



# Resource Assessment & Evaluation Processes FAQ

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The following questions were asked during the webinar: *Resource Assessment & Evaluation Processes*, which was offered in November 2017.

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## Accessing the Tools

1. **Q:** How do we get access to the new forms?

**A:** The evaluation instruments for students, program personnel, graduate survey, employer survey, terminal competency form, and the Resource Assessment Matrix are available on [www.coaemsp.org](http://www.coaemsp.org) > Evaluation Instruments/Program Resources and [www.coaemsp.org](http://www.coaemsp.org) > Forms.

2. **Q:** How do we initiate the use of SurveyMonkey? Who do we contact for SurveyMonkey access?

**A:** You must have a paid SurveyMonkey account (any paid plan). Email the username of that account to [lynn@coaemp.org](mailto:lynn@coaemp.org); the survey will be copied to the username.

3. **Q:** How can a program captured the information in the vendor's platform?

**A:** Please contact the vendor.

## Preceptor Training

4. **Q:** If multiple sites and preceptors are used by a program, does every site and preceptor have to be evaluated by each student? Not all students visit every site or ride with every capstone preceptor.

**A:** Students evaluate the clinical *sites* where they are placed and *each* field preceptor they are assigned to.

5. **Q:** For preceptors, I have many people listed as preceptors, but only a key few that actually actively precept. Should I only list the active preceptors?
- A:** The first suggestion is to review your list of preceptors and you may want to delete or archive those individuals you do not intend to use as a preceptor in the future.
- Report only preceptors that are current and active and that you are currently using or that you plan to use for future cohorts.
6. **Q:** Any tips for doing preceptor training for staff at hospitals/CCUs that tend to be transient, whereas our field staff are much more permanent, so we don't have an issue training those folks?
- A:** Meet with the department director and or department educator to review the Clinical Manual and objectives for your students. This does need to be repeated when personnel turn-over. Best practice is to make contact when each new cohort enters the clinical phase and it should occur at least once a year.
- Arrange to attend charge staff meetings to review the Clinical Manual and objectives for your students. This should also occur on a periodic basis as mentioned in the previous suggestion.
- Provide a current program Clinical Manual in hard copy and electronic format. Recommend that the electronic copy is posted in a location accessible to staff.
- Make rounds in the clinical areas when students are placed and develop relationships with staff and encourage questions.

## Outcomes

### Graduate and Employer Surveys

7. **Q:** I have students that work at more than one employer following graduation (equally). Should I be sending surveys to both employers?
- A:** Since you are seeking feedback on the competency of the graduate, it is appropriate to send an employer survey to each Paramedic employer.
8. **Q:** If the graduate does not return the graduate survey, how do we survey 100% of the employers?
- A:** The best practice is to obtain information on the graduate's employer at the time of program completion.
- If the graduate is not yet employed, ask the individual to update you once a Paramedic position is secured.
9. **Q:** On the terminal competency form, there is a section that asks when the employer and graduate surveys are completed, but if it is anonymous, how would we check mark this? What would be expected to put on the terminal competency form in this section
- A:** Document when the surveys for the cohort were sent.
10. **Q:** Our return rate has been low from SurveyMonkey. Does documenting that the email was SENT to the student meet the 100% requirement?
- A:** Yes.

**11. Q:** Should the survey results be reviewed in advisory committee also?

**A:** Yes. The Advisory Committee is advising the program, and reviewing the surveys will provide the advisory committee an opportunity to review the program's outcomes and offer suggestions.

**12. Q:** Some employers are reluctant to complete the surveys due to HR/Personnel concerns about releasing employee information, especially if the response could be perceived as negative.

**A:** The requirement is to demonstrate the program has sent 100% of the employer surveys.

Reiterate to the employer that your goal is to continue to improve the program and feedback on graduates is important.

Feedback can be anonymous as to the graduate name.

**13. Q:** What if the program has no idea where a graduate went or who they are employed with, or both? Especially after 6-12 months.

**A:** People do scatter, however the best way of encouraging communication after graduation is to develop relationships with students that encourage them to assist you in providing feedback.

Consider using social media to post messages to let graduates know it is time to complete a survey, and/or update their contact information and employment.

Enlist graduates that you are in touch with to assist in making contact with their former classmates.

### Exam Pass Rate

**14. Q:** Are you considering an evidence-based approach to these numbers? The nursing profession requires 80% first attempt pass rates on the NCLEX, and I find the 70% third attempt a very low bar. Attrition, on the other hand, can vary by program, demographic, and institution. If an institution has a 50% retention rate, and the program has a 70% requirement, this can be hard to justify and maintain. Nursing programs often have only a 50-60% requirement.

**A:** Thresholds for the various outcomes continue to be an active discussion and numerous factors affect these metrics. Programs experience both common, and unique, circumstances. Each program should continue to evaluate their outcome results and seek ways to improve both the student experience and graduate competence.

**15. Q:** For cognitive pass rate threshold, do we report first time pass rate or cumulative pass rate for the cohort?

**A:** First time pass rate is reported. However, the 70% threshold factors all attempts. The number of permitted attempts may vary in states using a local credentialing tool rather than the NREMT process.

### Course Evaluation

**16. Q:** Course evaluations have been conducted through DataArc; however, we never see the results. How do we know what to correct without the feedback?

**A:** The CoAEMSP recommends programs use a different survey tool; DataArc has not been supported by the CoAEMSP for several years.

**17. Q:** Is there an example of a course evaluation?

**A:** Not currently but we will work on one.

**18. Q:** For programs that have only one (really long) term, when should the program administer the course evaluation?

**A:** The recommendation is at least mid-point in the program and at program completion. The best practice is to administer an evaluation quarterly in order to identify any issues and make mid-course corrections.

**19. Q:** Do internal college evaluations for courses meet the course evaluation requirement?

**A:** Certainly, if the tool used provides you the information you need to evaluate your program. If the tool is very general, for example does not address lab, clinical, or field internship experiences, you may want to supplement with an additional survey. The important point is to capture data that is meaningful to the continued improvement of your program and the student experience.

## Resource Assessment

**20. Q:** For programs who have 1 cohort every other year, does the program need to complete a Resource Assessment Matrix (RAM) for the "off years"?

**A:** Yes, the RAM is to be completed every year, assuming you have students who are in progress in any phase of the program.

**21. Q:** In a college with a bargaining unit (union), a faculty member cannot evaluate another faculty member. What do you suggest in that setting?

**A:** Discuss with your college administration what is permissible. Are evaluations by students allowed? Are evaluations by peers allowed?

Discuss with faculty how they would like to receive feedback to continue to improve the program.

Discuss with the faculty how they as a group suggest getting information for program and faculty review and improvement.

## Clinical and Field Sites

**22. Q:** When completing Appendix E are we getting data from the student data or the overall clinical site data?

**A:** The data must be supplied by the clinical site.

**23. Q:** What should be documented by Program Directors when completing physical site visit? Are there forms available?

**A:** There is not currently a form – but it is a good idea. Currently, complete the information on clinical and field internship sites in the Self-Study Report, Appendix E and F.