

Tips for the Advisory Committee

Advisory Committees are standard practice in any academic setting. The purpose is to obtain input from the Program's communities of interest and seek their guidance. Specifically, in the CAAHEP *Standards*, the Advisory Committee is responsible: "to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts."

The Advisory Committee meetings should provide an opportunity for meaningful dialog and not merely for the Program to provide an update on its activities. The Advisory Committee is charged with ensuring program responsiveness to change. Advice is central to the Advisory Committee process. The following guidelines are intended to optimize the planning and conduct of the Advisory Committee.

✓	Topic
	1. Advisory committee meetings are held at least once a year.
	2. Scheduling
	a. Meetings should be scheduled at least 4 – 6 weeks before the selected date to optimize attendance.
	b. Confirm potential meeting dates and times with the medical director.
	c. Confirm potential meeting dates with program faculty and administrative personnel.
	d. Attendance via a web-based program is acceptable (ex., Zoom, Teams, GoToMeeting).
	e. Send an email to all committee members announcing the meeting and include all pertinent details: time, physical location, and web-based access.
	f. Send a calendar program invitation to all committee members, including the physical location and web-based access if appropriate.
	g. Request RSVPs for the meeting.
	h. Send a meeting reminder approximately 5 days before the meeting.
	i. Remind members that they can send an alternate if they are not available.
	3. Advisory Committee membership

✓	Topic
	a. Review the CAAHEP requirements for Advisory Committee membership: there must be at least one individual from each listed community of interest.
	b. The goal is to have consistent membership and participation; therefore, invite individuals interested and willing to attend the meeting on an ongoing basis. The exception is the student representative who is only active while in the Program. However, this individual can continue with the group in the 'graduate' capacity if willing to continue to serve.
	c. Include representatives from clinical and field internship sites.
	d. Invite all regular Program faculty members: these are ex-officio members.
	e. The Chair of the group is not the Program Director or one of the faculty. The Medical Director is acceptable if they are consistently available and in attendance. The best option is to solicit one of the active members of the group to fill this role.
	f. The public member may not be related to anyone associated with the Program and cannot be associated with any other required member categories (i.e., EMS, fire service).
	4. Meeting Preparation
	a. Prepare the agenda using the CoAEMSP template: add additional agenda items as appropriate.
	b. Consider what handouts, if any, are appropriate.
	c. Arrange for refreshments.
	d. Identify who will take meeting minutes.
	5. Meeting set-up
	a. Select a conference room or classroom to accommodate the anticipated number of attendees.
	b. Arrange the room in a suitable environment for a meeting.
	c. Review the agenda with the Chair.
	6. Conducting the meeting
	a. Respect everyone's time and start on time and stay on track.

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	b. The Chair leads the meeting.
	c. The Program Director may take the lead in presenting Program update and informational items.
	d. There are some items the Advisory Committee must act on annually: <ol style="list-style-type: none"> 1) Review and approve Program goals, including the required minimum expectation per the <i>CAAHEP Standards</i>. 2) Review and endorse the Program's required minimum numbers of patient contacts.
	e. Other required informational items include: <ol style="list-style-type: none"> 1) Achievement of goals, analysis of the goals, action plan, and results of action where appropriate. 2) Review of the CoAEMSP Annual Report and other objective data that supports program evaluation.
	f. Actively solicit input and discussion.
	g. Review the results/outcomes of the following: <ol style="list-style-type: none"> 1) Graduate and Employer surveys 2) Resource assessments 3) Student course evaluations 4) Any other evaluation results the Program used 5) NREMT or State pass rates
	h. Annually, distribute the Program Personnel Resource Survey and ask the members to complete it.
	i. Invite members to the graduation of the next cohort.
	7. Documenting the meeting
	a. Complete the meeting minutes using the CoAEMSP template.
	b. Identify which members were in attendance or attending virtually.
	c. The purpose of minutes is to provide adequate information to those not in attendance and capture the discussion, decisions, action plan, responsible individuals, and due dates for assignments. Complete the 'discussion' column in enough detail that any reviewer has a complete picture of the conversation. Record all meaningful discussions and actions.
	d. If action is required: detail what in the 'action' column; who in the 'lead'

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	column; and a date in the 'goal date' column.
	e. If there was no discussion on a topic, for example, 'other identified strengths,' do not record 'none' in the discussion column: it could appear that there were no strengths. Instead, the notation might be "no further discussion".
	f. Record the Chair, the individual who prepared the minutes, and the individual who reviewed and approved the minutes.
	g. Attach the Required Student Minimum Competencies Matrix to document the minimums approved by the Advisory Committee.
	h. Obtain the Medical Director's signature on the final copy.
	i. When the minutes are finalized, email them to all participants requesting corrections/additions, then file electronically.
	j. Review the minutes for approval at the next Advisory Committee meeting.