CAAHEP Accreditation Workshop for Paramedic Programs

sponsored by the CoAEMSP

Welcome

GROUND RULES™

NO AUDIO OR VIDEO RECORDING

WITHOUT EXPRESS PERMISSION

Your Facilitators

Dr. George W Hatch, Jr
george@coaemsp.org

Dr. Gordy Kokx
gordy@coaemsp.org

Jennifer Anderson Warwick
jennifer@coaemsp.org

Patricia Tritt
pat@coaemsp.org

Accreditation OVERViEW

What is accreditation?

"Accreditation" is review of the quality of higher education institutions and programs. In the United States, accreditation is a major way that students, families, government officials, and the press know that an institution or program provides a quality education. – CHEA

Accreditation is

an everyday activity

Why is accreditation important?

For the **public** → promotes the health, safety and welfare of patients in the pre-hospital setting by assuring competent Paramedics

For **prospective students** → serves a consumer protection purpose. It provides assurance that the program has been evaluated and has met accepted standards established by and with the profession

For **prospective employers** → assurance that the curriculum covers essential skills and knowledge needed for today's jobs

For **graduates** → promotes professional mobility and enhances employment opportunities in positions that base eligibility upon graduation from an accredited program

Why is accreditation important?

For **practitioners** → involves practitioners in the establishment of standards and assures that educational requirements reflect the current training needs of the profession

For the **profession** → advances the field by promoting standards of practice and advocating rigorous preparation

For the **technical colleges, colleges, and universities** → provides a reliable basis for inter- and intra-institutional cooperative practices, including admissions & transfer of credit

For the **faculty and administrators** → it promotes ongoing self-evaluation and continuous improvement and provides an effective system for accountability

For the **program** → enhances its national reputation and represents peer recognition

www.chea.org

www.caahep.org

www.coaemsp.org

Commission on Accreditation of Allied Health Education Programs

established in 1994

largest programmatic/specialized accreditor in the health sciences field in the U.S.

2200 entry-level educational programs

32 health science professions
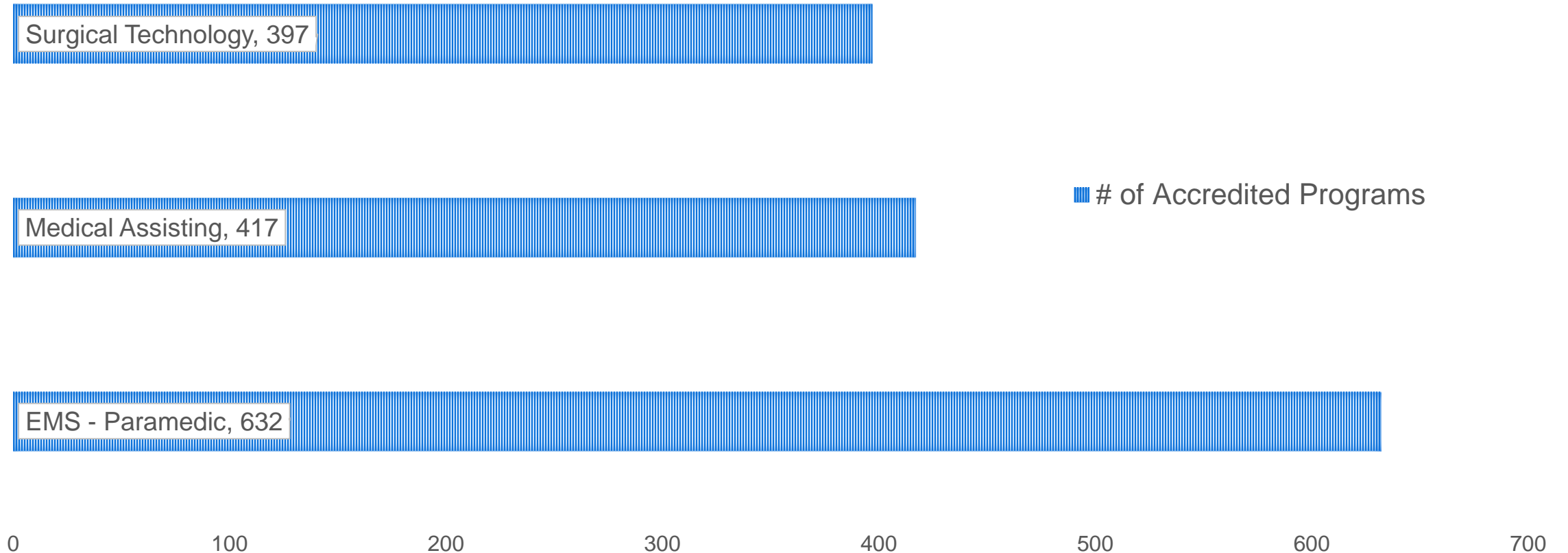
25 Committees on Accreditation (CoA)

CAAHEP CoA's: To Name a Few

1. Advanced Cardiovascular Sonography
2. Anesthesia Technology
3. Anesthesiologist Assistant
4. Art Therapy
5. Assistive Technology
6. Cardiovascular Technology
7. Clinical Research Professional
8. Cytotechnology
9. Diagnostic Medical Sonography
10. **Emergency Medical Services – Paramedic**
11. Exercise Physiology
12. Exercise Science
13. Inclusive Rehabilitation Studies
14. Intraoperative Neurophysiologic Monitoring
15. Kinesiotherapy
16. Lactation Consultant
17. Medical Assisting
18. Medical Illustration
19. Neurodiagnostic Technology
20. Orthoptics
21. Orthotic and Prosthetic Assistant
22. Orthotic and Prosthetic Technician
23. Orthotist/Prosthetist
24. Pedorthist
25. Perfusion
26. Personal Fitness Training
27. Polysomnographic Technology
28. Recreational Therapy
29. Respiratory Care
30. Specialist in Blood Bank Technology / Transfusion Medicine
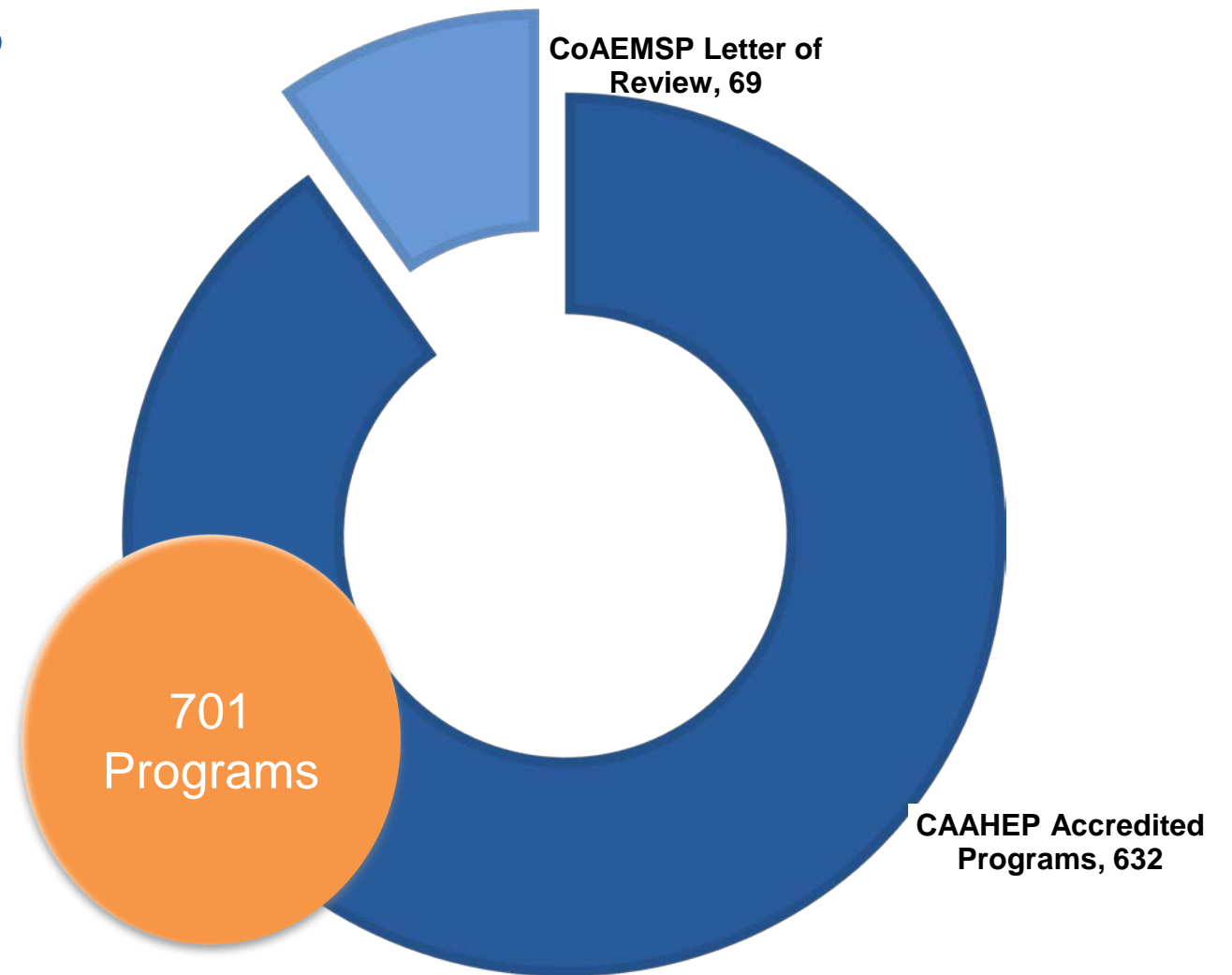31. Surgical Assisting
32. Surgical Technology

Number of Programs
as of December 30, 2019

CoAEMSP Letter of Review, 69

CAAHEP Accredited Programs, 632

701 Programs

Credible education through accreditation

established in 1978

evaluate a program's observance of accreditation standards

observe CAAHEP's policies & procedures; adopt complementing practices

conduct site visitor training

focus on quality assurance in review of programs

observe due process in review of accreditation applications

Sponsors

AMERICAN COLLEGE OF

AMERICAN COLLEGE OF

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS (IAFF)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES PHYSICIANS (NAEMSP)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS (NAEMT)

NATIONAL ASSOCIATION OF EMS EDUCATORS (NAEMSE)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA)

INTERNATIONAL ASSOCIATION OF FIRE CHIEFS (IAFC)

NATIONAL ASSOCIATION OF STATE EMERGENCY MEDICAL SERVICES OFFICIALS (NASEMSO)

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)

