

Fundamentals of Accreditation for the EMS Professions



Welcome



Topics we will cover

Overview of
Accreditation

Available
Resources

Transparency +
Confidentiality

Overview of
CAAHEP
Standards

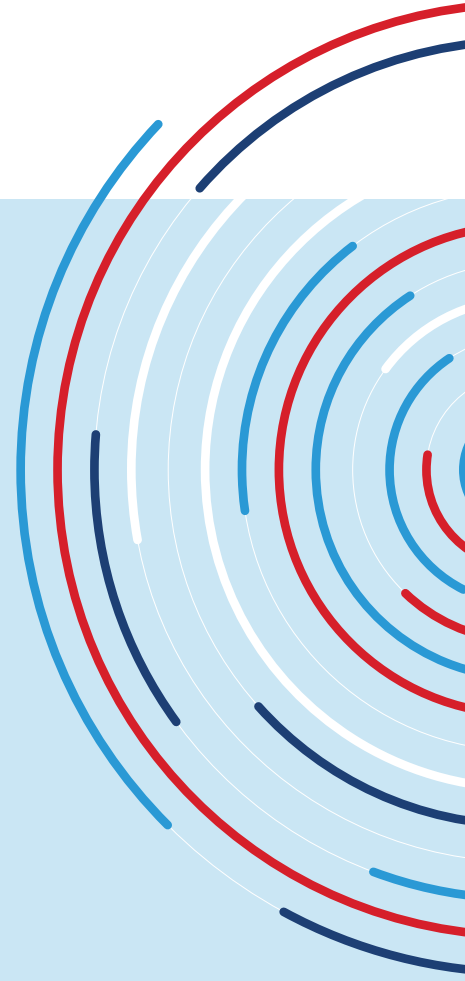
Self-Study
Report

Policies &
Procedures

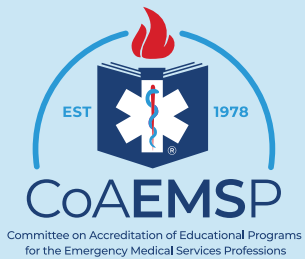
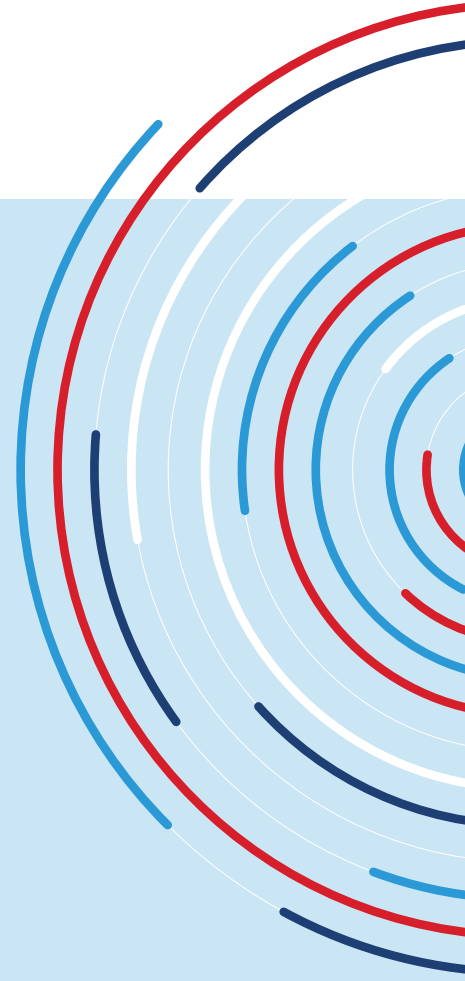
Administrative
Processes

Site Visits

Ground Rules



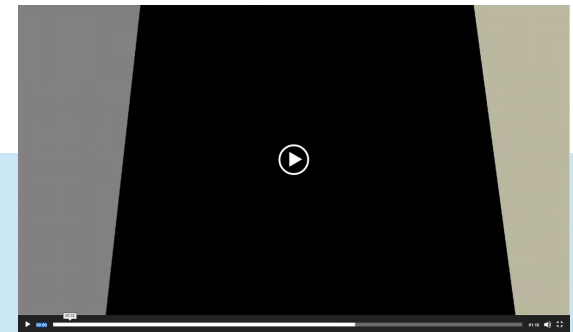
Accreditation Overview





“Accreditation” is review of the quality of higher education institutions and programs. In the United States, accreditation is a major way that students, families, government officials, and the press know that an institution or program provides a quality education.

Council for Higher Education Accreditation (CHEA)



Accreditation is
~~an everyday activity~~
maintenance



www.chea.org



www.caahep.org



Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

www.coaemsp.org

CHEA

Like accredited programs, CAAHEP must go through a recognition process by the Council for Higher Education Accreditation to assure that we meet the recognition requirements for a programmatic accrediting body.



Credible Education
through Accreditation



Commission on Accreditation of Allied Health Education Programs

established in 1994

largest programmatic/specialized
accreditor in the health sciences
field in the U.S.



Credible Education
through Accreditation



OUR GLOBAL IMPACT

2591

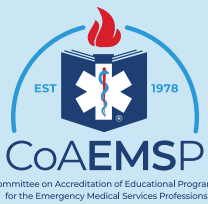
Programs accredited
worldwide

1365

Institutions with
accredited programs

31

Accredited health
science professions



Professions

1. Advanced Cardiovascular Sonography
2. Anesthesia Technology
3. Anesthesiologist Assistant
4. Art Therapy
5. Assistive Technology
6. Cardiovascular Technology
7. Clinical Ethicist
8. Clinical Research Professional
9. Cytotechnology
10. Diagnostic Medical Sonography
- 11. Emergency Medical Services**
12. Exercise Physiology
13. Exercise Science
14. Inclusive Rehabilitation Studies
15. Intraoperative Neurophysiologic Monitoring
16. Kinesiotherapy
17. Lactation Consultant
18. Medical Assisting
19. Medical Illustration
20. Neurodiagnostic Technology
21. Orthotic and Prosthetic Assistant
22. Orthotic and Prosthetic Technician
23. Orthotist/Prosthetist
24. Perfusion
25. Personal Fitness Training
26. Polysomnographic Technology
27. Recreational Therapy
28. Respiratory Care
29. Specialist in Blood Bank Technology /
Transfusion Medicine
30. Surgical Assisting
31. Surgical Technology



CoAEMSP

established in 1978

evaluate a program's observance of accreditation standards

aligned with CAAHEP's policies & procedures; adopt complementing practices

focus on quality assurance in review of programs

ensure due process in review of accreditation applications

Credible Education
through Accreditation

CoAEMSP

11 sponsor organizations

2 public members

24-person board



AMERICAN ACADEMY OF PEDIATRICS
(AAP)



AMERICAN AMBULANCE
ASSOCIATION (AAA)



AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS (ACEP)



AMERICAN COLLEGE OF SURGEONS
(ACS)



AMERICAN SOCIETY OF
ANESTHESIOLOGISTS (ASA)



INTERNATIONAL ASSOCIATION OF
FIRE CHIEFS (IAFC)



INTERNATIONAL ASSOCIATION OF
FIRE FIGHTERS (IAFF)



NATIONAL ASSOCIATION OF
EMERGENCY MEDICAL SERVICES
PHYSICIANS (NAEMSP)



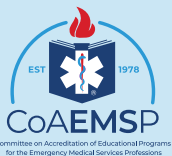
NATIONAL ASSOCIATION OF
EMERGENCY MEDICAL TECHNICIANS
(NAEMT)



