. How do you assure objective evaluation?
22. Does the Program have out-of-state clinical and field sites for Paramedic students? If so, where? If so, has a Medical Director been identified in those state(s)?
23. How does the Program provide oversight of the students at the out of state clinical/field sites? Who is the medical director for these sites?

Students

Students are often apprehensive and sometimes even a little confused about accreditation and the process. It may be necessary to give them a brief introduction to the process and importance of accreditation and how it relates to Paramedic education before jumping into the questions.

1. Are you aware what is expected from you to graduate?
2. Are the terminal competencies written somewhere for you to refer to?
3. Is testing done by objectives? Where are the objectives located?
4. Describe what a typical day in class is like.
5. Describe your quizzes and exams; do you find them fair and are you adequately prepared for them. Do they test minutia in the book or do they make you think?
6. Do you have guest lectures? Who? What do you do if you find a guest lecture confusing or inappropriate?
7. Tell us about a time you all had a problem in class and how it was handled by program faculty.
8. Who can you talk to if there is problem in class? What if that problem involves your instructor or program director?
9. Who is your Medical Director and how often do you see him/her?
10. Does your Medical Director instruct any classes or labs? Is he/she involved in your clinical rotation?
11. What is the instructor to student ratio in labs? Are your labs adequately preparing you? If not why? (equipment etc.)
12. What supplies were missing from lab? Do you have various sizes of pediatric equipment and supplies?
13. Are your lab instructors on the same page with your lecture instructors? Do you receive the same information or does it conflict? If that should happen, how do you clarify it? How do labs connect with classroom?
14. When you are in the clinical portion of your course, who do you report to?
15. How do your preceptors communicate with your instructor / program director.
16. What skills are you allowed to perform and how do your preceptors know you are able to perform them?
17. How do you document your clinical experiences / patient contacts?
18. What would you do if you had a needle stick or exposure in the clinical or field setting?
19. What is the process for moving into the team leader role and how do you know if you are meeting program objectives during your internship?
20. How many successful team leads must you perform? Is there a requirement for ALS and BLS team leads?
21. What do you do if you have a problem or issue with your preceptor or clinical instructor? Can you tell us about a time there was a problem and how it was handled?
22. How do you know your status/grades in the program? Do you understand what you need to do in order to be successful?
23. Have you had an affective or professional behavior evaluation? What components did it include?
24. Were there any surprises from the program in terms of requirements or expenses? What were they?
25. What is the best part of this program and why did you choose to come here?
26. Would you recommend this program to family and friends?
27. What suggestions would you make to improve the program? Have you said that to your instructors/program director?
28. Is there anything the program needs to help insure your ongoing success?
29. Do you have any questions for us? (accreditation, EMS etc.)

Graduates

Hopefully the program director has RECENT graduates for interviews and not program employees that are graduates. If the program has changed significantly from when the individual has graduated then some of these questions will not be important.

1. When did you graduate?
2. When did you become credentialed as a paramedic? (NREMT or State License)
3. Describe what you were told or read coming into the program regarding attendance, grades, clinical, and cost. Was it accurate? Any surprises?
4. Describe a typical class session.
5. Who were you responsible to (i.e., your preceptor): In the clinical area? In the field?
6. Who did you go to if you had a problem in class, a clinical area, or field internship?
7. Who is/was the Medical Director for the program?
8. When did you see him/her (the Medical Director)?
9. What were you allowed to do in the clinical area? In the field internship?
10. How did you track your experiences in the clinical and field internship areas?
11. Describe the practical labs. How many students are assigned to one instructor?
12. How often did you have tests?
13. Did you have guest lecturers?
14. If you had a guest lecturer and the material was unclear, what did you do? Who did you go to?
15. Did you evaluate instructors, guest lecturers, and the program? How often?
16. What were the program strengths as you perceived them? Limitations?
17. If you were doing it again, would you go to this program?
18. Was the number of Faculty adequate to support the curriculum design and number of students enrolled in the program?
19. Was adequate and appropriate laboratory space available for student use?
20. Were ancillary student facilities/services adequate to achieve program goal(s) and outcomes?
21. Now that you are out of school, how updated would you say content or materials were in the program when you were enrolled?
22. Were instructional materials and supplies adequate?
23. Did you use the library or a virtual library? What for?
24. Did you have enough equipment in the lab? Did you have pediatric equipment?
25. Did the clinical resources provide you with sufficient learning opportunities to ensure achievement of the program's goal(s) and outcomes?
26. Did students in your class have access to all services ordinarily provided to other students enrolled at the institution of?
27. Did the program have clearly written course syllabi?
28. Were you clear about course requirements?
29. Were you evaluated frequently and appropriately? Fairly?
30. Did you know about your progress toward course requirements?
31. Was the curriculum consistent with the material covered in the appropriate national and/or state credentialing examinations?
32. Was computer technology (clinical simulations, instructional software, and Internet) current and utilized in the educational process?
33. Do you believe that you were dealt with openly and fairly during the admissions process?
34. How accessible were the Faculty to you? Office hours? If you were having difficulty with material, were you able to get help from an instructor?
35. Describe your supervision during lab sessions.