AMERICAN ACADEMY OF PEDIATRICS (AAP)
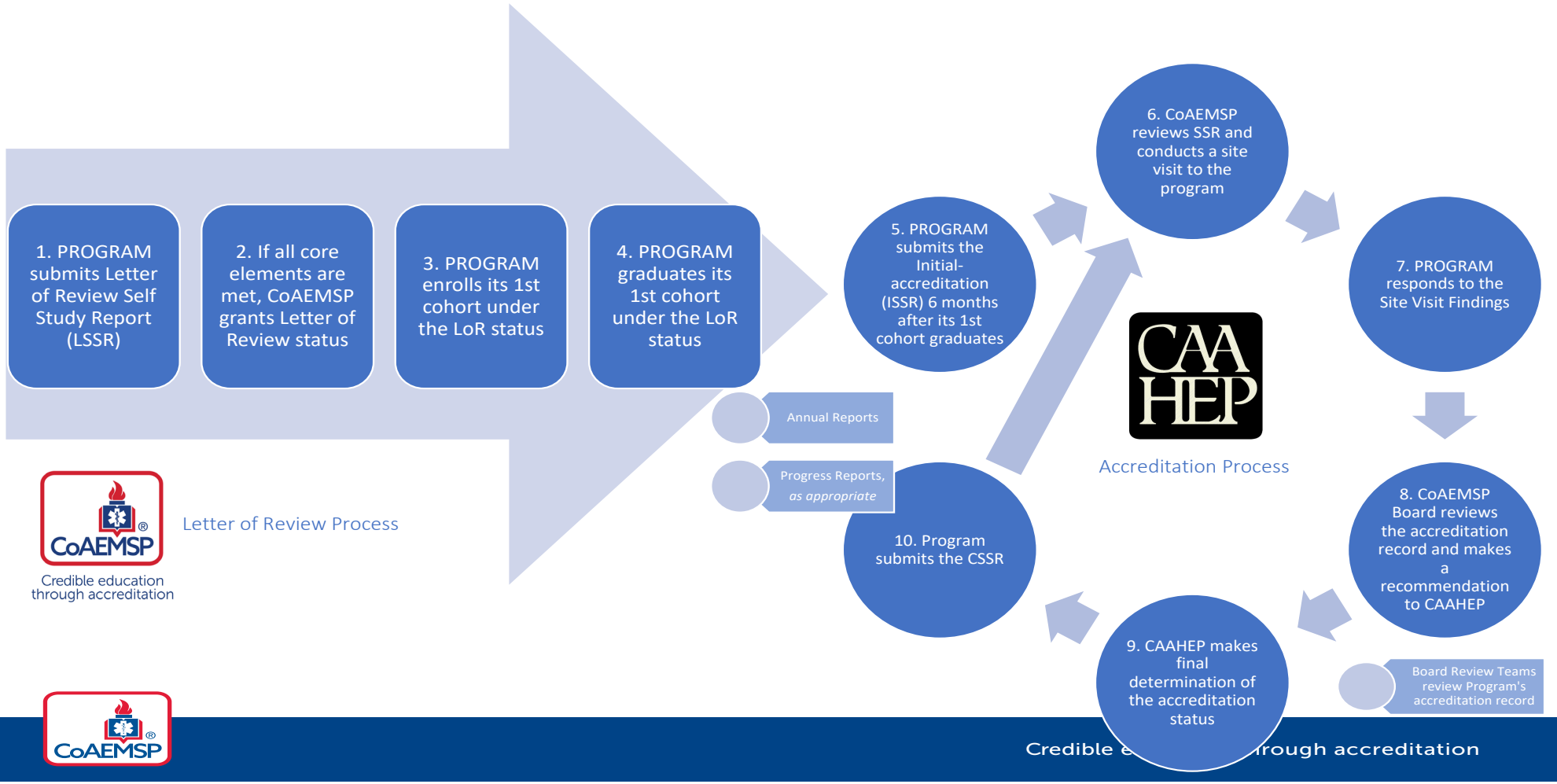

AMERICAN AMBULANCE ASSOCIATION (AAA)
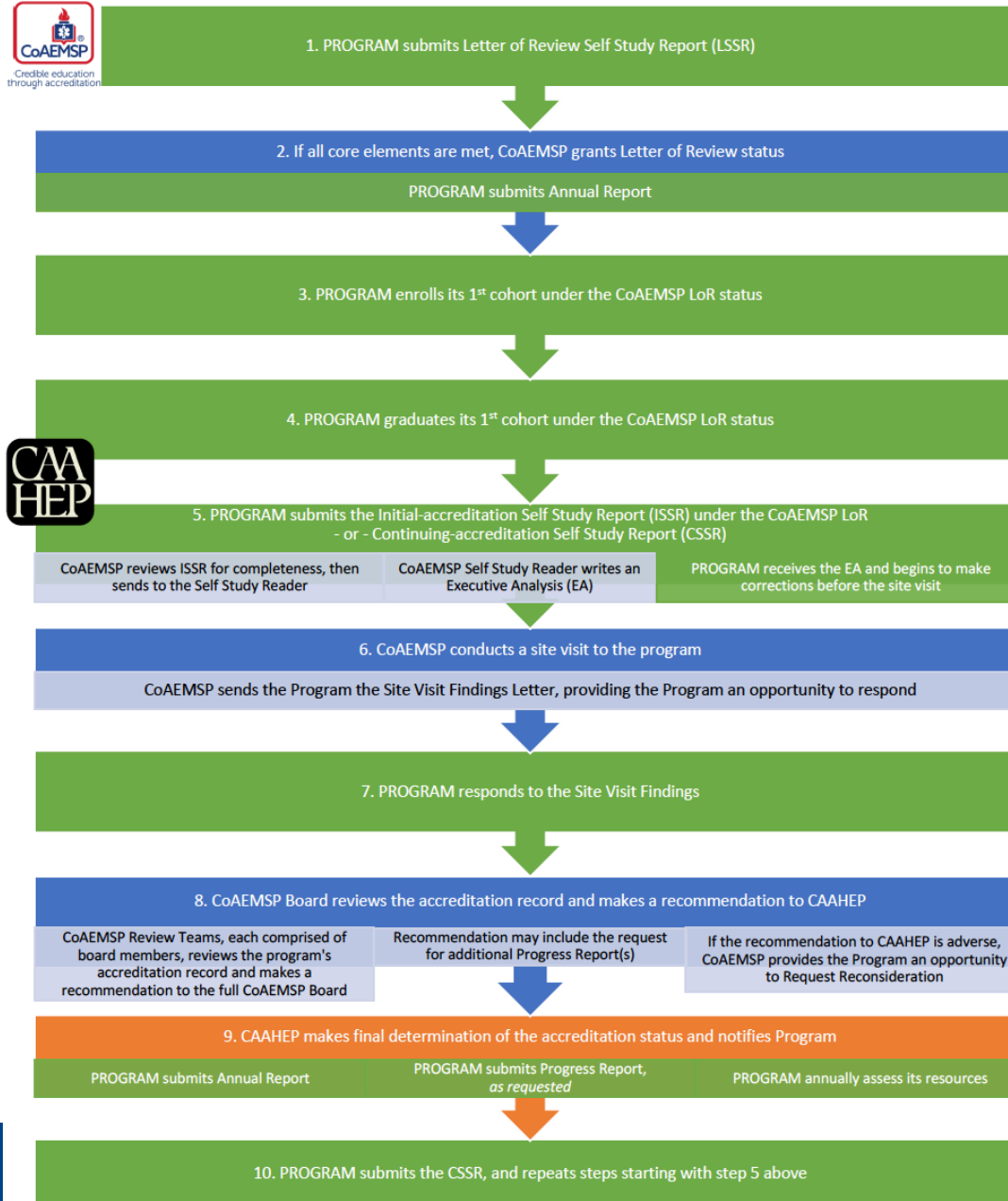

AMERICAN COLLEGE OF CARDIOLOGY (ACC)

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP)

The CoAEMSP Letter of Review Process and the CAAHEP Accreditation Process for Paramedic Educational Programs

1. PROGRAM submits Letter of Review Self Study Report (LSSR)

2. If all core elements are met, CoAEMSP grants Letter of Review status

3. PROGRAM enrolls its 1st cohort under the LoR status

4. PROGRAM graduates its 1st cohort under the LoR status

5. PROGRAM submits the Initial-accreditation (ISSR) 6 months after its 1st cohort graduates

6. CoAEMSP reviews SSR and conducts a site visit to the program

7. PROGRAM responds to the Site Visit Findings

8. CoAEMSP Board reviews the accreditation record and makes a recommendation to CAAHEP

9. CAAHEP makes final determination of the accreditation status

10. Program submits the CSSR

Annual Reports

Progress Reports, *as appropriate*

Board Review Teams review Program's accreditation record

Accreditation Process

Letter of Review Process

CoAEMSP
Credible education through accreditation

CAAHEP

Credible education through accreditation

The CAAHEP Accreditation Process for Paramedic Educational Programs – *from Start to Finish*

1. PROGRAM submits Letter of Review Self Study Report (LSSR)

2. If all core elements are met, CoAEMSP grants Letter of Review status

PROGRAM submits Annual Report

3. PROGRAM enrolls its 1st cohort under the CoAEMSP LoR status

4. PROGRAM graduates its 1st cohort under the CoAEMSP LoR status

5. PROGRAM submits the Initial-accreditation Self Study Report (ISSR) under the CoAEMSP LoR
- or - Continuing-accreditation Self Study Report (CSSR)

CoAEMSP reviews ISSR for completeness, then sends to the Self Study Reader	CoAEMSP Self Study Reader writes an Executive Analysis (EA)	PROGRAM receives the EA and begins to make corrections before the site visit

6. CoAEMSP conducts a site visit to the program

CoAEMSP sends the Program the Site Visit Findings Letter, providing the Program an opportunity to respond

7. PROGRAM responds to the Site Visit Findings

8. CoAEMSP Board reviews the accreditation record and makes a recommendation to CAAHEP

CoAEMSP Review Teams, each comprised of board members, reviews the program's accreditation record and makes a recommendation to the full CoAEMSP Board	Recommendation may include the request for additional Progress Report(s)	If the recommendation to CAAHEP is adverse, CoAEMSP provides the Program an opportunity to Request Reconsideration

9. CAAHEP makes final determination of the accreditation status and notifies Program

PROGRAM submits Annual Report	PROGRAM submits Progress Report, *as requested*	PROGRAM annually assess its resources

10. PROGRAM submits the CSSR, and repeats steps starting with step 5 above

The CAAHEP Accreditation Process for Paramedic Educational Programs—*from Start to Finish*

1. PROGRAM submits Letter of Review Self Study Report (LSSR)

2. If all core elements are met, CoAEMSP grants Letter of Review status

PROGRAM submits Annual Report

3. PROGRAM enrolls its 1st cohort under the CoAEMSP LoR status

CAA HEP

4. PROGRAM graduates its 1ˢᵗ cohort under the CoAEMSP LoR status

5. PROGRAM submits the Initial-accreditation Self Study Report (ISSR) under the CoAEMSP LoR
- or - Continuing-accreditation Self Study Report (CSSR)

| CoAEMSP reviews ISSR for completeness, then sends to the Self Study Reader | CoAEMSP Self Study Reader writes an Executive Analysis (EA) | PROGRAM receives the EA and begins to make corrections before the site visit |

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PROGRAM submits Annual Report

PROGRAM submits Progress Report, *as requested*

PROGRAM annually assess its resources

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Possible Recommendations to CAAHEP