NATIONAL ASSOCIATION OF EMS
EDUCATORS (NAEMSE)



NATIONAL REGISTRY OF EMERGENCY
MEDICAL TECHNICIANS (NREMT)



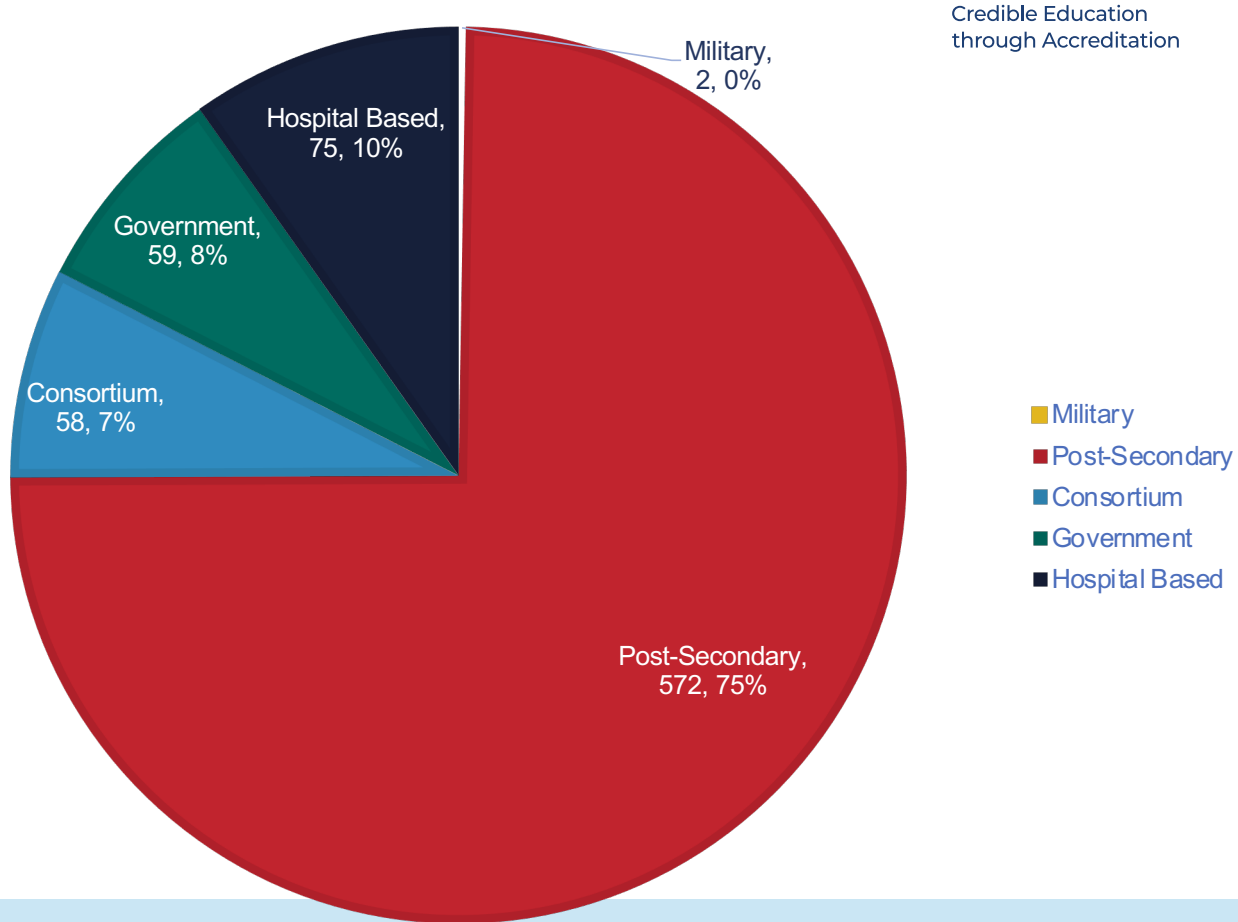
Programs by Sponsor Type

Government

- Ambulance Services
- County/Municipality
- Fire Services

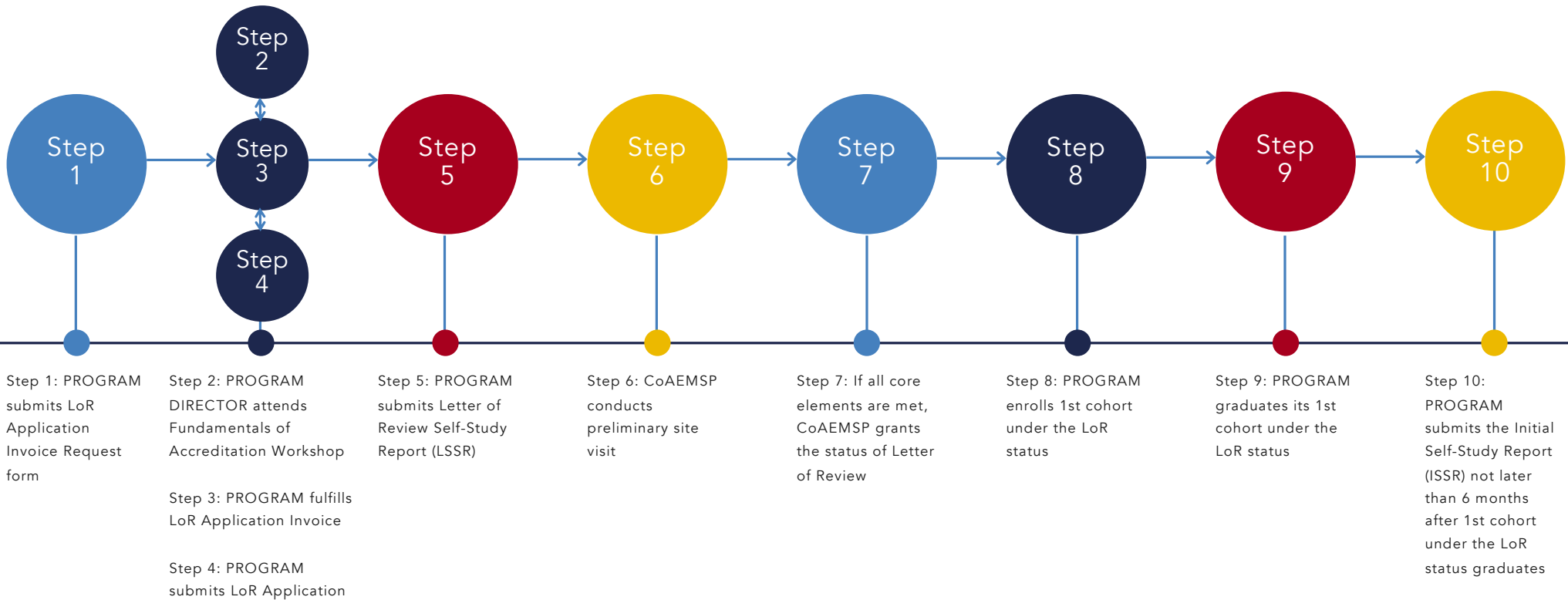
Post-Secondary

- Vocational
- Community College
- Junior College
- Technical College
- College / University





