CoAEMSP
Accreditation is *credible* education

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

CoAEMSP®

March 6, 2017

TO: Sponsoring Organizations for the CoAEMSP
        CoAEMSP Board Members

FROM: Tom Brazelton, MD, MPH, FAAP, Chair, CoAEMSP Board of Directors
        George W Hatch, EdD, EMT-P, LP, Executive Director, CoAEMSP

RE: Highlights from the CoAEMSP Quarterly Board Meeting – February 3-4, 2017

The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) Board of Directors met February 3-4, 2017, in Austin, Texas. The highlights from the meeting:

1. **Program Actions.** Reviewed 64 programs for initial accreditation, continuing accreditation and progress reports.

2. **By the Numbers.** At the time of the board meeting there were **528 CAAHEP[i] accredited** Paramedic programs and **168 programs** that hold the **CoAEMSP Letter of Review (LoR);** the LoR is the precursor to CAAHEP accreditation. For a current list of Paramedic programs, visit http://www.caahep.org/Find-An-Accredited-Program/.

3. **Largest Committee on Accreditation within the CAAHEP system.** CAAHEP carries out its accrediting activities in cooperation with 25 review committees (Committees on Accreditation, CoA). CAAHEP currently accredits more than 2100 entry-level education programs in 30 health science professions. In January, the CoAEMSP eclipsed the committee on accreditation for medical assisting to become the largest CoA within the CAAHEP system with 528 programs.

4. **Workshops & Webinars.** In 2016, the CoAEMSP hosted four Accreditation Workshops; in 2017 there will be three Accreditation Workshops offered. The workshop is geared toward program directors of all levels of experience.

5. **40th Anniversary in 2018.** Next year the CoAEMSP will celebrate it's 40th Anniversary.

6. **Professional Development.** Two times per year in conjunction with the face-to-face meetings, the board of directors and staff engage in professional development. The fiduciary responsibility of the Duty of Care and the accreditation landscape as well as the need to manage the Board's message in communicating actions were the focus of the professional development sessions.

7. **Finance & Audit Committee** reviewed budget requests submitted by subcommittees and staff.

8. **Governance Committee** reviewed the nominations to fill the seat for the representative of the American Ambulance Association (AAA); Mr. James Pianka was elected by the CoAEMSP Board of Directors to represent the AAA.

9. **Site Visit & Visitor Committee** will conduct a site visitor training workshop on November 30-December 1, 2017. Attendees must apply and be selected to attend. The subcommittee reviews the quality of site visitors two times per year and assesses the level of activity for each to determine the need for additional site visitors.

10. **Quality Assurance/Quality Improvement Committee** is responsible for managing the annual reports that each accredited program is required to submit each year by December 31 for the previous calendar year. The annual report informs the CoAEMSP of the program's NREMT/State Written Examination pass success, NREMT/State Practical Examination pass success, Retention, and Positive (Job) Placement. This year there are nearly 500 reports to review and analyze. The committee reviewed threshold and benchmark information from other CAAHEP CoAs and explored the feasibility of redesigning the annual report.

11. **Interpretations Committee** developed new interpretations of the 2015 CAAHEP *Standards*. Included with the interpretations is a list of evidence that programs may utilize to demonstrate compliance with each of the *Standards*.

Recommended minimums. Programs are required to set and require minimum numbers of patient/skill contacts for each of the required patients and conditions. Each student prior to graduating must achieve these established minimum numbers. The CoAEMSP, based on a panel of national experts, developed the recommended minimum numbers for the required patients and conditions. This will go into effect July 1, 2019. Implementation will include offering webinars and workshops to educate program directors and site visitors; developing tools to support programs; and a communications plan to convey the message.

Program Completion. One interpretation to call special attention to refers the curriculum and when the CoAEMSP considers program completion**. The official statement:

> The CoAEMSP Board of Directors recognizes that there are states in which paramedic educational programs allow their students to take the National Registry of EMTs Psychomotor Examination (PE) prior to completion of the educational program. We further recognize that this practice is consistent with the National Registry's Psychomotor Exam Policy that permits Paramedic Program Directors to approve individual students to take the PE following completion of the didactic and laboratory sections of the course, well before what the CAAHEP *Standards and Guidelines* define as program completion. The CoAEMSP Board of Directors is confident that students are more likely to be competent as an entry-level Paramedic **after** the completion of a psychomotor competency portfolio, which includes the capstone field internship.

> The CoAEMSP Board of Directors voted to approve interpretation language consistent with the CAAHEP *Standards and Guidelines* that defines program completion:

> **Standard III.C.1. Curriculum**
> **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.**

> *Standard Interpretation:*
> *Program completion is defined as successful completion of all phases (didactic, laboratory, clinical, field experience, and capstone field internship).*

12. **Research Committee** is studying the impact of simulation on Team Leads in Paramedic education. Programs that assess Team Leads in the lab, do they perform better in the field?

13. **Next Meetings:**

    2017:   May 5   web meeting

               August 3-5   Salt Lake Marriott Downtown at City Creek

               November 3   web meeting

The CoAEMSP is committed to advancing the quality of EMS education through CAAHEP accreditation in partnership with our communities of interest.

Communication Protocols. The Board has adopted protocols that permit more predictable, consistent, and deliberate communications with sponsors about the work of the Board. The Board will continue to provide official updates via the Board Highlights to sponsors within 30 days of each Board meeting.

    CAAHEP = Commission on Accreditation of Allied Health Education Programs

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

The Mission Statement for the CoAEMSP

    The mission of the CoAEMSP is to advance the quality of EMS education through CAAHEP accreditation.

The Vision Statement for the CoAEMSP

    CoAEMSP is recognized as the leader in evidence based standards for accreditation.

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[i] **CAAHEP** = Commission on Accreditation of Allied Health Education Programs.

CAAHEP is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with its Committees on Accreditation. CAAHEP currently accredits over 2000 educational programs in 28 health science professions. [caahep.org]