Seeking Initial Accreditation

Initial Accreditation

Withhold Accreditation

Seeking Continuing Accreditation

Continuing Accreditation

Probationary Accreditation

Withdraw Accreditation

CoAEMSP may Table its Recommendation pending more information

Resources Available

The four most important resources

- CAAHEP *Standards*

- CoAEMSP Interpretations of CAAHEP *Standards*

- CoAEMSP Policies & Procedures

- Resources Library
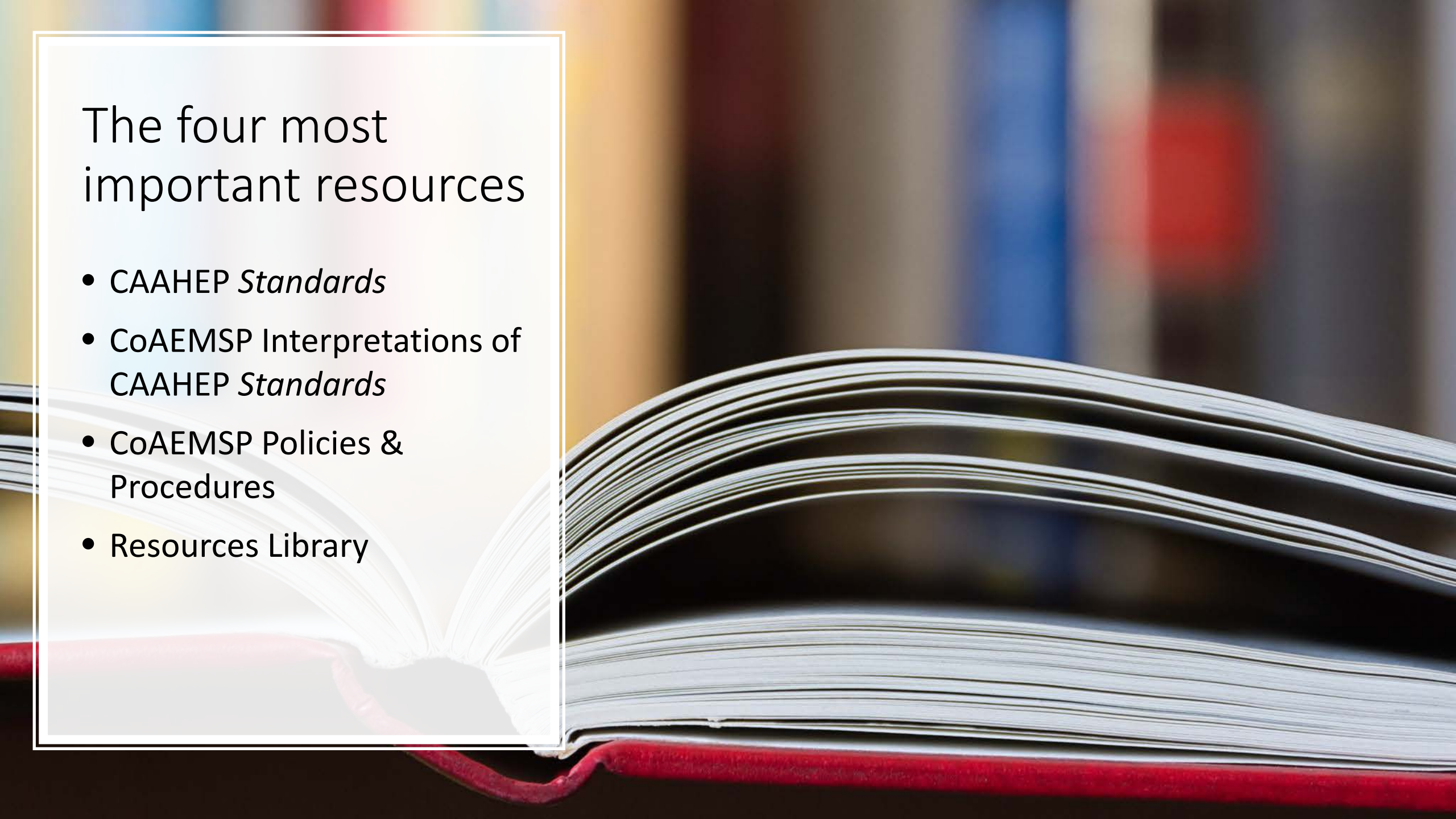
Transparency & Confidentiality

Self-Study Report Received (2)

- Reviewed by Reader
- Reviewed by Executive Director

Site Visit Conducted (2)

- SVR written by SV Team

CoAEMSP Staff with SV Team (5)

- SVR reviewed by CoA Staff
- FL written by CoA Staff
- FL and SVR reviewed by CoA staff x3 and SV Team

CoAEMSP Board (30)

- Board Members x6 + CoA Staff x2 review the Program's Response to the SV Findings & make recommendation to full board
- Board Members x30 review the Program's Response to the SV Findings and make recommendation to CAAHEP
- CoA Staff x3 prepare the recommendation to CAAHEP
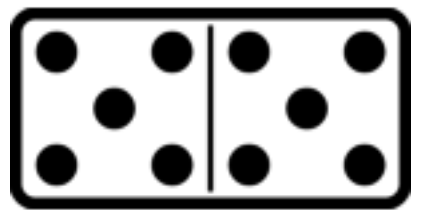
CAAHEP Board (16)

- CAAHEP Board Members x5 + CAAHEP Staff x2 review the CoA's recommendation
- CAAHEP Board Members x14 review the CoA's recommendation and makes final decision

✓ Negative recommendation (probation) then 2+ more people, including legal review

✓ Adverse recommendation (withhold or withdraw) then 5+ more people, including legal review

CoAEMSP

FERPA

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).

LOW

HIGH
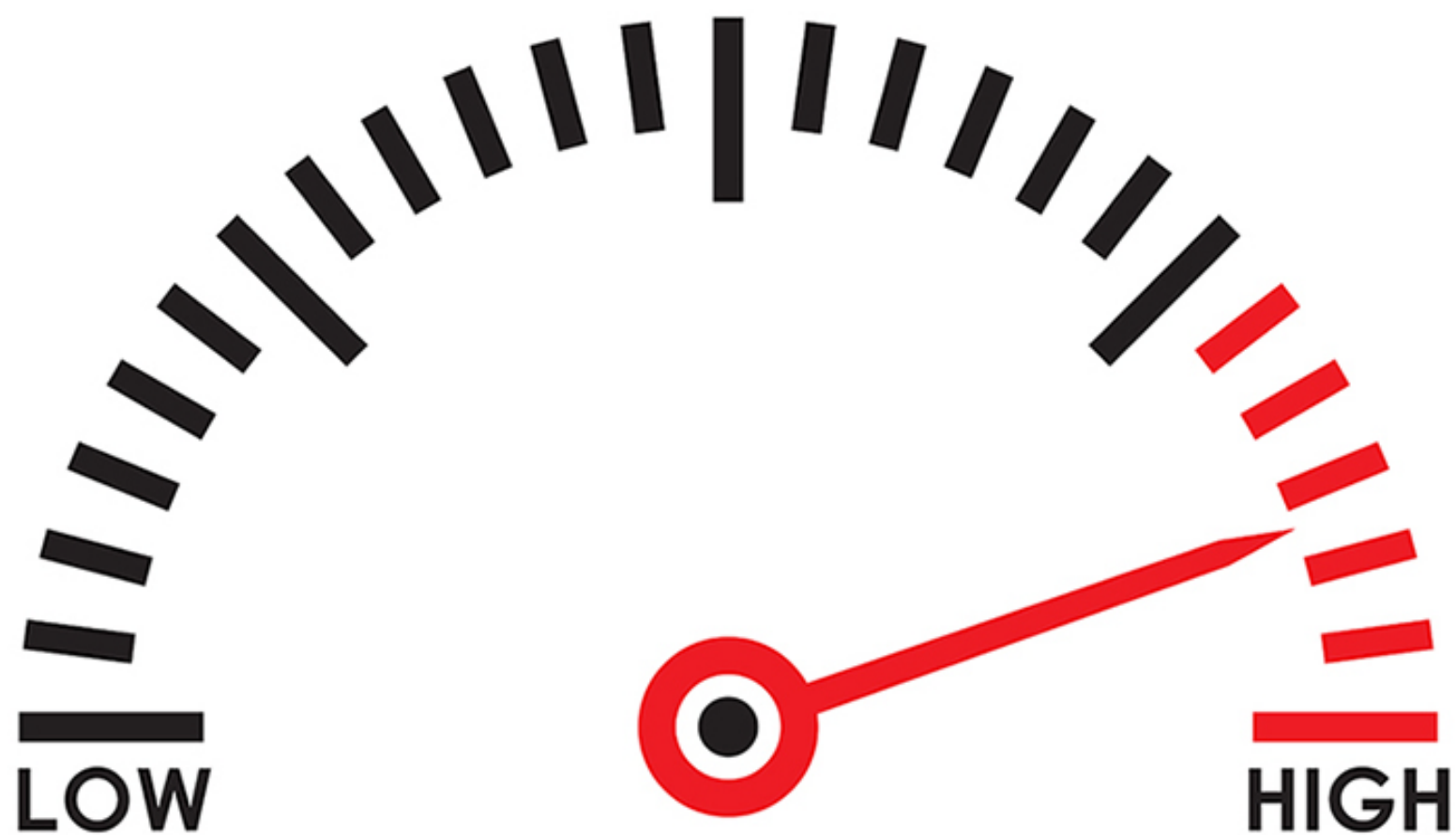
EXPECTATIONS

Private Information

- Site Visit Report & Findings Letter
- Recommendation to CAAHEP

Public Information

- CoAEMSP Letter of Review Status
- CAAHEP Accreditation Status
- CAAHEP Accreditation Award Letter (*including deficiencies*)
- Program Outcomes
- Program Director's Contact Info

Overview of CAAHEP *Standards*

Common Citations & Relevant Standards

Purpose of the STANDARDS

I. Sponsorship – Who will sponsor the program?

II. Program Goals – What are the goals of the program?

III. Resources – What resources are needed to achieve those goals?

IV. Student and Graduate Evaluation/Assessment – When will we know if the program is achieving its goals?

V. Fair Practices – What are the rules the program must follow to protect itself, the students, and the public?

Trends in Non-compliance: CAAHEP *Standards* cited in 2018

- **Found in the official CAAHEP award letter**
- Range of 0 to 10 citations
- 43% of programs had 0 or 1 citation
  57% had 2 or more citations

This *does not reflect* the number of citations resulting from site visit that are then satisfactorily addressed before the CoAEMSP forwards an accreditation status recommendation to CAAHEP

Sponsorship
I.A.

at least one of the following

1. post-secondary academic institution accredited by an institutional accrediting agency

2. foreign post-secondary academic institution

3. hospital, clinic or medical center

4. governmental (i.e., state, county, or municipal) educational or governmental medical service

5. branch of the United States Armed Forces or other Federal agency

must award a minimum of a diploma/certificate

Sponsorship
I.A.

- valid institutional accreditation letter

- legal authorization to provide postsecondary education

- articulation agreement for sponsors that do not award college credit for the program

- documentation indicating that each State EMS Office has been notified that the program has students in that state

EVIDENCE

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An **advisory committee**, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually, 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.