36. Describe how you felt about your competence when you are in the clinical setting.
37. What do you perceive was the greatest strength of this program?
38. What is the greatest limitation of this program?
39. If you could change the curriculum, what would you add or change?
40. While attending this program, did you know where you could find the program policies?
41. Did you feel there was a benefit to your field experiences? What were some of those benefits?
42. What were some ways that the program integrated technology into your classroom, lab or clinical?
43. Did the program provide placement opportunities for you such as career fairs, recruiting sessions, or invited guests to recruit for job openings at their agencies?
44. What did you feel had the greatest impact in your learning and success as a student in the program?
45. Were there opportunities to collaborate/work/learn with other healthcare professional students (ie. medical, nursing, or respiratory students) during your paramedic education training program (if available)?
46. How was your medical director involved in the program?
47. What content areas in the course do you feel need to be emphasized more? What areas would you have liked to have had more instruction?
48. Did you feel prepared to enter the EMS workforce?
49. Did the faculty review course evaluations with the students after they were given to the students?
50. Did you feel that the program and faculty took the time to consider the classroom evaluation feedback that was given by the students for self-improvement of the program?

Employers of Graduates

1. Do you hire graduates of this program?
 - a. What attributes do you see in graduates of this program that help in your hiring decision process?
 - b. What additional knowledge, skills or behaviors does your organization need to provide a new hire from this program?
2. Is there employer representation on the advisory committee? How does the program communicate with you and the other employers?
3. Does your agency precept students from this program during the field internship?
 - a. Why did you make that choice?
4. What are the 3 greatest strengths of the program?
5. What are the 3 most significant weaknesses of the program?
6. Do you recommend this program to your employees?
7. Would you recommend this program to a family member?
8. What topics should this program add to their curriculum?
9. What topics should be eliminated if any?
10. What did we not ask about that you think we should know?
11. If you were the program director, what single change would you make to this program to make it better?

Clinical/Hospital Preceptors

This individual(s) should be someone who actually works with the students, not just the supervisor or department educator. A supervisor can be interviewed and explain information but should not take the place of the preceptor.

1. What credentials must students have (and displayed) to confirm their affiliation with program?
2. How do you confirm which clinical procedures students have been approved to perform?
3. What is the average daily volume for your clinical area (or month or year)?
4. Are Paramedic students assigned to a single clinical preceptor or other staff for the shift or do they roam based on cases and activity?
5. How are you oriented to the Paramedic student skill levels, clinical preparation / expectations / objectives?
6. Do you have training as a preceptor through your facility?
7. What do you allow Paramedic students to do (e.g., IVs, meds, suction, bagging, assessments, intubation, etc.)?
8. Describe what you do with a student who is assigned to you regarding orientation and expectations.
9. Do you have contact with the program director or designee (e.g., instructor, clinical coordinator) when the students are in clinical rotations? How often?
10. What do you do if you have problems with a student (skills, attitude, knowledge)? To whom do you report it?
11. What do you do if you have an urgent problem with a student (possible impairment, rude to a patient, etc)?
12. Do you complete an evaluation of the student for the shift?
13. What are the students from this program particularly good at (strengths of the program)?
14. What needs improvement?
15. Do you receive any feedback from the program about your effectiveness in your role as a preceptor?
16. What do you do if a student has a significant infectious disease exposure?

Field Preceptors

This individual should be someone who actually works with the interns, not just a supervisor. Certainly a supervisor can be interviewed and explain information but should not take the place of the preceptor.

1. What credentials must students have (and displayed) to confirm their affiliation with program?
2. How do you confirm which clinical procedures students have been approved to perform?
3. What/who determines when a student has successfully completed their internship. (e.g., hours, competencies, team leads)?
4. Is there a signature page for the field preceptor to verify the student is safe to begin?
5. How are you assigned as a preceptor for Paramedic students from this program?
6. How often do you precept Paramedic students?
7. What is your average patient call volume per shift?
8. Do you have a Paramedic student from this program for multiple shifts and if so how many shifts during the field internship?
9. Describe the training you receive from this program on the expectations of a preceptor and the student evaluation process.
10. Describe what you do with a student who is assigned to you: orientation, skills, drills, and evaluations.
11. What student shift evaluation system does this Program use?
12. How do you know if a student has a successful team lead? How is this defined by the program? What if the student is beginning and has the preceptor coach them through a call? Is this a successful team lead?
13. Do you complete an evaluation of the student daily? At major points during the field internship?
14. Describe your approach to coaching the student during team leads?
15. Do you have contact with the program director or designee (e.g., instructor, clinical coordinator) from the program when the students are in field rotations? How often?
16. Do you feel that the program seeks and abides by your feedback/evaluation of the student?
17. Do you receive evaluation as a preceptor from the student?
18. What are the students from this program particularly good at (strengths of the program)?
19. What needs improvement?