CoAEMSP LETTER OF REVIEW PROCESS





CAAHEP ACCREDITATION CYCLE

STEP 11

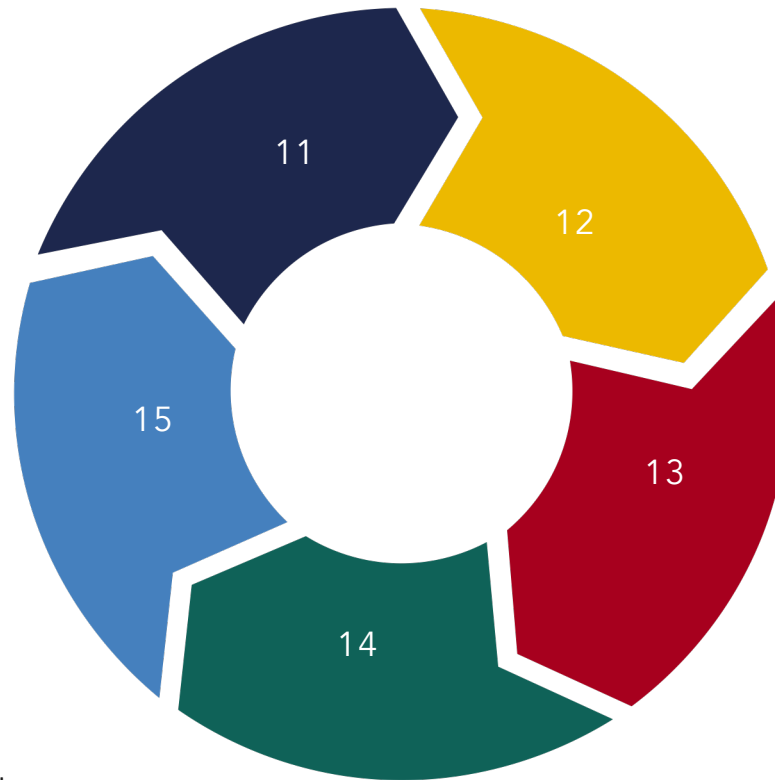
CoAEMSP reviews the SSR and conducts site visit to PROGRAM

STEP 15

PROGRAM submits the Continuing Self-Study Report (CSSR), then continues the cycle with Step 11

STEP 14

CAAHEP determines the accreditation status



STEP 12

PROGRAM responds to the Site Visit Findings Letter

STEP 13

CoAEMSP Board reviews PROGRAM'S accreditation record and forwards a recommendation to CAAHEP

Principles

- **Transparent**
- **Confidential**

Private Information

- Site Visit Report & Findings Letter
- Recommendation to CAAHEP

Public Information

- CoAEMSP Letter of Review Status
- CAAHEP Accreditation Status
- CAAHEP Accreditation Award Letter (including deficiencies)
- Program Outcomes
- Program Director's Contact Info

While the Family Educational Rights and Privacy Act (FERPA) generally requires written permission from the parent or eligible student in order to release any information from a student's education record, **FERPA allows disclosure without consent to accrediting organizations carrying out their accrediting function (34 CFR § 99.31).**

A magnifying glass with a black frame is positioned over a white piece of paper. The paper has the text "what have you Learned" written on it in a blue, sans-serif font. The background is a vibrant blue, scattered with several white, 3D question marks. The magnifying glass is centered over the text, making it the focal point of the image.

**what
have you
Learned**

Available Resources

www.caahep.org

www.coaemsp.org

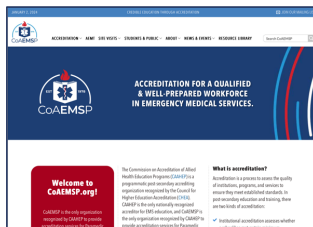
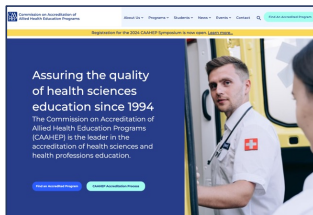
CAAHEP *Standards*

CoAEMSP Interpretations of CAAHEP *Standards*

CoAEMSP Policies & Procedures

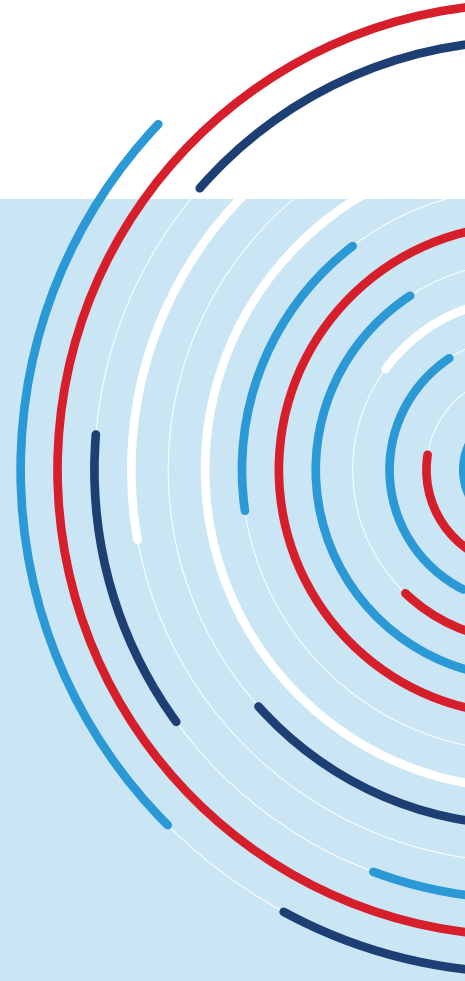
CAAHEP Policies & Procedures

Resource Library



CAAHEP *Standards*

An Overview



Purpose of the



- I. **Sponsorship** – Who will sponsor the program?
- II. **Program Goals** – What are the goals of the program?
- III. **Resources** – What resources are needed to achieve those goals?
- IV. **Student and Graduate Evaluation/Assessment** – When will we know if the program is achieving its goals?
- V. **Fair Practices** – What are the practices the program must follow to protect itself, the students, and the public?

I. Sponsorship

at least one of the following:

1. post-secondary academic institution
2. post-secondary academic institution outside of the United States and its territories
3. hospital, clinic or medical center
4. branch of the United States Armed Forces or a federal, state, or local governmental or municipal agency
5. consortium

must award a minimum of a diploma/certificate

Consortium Sponsor

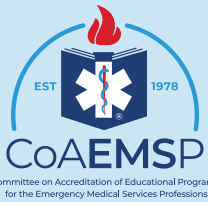
entity consisting of 2 or more members that exists for the purpose of operating an educational program

at least one member of consortium must meet the requirements of a sponsoring institution as **described in standard I.A.1-4**

responsibilities of each member are clearly documented in a **formal affiliation agreement or MoU**, including governance and lines of authority

Pathway to Credit

a sponsoring institution must either **award credit** for the program **or** have an **articulation agreement** with an accredited post-secondary institution



Articulation Agreement

- agreement between an educational institution and a training facility
- provides college credit to individuals completing the program
- allows students to receive college credit if they enroll at the educational institution
- composed as an MoU or transfer agreement



have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption

Responsibilities of Program Sponsor



new with the
2023 CAAHEP Standards & Guidelines

Documents for the Self-Study Report

Resource Library

- > Self-Study Reports
- > Documents for Self-Study Report.pdf



Documents for Self-Study Report

Standard I: Sponsorship

1. Evidence of institutional accreditation (letter, certificate, website screenshot)
2. State Office of EMS approval (official letter, email)
3. Sample certificate of completion or diploma
4. Articulation agreement
5. Organizational chart of the sponsor
6. Consortium agreement (if applicable)
7. Corporate organizational chart (if applicable)
8. Notification of national accrediting agency of consortium (if applicable)
9. Letter from CEO/President of sponsorship of consortium (if applicable)
10. Consortium governing body meeting minutes for past 3 years (if applicable)

