Resource Assessment & Evaluation Processes

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CoAEMSP
Accreditation is *credible* education

Committee on Accreditation
of Educational Programs for the
Emergency Medical Services Professions

CoAEMSP
Accreditation is *credible* education

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Rules of the Road

✓ All participants are on mute.

✓ There are a few interactive moments built into this presentation. You will be asked to use the "questions" function.

✓ At the end of the presentation, there will be time for questions and comments. You can use the "questions" function for those questions and comments.

✓ Webinar is being recorded and will be made available at a later date on www.coaemsp.org.

Objectives

List the evaluation processes required by CAAHEP/CoAEMSP

Identify the evaluation tools available

Understand how to use the evaluation tools

Identify long term planning processes

Basic Assumptions

CAAHEP *Standards*

❖ II.B. Appropriateness of Goals and Learning Domains

❖ III.A.1. Resources – Type and Amount

❖ III.B.1.a. Program Director Responsibilities

❖ III.D. Resource Assessment

❖ IV.B.1. Outcomes Assessment

Faculty = individuals involved with any level of
instruction with students (full-time,
part-time, adjunct; didactic, lab, skills)

Website www.coaemsp.org

Instructor Evaluations

1. Faculty members, adjunct/skill instructors, and content experts should be evaluated with sufficient frequency to determine student reception and identify areas that require counseling or positive feedback.

2. Program Directors should observe and evaluate faculty members at least annually.

3. Evaluations should be reviewed with the individuals: document notes of the topics discussed and feedback and direction provided. These observations may become part of a professional development plan.

Tool(s) to use

- evaluation tool completed **by the student of an individual instructor** (developed by program or institution)

- evaluation tool completed **by the PD of an individual instructor** (developed by program or institution)

- **annual performance appraisal**, which includes the skills, knowledge and abilities of the instructor (developed by program or institution)

Clinical and Field Internship Evaluations

1. All clinical sites must be evaluated by each student.

2. Each capstone field internship preceptor must be evaluated by each student.

Tool(s) to use

- evaluation tool to evaluate the clinical site
  (developed by program)

- evaluation tool to evaluate the field preceptors on an individual basis
  (developed by program)

Course Evaluations

1. Evaluations should be distributed and collected at the end of each term.

2. A final course/program evaluation should be required once the capstone field internship is complete.

3. The Program Director should review the evaluations and compile a list of positives/issues using a course summary report format.

4. The course/program evaluations should be reviewed with the appropriate instructor(s).

5. The course/program evaluations and course summary report may be reviewed with the school leaders.

Course Evaluations *cont.*

6. The course/program evaluations should be reviewed with the Program Medial Director.

7. Discuss any changes/revisions to the Program resulting from the analysis of the evaluations at a staff meeting and document the discussion in faculty meeting minutes.

8. Capture any other changes/revisions in writing and retain those documents.

Tool(s) to use

- evaluation tool to **evaluate the specific course** by each student at the end of each term or semester (developed by program or institution)

Graduate and Employer Surveys

1. 100% of graduates and their employers must be surveyed using the CoAEMSP tools.

2. Record and report the return rate for both survey types.

3. Discuss the results with the faculty, Medical Director, and Advisory Committee.

Tool(s) to use

Paramedic Graduate Survey	Paramedic Employer Survey
The primary goal of a Paramedic education program is to prepare the graduate to function as a competent *entry-level* Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.	The primary goal of a Paramedic education program is to prepare the graduate to function as a competent *entry-level* Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.
This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept *confidential* and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.	This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept *confidential* and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.

Program Evaluation & Long Range Planning

1. Complete the CoAEMSP Resource Assessment Matrix annually and review the results with the faculty, the Medical Director, and the Advisory Committee.

Tool(s) to use

Program Resource Survey Completed By Program Personnel

Name of Program sponsor (School):

Paramedic Program Number: ___ (the 600xxx number assigned by CoAEMSP)   Date:

The purpose of this survey instrument is to evaluate our Program resources. The data will aid the Program in ongoing planning, appropriate change, and development of action plans to address deficiencies. Unless specified, all sections should be completed by **program faculty**, **Medical Director(s)**, and **Advisory Committee** members.

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you do not know about a particular area, please check N/A. If you are not able to evaluate a particular area, please check N/A.

N = No   Y = Yes   N/A = not able to evaluate

Program Resource Survey Completed By Students

Name of Program sponsor (School):

Paramedic Program Number: ___ (the 600xxx number assigned by CoAEMSP)   Date:

The purpose of this survey instrument is to evaluate the Program resources of your school. The data will aid the Program in ongoing program improvement.

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you are not able to evaluate a particular area, please check N/A.

N = No   Y = Yes   N/A = not able to evaluate

2. Consider completing a SWOT analysis with faculty and stakeholders: Strengths, Weaknesses, Opportunities, and Threats.

3. Review the three outcome thresholds required to be reported to the CoAEMSP with the faculty, Medical Director, and the Advisory Committee and develop a plan to improve outcomes if needed. These include: credentialing cognitive exam pass rates; retention; and positive placement (employment).

4. Evaluate clinical and field internship resources for adequacy of clinical and field contacts: numbers and types of patients and the types of procedures, skills.

