

Keys to Submitting an Appropriate Response: Response to the Site Visit Findings Letter or Progress Report

After digesting the contents and information requested in the *Site Visit Findings Letter* or preparing the *Progress Report*, preparing an appropriate response is critical. Questions may be: What exactly are they asking for? What specifically do I need to submit? 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. 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 or Associate Director.
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.

RESPONSE TO FINDINGS LETTER AND PROGRESS REPORT FORMAT

7. The required format for the *Response to the Site Visit Findings Letter* or the *Progress Report* was revised in 2019. Following that date programs are directed in the specific response/reporting format.
8. Programs receive an Excel spreadsheet titled ‘Program’s Response’ or ‘Progress Report’ that identifies Standard citations and the required documentation/evidence to be submitted.
9. The program develops an ‘Evidence’ folder and includes the documentation that demonstrates that the citation has been met.
10. Evidence for each citation is included in the folder in PDF format.

COMMON REQUESTS FOR ADDITIONAL DOCUMENTATION

📍 Advisory Committee

11. Minutes must identify and document that the group fulfills the responsibilities required in Standard II.B, which includes review and endorsement of the program’s minimum patient encounters/skills, learning goals and participation in program evaluation (for example, reviewing the outcomes results of the program).
12. Minutes must identify the names of each advisory committee member, the community of interest each represents and if the individual was present or absent. (The communities of interest are listed in the *Standards*.)
13. One best practice is for 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

14. Documentation/roster of training must include the agency, the individuals trained, and the dates of training.
15. 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.
16. **Do not** submit individual certificates of completion; summary tracking documentation is required.
17. Preceptor orientation 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).
18. Preceptor training for capstone field internship preceptors must be completed for each and every capstone field internship preceptor. The documentation also needs to include evaluations by students of each field internship preceptor.

📍 Medical Director Involvement with the Program

19. Complete the CoAEMSP Medical Director Responsibilities Form.
20. 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

21. Any style of form can be used to document achievement of all terminal competencies, but must include all the elements of the CoAEMSP *Terminal Competency Form* found at <https://coaemsp.org/resource-library>.
22. Signed copies of terminal competency forms must be submitted in the number requested.
23. The forms must include the signatures of the Program Director and the Medical Director; the signatures must be original signatures or a secure digital signature.

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

24. The Program must establish minimums for patient contacts/competencies/team leads. See Appendix G requirements.
25. Pediatric age subgroups must be tracked in six (6) age groups of: newborn, infant, toddler, preschooler, school age, and adolescent and the minimum must be *2 or more for each subgroup*.
26. Minimums are **not** 'goals', all students are required to meet all of the minimum numbers for the competencies.
27. 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. Examples of sample tracking are available at <https://coaemsp.org/resource-library>.
 - a. This document should typically **not** exceed 6 – 8 pages of summary data.
 - b. If the tracking report format includes a range for the cohort, the lower end of each range must demonstrate that all students have met the minimum.
 - 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 system for all students.
 - d. Students must have graduated and not be in progress. The summary tracking required must demonstrate that all students have met the required program minimums at completion of the program.

- e. Identify students that have dropped or failed since they are not graduates.
- f. Team leads must be clearly identified and tracked and must occur during the capstone field **internship**¹ and not during field **experience**² rotation.

📍 Graduate and Employer Surveys Administration

- 28. Submit the requested number of surveys (e.g., requesting the entire class, submit the entire class).
- 29. Identify the cohort of graduates being evaluated or surveyed.

📍 General Information

- 30. Copies of blank forms are **never** sufficient. The accreditation review team evaluates completed processes – not planned activities, evaluations, etc.
- 31. When a sampling of forms is requested, submit only the number requested.
- 32. **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.
- 33. 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.
- 34. The Program's Response to the Site Visit Findings Letter/*Progress Report* template is an Excel document. There is a preset automatic link for each Standard Citation requiring further evidence to address that particular Standard. The preset automatic link will only work if the evidence is named exactly as listed and the type of file format is an Adobe Portable Document (PDF). Detailed instructions are provided with the template.
- 35. 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.**

¹**Field Internship:** is planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system 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 pre-hospital patients.

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