Standard II: Program Goals

1. Advisory Committee meeting minutes (most recent three years)
2. Programmatic organizational chart (program personnel and faculty, credentials, position)
3. Published minimum goal expectation statement (screenshot)

Standard III: Resources

1. Completed Resource Assessment Matrix (RAM) for the most recent three years
2. Student Minimum Competency (approved by Medical Director and endorsed by the Advisory Committee)
3. Syllabi for each Paramedic core professional course (does not include general education courses or courses that are prerequisite to the Paramedic core)
4. Personnel verification document from CoAEMSP
5. Job descriptions for: Program Director, Lead Instructor, Medical Director (include Associate and Assistant if applicable), any other faculty
6. CoAEMSP Program Director Responsibilities form
7. Medical Director CV/resume
8. CoAEMSP Medical Director Responsibilities form
9. CV/resume for each full-time faculty member
10. Clinical affiliate agreement for each affiliate
11. Clinical and field experience Preceptor orientation materials
12. Capstone field internship Preceptor training materials

Standard I: Sponsorship

1. Evidence of institutional accreditation (letter, certificate, website screenshot)
2. State Office of EMS approval (official letter, email)
3. Sample certificate of completion or diploma
4. Articulation agreement
5. Organizational chart of the sponsor
6. Consortium agreement (if applicable)
7. Corporate organizational chart (if applicable)
8. Notification of national accrediting agency of consortium (if applicable)
9. Letter from CEO/President of sponsorship of consortium (if applicable)
10. Consortium governing body meeting minutes for past 3 years (if applicable)

II. Program Goals

- A. Minimum Expectation
- B. Advisory Committee

“

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Standard II.A. Minimum Expectation → must be *verbatim*

Advisory Committee

- **students** meet at least annually
- **graduates** respond to changes in the needs and expectations of its communities of interest
- **faculty members** advises the program regarding revisions to curriculum and program goals
- **sponsor administrators** assesses of program effectiveness, including the outcomes specified in these Standards.
- **employers** meeting minutes must document support of the program required
- **physicians** minimum numbers of patient contacts
- **clinical & capstone field internship representatives**
- **the public**

Standard II: Program Goals

1. Advisory Committee meeting minutes (most recent three years)
2. Programmatic organizational chart (program personnel and faculty, credentials, position)
3. Published minimum goal expectation statement (screenshot)

III. Resources

- A. Type and Amount
- B. Personnel
- C. Curriculum
- D. Resource Assessment

Resources

Type & Amount

- a. faculty
- b. administrative and support staff
- c. curriculum
- d. finances
- e. faculty and staff workspace
- f. space for confidential interactions
- g. classroom and laboratory (physical or virtual)
- h. ancillary student facilities
- i. clinical affiliates
- j. field experience and capstone field internship affiliates
- k. equipment
- l. supplies
- m. information technology
- n. instructional materials
- o. support for faculty professional development

Resources

Clinical, Field Experience, & Capstone Field Internship Affiliations

access to adequate numbers of patients

proportionally distributed by age-range, chief complaint, and interventions

resources must ensure exposure to, and assessment and management of

- adult trauma and medical emergencies
- pediatric trauma and medical emergencies
- geriatric trauma and medical emergencies

1) Administration, organization, & supervision of the program

2) Continuous quality review & improvement of the educational program

**Program Director
Responsibilities**

3) Academic oversight, including curriculum planning & development

4) Orientation/training and supervision of clinical and capstone field internship preceptors



**Program Director Checklist Sample
Paramedic Program**

Activity	Timing	Verify Activity
Evaluations: Program		
Resource Assessment Matrix: all groups complete annually, students at closeout and faculty, Medical Director, and Advisory Committee at the Advisory meeting	Closeout Advisory meeting	<input type="checkbox"/>
Complete the RAM	Tabulate RAM at year end	<input type="checkbox"/>
Evaluation of Instructors and/or presentations: weekly for new instructors, at least once during each course for current faculty	Weekly new instructors Once during each course for current faculty	<input type="checkbox"/>
Observe each faculty member in the classroom annually and complete the <i>Instructor Classroom Observation</i> form	Annually	<input type="checkbox"/>
Evaluation of skill instructors: frequently for new instructors, at least once during each course for current adjuncts	Frequently Once during each course for current adjuncts	<input type="checkbox"/>
Evaluation of course	End course	<input type="checkbox"/>
Evaluation of Program: end of Program at closeout	At closeout	<input type="checkbox"/>
Completion of <i>Program Summary Report</i>	End of each cohort	<input type="checkbox"/>
Evaluation of clinical sites by students and faculty annually	Students each cohort Faculty annually	<input type="checkbox"/>
Evaluation of field internship sites by students and faculty annually	Students each cohort Faculty annually	<input type="checkbox"/>
Evaluation of field preceptors (all)	Each preceptor	<input type="checkbox"/>
<i>Graduate Surveys</i>	6-12 months after graduation	<input type="checkbox"/>
<i>Employer Surveys</i>	6-12 months after graduation	<input type="checkbox"/>
SWOT analysis: annually and <i>Action Plan</i>	Annually	<input type="checkbox"/>
Completion of <i>Long-Range Planning</i> form: annually based on results of feedback and analysis	Annually	<input type="checkbox"/>

Activity	Timing	Verify Activity
Evaluations: Student		
Conduct an academic advising session with each student during each term and complete the <i>Student Academic Progress</i> form	Each term	<input type="checkbox"/>
Communicate with Medical Director weekly regarding cohort progress and any issues: may be by email or phone. File emails and maintain a log if phone communication	Weekly	<input type="checkbox"/>
Complete the <i>Medical Director Review Form</i> for students 3 times : didactic/lab; clinical; field internship. Signed by the Medical and Program Director. Keep a copy in the course/cohort file	3 times: didactic/lab; clinical, capstone field internship	<input type="checkbox"/>
Other: Student		
Schedule Medical Director in Program activities multiple times throughout the cohort: orientation, classroom, psychomotor testing, other course activities	Multiple times throughout the cohort	<input type="checkbox"/>
Monitor student progression in attaining competencies (grades and skill competency tracking)	Every 2 weeks	<input type="checkbox"/>
Complete <i>Major/High Stakes Exam Analysis</i> for each unit exam, final, and summative examination	Each unit exam, final, and summative examination	<input type="checkbox"/>
Monitor clinical visits/contact by faculty	Every 2 weeks	<input type="checkbox"/>
Monitor field internship visits/contacts by faculty	Every 2 weeks	<input type="checkbox"/>
Monitor field internship preceptor training as preceptors added	As preceptors added	<input type="checkbox"/>
Final affective behavior evaluation at closeout (part of summative with cognitive and psychomotor)	Closeout	<input type="checkbox"/>
<i>Graduation Checklist</i> : each student at closeout	Closeout	<input type="checkbox"/>
<i>Terminal Competency Forms</i> : each student at closeout	Closeout	<input type="checkbox"/>
Other: Administrative		
Conduct monthly campus staff meetings and maintain minutes/meeting notes.	Monthly	<input type="checkbox"/>
Maintain and post completed schedules for each cohort	Each cohort	<input type="checkbox"/>
Maintain a complete cohort file for each cohort	Each cohort	<input type="checkbox"/>
Monitor that affiliate contracts are current	Ongoing	<input type="checkbox"/>
Screen, onboard, and orient faculty and adjunct instructors	As needed	<input type="checkbox"/>
Maintain a personnel file on each staff member	Ongoing	<input type="checkbox"/>
Faculty to complete <i>Professional Development Tracking</i> annually	Annually	<input type="checkbox"/>
Advisory Committee meetings	Annually	<input type="checkbox"/>
Complete the CoAEMSP/CAAHEP self-study report as directed	Every 5 years	<input type="checkbox"/>