Appropriateness of Goals and Learning Domains II.B.

Communities of Interest

- students
- graduates
- faculty
- sponsor administration
- hospital/clinic representatives
- employers
- police and/or fire services with a role in EMS services
- key governmental officials
- physicians
- public

Appropriateness of Goals and Learning Domains II.B.

Advisory Committee Roster

Advisory Committee Meeting Minutes
- meeting attendance
- review and endorsement of the program required minimum numbers
- review and endorsement of program learning goals
- review and endorsement of the Minimum Expectations goal statement (Standard II.C.)
- monitors needs and expectations
- ensures program responsiveness to change

Minimum Expectations II.C.

The program **must have** the following goal defining minimum expectations

- **Paramedic**: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."

Minimum Expectations
II.C.

- screenshot from one of the program's publications of the published Minimum Expectations goal statement stated **verbatim**

- website, catalog, student handbook, policies and procedures manual

Hospital/Clinical Affiliations and Field/Internship Affiliations

III.A.2.

For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

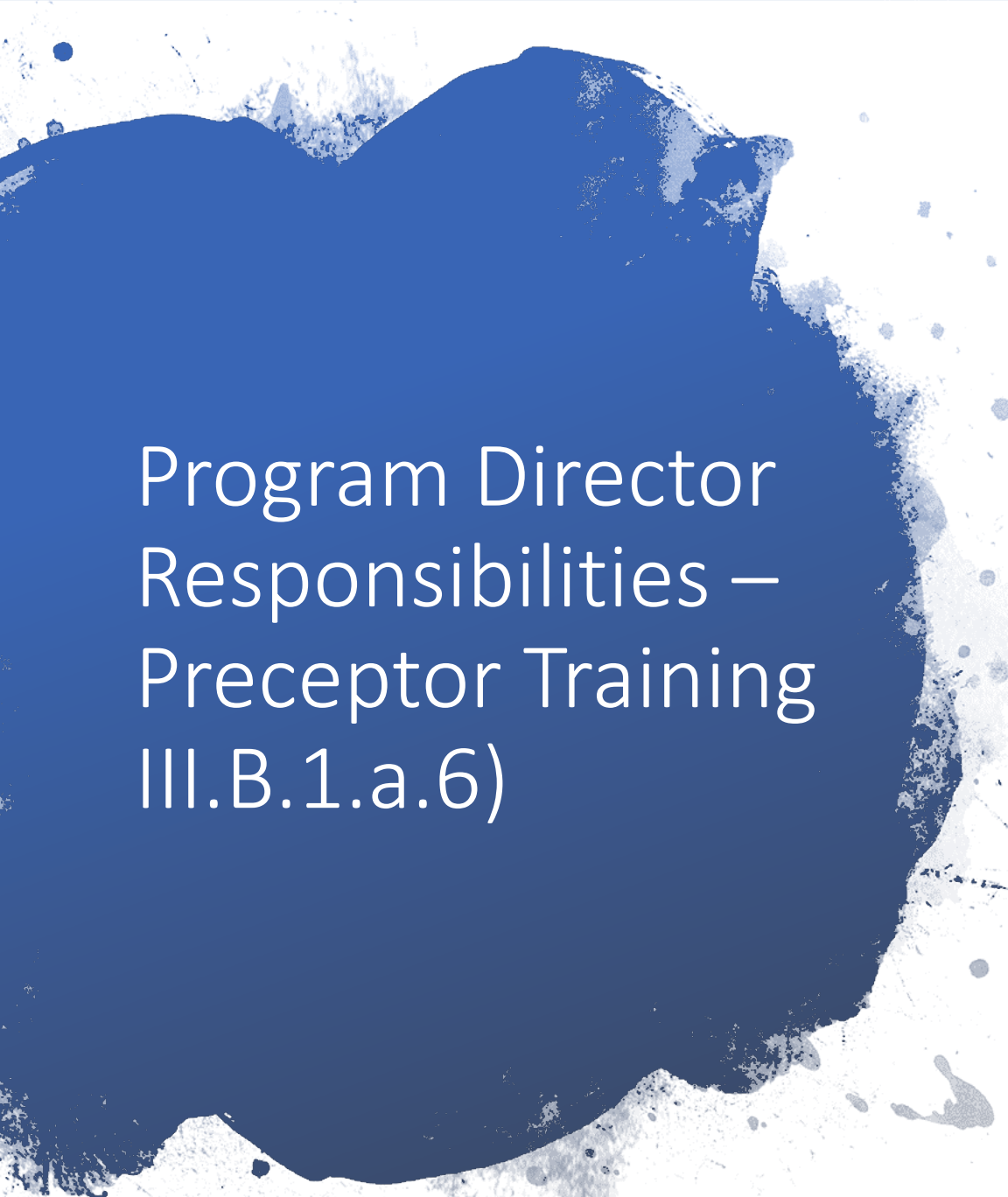# Hospital/Clinical Affiliations & Field/Internship Affiliations III.A.2.

- Resource Assessment Matrix (RAM) rows
  - #7 (Clinical Resources)
  - #8 (Field Internship Resources)

- Summary Tracking for recent graduating cohort(s)

- Appendix G: Table 1

Expectations of Simulation

- simulations can be integrated to help achieve competency
- at least 2 live patients in each of the pediatric age subgroups is required
- simulation cannot be used for capstone field internship team leads

Program Director Responsibilities – Preceptor Training III.B.1.a.6)

The program director must be responsible for all aspects of the program, including, but not limited to:

6) the orientation/training and supervision of clinical and field internship preceptors

Program Director Responsibilities – Preceptor Training   III.B.1.a.6)

list of active **clinical and field experience** affiliates

- roster of current supervising preceptor(s) for each affiliate
- date clinical and field experience preceptor orientation was completed.

list of active **capstone field internship** affiliates

- current preceptor(s) for each affiliate
- date capstone field internship preceptor training was completed.

Preceptor Orientation & Training

Orientation:
Hospital / Field Experience

- key individuals in the hospital and field experience

- documentation of key individual preceptor orientation

- evaluation of the experience and preceptors

Training:
Capstone Field Internship

- each capstone field internship preceptor

- documentation of individual preceptor training

- evaluation of each active field internship preceptor

Preceptor Orientation – Clinical & Field Experience

Orientation must include:

- purposes of the student rotation (minimum competencies, skills, behaviors)

- evaluation tools

- contact information for the program

Options for orientation methods:

- written documents

- formal course

- PowerPoint presentations

- video

- online

- on-site train-the-trainers

- others – what works for your program?

regardless of method, documentation and date of completion are required

Preceptor Training –
Capstone Field Internship

Training must include:

- purposes of the student rotation (minimum competencies, skills, behaviors)
- evaluation tools
- contact information for the program
- definition of Team Lead
- required minimum number of Team Leads
- criteria of evaluation of students
- coaching & mentorship techniques

Options for training methods:

- written documents
- formal course
- PowerPoint presentations
- video
- online
- on-site train-the-trainers
- others – what works for your program?

regardless of method, documentation and date of completion are required

Program Director Responsibilities – Preceptor Training III.B.1.a.6)
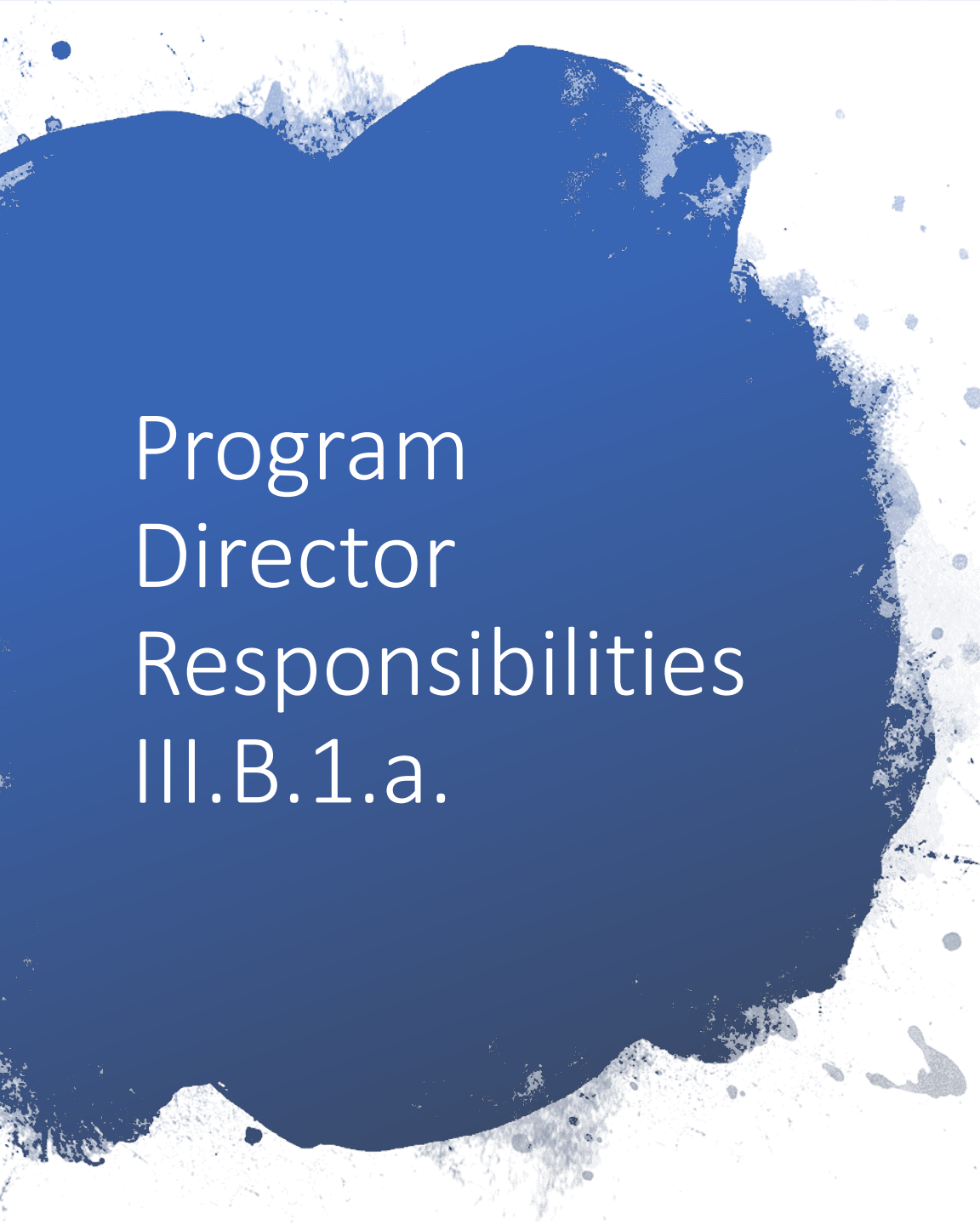
Program Director Responsibilities III.B.1.a.

The program director must be responsible for all aspects of the program, including, but not limited to:

1) the administration, organization, and supervision of the educational program

2) the continuous quality review and improvement of the educational program

3) long range planning and ongoing development of the program

4) the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program

5) cooperative involvement with the medical director

7) the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual

Program Director Responsibilities III.B.1.a.

