

## **Program Review and Analysis**

*including tools to use*

Evaluation includes a variety of tools, administered at specific points throughout the Program. Guidelines for administration, analysis, and implementation are identified. See <http://coaemsp.org/Evaluations.htm> for the tools to assist programs with conducting the evaluations.

### **Instructor Evaluations**

1. New faculty members, adjunct/skill instructors, and content experts should be evaluated with sufficient frequency to determine student reception and identify areas that require counseling or positive feedback.
2. Program Directors should observe and evaluate experienced faculty members at least annually.
3. Evaluations should be reviewed with the individuals: document notes of the topics discussed and feedback and direction provided. These observations may become part of a professional development plan.

#### ***Tool(s) to use***

- evaluation tool completed by the student of an individual instructor  
(needs to be developed by program)
- evaluation tool completed by the program director of an individual instructor  
(needs to be developed by program)
- annual performance appraisal, which includes the skill, knowledge and abilities of the instructor  
(developed by program)

### **Clinical and Field Internship Evaluations**

1. All clinical sites must be evaluated by each student.
2. Each capstone field internship preceptor must be evaluated by each student.

#### ***Tool(s) to use***

- evaluation tool to evaluate the clinical site  
(developed by program or vendor tool)
- evaluation tool to evaluate the field preceptors on an individual basis  
(developed by program or vendor tool)

### **Course Evaluations**

1. Evaluations should be distributed and collected at the end of each term.
2. A final course/program evaluation should be required once the capstone field internship is complete.
3. The Program Director should review the evaluations and compile a list of positives/issues using a course summary report format.
4. The course/program evaluations should be reviewed with the appropriate instructor(s).
5. The course/program evaluations and course summary report may be reviewed with the school leaders.
6. The course/program evaluations should be reviewed with the Program Medical Director.

7. Discuss any changes/revisions to the Program resulting from the analysis of the evaluations at a staff meeting and document the discussion in faculty meeting minutes.
8. Capture any other changes/revisions in writing and retain those documents.

***Tool(s) to use***

- evaluation tool to evaluate the specific course by each student at the end of each term or semester (needs to be developed by program)

**Graduate and Employer Surveys**

1. 100% of graduates and their employers must be surveyed using the CoAEMSP tool.
2. Record and report the return rate for both survey types.
3. Discuss the results with the faculty, Medical Director, and Advisory Committee.

***Tool(s) to use***

- **Graduate Survey (CoA required)**  
<https://coaemsp.org/resource-library> (PDF available in the Instruments & Forms section on the CoAEMSP website)  
 or Survey Monkey (upon request)  
 or [Google Doc - Graduate Survey](#)
- **Employer Survey (CoA required)**  
<https://coaemsp.org/resource-library> (PDF available in the Instruments & Forms section on the CoAEMSP website)  
 or Survey Monkey (upon request)  
 or [Google Doc - Employer Survey](#)

**Program Evaluation & Long Range Planning**

1. Complete the CoAEMSP Resource Assessment Matrix annually and review the results with the faculty, the Medical Director, and the Advisory Committee.

***Tool(s) to use***

- Program Resource Survey - Personnel (CoA required)  
<https://coaemsp.org/resource-library> (PDF available in the Resource Assessment section on the CoAEMSP website)  
 or Survey Monkey (upon request)  
 or [Google Doc - Program Personnel](#)
  - Program Resource Survey – Students (CoA required)  
<https://coaemsp.org/resource-library> (PDF available in the Resource Assessment section on the CoAEMSP website)  
 or Survey Monkey (upon request)  
 or [Google Docs - Students](#)
2. Consider completing a SWOT analysis with faculty and stakeholders: Strengths, Weaknesses, Opportunities, and Threats.
  3. Review the three outcome thresholds required to be reported to the CoAEMSP with the faculty, Medical Director, and the Advisory Committee and develop a plan to improve outcomes if needed. These include: credentialing cognitive exam pass rates; retention; and positive placement (employment).
  4. Evaluate clinical and field internship resources for adequacy of clinical and field contacts: numbers and types of patients and the types of procedures, skills.