Activity	Timing	Verify Activity
Submit the program's response to site visit findings letter or a progress report or as directed	As needed	<input type="checkbox"/>
Pay the annual accreditation fee to CoAEMSP, billed each May, due July 1	July 1	<input type="checkbox"/>
As Needed: Student		
Conduct interviews for reported incidents as necessary	As needed	<input type="checkbox"/>
Complete <i>Student Progress Notes</i> as appropriate	As needed	<input type="checkbox"/>
Conduct student counseling and document appropriately as necessary on a Student Counseling form	As needed	<input type="checkbox"/>
Complete a <i>Performance Improvement Plan</i> as necessary	As needed	<input type="checkbox"/>
Complete <i>Change of Status</i> form for all drops or fails	At the time of the event	<input type="checkbox"/>
Changes or adds: Submitted to CoAEMSP within 30 days		
Program Director	As needed	<input type="checkbox"/>
Medical Directors	As needed	<input type="checkbox"/>
Lead Instructor	As needed	<input type="checkbox"/>
Dean	As needed	<input type="checkbox"/>
CEO	As needed	<input type="checkbox"/>
Location	As needed	<input type="checkbox"/>
Requests		
Submit a <i>Request for Approval of a Satellite location</i> to CoAEMSP prior to each new satellite location	As needed	<input type="checkbox"/>
State Approval for courses as required	As specified	<input type="checkbox"/>
Submit a <i>Request for Approval of a Satellite location</i> to CoAEMSP prior to each new satellite location	As needed	<input type="checkbox"/>
Submit a <i>Voluntary Closure of a Satellite Location Template Letter</i> to CoAEMSP to discontinue a satellite location	As needed	<input type="checkbox"/>
State Approval for courses as required	As specified	<input type="checkbox"/>
Submit a <i>Voluntary Closure of an Alternate Location Template Letter</i> to CoAEMSP to discontinue an alternate location	As needed	<input type="checkbox"/>
Reports		
Submit CoAEMSP Annual Report	May 15	<input type="checkbox"/>
Publish outcomes on webpage	May 15	<input type="checkbox"/>
Regulatory agency reports as required	As specified	<input type="checkbox"/>

Preceptor Orientation & Training

Orientation:

Hospital / Field Experience

- key individuals in the hospital and field experience
- documentation of key individual preceptor orientation
- evaluation of the experience and preceptors

Training:

Capstone Field Internship

- each capstone field internship preceptor
- documentation of individual preceptor training
- evaluation of each active field internship preceptor

Preceptor Orientation & Training

Clinical & Field Experience Orientation must include:

- purposes of the student rotation (minimum competencies, skills, behaviors)
- evaluation tools
- contact information for the program

Capstone Field Internship Training must include:

- purposes of the student rotation (minimum competencies, skills, behaviors)
- evaluation tools
- contact information for the program
- definition of Team Lead
- required minimum number of Team Leads
- criteria of evaluation of students
- coaching & mentorship techniques

Preceptor Orientation & Training


What are your best practices for preceptor orientation & preceptor training?

Medical Director Responsibilities

- **Document**
 - review and approve
 - educational content of the program
 - required minimum numbers for each of the required patient contacts and procedures listed in these standards
 - instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship
 - review progress of each student throughout the program, assist in determination of appropriate corrective measures
 - ensure competence of each graduate
 - engage in cooperative involvement with the program director
 - ensure the effectiveness and quality of any medical director responsibilities delegated to an associate or assistant medical director

Terminal Competency

- document competency achievement in each domain for each student
- joint responsibility of Program Director & Medical Director
- Medical Director must attest to terminal competence



Terminal Competency Form

CoAEMSP Program #: 600000

Program Sponsor Name: Enter Sponsor's Name Here

We hereby attest that the candidate listed below has successfully completed all the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for State and National Certification written and practical examination in accordance with our published policies and procedures.

Name of Graduate: Enter Graduate's Name Here

PROGRAM REQUIREMENTS successfully and fully completed on

Program Overall Score

List of Written High Stakes Examinations (including the final cumulative summative examination)

(1) <input type="checkbox"/>	%	(12) <input type="checkbox"/>	%
(2) <input type="checkbox"/>	%	(13) <input type="checkbox"/>	%
(3) <input type="checkbox"/>	%	(14) <input type="checkbox"/>	%
(4) <input type="checkbox"/>	%	(15) <input type="checkbox"/>	%
(5) <input type="checkbox"/>	%	(16) <input type="checkbox"/>	%
(6) <input type="checkbox"/>	%	(17) <input type="checkbox"/>	%
(7) <input type="checkbox"/>	%	(18) <input type="checkbox"/>	%
(8) <input type="checkbox"/>	%	(19) <input type="checkbox"/>	%
(9) <input type="checkbox"/>	%	(20) <input type="checkbox"/>	%
(10) <input type="checkbox"/>	%	(21) <input type="checkbox"/>	%
(11) <input type="checkbox"/>	%	(22) <input type="checkbox"/>	%

Completed Student Minimum Competency (SMC) Matrix Requirements (required minimums, competencies, and patient contacts)

Documented Skill Competencies

Affective Learning Domain Evaluations

Credible Education through Accreditation

coaemsp.org

Medical Director Qualifications

requirement: board-certified or equivalent

recommend (guideline only): board-certified in EMS medicine or emergency medicine

Associate & Assistant Medical Directors

Associate Medical Director

- delegated specified responsibilities by Medical Director
- authorized to practice in the state in which assigned program activities occur (modification from 2015 *Standards*)

local

Assistant Medical Director

- Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s)
- "...participating in clinical rotations, field experience, and capstone field internship"

out-of-state

Medical Director Responsibilities

What are your best practices for partnering with your medical director?

Lead Instructor

minimum of an associate's degree
coordinates the course of study

only required for satellite campuses

Clinical Coordinator

- program identifies assignment of clinical coordinator responsibilities
- responsibilities must be identified and assigned to a faculty member

not a requirement for a new position



CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

new with the
2023 CAAHEP Standards & Guidelines

Curriculum

Syllabi

- based on clearly written course syllabi, including
 - course description
 - course objectives
 - methods of evaluation
 - topic outline
 - competencies required for graduation/program completion

must have a separate syllabus for the capstone field internship

Curriculum

Sequencing

- appropriate sequence of classroom, laboratory, clinical and field activities.
- demonstrate curriculum offered meets or exceeds the National EMS Education Standards

Student Minimum Competency

set and require minimum student competencies for each of the required patients and conditions

- at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

capstone field internship must provide the student with an opportunity to serve as team leader