- job description
- Program Director Responsibilities form
- Resource Assessment Matrix form
- Advisory Committee Meeting Minutes form
- Medical Director Responsibilities form

EVIDENCE

Medical Director Responsibilities III.B.2.a.1)-3)

The medical director must be responsible for medical oversight of the program, and must:

1) review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed prehospital or emergency care practice

2) review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards

3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship

Medical Director Responsibilities III.B.2.a.4)-8)

The medical director must be responsible for medical oversight of the program, and must:

4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary

5) ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains

6) engage in cooperative involvement with the program director

7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician

8) ensure educational interaction of physicians with students

Medical Director Responsibilities III.B.2.a.

- Medical Director Responsibilities form
- Resource Assessment Matrix (RAM)
  - row #10 (Physician Interaction)
- Advisory Committee Meeting Minutes
- Terminal Competency form

* completed and signed *

Terminal Competency

- document competency achievement in each domain for each student

- joint responsibility of Program Director & Medical Director

- Medical Director must certify and document terminal competence

Medical Director Responsibilities III.B.2.a.

Associate Medical Director III.B.3.

Assistant Medical Director III.B.4.

Associate Medical Director

- delegated specified responsibilities by Medical Director

Assistant Medical Director

- Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s)

Lead Instructor – Responsibilities & Qualifications III.B.6.

Perform duties assigned under the direction and delegation of the program director

1) minimum of an associate's degree

2) professional healthcare credential(s)

3) experience in emergency medicine / prehospital care

4) knowledge of instructional methods

5) teaching experience to deliver content, skills instruction, and remediation

Curriculum – Sequencing, Syllabi III.C.1.

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.

Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience.

Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

Curriculum – Sequencing, Syllabi III.C.1.
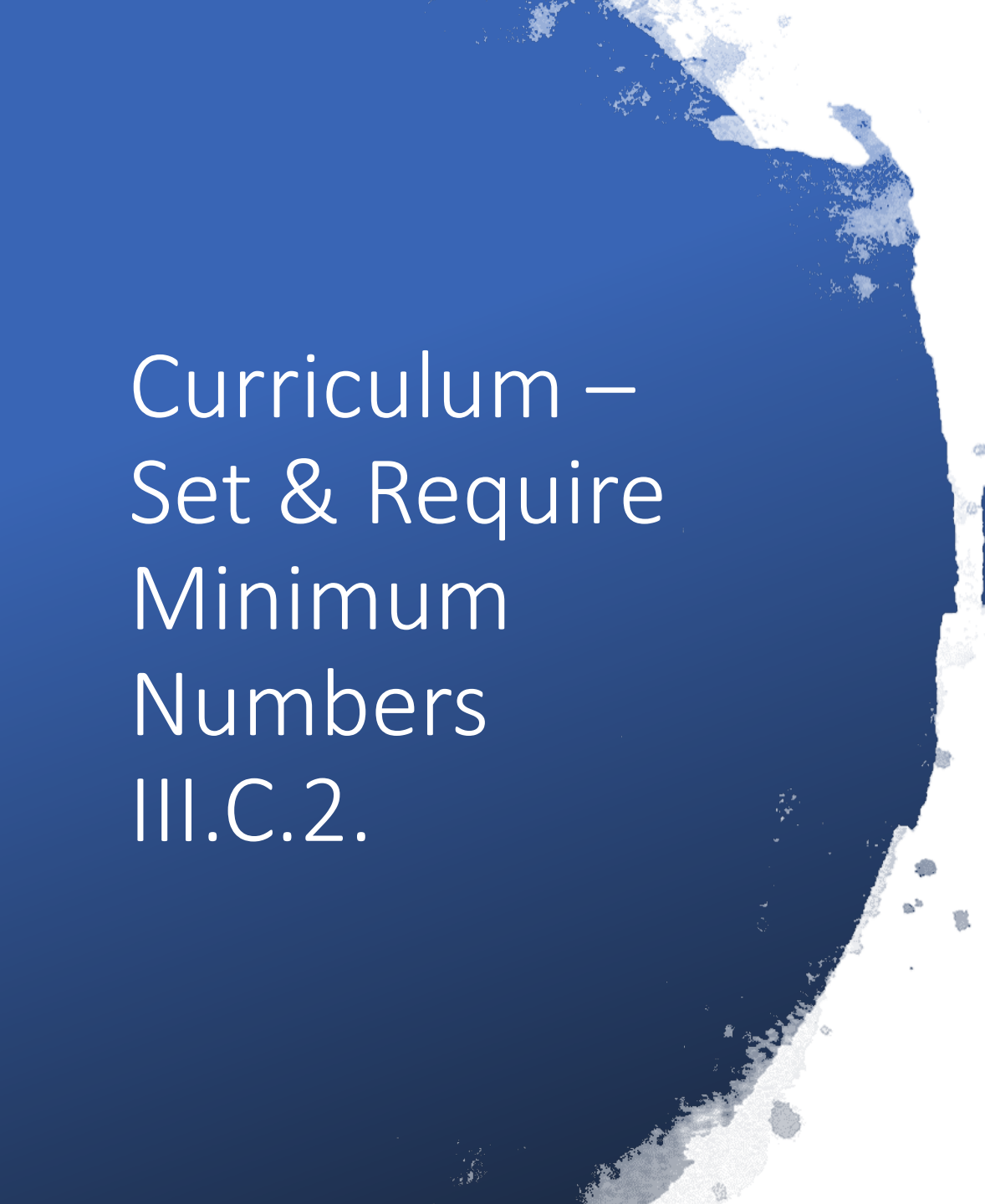
- Appendix D: Program Course Requirements Table

- course-specific syllabus for each required course, including clinical/field and capstone field internship

- specific to the core Paramedic courses (not all the courses for a degree)

Syllabus

document that describes a body of instruction

- must include
  - learning goals
  - course objectives
  - competencies required for graduation (Standard III.C)
- often includes
  - course description
  - days/times of class meetings
  - required textbooks and other reference materials
  - Policies: attendance, grading, ADA statement
  - evaluations (e.g., test, quizzes, projects, research papers)
  - content and weekly topic outlines

Curriculum – Set & Require Minimum Numbers III.C.2.

The program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

Curriculum – Set & Require Minimum Numbers III.C.2.

- Appendix G: Student Minimum Competency Matrix
- Medical Director Responsibilities form (approval)
- Advisory Committee Meeting Minutes (endorsed)
- required minimum numbers from one of the program's publications

The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

Curriculum – Field Internship
III.C.3.

Curriculum – Field Internship
III.C.3.
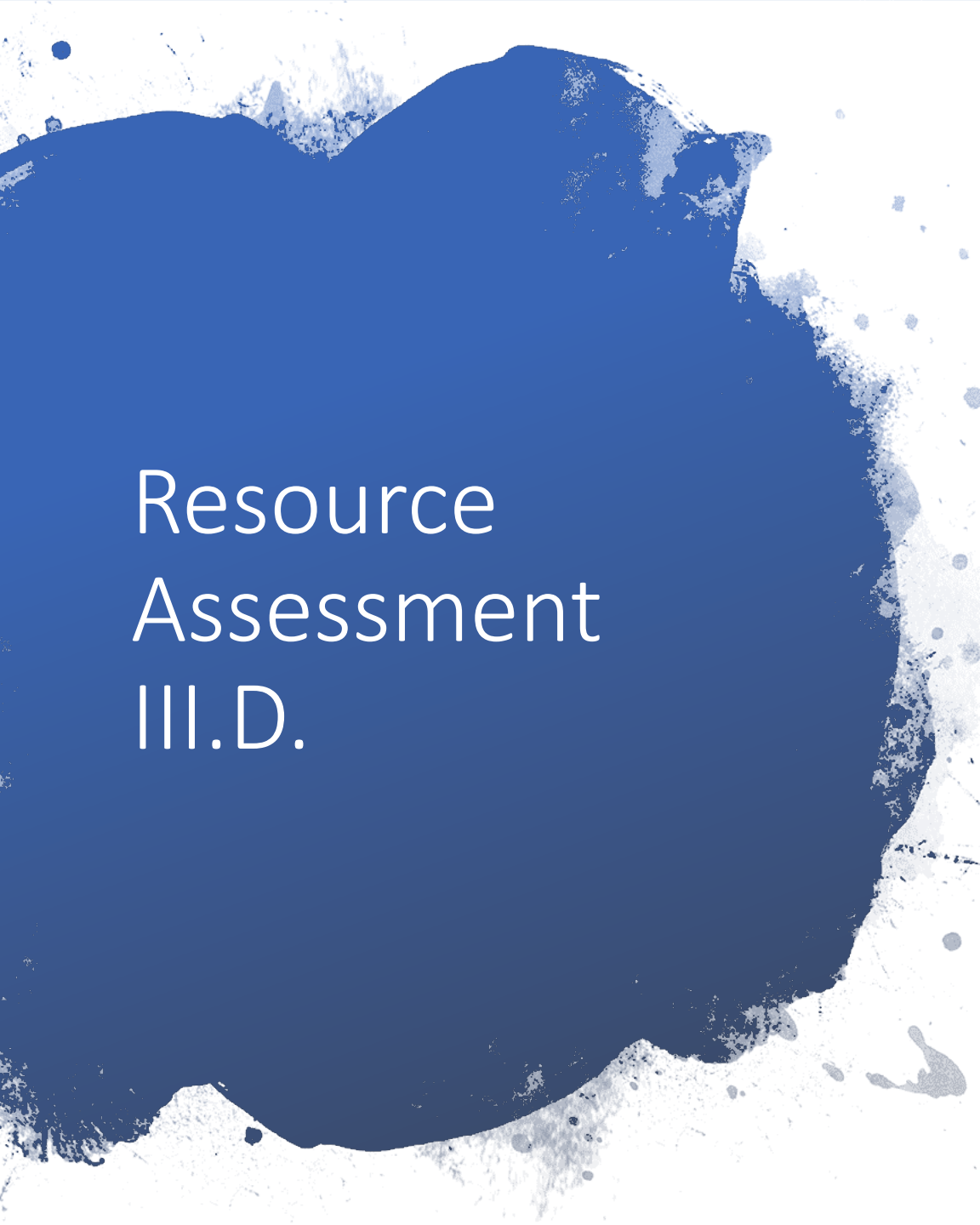
- Appendix G: Student Minimum Competency Matrix

- definition of a Team Lead

Capstone Field Internship Team Leads must...

- allow for progression to team leader

- require minimum number of team leads

- reflect depth and breadth of Paramedic profession (BLS and ALS calls)

- occur after completion of all core didactic, laboratory, and clinical experience

To be counted as a Team Lead, the Paramedic student must accompany the transport team to a higher level of care and function as Team Leader except for termination of resuscitation in the field

Resource Assessment III.D.

The program must, **at least annually**, assess the appropriateness and effectiveness of the resources described in these Standards.

The program must include results of resource assessment from at least students, faculty, medical director(s), and advisory committee using the CoAEMSP resource assessment tools.

The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources.

Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Resource Assessment III.D.

