Frequent Citations and How to _ Address Them in Advance _



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Ways to Participate

Have a question? Type it in the **Question & Answer** window:

- 1. Open the Q&A window.
- 2. Type your question into the Q&A box. Click **Send**.
- 3. The host will reply back either via text in the Q&A window or will answer your question live.



Have a Best Practice? Type it in the Chat window

- 1. Open the **Chat** window.
- 2. Type your best practice. Tap Enter on keyboard.





- Do you meet the standard?
- What is the evidence?
- □ Prepare for success
- □ There's a form for that!
- □ ...it's the right thing to do!



Levels of Complexity







FOUNDATIONAL

PROCESS RELATED **EASILY ADDRESSED**









Citations



To Program from site visit



CoAEMSP Board deliberation



To CAAHEP from CoAEMSP Board deliberation



2019 Summary of CAAHEP Citations

115 total actions

19 initial – 11 with citations (58%)

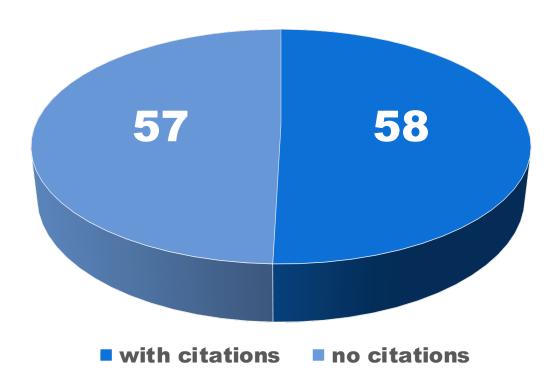
94 continuing – 45 with citations (48%)

2 probation

Total with citations – 58 (50%)



115 Total Actions





2019 Summary of CAAHEP Citations

Average number of citations per program

Initial = 3

Continuing = 2

Probation = 3



Standards

- I. Sponsorship
- II. Program Goals
- III. Resources
- IV. Student and Graduate Evaluation/Assessment
- V. Fair Practices



What do you think is the most frequent or common issue that results in a *Standards* citation?





Citations by Frequency #1 Medical Director



III.B.3.a Medical Director Responsibilities

The Medical Director must be responsible for medical oversight of the program and must:

Note: Total of 37 citations

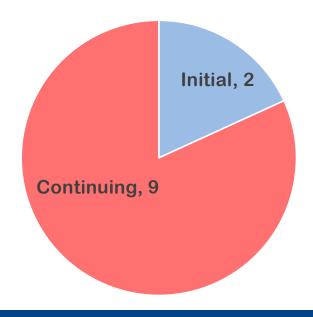


Review progress of each student throughout the program and assist in the determination of appropriate corrective measures when necessary

Total = 11

Initial = 2

Continuing = 9





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

Total = 8

Initial = 1

Continuing = 7



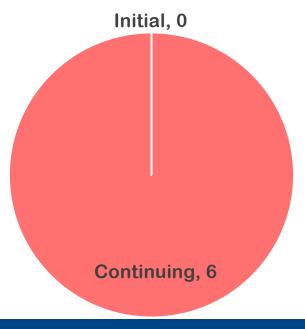


Review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence informed prehospital or emergency care practice

Total = 6

Initial = 0

Continuing = 6





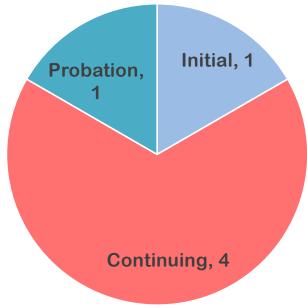
Ensure competence of each graduate of the program in the cognitive, psychomotor, and affective domains

Total = 6

Initial = 1

Continuing = 4

Probation = 1





Other

- Review and approve required minimum numbers for each of the required patient contacts and procedures
- Ensure educational interaction of physicians with students



Citations by Frequency #2 Program Director

III.B.1.a. Program Director Responsibilities

The Program Director must be responsible for all aspects of the programs, including, but not limited to:



Note: total of 28 citations



#2 Program Director

Orientation/training and supervision of clinical and field

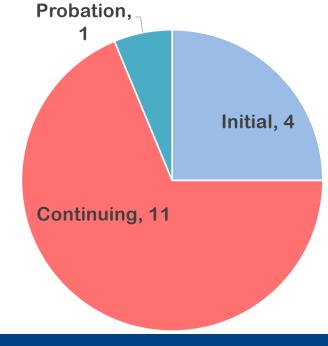
internship preceptors

Total = 16

Initial = 4

Continuing = 11

Probation = 1





#2 Program Director

Other

- Administration, organization, and supervision of the educational program
- Continuous quality review and improvement of the educational program
- Long range planning and ongoing development of the program



#2 Program Director

- Cooperative involvement with the Medical Director
- Effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual



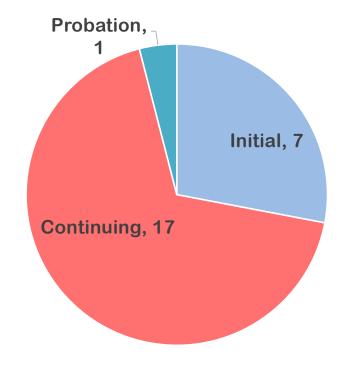
Citations by Frequency #3 Student Evaluation

IV.A.1 Student Evaluation Frequency and Purpose

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 towards and achievement of competencies and learning domains stated in the curriculum. Achievement of the program competencies must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains

#3 Student Evaluation

Total = 25
Initial = 7
Continuing = 17
Probation = 1





Citations by Frequency #4 Student Evaluation

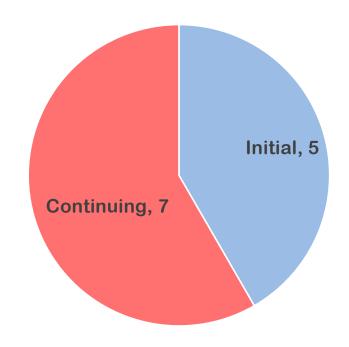
IV.A.2.b Student Evaluation Documentation

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



#4 Student Evaluation

Total = 12
Initial = 5
Continuing = 7





Citations by Frequency #5 Curriculum

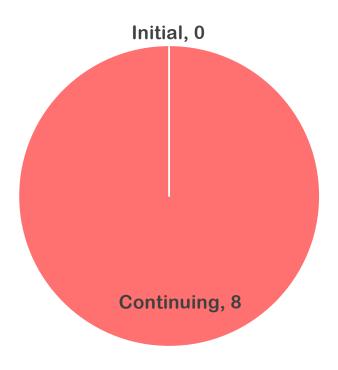
III.C.1 Curriculum

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



#5 Curriculum

Total = 8
Initial = 0
Continuing = 8





Citations by Frequency #6 Student Evaluation

IV.A.2.a Student Evaluation Documentation

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.



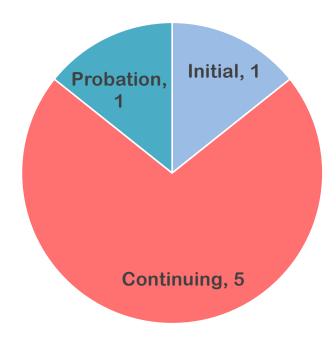
#6 Student Evaluation

Total = 7

Initial = 1

Continuing = 5

Probation = 1





Citations by Frequency #7 Resource Assessment

III.D Resource Assessment

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.



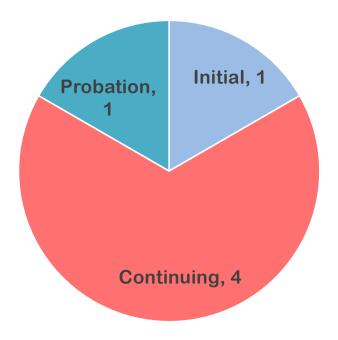
#7 Resource Assessment

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Total = 6

Initial = 1

Continuing = 4

Probation = 1
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#7 Publications and Disclosures

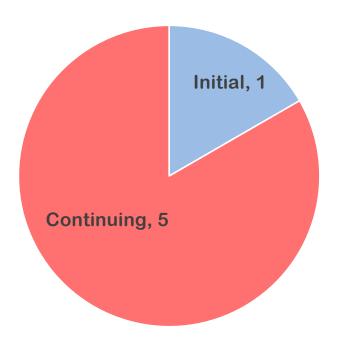
V.A.2 Publications and disclosures

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.



#7 Publications and Disclosures

Total = 6
Initial = 1
Continuing = 5





Citations by Frequency #8 Hospital/Clinical/Field Affiliations

III.A.2. Hospital/Clinical Affiliations and Field Internship Affiliations

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 Emergency Medical Profession(s) for which the training is being offered...



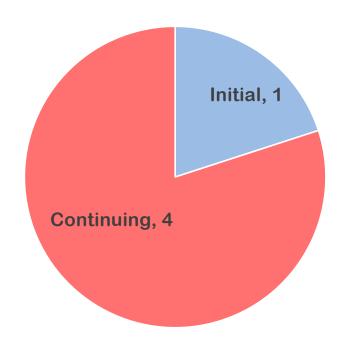
#8 Hospital/Clinical/Field Affiliations

...The clinical/field experience/internship resources must ensure exposure to, and management of, the following patients and conditions (see Student Minimum Competency Matrix, aka Appendix G)



#8 Hospital/Clinical/Field Affiliations

Total = 5
Initial = 1
Continuing = 4







Resource Library

Take advantage of this array of accreditation tools. These resources include articles, webinars, and explanations of terminology and requirements that everyone associated with the accreditation process will find indispensable in seeking or maintaining accreditation.

Quick Links

COVID-19

Application / Voluntary Withdrawals

CAAHEP Standards & Guidelines

Instruments & Forms

Medical Directors (MD)

Personnel

Policies & Procedures

Program Directors (PD)

Resource Assessment

Samples

Self-Study Reports

Site Visits & Visitors

Step-by-Step Instructions