Advisory Committee Members

1. As a member of the advisory committee, do you receive an agenda before the meeting so you can come prepared to discuss topics?
2. Are members asked if they have agenda items they want placed on the agenda for discussion?
3. How often do you meet?
4. Who is the Chair of the group? Does someone take minutes? Do you get minutes?
5. How does the advisory committee review program goals and learning domains? How often does that occur?
6. Let's discuss a goal of the program (site visitors select one). Has this goal been discussed this year?
7. Are your recommendations listened to and accepted? If not, are you given an explanation of why they were not accepted?
8. What are the programs strengths/limitations?
9. Do you review the statistics of the program, i.e., attrition rates, percentage of first time pass rates, job placement, and/or graduate and employer surveys? Do you review an resource assessment matrix annually?
10. Does the Program Director communicate with you when there is a potentially critical problem within the program at Advisory Committee meetings?
11. Do the program's goals and learning domains serve the needs of the local communities of interest?
12. If you could change one thing about the program, what would it be?
13. How's the food that's served at the Advisory Committee meetings? (*Aha! You do read these questions!*)

Closing General Session

Summation Conference Script

[Note to Site Visit Team: Please read this script at the Summation Conference]

[Following your thank you for the hospitality and consideration shown to the on-site review team, please read the following:]

As site visitors for the CoAEMSP, a Committee on Accreditation of CAAHEP, we understand that information has been made available to us about the program, institution, and faculty. We agree to respect and protect this information. All discussions and written information provided prior to, during, and after the site visit will remain confidential.

Based on the information gathered during this on-site review, we have identified the following program strengths:

[Read the Strengths listed.]

Based on the information gathered during this on-site review, we have identified the following deficiencies:

[State the Standard and the Rationale for each of the program deficiencies listed.]

We have noted the following Suggestions for Enhancement:

[Read the Suggestions for Enhancement listed.]

Lastly, we have the following Additional Comments:

[Read the Additional Comments listed.]

I, as Team Chair, will submit a Site Visit Report to the CoAEMSP Executive Office within five working days. The Executive Office will draft a concise Findings Letter and send it along with the Site Visit Report to the Program Director. Included with the Report will be Suggested Documentation that the program will be expected to provide to address the citations.

The program will have 14 days to respond to the factual accuracy of the report. The response should include a cover letter clearly identifying any errors of fact and the documentation provided during the visit that verifies the correct information.

*In addition, the program may submit **new** information by the deadline stated in the Executive Office communication to address any citations. The program is not required to respond to "Recommendations" or "Additional Comments" listed in the final report.*

Following the Executive Office deadline and based on review of all relevant information, the CoAEMSP Board of Directors will consider the program's documentation and response at its next scheduled meeting. CoAEMSP will meet on _____. If the program holds Continuing

Accreditation, the possible status recommendations include: Continuing Accreditation or Probationary Accreditation.

The recommendation formulated by CoAEMSP will be forwarded to CAAHEP for its deliberation and action. CAAHEP usually meets for accreditation actions 6 times per year, every other month, starting in January.

The notification of the program's status of public recognition, including the due date for a Progress Report, if applicable, will be issued by CAAHEP. The program must submit documentation to the CoAEMSP Executive Office addressing each citation to substantiate compliance with the Standards no later than the CAAHEP-specified due date. The program should contact the Executive Office for any clarification.

Do you have any questions regarding the process?

Talking points to cover:

- Thank program for hospitality, openness to the thorough evaluation and to your suggestions, etc., if appropriate. Usually it is!
- Briefly review the process and tell them where we are: giving the unofficial report. Explain the unofficial Site Visit Report will be sent to the CoAEMSP Executive Office within the next week.
- The program will receive the official Findings Letter and Site Visit Report within 60 days. The program will then have 14 days to agree to the factual accuracy or to allege factual inaccuracies with supporting documentation.
- Read the closing statement on the Site Visit Report
- Give the unofficial report—both strengths (and elaborate, this is the time for the program personnel to be complimented, if appropriate) and potential citations. If there are specific statements that are particularly complimentary from students or others, pass that on. Hopefully you will have had time previously to go over the potential citations thoroughly with Program Director and show them the Standard and discuss methods of correcting. If you have done that then you won't need to go over all that in the group meeting.
- If there are numerous citations you can mention that some of them are fairly simple to correct while others may take further discussion and planning. Some program directors have made corrections or plans overnight and you can mention that the program is already on their way to making
- Also present the other recommendations briefly and explain if needed.

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