- Resource Assessment Matrix (annual)
- Surveys
  - Student Resource Survey
  - Personnel Resource Survey
  - Graduate Survey
  - Employer Survey
- Advisory Committee Meeting Minutes
- Course Evaluation Form

What other methods does your program use to assess its resources?

Resource Assessment
III.D.
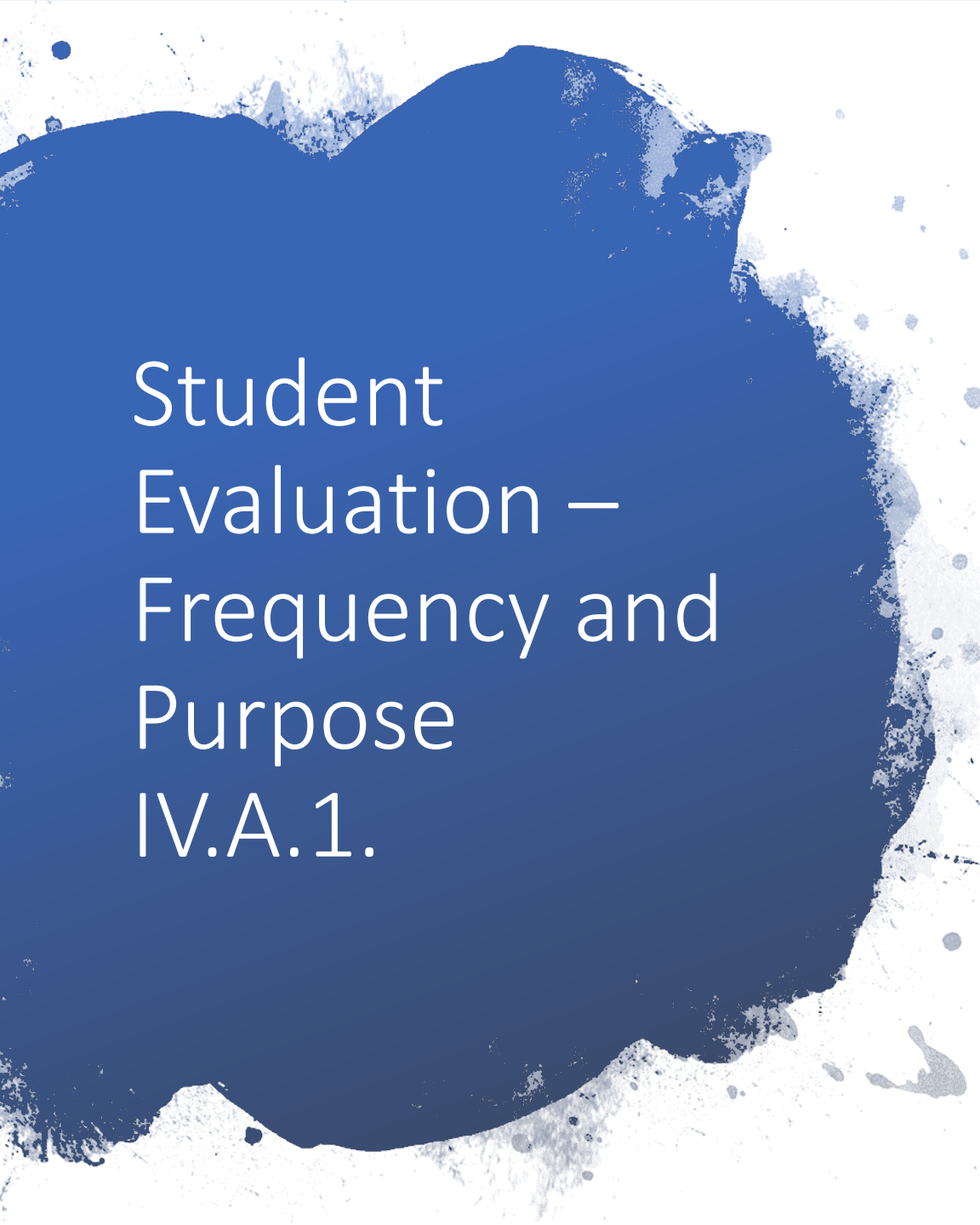
Student Evaluation – Frequency and Purpose IV.A.1.

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains.

Student Evaluation – Frequency and Purpose IV.A.1.

- High Stakes Exam Analysis form
- Frequency of High Stakes Exam form
- formative and summative evaluations
- didactic evaluation
- psychomotor evaluation
- affective evaluation

EVIDENCE

Summative Comprehensive Final Evaluation

- must be a summative comprehensive final evaluation

- summative program evaluation is a capstone event that occurs when the capstone field internship is nearing completion

- must include cognitive, psychomotor and affective domains

Commercial Testing Product

For programs using a commercial testing product, the program must demonstrate, through the **program's own item analysis**, that the test items used are valid and reliable for the program. Simply quoting the national validity and reliability information provided by the vendor does not adequately establish that the test items are valid and reliable for the specific curriculum of the specific program.

Student Evaluation – Documentation IV.A.2.a.

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the program.

Student Evaluation – Documentation IV.A.2.a.

- academic advising (once per term)
- counseling for cause
  - date of counseling
  - reason for counseling
  - faculty's signature
  - program director's signature
  - medical director's signature
  - student's response
  - student's signature
- affective evaluation

EVIDENCE

Student Evaluation – Documentation (Tracking) IV.A.2.b.

The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions.

Student Evaluation – Documentation (Tracking) IV.A.2.b.

- summary tracking document (i.e., spreadsheet, table, grid, chart) clearly demonstrating:
  - most recent graduating cohort(s)
  - name of each graduate
  - program required minimum numbers have been met by each graduate
- action plan for students who do not meet the required minimum numbers

www.coaemsp.org > Accreditation > Resource Library
> Evaluation Instruments / Program Resources > Sample Summary Tracking Tool

Credible education through accreditation

Fair Practices – Advanced Placement V.A.2.

At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); **policies on advanced placement, transfer of credits, and credits for experiential learning**; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

Fair Practices
V.A.2.

screenshot from website, catalog, student handbook, recruiting materials, or policies and procedures

- accreditation status: sponsor's and program's

- admissions policies and practices

- technical standards

- advanced placement policy

- transfer of credits policy

- credits for experiential learning policy

- number of credits required for completion

- tuition/fees and other costs required

- withdrawal policy

- refund of tuition/fees

Statement for Programs with the CoAEMSP Letter of Review (LoR)

"The [name of sponsor] Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:
 8301 Lakeview Parkway Suite 111-312
 Rowlett, TX 75088
 214-703-8445
 FAX 214-703-8992
 www.coaemsp.org"

Verbatim

Statement for Programs with CAAHEP Accreditation

"The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org
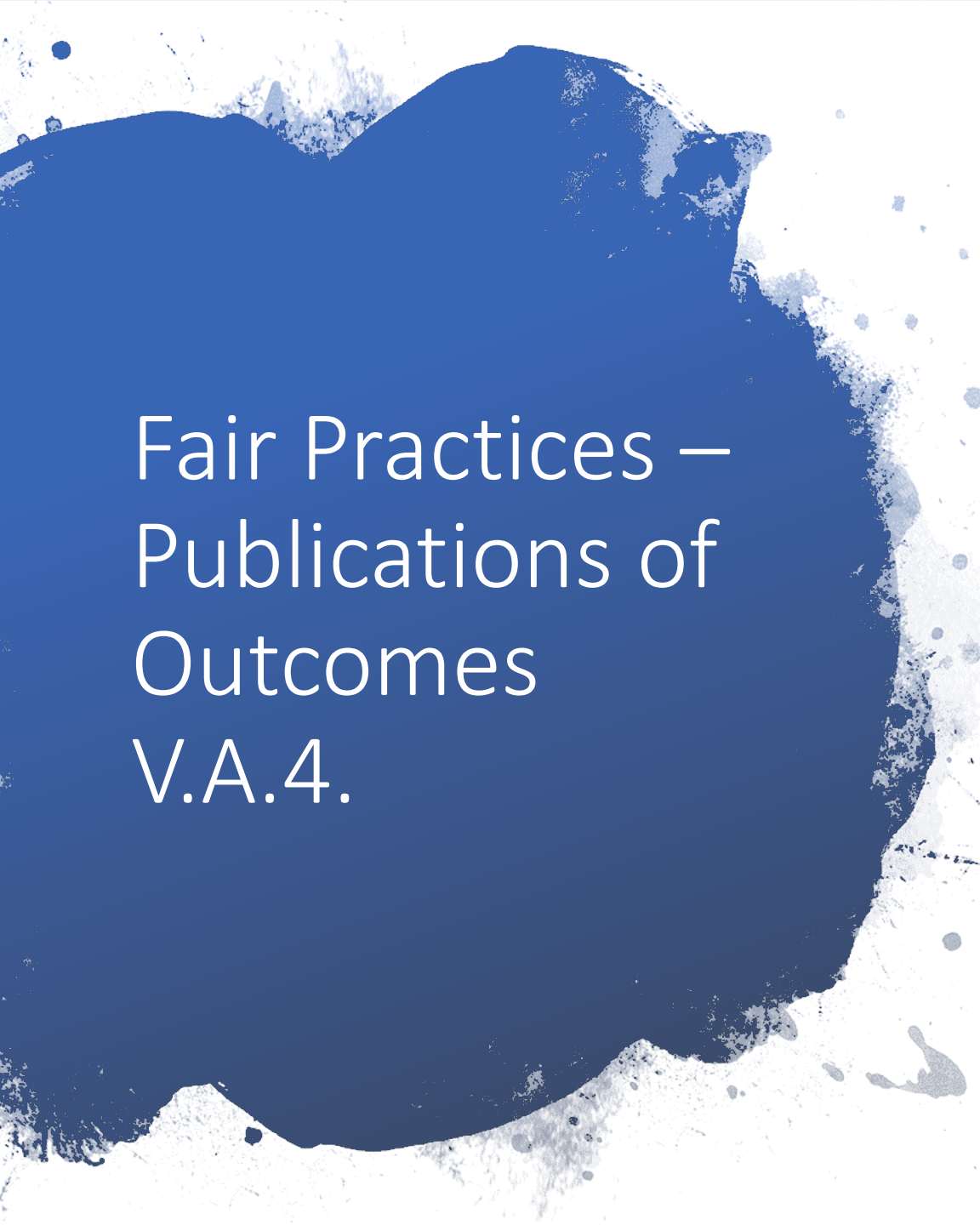
To contact CoAEMSP:
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 Rowlett, TX 75088
 Phone: 214.703.8445
 Fax: 214.703.8992
 www.coaemsp.org"

Verbatim

Fair Practices — Publications of Outcomes V.A.4.

The sponsor must maintain and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these *Standards.*

Fair Practices – Publications of Outcomes V.A.4.

- programs must publish their outcomes for the **National Registry or State Written Exam**, **Retention**, and **Positive Job Placement annually**

- data published must be verifiable by the Annual Report. Since the new Annual Report is based on the calendar year, the new **annual** published outcomes for 2018 must be published and verifiable by the submission of the 2018 Annual Report due March 15, 2020

- required by CHEA, CAAHEP continuously verifies

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and *students must not be substituted for staff*.