Student Minimum Competency



Table 1 - Ages

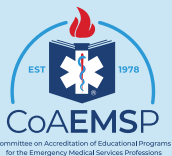
Table 2 – Conditions

Table 3 – Skills

Table 4 – Field Experience &
Capstone Field Internship

Table 5 – EMT Skills Competency
Summary Tracking

  Student Minimum Competency Table 1 Ages				
<p>Patients of different ages present with distinct anatomies, physiologies, and disease processes. Students must have exposure to patients of various ages to build both competence and confidence. There is age-specific considerations for assessment and management for age groups. The educational institution must assess student ability to provide safe and effective care for a variety of ages of patients.</p> <p>Each patient encounter or simulation should only have one (1) age designation. If a simulation involves multiple patients, the competency should be assessed for each patient.</p>				
CoAEMSP Student Minimum Competency (SMC)	Column 1 Formative Exposure in Clinical or Field Experience	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship	Total	Minimum Recommendations by Age* (*included in the total)
Pediatric patients with pathologies or complaints	15	15	30	Minimum Exposure
				2 Neonate (birth to 30 days)
				2 Infant (1 mo - 12 mos)
				2 Toddler (1 to 2 years)
				2 Preschool (3 to 5 years)
				2 School-Aged/ Preadolescent (6 to 12 years)
				2 Adolescent (13 to 18 years)
Adult	30	30	60	(19 to 65 years of age)
Geriatric	9	9	18	(older than 65 years of age)
Totals:	54	54	108	




Capstone Field Internship Team Leads must...

- allow for progression to team leader
- require minimum number of team leads
- reflect depth and breadth of Paramedic profession (BLS and ALS calls)
- occur after completion of all core didactic, laboratory, and clinical experience

student must

- function as Team Leader
- accompany transport team to higher level of care

Resource Assessment



Resource Assessment Matrix (RAM)

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Revised 2022.08

CoAEMSP Program #: 0 (the 600xxx number assigned by CoAEMSP)

Sponsor Name / Year: _____ 0 _____ **2023**

Current Accreditation Status: _____

Date RAM Completed: _____ (e.g., m/d/yyyy)

Number of Students Completing the Program: _____

Number of Student Survey Responses: _____

Number of Program Personnel Surveyed: _____

Number of Program Personnel Responded: _____

Link to access the forms available on the CoAEMSP website ==> [CoAEMSP Forms Available](#)

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey.

The Advisory Committee is involved in both assessing the resources and reviewing the results, as well as, personnel and students from satellite locations (if applicable).

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., month(s)))	(E) RESULTS and ANALYSIS (Include the overall average [%] from each Resource category. For each Resource category below 80%, complete Column F)	(F) ACTION PLAN / FOLLOW UP (What is to be done and Due Date)
1.	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administration, clinical/field internship affiliates and communities of interest to enhance the program.	1. Program Resource Survey - Program Personnel	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
			2. Program Resource Survey - Students	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
Additional Faculty Purpose(s) =>						
2.	MEDICAL DIRECTOR	Fulfill responsibilities specified in accreditation Standard III.B.2.a.	1. Program Resource Survey - Program Personnel	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
			2. Program Resource Survey - Students	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
Additional Medical Director Purpose(s) =>						
3.	SUPPORT PERSONNEL	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, advising, clinical)	1. Program Resource Survey - Program Personnel	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
			2. Program Resource Survey - Students	"Type in Date Here"	"Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here"
Additional Personnel Purpose(s) =>						



Webinar

Assessing Resources: Why is it important and how to incorporate it into your program



Webinar

Resource Assessment & Evaluation Processes

Resource Assessment

What are your best practices for surveying students, program personnel, graduates, employers, and assessing resources?

Standard III: Resources

1. Completed Resource Assessment Matrix (RAM) for the most recent three years
2. Student Minimum Competency (approved by Medical Director and endorsed by the Advisory Committee)
3. Syllabi for each Paramedic core professional course (does not include general education courses or courses that are prerequisite to the Paramedic core)
4. Personnel verification document from CoAEMSP
5. Job descriptions for: Program Director, Lead Instructor, Medical Director (include Associate and Assistant if applicable), any other faculty
6. CoAEMSP Program Director Responsibilities form
7. Medical Director CV/resume
8. CoAEMSP Medical Director Responsibilities form
9. CV/resume for each full-time faculty member
10. Clinical affiliate agreement for each affiliate
11. Clinical and field experience Preceptor orientation materials
12. Capstone field internship Preceptor training materials

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

- Frequency and Purpose
- Documentation

B. Outcomes

- Assessment
- Reporting

Student Evaluation: Frequency and Purpose

conducted on a recurrent basis

provide students and program faculty with indications of students' progress

Summative Comprehensive Final Evaluation

must be a summative comprehensive final evaluation

summative program evaluation is a capstone event that occurs when the capstone field internship is nearing completion

must include cognitive, psychomotor, and affective domains

Commercial Testing Product

program must demonstrate, through the **program's own item analysis**, that the test items used are valid and reliable for the program

quoting the national validity and reliability information does not adequately establish that the test items are valid and reliable for curriculum of the program

CoAEMSP does not endorse, promote, or comment on any product or vendor.

Student Evaluation: Documentation

document learning progress

program required minimum competencies in all learning domains

didactic

laboratory

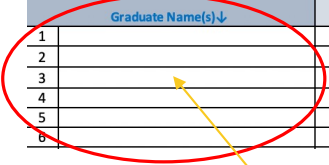
clinical and field experience/internship

capstone field internship

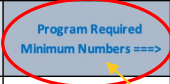
Tables and Summary Tracking Report

- The individual Tables 1-5 are implementation tools for program use
- Summary Tracking (Tab 7) is reported to CoAEMSP (only showing Tables 1 & 2 below)

Table 1				Table 2										
Ages				Pathology or Complaint (*) Simulation Permitted										
(Only Report Successful Attempts)				(Only Report Successful Attempts)										
Minimum Number Recommended ==>	Pediatrics (Newborn to 18 years)	Adult (19 to 64 years)	Geriatric (65 and older)	Minimum Number Recommended ==>	Trauma	Psychiatric/ Behavioral	Obstetric delivery w/ normal newborn care and/or complicated obstetric delivery	Distressed neonate (birth to 30 days)	Cardiac pathology or complaint	Cardiac arrest	Cardiac dysrhythmia	Medical neurologic pathology or complaint	Respiratory pathology or complaint	Other medical conditions or complaints
	15	30	9		9	6	2*	2*	6	1*	6	4	4	6
Program Required Minimum Numbers ==>				Program Required Minimum Numbers ==>										
Graduate Name(s) ↓				Program Required Minimum Numbers ==>										
1														
2														
3														
4														
5														
6														



Enter each student's name



Enter program's required minimums



Webinar
Student Minimum Competency Recommendations: Are you ready?



Do you have any students who you authorize to test with the NREMT, who have not gone through the full, regular Paramedic program (i.e., received advanced placement)?

