**Keys to an Appropriate
Response to the Findings Letter or Submission of Progress Report**

After digesting the contents and information requested in a *Findings Letter* or preparing a *Progress Report*, preparing an appropriate response is critical . Questions may be: What exactly are they asking for, what specifically do I need to submit, and how much detail is expected? Sometimes, in the effort to respond to the request for required information, programs actually send **too much** data that may not be concise or does not address the citation. This "information overload" can result in further delay in demonstrating satisfactorily meeting the requirement and the need to submit another progress report, or add an additional reporting period. The following guidelines are intended to address some of the more common citations.

PREPARING TO RESPOND

1. Read and study the citation, rationale, and suggested documentation. CoAEMSP has carefully worded the Suggested Documentation to guide a program in its response.

2. Refer to the CAAHEP *Standards* and CoAEMSP *Interpretations* documentation (available on www.coaemsp.org) for additional clarification.

3. If you are still unclear about the citation and how you need to respond, contact the Executive Director, Dr. George Hatch at 214-703-8445, ext. 112 or george@coaemsp.org.

4. Outline your response and the documents that *accurately and concisely* address the citation.

5. Discuss the response with the Program's Medical Director, faculty, and administration, and obtain agreement that the proposed documentation addresses the citation.

6. Less is often more: carefully consider if the document/evidence is necessary to support your response. Unnecessary information clouds the response and can obscure the correct interpretation.

COMMON REQUESTS FOR ADDITIONAL DOCUMENTATION

➲ Advisory Committee

1. Minutes must identify/document that the group fulfills the responsibilities required in Standard II.B, which includes review and approval of the program goals and participation in program evaluation (for example, reviewing the outcomes results of the program).

2. Minutes must identify not only the names of the attendees, but also their affiliation and the community of interest represented in the *Standards*. It may be beneficial to list the names, affiliations, and community of interest represented of the members not in attendance, so as to document the continued appropriate membership.

3. Although not stated in the *Standards*, the full-time program faculty, Program Director, and administration are ex-officio members. The Medical Director may serve as chair of the Advisory Committee.

➲ Preceptor Training

1. Documentation/roster of training must include the agency, the individuals trained, and the dates of training.

2. The content of the preceptor training must be reasonably complete and thorough and needs to include at least the following information: Purposes of the student rotation (minimum competencies, skills, and behaviors); Evaluation tools used by the program; Criteria of evaluation for grading students; Contact information for the program.

3. **Do not** submit individual certificates of completion: summary tracking documentation is required.

4. Orientation/training for clinical areas must include the 'key hospital and other clinical experience personnel'. Not everyone in the hospital/clinical who serves as a preceptor will receive this orientation/training, but the 'key' individuals must be documented with the individual, organization, and unit names. The documentation also needs to include evaluations by students about the clinical experience (not the individual preceptors).

5. Orientation/training must be completed for each and every field internship preceptor. The documentation also needs to include evaluations by students of each field internship preceptor.

- Bachelor's Degree for Program Directors under the special accommodation (that ended 12/31/2010).

    1. Requires an official transcript documenting successful completion of at least 15 academic credits per 12-month period until degree completion   Note: an official transcript is one issued by the Registrar's office sent directly to CoAEMSP.

    2. When requested, submit a letter from the senior administrative official of the sponsoring organization attesting that the Program Director is enrolled in a Bachelor's degree program.

- Graduate and Employer Surveys Administration

    1. Submit the requested number of evaluations, e.g., requesting the entire class, submit the entire class.

    2. Identify the cohort of graduates being evaluated or surveyed.

- Medical Director Involvement with the Program

    1. Acceptable documentation can include: emails between the Program and Medical Director; signature on lesson plans, course syllabi, and master exam copies; log of calls and conversations that include topics; and other unique methods developed by the program.

- Terminal Competencies

    1. Any style of form can be used to document achievement of all terminal competencies, but must include the elements of the CoAEMSP *Terminal Competency Form* found at www.coaemsp.org.

    2. Signed copies of a terminal competency form must be submitted for each and every member of an entire graduating class.

    3. The forms must include the signatures of at least the Medical Director and the Program Director.

- Tracking data that demonstrates evidence that all students are meeting the required minimum number of competencies according to patient by age subgroups, pathologies, complaint, gender, and interventions.

    1. Reminder: the Program **must** establish minimums for patient contacts/competencies/team leads and the minimum must be *more than* one (1).

    2. Pediatric age subgroups must be tracked in six (6) age groups of: newborn, infant, toddler, preschooler, school age, and adolescent.

    3. Minimums are **not** 'goals' and all students are required to meet all of the minimum numbers for the competencies.

    4. Submit *summary tracking data* that includes *all* students for *all* required competencies *and* the required minimums *and* the total number of competencies for each student.

        a. This document should typically **not** exceed 6 – 8 pages of summary data.

        b. If the tracking report format includes a range, the lower end of each range **must** demonstrate that all students have met the minimum. For example, if the requirement is 10 and the range is 0 – 18, clearly all students have not met the minimum of 10.

        c. **Do not** submit clinical, field internship or skill forms for individual students. This **is not** a tracking mechanism. The program must demonstrate that there is a final tally/tracking for all students.

        d. Students must have graduated and **not** be in progress. The summary tracking required **must** demonstrate that all students have met program required minimums at completion of the program.

        e. Be sure to identify students that dropped/failed or they will be viewed as **not** having met the minimums.

        f. Team leads must be clearly identified and tracked and must occur during the field **internship**[1] – **not** during a field **experience**[2] rotation.

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[1] **Field Internship**: planned, scheduled, educational student time on an advanced life support (ALS) unit to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with prehospital

[2] **Field Experience**: planned, scheduled, educational student time spent on an advanced life support (ALS) unit, which may include observation and skill development, but which does not include team leading and does not contribute to the CoAEMSP definition of field internship.

➲ General Information

1. Copies of blank forms are **never** sufficient*. The accreditation review team evaluates completed processes – not planned activities, evaluations, and etcetera.

    * a blank form may submitted when developing a form and making an action plan, and adequate time has not elapsed to implement it, however, once the action plan is implemented, the completed forms must be submitted.

2. When a sampling of forms is requested, the number is specified: i.e., 10% of students. **Only** submit what is requested.

3. **Do not** submit unnecessary pages/documents. For example: you are asked to submit evidence that the students are informed regarding non-discriminatory practices and you add a statement to the student handbook. **Do not** scan and send the entire student handbook. Instead, scan the title/cover page that includes the date revised, the index, and **only** the page that includes the *new* wording regarding the non-discriminatory practice.

4. Review scanned documents for clarity of print, readability, and page orientation before submitting. If the document is **not legible**, it will be *returned for resubmission* which may further delay action on your program.

5. Insert the response to **each** citation in the form provided, **not** a second document. **Insert all responses and documentation related to a specific citation within the space provided immediately following the citation. Do NOT** place responses and documentation at the end of the *Findings Letter* or *Progress Report*.

6. While the response to the *Findings Letter* and the *Progress Report* will vary greatly, the total number of pages submitted should typically **not exceed 20 – 30 pages to address 3 – 4 citations**.