Fair Practices – Safeguards
V.C.

Fair Practices – Safeguards
V.C.

screenshot from website, catalog, student handbook, recruiting materials, or policies and procedures

- how the health and safety are safeguarded for patients, students, faculty, and other participants
- student responsibilities when enrolled in the program
- completed Student Health assessment checkoff tool with all Public Health Information (PHI) blacked out
- copy of the affiliation agreement

Fair Practices – Agreements V.F.

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

Fair Practices – Agreements
V.F.

EVIDENCE

- current affiliation agreements
- define responsibilities of program/institution
- define what students can do and responsibilities of preceptor
- review periodically to ensure needs met

DEAL BREAKERS & FOUNDATIONAL CONCERNS

Pathway to Credit

I. Sponsorship

A sponsoring institution must either **award credit** for the program **or** have an **articulation agreement** with an accredited post-secondary institution

Articulation Agreement

An articulation agreement is an agreement between an educational institution and a training facility to provide college credit to individuals completing the training program. This agreement allows students to receive college credit if they enroll at the educational institution; it does not require that students who do not register receive college credit. The articulation agreement may be composed as a memorandum of understanding, transfer agreement, or other suitable instrument, as long as the requirements of articulation are met.

Consortium Sponsor

I.B. Consortium

Entity consisting of 2 or more members that exists for the purpose of operating an educational program.

At least one member of consortium must meet the requirements of a sponsoring institution as described in I.A.

Responsibilities of each member are clearly documented in a formal affiliation agreement or MoU, including governance and lines of authority.

Qualified Personnel

III.B. Personnel

Program Director

Medical Director
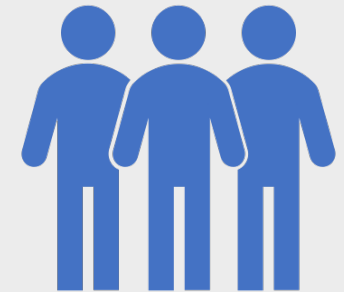
Additional Considerations

Satellite Campuses

regardless of location, the educational program delivered to the students must be the same

Satellite

off-campus location(s) that are advertised or otherwise made known to individuals outside the sponsor. The off-campus location(s) must offer all the professional didactic and laboratory content of the program. Satellite(s) are included in the CAAHEP accreditation of the sponsor and function under the direction of the Key Personnel of the program. Committees on Accreditation may establish additional requirements that are consistent with CAAHEP Standards and policies.

CoAs must inform CAAHEP of the addition of an approved satellite.

CAAHEP Policy 209.B.
Alternative Models of Education, Satellites
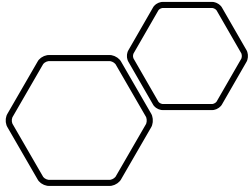
Educational Methods

- variety of education methods

- regardless of the methodology used, the program is evaluated based on the same standards

Required

Reports & Fees

Annual Reports

Personnel Changes

Fees

Resource Assessment Tools

Resource Assessment Matrix

Graduate and Employer Surveys

Terminal Competency

https://coaemsp.org/resource-library

Tools for Best Practice

Completing the Self-Study Report

Individuals to tap for assistance

- Medical Director
- Faculty / Staff
- Dean
- Advisory Committee

Tips for completing the Self-Study Report

- answer the question
- follow tabs in order

What are your tips for completing the Self-Study Report?

Getting Started:
an Action Plan for CAAHEP Accreditation

Self-Study Due Date: _____

Often the hardest part of any project is organizing a plan to get started. The action plan that follows breaks the activities into phases and identifies the activity and associated resource, such as the location on the CoAEMSP website that will provide the necessary information.

1. Once notification is received from CoAEMSP that the accreditation process has begun, the program typically has six (6) months to submit the self-study report and supporting documents.
2. The program is encouraged to complete all materials and ready for final review by all appropriate parties **within five (5) months** of notification (one month before the date due to the CoAEMSP office).
3. It is the Program Director's responsibility to obtain all necessary information for submission. If action items are delegated to other staff, the Program Director must monitor progress and insure completion.
4. This template uses the convention of -6, -5, etcetera to designate the month the activity should be completed using the CoAEMSP due date as -0. All documents are to be completed by the beginning of month -1. The expected time frames should assist planning.
5. This plan/checklist is heavily weighted for months -6 and -5 which revolves around data gathering. Months -4 through -2 will be devoted to completing the documents required.

☑	To Do List	Month Due	Date Due	Completed Date
	Phase I: Self-Assessment			
☐	1. Review the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions*: http://coaemsp.org/Standards.htm.	-6		
☐	2. Review the CoAEMSP Interpretations of the CAAHEP *Standards*: http://coaemsp.org/Standards.htm.	-6		
☐	3. Review the Site Visit Report form: http://coaemsp.org/Site_Visits_Visitors.htm.	-6		
☐	a. Answer honestly the questions and evaluate Met or Not Met.	-6		
☐	b. Pay attention to the items in the Evidence column and ensure you can provide the identified evidence.	-6		
☐	c. Make a list of anything that is not clear to you (for example: Sponsorship, Terminal Competencies).	-6		
☐	4. Give Faculty members and the Medical Director a copy of the CAAHEP *Standards and Guidelines* and highlight their areas of responsibility.	-6		

Information to gather

Documents for Self-Study Report

Standard I: Sponsorship
1. Evidence of institutional accreditation (letter, certificate, website screenshot)
2. State Office of EMS approval (official letter, email)
3. Sample certificate of completion or diploma

Standard II: Program Goals
1. Advisory Committee meeting minutes (most recent three years)
2. Programmatic organizational chart (program personnel and faculty, credentials, position)
3. Published minimum goal expectation statement (screenshot)

Standard III: Resources
1. Completed Resource Assessment Matrix (RAM) for the most recent three years)
2. Appendix G – Student minimum Competency Matrix (approved by Medical Director and endorsed by the Advisory Committee
3. Syllabi for each *Paramedic* core professional course (does not include general education courses or courses that are prerequisite to the Paramedic core
4. Personnel verification document
5. Job descriptions for: Program Director, Lead Instructor, Medical Director (include Associate and Assistant if applicable), any other faculty
6. Program Director CV/resume
7. CoAEMSP Program Director Responsibilities form
8. Documentation that Program Director is responsible for duties listed
9. Medical Director CV/resume
10. CoAEMSP Medical Director Responsibilities form
11. Documentation that Medical Director is responsible for duties listed
12. CV/resume for each full-time faculty member
13. Completed Faculty Evaluation SSR Questionnaire for each listed faculty member
14. Clinical and field experience Preceptor orientation materials
15. Capstone field internship Preceptor training materials

Standard IV: Student and Gradate Evaluation/Assessment
1. Completed CoAEMSP High Stakes Analysis form
2. Documentation of one recent graduate: completed, graded summative, comprehensive, (final) evaluations
3. Signed, completed sample of Terminal Competency form
4. Summary Tracking form for most recent completed cohort
5. Summary record of graduate performance for each course in the Paramedic core courses for three students documenting learning progress
6. Action plan for students not meeting the minimum required numbers

Standard V: Fair Practices
7. Program information
8. Program information screenshots for:
   a. Sponsor Institutional Status
   b. Program status statement
   c. Admission policies
   d. Admission policies
   e. Technical standards
   f. Advanced placement
   g. Transfer of credits
   h. Experiential learning
   i. Credits required
   j. Program costs
   k. Withdrawal policy
   l. Refund policy

Site Visits

Unsolicited Feedback from a Program Director

"I just wanted to drop a quick line and let you know that the site visit team that we hosted earlier this week was very much appreciated. The site visitors were professional, personable, helpful, and provided a great experience for my entire team from start to finish. If I could paint a picture of how I would hope my site visit teams would conduct themselves, these guys would be the template."

Unsolicited Feedback from a Program Director

"I just wanted to pass on a quick thank you to you both. The site visit last week was a very positive experience for our entire department in no small part to your professional and personable approach. We were a little apprehensive as I think anyone would be when you place something that you invest a lot of time into under scrutiny. Everyone commented that you were both very easy to talk to and engaged them in good conversation. As I said last week, you make a good team. You were very easy to work with, a great resource as we were getting ready and you provided us with valuable feedback on our program."

"Continuity in state-wide programming."

Site Visits

Documents for Site Visits

✔ **Resources**

	NAME ⌃	LAST MODIFIED
PDF	Hosting the Site Visit – Best Practices	*May-2019*
DOC	List of Participants	*Mar-2018*
PDF	List of Participants - Sample	*Mar-2018*
PDF	Organizing Records for the Site Visit - Electronic	*Mar-2018*
DOC	Organizing Records for the Site Visit - Option 1 - 'The Banker Boxes'	*Mar-2018*
DOC	Organizing Records for the Site Visit - Option 2 - by Standard	*Mar-2018*
XLS	Site Visit Information Form	*May-2007*
XLS	Site Visit Report - for reference only	*Aug-2015*
PDF	Site Visits & Visitor Manual	*Feb-2019*
DOC	Suggested Site Visit Agenda	*Mar-2018*

What to Expect

Purpose of the accreditation site visit

Philosophy of the site visit

Philosophy

Transparency – no surprises

Consultative

No Conflicts of Interest

Confidentiality

- communications
- documents
- FERPA

Conflict of Interest

a real or perceived

Site visitor is employed or lives in the same state as the Program

individuals have a close (positive or negative) personal, professional, academic or business relationship

acceptance of compensation or gifts related to the visitation.

Role of Site Visitor

- verifies, clarifies, and amplifies the Self-Study Report
- just the facts
- objective (relative to the CAAHEP *Standards*)
- avoids personal opinions ("at my program...")
- professional
- consultative

Coordinating Site Visit

📞 Jennifer Anderson Warwick
jennifer@coaemsp.org | 214-703-8445, x114

📅 contacts Program
after Executive Analysis is complete

request possible dates, a date range is given

ensure dates are mutually convenient

coordinate with site visitors

Site Visit Information and Travel Arrangements Recommendation Form

As part of the accreditation / comprehensive review, after submission of your self study report (SSR) and the Executive Analysis (EA) has been issued, an on-site review will be conducted. A regular site visit is 2 visitors for 2 days. On a case-by-case basis, CoAEMSP determines if there are special circumstances that require more than a regular site visit.

Please fill in the information below and email this file to **jennifer@coaemsp.org.**

CoAEMSP Prog ID#:		begins with 600xxx

Sponsor name:

City:		State:		Zip:	

Convenient Airport(s):   - - - - - -

Approx distance from program =>   miles   miles

Preferred method for transportation from airport to hotel:

Program Director:

Name:

Email:

Work Phone:		Cell Phone:	

Program Dates:

Your site visit dates will be determined by the CoAEMSP with approval from the program. List dates the program (including program director, medical director, and students) IS available in the projected site visit date range. (The range is listed in the email notifying the program of its SSR due date.) Include ALL dates. The site visit team usually consists of 2 members.