### ***Tool(s) to use***

- evaluation tool to evaluate the specific course by each student at the end of the program after capstone field internship (needs to be developed by program)
- patient / skill tracking (developed by program or vendor tool)
- Clinical Affiliate Institutional Data form(s) (Self Study Report Standard III-Affiliates tab) (CoAEMSP provides required tool, available on [https://coaemsp.org/Self\\_Study\\_Reports.htm](https://coaemsp.org/Self_Study_Reports.htm))
- Field Internship Institutional Data form(s) (Self Study Report Standard III-Affiliates tab) (CoAEMSP provides required tool, available on [https://coaemsp.org/Self\\_Study\\_Reports.htm](https://coaemsp.org/Self_Study_Reports.htm))

### **Other**

- Complete a High-Stakes Exam Analysis form on each major exam <https://coaemsp.org/resource-library> (PDF available in the Instruments & Forms section on the CoAEMSP website)
- Track reasons for attrition or change of status

## **CoAEMSP Annual Report**

If a sponsor/program's annual outcomes results for Retention, National Registry or State Written Examination, and /or Positive Placement does not meet the CoAEMSP established outcome thresholds of 70%, the following questions have been created in order to assist programs in determining why the outcome threshold is not being met.

### **Retention**

1. Is there a selective admissions process?
2. Does the program have standardized admissions testing?
3. Could there be changes to the admissions process to improve retention?
4. Does the admissions process help or hinder retention and would changes in the admissions process that improve retention?
5. During the admissions process, are the students adequately informed of the demands of the program and the profession (e.g., academic, time commitment, types of skills to be performed)?
6. Is the applicant's past academic performance reviewed as part of the admissions process?
7. What changes that could be made in the orientation to improve retention?
8. Is there a particular course(s) or content area(s) that causes high attrition?
9. Is there a pattern or trend associated with attrition due to particular non-academic reasons?
10. Is there high attrition due to disciplinary actions?
11. Is there a pattern or trend (e.g., common behaviors) associated with the attrition due to disciplinary action(s)?
12. What are the conclusions resulting from your analysis?
13. What is the program's action plan and the timetable for those actions to address each of your conclusions?

## **National Registry/State Written Examination**

1. What is the trend in National Registry written or State certification examination results for the past graduating classes?
  - Improving
  - Steady
  - Declining
2. Does the final comprehensive cognitive examination test different cognitive levels (i.e., knowledge, application, problem-solving)?
3. What method(s) is/are used to determine that the final comprehensive cognitive examination is reliable and valid for your program?
4. How does performance on the final comprehensive cognitive examination correlate to the National Registry written or State certification examination?
5. Are the students successful on the standardized courses (i.e., ACLS, trauma, pediatric courses)?
6. What are the weakest content areas of the program curriculum based on the National Registry written or State certification examination results?
7. What was the student performance on the formative examinations that tested those content areas?
8. Have the weak content areas and the National Registry written or State certification examination results been discussed with the Faculty, Medical Director, and the Advisory Committee? If not why?
9. What solutions have been proposed to strengthen the weak content areas and the National Registry written or State certification examination results?
10. Did the employer and/or graduate surveys show weaknesses in specific content areas?
11. Did the annual resource assessment identify deficiencies that may have contributed to poor student performance?
12. Has the Advisory Committee identified additional weaknesses in content areas?
13. Was additional equipment purchased to address identified deficiencies?
14. What equipment was purchased to address the identified deficiencies?
15. What is the program's action plan for the next year?

## **Positive Placement**

1. When are graduates surveyed to determine if they are employed (or volunteering) as a Paramedic?

2. How was graduate job placement tracked?
3. What methods did the program utilize to assist in placing the graduates?
4. Why are graduates not employed in their field or continuing their education within 10 months of graduation?
5. What are the conclusions resulting from your analysis?
6. What is the action plan and the timetable for those actions to address each of your conclusions?