The process and tools used by programs vary. Following are considerations of ways to answer the question: **How do you monitor and document progression of student learning?**

What is your structure or paradigm? Is the Paramedic program considered one course (or perhaps two or three components) or is it composed of multiple college credit courses (i.e., 12 to 15 separate courses)? Do you have one primary instructor for all content or multiple faculty members assigned to specific courses? How many adjunct instructors does your program use? How active is your program Medical Director in the course or courses? How long is your program: six-month accelerated, three or four semesters or four to six quarters, or other specific time frame? All these factors can affect the ability to track and assess student progress.

The role of the Paramedic educational program is to assist students in developing critical thinking, applying concepts, and evaluating competency through all program components. Therefore, assessment includes the elements below. How do you assess, monitor, and document each?

1. **Cognitive assessment instruments**
    a. Formative assessments are intended to monitor student learning and provide feedback to assist students and instructors in identifying learning gaps. Quizzes, either online or in class, are an excellent format to assess comprehension. Formative assessment also occurs in the skill lab and students practice and receive evaluation on mastery of skills and scenarios.

    b. Summative assessments occur at the end of an instructional unit and compare learning to an established benchmark or score. Summative assessments are considered high stakes. This type of assessment can occur in either the cognitive or psychomotor domain and are typically considered pass or fail. An unsuccessful score can result in the student exiting the program.

2. **Psychomotor**
    a. Individual skills are monitored and evaluated as discussed above. Repetition and tracking of success are critical to mastery and retention.

    b. Scenarios are used to progress from pure skill application to assist in developing critical thinking abilities during the formative phase of education. Scenarios are introduced in the lab as skills are mastered and may also be used in the classroom or didactic phase to reinforce concepts and can be used rather than review slides of the material since students should have read the text in preparation for class. Having students develop and refine scenarios in the classroom is also an excellent use of instructional time.

       Scenarios are intended to build on the student's prior knowledge and apply that information in a new situation. Scenarios should gradually increase in complexity of patient care and scene dynamics and should: bring context into the learning process: connect relationships among related isolated skills: bring time factors into skills; and build work teams to accomplish complex tasks.

    c. Simulations are immersive activities and make the experience as real as possible. Moulage, sights, sounds, and smells can be used to create realism. Simulated patients are coached for

their condition. The goal is for the learner to: put together all aspects of managing a patient encounter; fine-tune teamwork skills; and simulate the patient encounter from dispatch to paperwork as realistically as possible in real-time. Nothing is verbalized, and all actions are real time. The instructor is an observer and then simulations end with a review of performance.

3. The **affective domain** is monitored and documented throughout the course of study and specifically during each phase: didactic, lab, clinical, field experience, and capstone field internship. A summative affective evaluation is also required. Some elements of professional affective behavior may be built into program tools, for example clinical and field evaluation forms. However, comprehensive affective evaluations are important assessments of overall performance.

4. **Academic advising** during didactic and lab experience is an important documented conversation between the Program Director or instructor and, in some programs, includes the Medical Director. Students want, and deserve, formal feedback on their progress. This is also a good opportunity to get feedback from the students on their experiences and perceptions of the program.

5. **Clinical experiences** can seem to be an afterthought to the didactic and lab phases of the program. However, in the clinical environment the student should hone one of the most important skills – interviewing patients and obtaining a history. The rotations of course also provide an opportunity to practice skills, administer medication, and work with other members of the healthcare team. Program personnel must monitor student experiences and progression and provide feedback on patient care documentation. Interactions with patients and families are excellent opportunities to observe a wide range of affective behaviors.

6. **Field experience** is not a required element in a Paramedic program and refers to any scheduled precepted field hours that occur prior to the capstone field internship. Field experience may occur quite early in the program or after much of the core content has been completed. The experiences and purposes in this phase are similar to the hospital clinical rotations.

7. The **capstone field internship** occurs after all core clinical components of the curriculum have been completed and the primary purpose is to manage Paramedic level decision making in the pre-hospital environment. The capstone field internship site must allow students to assess and manage patients and progress to the role of Team Leader. The preceptor and faculty assess student performance and determine attainment of entry level competency.

8. Programs should **establish major milestones** to evaluate progression of skill acquisition and mastery. This can include lab and clinical performance but is especially important in the capstone field internship.

9. **Closeout forms** for each phase of the program document that all requirements to date have been completed, the student is performing satisfactorily, and is ready to progress to the next phase.

10. **Summative assessment** in all three domains is sometimes confused with evaluation at the end of the didactic and lab phases and is considered the course 'final' before entering the capstone field internship. However, the comprehensive, summative evaluation occurs when the capstone field internship is nearing completion. Some latitude is allowed in the timing based on specific needs of the program but must occur near the completion of all phases of the program. Evaluation must

include the cognitive, psychomotor, and affective domains. As part of this assessment, some programs include oral testing by the Medical Director.

11. A **graduation checklist** is a useful tool to review all assessment and other related documentation prior to graduation, verify that the student has met all minimum competencies required in the CoAEMSP's Appendix G, and has met other graduation requirements.   The checklist may also include reference to any performance improvement plans or counseling forms.

12. A **terminal competency form** is required by CoAEMSP and a sample is available on the website. Programs may use their own form, but there must be a statement that the Medical Director *attests* to successful completion. A handwritten or secure digital signature is required, and the Program may not use a stamp, or a signature inserted as a digital image.

Documentation of progression is a logical process to ensure that learning has occurred. The question for each program is how to tie assessment documentation for cognitive (grades), skill tracking and testing, clinical evaluations, field evaluations, and affective performance and avoid silos of information among program personnel.