	Program Enrolls Students	Students Begin Clinical	Students Begin Capstone Field Internship	Program Graduates Students	Weekdays	Weekdays and/or Evenings students are on Campus		
						List the Weekdays [M T W R F]	Evenings	List the Evenings [M T W R F]
Current Cohort #1								
Current Cohort #2								
Next Cohort #1								
Next Cohort #2								

List 3 to 5 Date(s) Program IS available

Start Date	End Date	Are students available on Day 1?	
			The end date must be at least one day later than the start date.
			The end date must be at least one day later than the start date.
			The end date must be at least one day later than the start date.
			The end date must be at least one day later than the start date.
			The end date must be at least one day later than the start date.

Hotel Recommendations:

Please provide three recommendations for a suitable hotel. It should be economical, but clean and safe. There should be a restaurant either in the hotel or within walking distance.

Note: *The CoAEMSP travel agent will make the travel reservations, including transportation and lodging.*

		Approx distance from program	AAA rating	Room Cost/night	Has Restaurant?
Hotel #1 Name:					
Address:		miles			
City:					
Phone number:		Does the college have a favorable corporate rate?			

		Approx distance from program	AAA rating	Room Cost/night	Has Restaurant?
Hotel #2 Name:					
Address:		miles			
City:					
Phone number:		Does the college have a favorable corporate rate?			

		Approx distance from program	AAA rating	Room Cost/night	Has Restaurant?
Hotel #3 Name:					
Address:		miles			
City:					
Phone number:		Does the college have a favorable corporate rate?			

Additional Comments for CoAEMSP Executive Office + Travel Agent:

Proposed Dates

- students available (entire group preferable)

- key people available

- after clinical phase preferable

How to Prepare

Organizing Documents

Planning the Schedule

Preparing Faculty

Organizing Documents
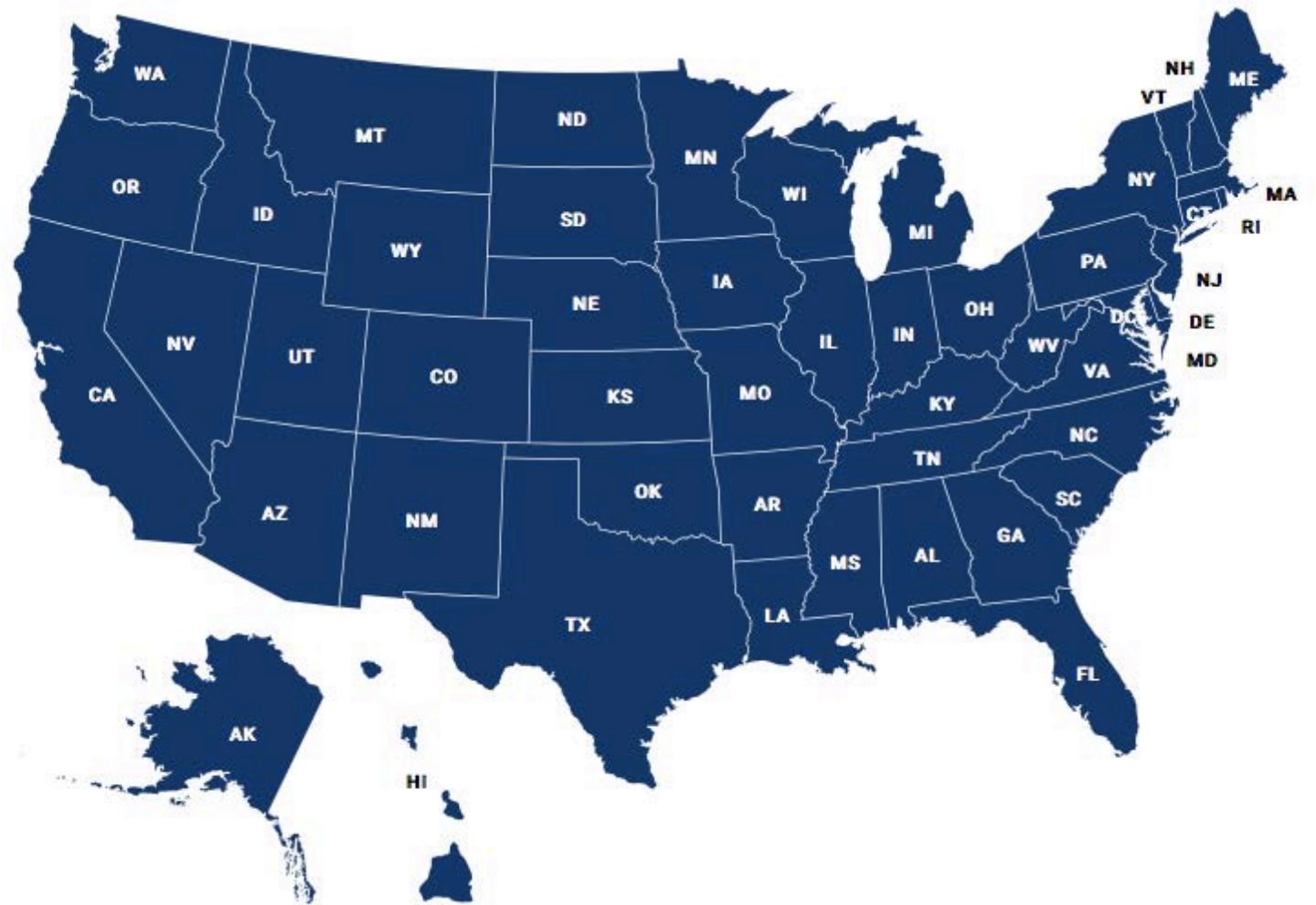
Site Visitors

Who are they?

- Paramedic educator
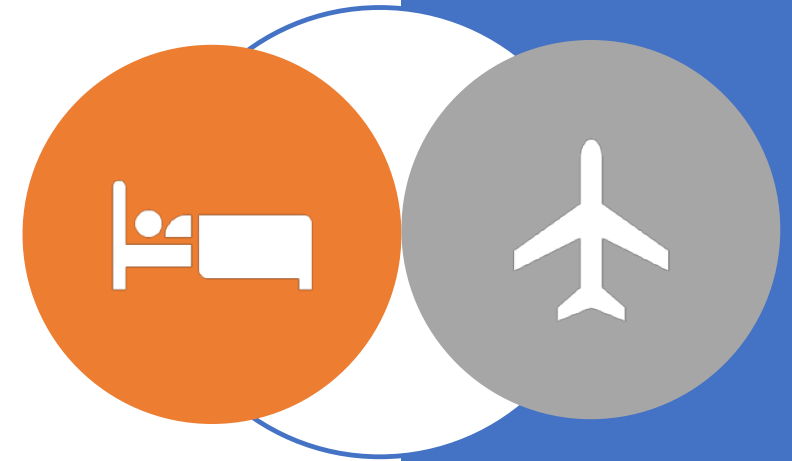- Physician
- Dean

How are they qualified?

- meet *Standards* requirements
- attend Site Visitor workshop
- complete continuing education sessions
- QA reports good

Expect the someone from the State Office of EMS to observe the site visit

Logistical Arrangements

- suggest hotels and closest airport
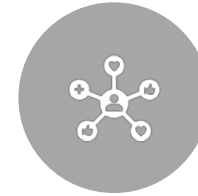
- provide transportation to/from airport and program

Anticipate need
for **flexibility**

TIME	ACTIVITY	PARTICIPANTS	PURPOSE
DAY 0 | Travel Day for the SV Team			
	Meet Site Visit Team at airport & Transport to hotel	Site Visit Team Program Director	Opportunity to have light conversation and meet the Program Director and SV Team in advance of the site visit.
Evening *allow 60 minutes*	Meet with Current Students *if needed*		If a program only has students together for class on the evening before the visit. No other formal activities are planned.
Evening	Site Visit Team Meeting	Site Visit Team	To discuss concerns and plans for the visit.
DAY 1 | Site Visit			
7:30 am – 8:00 am	Arrive on Campus	Program Director Site Visit Team	Program Director meets the SV Team at hotel and transfers them to program. The SV Team settles into the private conference room.
8:00 am – 8:30 am	Meet with Program Director *must occur first on Day 1*	Program Director Site Visit Team	Review the schedule of on-site activities planned by the program, making adjustments as necessary. Briefly discuss what has changed since the submission of the Self Study Report.
8:30 am – 9:00 am	Opening Session *must occur on Day 1*	Site Visit Team Program Director Medical Director, *recommended*	Provides the SV Team an opportunity to explain the CAAHEP accreditation process, the functions of the CoAEMSP, the type of CAAHEP accreditation statuses, what the accreditation status implies, and the purpose of the Site Visit.
		Administrative Staff, *recommended*	
9:00 am – 9:30 am	Meet with Medical Director *must occur on Day 1*	Site Visit Team Medical Director	Assess medical accountability in all phases of training.

Agenda for Site Visit

Helpful Hint

- have movable files available for site visitors
- organized syllabi, clinical affiliation agreements, high stakes exam samples, etc.
- student files available

Self preparation: Review Accreditation Documents

- CAAHEP *Standards and Guidelines*
- Site Visit Report form
- have others review also
    - Medical Director
    - faculty
    - administrative personnel

Student Preparation

1st day of class: tell them your goals/objectives

reinforce requirements of accreditation

interview: tell them to be honest

Student Questionnaire

Site Visit Report is *preliminary* and subject to review and revision

summary page of the report may be left with the program

Keep in mind…

agenda seldom goes as planned

randomly select students, graduates and records

site visitors are merely reporters

program does not entertain the site visitors

First step after the site visit

Official Site Visit Report & Findings Letter

will come from the CoAEMSP

Next Steps

Make	make your "to do list"
Discuss	discuss strategies
Assign	assign tasks
Meet & discuss	meet and discuss regularly
Enlist	enlist help if needed!

Program's Response using required templates

1

Confirmation of Factual Accuracy

due 14 days after receipt of Findings Letter

- confirm accuracy – or –
  identify errors and submit supporting
  documentation (based on evidence
  provided at the time of the site visit)

2

Respond to Findings Letter

date set for program:
March 1, June 1, September 1, December 1

- working on plans
- implementing plans
- already done

Program Response

respond to the Findings Letter & Site Visit Report with required template

- working on plans
- implementing plans
- already done and attached

The CoAEMSP Board Meeting

- information from site visit and Program's response reviewed by 1 of 5 CoAEMSP Review Teams
- review team recommendation to full CoAEMSP Board
- CoAEMSP Board reviews Program's accreditation record
- CoAEMSP Board makes a *recommendation* to CAAHEP

Possible Actions by CAAHEP

Initial Accreditation

Continuing Accreditation

Probation

Withhold Accreditation (Initial Only)

Withdraw Accreditation (Continuing Only)

CAAHEP Meeting

reviews the CoAEMSP's recommendation

makes final decision

Site Visitor Quality Assurance

Your feedback is important

to CoAEMSP and CAAHEP

about your experience with

the accreditation process

Accreditation is
an everyday activity

What are YOUR takeaways?

aka, the Go-Around

CoAEMSP

Credible education through accreditation

CAAHEP

"The CoAEMSP–staff and site visitors–are available as a resource."

Contact Us / Staff Members

CoAEMSP

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