Standard IV: Student and Graduate Evaluation/Assessment

1. Completed CoAEMSP High Stakes Analysis form
2. Documentation of one recent graduate: completed, graded summative, comprehensive, (final) evaluations
3. Signed, completed sample of Terminal Competency form
4. Summary Tracking form for most recent completed cohort

V. Fair Practices

- A. Publications and Disclosure
- B. Lawful and Non-discriminatory Practices
- C. Safeguards
- D. Student Records
- E. Substantive Change
- F. Agreements

Fair Practices

Publications and Disclosures

sponsor's institutional & program's accreditation status

admissions policies

technical standards

policies on advanced placement, transfer of credits, and credits for experiential learning

number of credits required for graduation

tuition/fees and other costs

occupational risks



"The [name of sponsor] Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:
214-703-8445
www.coaemsp.org"



Verbatim

Statement for Programs with the CoAEMSP Letter of Review



“The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
727-210-2350
www.caahep.org

To contact CoAEMSP:
214.703.8445
www.coaemsp.org”

Verbatim

Statement for Programs with the CAAHEP Accreditation

Fair Practices

Publication of Outcomes

make public the program's outcomes

- retention
- positive placement
- NREMT or State exam

Fair Practices

Outcomes Reporting

"If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the CoAEMSP that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and a timeline for implementation. The program must assess the effectiveness of the corrective steps."

revised with the
2023 CAAHEP Standards & Guidelines

Fair Practices

Safeguards

- health and safety of patients, students, faculty, and other participants
- educational
- *students must not be substituted for staff*

Fair Practices

Substantive Change

change in sponsorship

adverse decision affecting its institutional accreditation

change in location

addition of a satellite location

addition of an alternate location

addition of a distance learning program

change in CEO, Dean, Program Director, Medical Director



CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Fair Practices

Agreements

- formal affiliation agreement between program sponsor and all other entities that participate in the education of the students
- describes relationship, roles, and responsibilities of the program sponsor and that entity

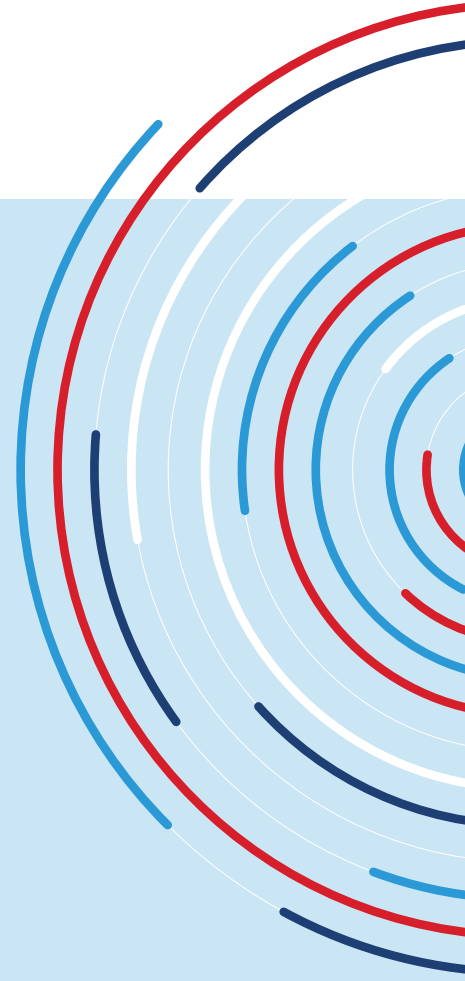
Standard V: Fair Practices

1. Program information screenshots for:
 - a. Sponsor Institutional Status
 - b. Program accreditation status statement (if applicable)
 - c. Admission policies
 - d. Technical standards
 - e. Advanced placement
 - f. Transfer of credits
 - g. Experiential learning
 - h. Credits required
 - i. Program costs
 - j. Withdrawal policy
 - k. Refund policy
 - l. Academic calendar
 - m. Student grievance
 - n. Completion certificate
 - o. Graduation criteria
 - p. Student work policy
 - q. Published outcomes
 - r. Faculty grievance
 - s. Faculty recruitment
 - t. Student admission
 - u. Faculty employment
 - v. Safeguard
 - w. Student responsibilities
 - x. Checkoff tool
 - y. Scope of responsibilities
 - z. Transcript location
2. Affiliation Agreements (fully executed)
3. Out of State approval for affiliations (if applicable)

A 3D-rendered image featuring a magnifying glass with a black frame and handle. The lens is positioned over a white, rectangular piece of paper. On the paper, the text "what have you Learned" is written in a bold, blue, sans-serif font. The word "what" is on the top line, "have you" is on the second line, and "Learned" is on the third line. The background is a vibrant blue surface scattered with numerous white, 3D question marks of varying sizes and orientations. The lighting creates soft shadows, giving the scene a sense of depth and focus on the central text.

**what
have you
Learned**

Satellite Campus & Alternate Location



Satellite

- off-campus location(s) that are made known to individuals outside the sponsor
- must offer all the professional didactic and laboratory content of the program.
- included in the CAAHEP accreditation of the sponsor
- function under the direction of the Program Director and Medical Director of the program

- regardless of location, the educational program delivered to the students must be the same

Alternate Location

- separate from the main campus
- where a portion of the program is conducted
- may include skill practice or testing, periodic lecture or other learning activity, or other student assessments

- an alternate location is not a satellite

Satellite & Alternate Locations

Resource	Satellite	Alternate Location
Facility		
Classroom	Yes	Not required
Skill lab space	Yes	Yes
Office space	Yes	No
AV equipment	Yes	Not required
Medical equipment and supplies	Yes	Yes
Office supplies	Yes	No
Internet	Yes	Not required
Records storage (temporary)	Yes	Not required
Lead Instructor assigned to location	Yes	No
Additional faculty based on the number of students	Yes	Yes
Onsite coordinator	As needed	Yes
Additional clinical and field sites	If required by distance and availability	No
Didactic delivery*	Onsite or remote delivery	Students attend main campus or remote delivery
RAM required	Yes	No

***Remote delivery of didactic content may be provided via synchronous or asynchronous methods.**

Outsourcing

Instructional services

Space

Equipment

Supplies

Written agreement required!

Educational Methods

Distance Education

variety of education methods

regardless of the methodology used,
the program is evaluated based on
the same standards

A. Distance Education

CAAHEP recognizes the following United States Department of Education (USDE) definition of distance education. (See: [Federal Register :: Distance Education and Innovation](#))

Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- 1) The internet;
- 2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- 3) Audioconferencing; or
- 4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

For purposes of this definition, an instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by the institution's accrediting agency.

For purposes of this definition, substantive interaction is engaging students in teaching, learning, and timely assessment; consistent with the content under discussion, and also includes at least two of the following:

- 1) Providing direct instruction;
- 2) Assessing or providing feedback on a student's coursework;
- 3) Providing information or responding to questions about the content of a course or competency;
- 4) Facilitating a group discussion regarding the content of a course or competency; or,
- 5) Other instructional activities approved by the institution's or program's accrediting agency.

CAAHEP Policy 209.A.: Distance Education
(see CAAHEP Policy for the policy in its entirety)

Simulation

- simulations can be integrated to help achieve competency
- simulation cannot be used for capstone field internship team leads

www.coaemsp.org > Resource Library

> Program Minimum Numbers

> CoAEMSP & NREMT Simulation Guidelines and Recommendations

CoAEMSP and NREMT Simulation Guidelines and Recommendations February 2022

Preamble

Simulation continues to evolve as an important technique that facilitates student learning. The use of simulation in EMS education is appropriate in both the learning process (formative phase) and when evaluating competency. Simulations can be used to evaluate: individual skills, management of various patient conditions and ages, and comprehensive summative assessments. The structure, length, and complexity of simulations vary. Simulations ideally begin early in the curriculum and are incorporated throughout the program as one means to help learner move toward competency. The determination of competency for graduates is not made at a single point in time, at a single event, but rather is an accumulation of a body of evidence when a student consistently performs at an acceptable level. Entry level competency is determined using simulation, clinical, and field assessments.

