



Frequently Asked Questions

Response to the Site Visit Findings Letter or Progress Report

July 2024

What is the best way to prepare to respond to a Findings Letter or Progress Report?

1. Read the citation, rationale, and suggested documentation. CoAEMSP has carefully worded the Suggested Documentation to guide a program's response.
2. Refer to the CAAHEP *Standards* and CoAEMSP Interpretations documentation for additional clarification (available on www.coaemsp.org).
3. If you are still unclear about the citation and how you need to respond, contact the executive director or assistant director at CoAEMSP.
4. Outline your response and the documents that **accurately and concisely** address the citation.
5. Discuss the response with the program medical director, faculty, and administration, and obtain agreement that the proposed documentation addresses the citation.
6. Less is often more. Carefully consider if the document/evidence is necessary to support your response. Unnecessary information clouds the response and can obscure the correct interpretation by the CoAEMSP Board members during the review of your program.

What must I do to respond to the Findings Letter and Progress Report?

1. The required format is specified for the *Response to the Site Visit Findings Letter* or the *Progress Report*, and programs are directed in the specific response/reporting format.
2. Programs receive an Excel spreadsheet titled 'Program's Response' or 'Progress Report' that identifies the CAAHEP Standard citations and the required documentation/evidence to be submitted.
3. The program develops an 'Evidence' folder and includes documentation demonstrating the standard has been met.
4. Evidence for each citation is included in the folder in a PDF format. Review any scanned document to ensure that all documents open with the header at the top of the page and do not require manipulation.

What if the issue is graduate and employer survey administration?

1. Submit the requested number of surveys (e.g., requesting the entire class, submit the whole class).
2. Identify the cohort of graduates being evaluated or surveyed.

What are the Advisory Committee issues?

1. Minutes must identify and document that the group fulfills the responsibilities required in Standard II.B, which includes reviewing the program's minimum patient encounters/skills, learning goals, and participation in program evaluation (ex., reviewing the outcomes of the program).
2. Minutes must identify the names of each Advisory Committee member, the community of interest each represents and if the individual was present or absent. (The communities of interest are listed in the *Standards*.)
3. The public member must meet the requirements specified in the CoAEMSP Interpretations of the CAAHEP *Standards* document.
4. The program faculty, program director, and administration are considered ex-officio members. The chair of the Advisory Committee should be from the external communities of interest and not associated with the program sponsor.

What are the issues with preceptor training?

1. Documentation/roster of training must include the agency, the individuals trained, and the dates of training.
2. The content of the preceptor training must be reasonably complete and thorough and needs to include at least the following information: 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.
3. **Do not** submit individual certificates of completion; summary tracking documentation is required.
4. Orientation for clinical areas and field experience must include the liaisons at those facilities or organizations. Not everyone in the hospital or field experience who serves as a student preceptor receives this orientation, but the liaisons must be documented with the individual, organization, and unit names. The documentation also needs to include evaluations by students of the clinical experience (not the individual preceptors).
5. Preceptor training for capstone field internship preceptors must be completed for every capstone field internship preceptor. The documentation must also include evaluations by students of each field internship preceptor. Vendor preceptor training is acceptable, but the program must also provide the specific information for their program that meets the requirements in the CoAEMSP Interpretations of the CAAHEP *Standards*.

How do we document medical director involvement with the program?

1. Complete the CoAEMSP Medical Director Responsibilities form.
2. Acceptable documentation can include emails between the program director and medical director; signatures on lesson plans, course syllabi, and master exam copies; logs of calls and conversations that include topics; and other unique methods developed by the program.

What do I need to submit to document terminal competence?

1. Any style of form can be used to document the achievement of all terminal competencies but must include **all** the elements of the CoAEMSP *Terminal Competency Form* available at <https://coaemsp.org/resource-library>.
2. Signed copies of terminal competency forms must be submitted as requested.
3. The forms must include the signatures of the program director and the medical director; the signatures must be original signatures or a secure digital signature.

What is required for tracking data?

1. Evidence that all students are meeting the required minimum number of competencies according to patient by age subgroups, pathologies, complaint, and interventions.
2. The program must establish minimums for patient contacts/competencies/team leads. See the CoAEMSP Student Minimum Competency (SMC) document.
3. Pediatric age subgroups must be tracked in six (6) age groups: newborn, infant, toddler, preschooler, school age, and adolescent, and the minimum must be two (2) or more for each subgroup.
4. Minimums are **not** 'goals'; all students are required to meet all minimum competency requirements set by the program.
5. Submit *summary tracking data* that includes *all* students for *all* required competencies, the required minimums, *and* the total number of competencies for each student. The documentation must mirror the Summary Tracking tab in the CoAEMSP SMC.
6. Do not submit clinical, field internship, or skill forms for individual students. This is not an acceptable summary tracking mechanism to meet this requirement. The program must demonstrate that there is a final tally/tracking system for all students.
7. Students must have graduated and not be in progress. The summary tracking required must demonstrate that all students have met the required program minimums at the completion of the program. Identify/remove students who have dropped or failed the program since they are not graduates.
8. Team leads must be clearly identified and tracked and must occur during the capstone field **internship**¹ and not during field **experience**² rotation.

¹**Field Internship:** is planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with pre-hospital patients.

²**Field Experience:** is planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include field internship (capstone) team leading and does not contribute to the CoAEMSP definition of field internship.

What else should I know?

1. Copies of blank forms are **never** sufficient. The accreditation review team evaluates completed processes – not planned activities, evaluations, etcetera.
2. When a sampling of forms is requested, submit only the number requested.
3. **Do not** submit unnecessary pages/documents. For example, you are asked to submit evidence that the students are informed regarding non-discriminatory practices, and you add a statement to the student handbook. **Do not** scan and send the entire student handbook. Instead, scan the title/cover page that includes the revised date, the index, and **only** the page that includes the *new* wording regarding the non-discriminatory practice.
4. Review scanned documents for clarity of print, readability, and page orientation before submitting. If the document is **not legible**, it will be *returned for resubmission*, which may further delay action on your program.
5. While the response to the *Findings Letter* and the *Progress Report* will vary greatly, the total number of pages submitted for any one citation should typically **not exceed 10 pages**.

What is the best practice in preparing a response?

Submit only what is requested in a concise and clear format. Submitting an excessive amount of documentation can delay demonstrating a satisfactory meeting of the requirement and lead to the need to submit another progress report.