Program Evaluation
& Long Range Planning *cont.*

Tool(s) to use

- Evaluation tool to **evaluate the specific course by each student** at the end of the program after capstone field internship (developed by program or institution)

- **Patient / skill tracking**
  (developed by program)

- **Clinical Affiliate Institutional Data form** (Appendix E) (CoAEMSP provides required tool, available on https://coaemsp.org/Self_Study_Reports.htm)

- **Field Internship Institutional Data form** (Appendix F) (CoAEMSP provides required tool, available on https://coaemsp.org/Self_Study_Reports.htm)

APPENDIX E – Clinical Affiliate Institutional Data Form

CoAEMSP Program #: _____ (the 600xxx number assigned by CoAEMSP)

Program Name: _____

Complete as many of these forms as necessary to report data on all clinical affiliates
There are fifteen (15) supplemental copies of the form (scroll down).
Place a copy of any additional completed form in the APPENDIX E sub-folder.

As Paramedic Program Director, by checking the box to the right, I verify that an appropriate, authorized clinical affiliate individual has provided and attested to the information presented in the corresponding Appendix E forms below, as well as, any additional supplemental Appendix E forms in the Appendix E sub-folder.

Number of additional forms in the APPENDIX E sub-folder

Affiliate Name: _____   Form # E16
Address:
Address:
City, State Zip
Distance from program: (in miles)
Name of program's on-site liaison:
Is there a signed, current affiliation agreement? _____ <=== Select from drop down list

Has the on-site liaison completed preceptor orientation?
Have key on-site personnel completed preceptor orientation?
Has the on-site liaison provided guidance to other preceptors?

Complete the table below for any of the rotations in which students participate.
Hover cursor here for explanations ==>   <=== Hover for definition

Rotation	Average # of Patient Visits per year	# Students typically assigned simultaneously	Average # Shifts by each Student
Emergency Dept.			
Operating Room			
CCU/ICU			
Pediatrics			
Psychiatry			
Obstetrics			

APPENDIX F – Field Experience/Internship Institutional Data Form

CoAEMSP Program #: _____ (the 600xxx number assigned by CoAEMSP)

Program Name: _____

Complete as many of these forms as necessary to report data on all field experience/internship affiliates.
There are fifteen (15) additional supplemental copies of the form (scroll down).
Place a copy of each additional completed form in the APPENDIX F sub-folder.

As Paramedic Program Director, by checking the box to the right, I verify that an appropriate, authorized field internship individual has provided and attested to the information presented in the corresponding Appendix F forms below, as well as, any additional supplemental Appendix F forms in the Appendix F sub-folder.

Number of additional forms in the APPENDIX F sub-folder

Affiliate Name: _____   Form # F16
Address:
Address:
City, State Zip
Distance from program: (in miles)
Name of program's on-site liaison:
Is there a signed, current affiliation agreement? _____ <=== Select from drop down list

Complete the table below for any of the types of runs in which students participate.

Do you routinely assign more than 1 student to an EMS unit? _____ <=== Select from drop down list

Type of Call	total # of runs per year
# trauma calls	
# medical calls	
# pediatric calls	
# cardiac arrests	
# cardiac calls (less cardiac arrest)	

Average # of shifts by each student	
average # runs per shift for a student	
Length of Shift (in hours)	

Tools Provided by CoAEMSP

SurveyMonkey®

Paid [icon] account?

Email username to
lisa@coaemsp.org or
jennifer@coaemsp.org

Survey is copied to your
paid account

- Program Resource Survey – Student- *revised in 2017*

- Program Resource Survey – Program Personnel* (faculty, staff, advisory committee) *revised in 2017-*

- Graduate Survey - *revised in 2017*

- Employer Surveys - *revised in 2017*

- XLS Resource Assessment Matrix (RAM)-*revised in 2017*

- XLS Clinical Affiliate Institutional Data form (App E)

- XLS Field Internship Institutional Data form (App F)

Resource Assessment Matrix

Resource Assessment Matrix (RAM)

CoAEMSP Program #: _(the 600xxx number assigned by CoAEMSP)_

Sponsor Name / Year:

2017

NOTE: The "DATE(S) OF MEASURE" (Column D) is designed to autopopulate once the dates in Section 1 "FACULTY" have been completed and row heights may be manually adjusted to display all the text contained in cells.

Accredited programs must conduct Resource Assessment **at least annually** (Standard IIID) and are required to complete **ALL** columns of this matrix. Programs seeking a Letter of Review (LoR) are required to complete at least columns B, C, and D of this matrix (Purpose, Measurement System, and Dates of Measurement).

The PRS Student and PRS Personnel worksheets calculate a percentage for each question and a SUMMARY for each of the ten content areas. For each **content area that receives a rating of LESS than 80%**, the Program must summarize the results and complete an analysis (Column E) and develop an action plan (Column F). Programs may write additional Purpose statements and/or add Measurement Systems for resource(s). Programs are also responsible for internally addressing individual questions that do not meet the 80% cut score.

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey.

The Advisory Committee is involved in both assessing the resources and reviewing the results.

Student Resource Survey

Program Personnel Resource Survey

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s))	(E) RESULTS and ANALYSIS (Include the # meeting the cut score and the # that fell below the cut score)	(F) ACTION PLAN / FOLLOW UP (What is to be done, Who is responsible, Due Date, Expected result)
1.	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	"Type in Date Here" "Type in Date Here"		
	Additional Faculty Purposes =>					
2.	MEDICAL DIRECTOR	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Personnel Resource Survey 2. Student Resource Survey	"Type in Date Here" "Type in Date Here"		
	Additional Medical Director Purposes =>					
3.	SUPPORT PERSONNEL	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, advising, clerical)	1. Program Personnel Resource Survey 2. Student Resource Survey	"Type in Date Here" "Type in Date Here"		
	Additional Personnel Purposes =>					

Best Practice