Programs are responsible to evaluate student progression from novice to competency and have discretion in the development of the curriculum, the sequencing of content, and the use of simulation to augment live patient encounters. This learning plan ideally includes incremental steps from simulation to clinical and field experiences.

Simulation has proven to be an effective education strategy that can replace or enhance other traditional delivery methods, such as lecture, to achieve student learning outcomes. The strength of simulation isn't that it's real. The strength of simulation is that it *isn't* real, and the facilitator controls the variables. Simulation is a technique, not a specific technology. It often involves a scenario followed by a structured debriefing process. Many of the learning objectives are reinforced during debriefing phase.

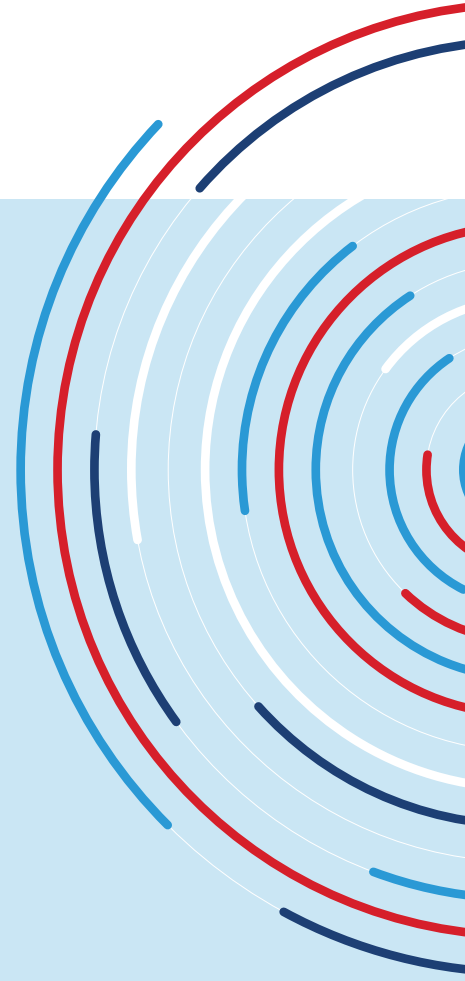
This document does not define requirements for simulation but is intended to provide guidelines that programs must consider when assessing the appropriate incorporation of simulation as a learning and evaluation tool. The decision on when and how to incorporate simulation in the curriculum should be a deliberate part of the instructional design.

These Guidelines and Recommendations are not intended to be exhaustive or address the entirety of simulation. Programs are encouraged to explore various avenues to acquire increased depth and breadth of information on the subject. Literature relevant to simulation is referenced later in this document. A short glossary of terms is included later, and a complete list of definitions can be found in the Healthcare Simulation Dictionary, Second Edition (2.1)

Simulation Definition


A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain

Self-Study Report



Individuals to tap for assistance


- Medical Director
- Faculty / Staff
- Dean
- Advisory Committee



Committee on Accreditation of Educational Programs
for the EMS Professions
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088


Self-Study Report
for Programs Seeking the
CoAEMSP Letter of Review
(LSSR)
for the 2015 CAAHEP Standards & Guidelines

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Committee on Accreditation of Educational Programs
for the EMS Professions
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088

Self-Study Report
for Paramedic Programs Seeking
Initial Accreditation
(ISSR)
for the 2023 CAAHEP Standards & Guidelines




Committee on Accreditation of Educational Programs
for the EMS Professions
8301 Lakeview Pkwy, Suite 111-312
Rowlett, TX 75088

Self-Study Report
For Paramedic Programs Seeking
Continuing Accreditation
(CSSR)
for the 2023 CAAHEP Standards & Guidelines

Tips for Completing the Self-Study Report

- answer the question
- follow tabs in order
- follow the instructions
- name the exhibits correctly



Getting Started: an Action Plan for CAAHEP Accreditation

Self-Study Report Due Date: _____

Getting Started: an Action Plan for CAAHEP Accreditation

Page 2

<input checked="" type="checkbox"/>	Activity	Month Due	Date Due	Date Completed
Phase I: Self-Assessment				
<input type="checkbox"/>	1. Review the CAAHEP <i>Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions</i> at www.coaemsp.org/Standards.htm .	-6		
<input type="checkbox"/>	2. Review the CoAEMSP Interpretations of the CAAHEP <i>Standards</i> at www.coaemsp.org/Standards.htm .	-6		
<input type="checkbox"/>	3. Review the Site Visit Report form at www.coaemsp.org/Site_Visits_Visitors.htm .	-6		
<input type="checkbox"/>	a. Answer the questions honestly and evaluate Met or Not Met.	-6		
<input type="checkbox"/>	b. Pay attention to the items in the Evidence column and ensure you can provide the identified evidence.	-6		
<input type="checkbox"/>	c. Make a list of anything unclear to you (for example, Sponsorship, Terminal Competencies).	-6		
<input type="checkbox"/>	4. Give Faculty members and the Medical Director a copy of the CAAHEP <i>Standards and Guidelines</i> and highlight their areas of responsibility.	-6		
<input type="checkbox"/>	5. Meet with the Faculty and Medical Director to discuss areas that seem unclear.	-6		
<input type="checkbox"/>	6. Discuss with Program Directors of other accredited programs how they prepared for document preparation and the site visit.	-6		
<input type="checkbox"/>	7. Make a list of your most burning questions and then prioritize them.	-6		
<input type="checkbox"/>	8. Make a list of your Program's current strengths and weaknesses/limitations (use a SWOT analysis: strengths, weaknesses, opportunities, threats).	-6		

Policies, Procedures, & Administrative Requirements

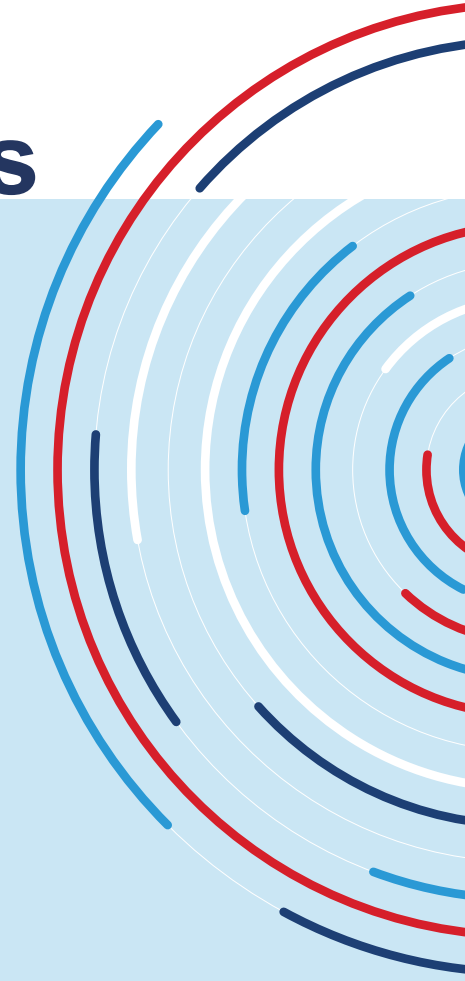
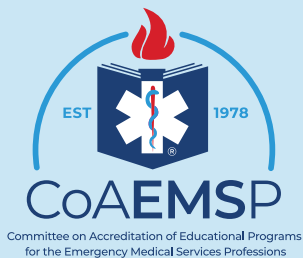
Policy Manuals (CoAEMSP + CAAHEP)

Annual Report

Resource Assessment

Substantive Change

Progress Reports



Policies and Procedures



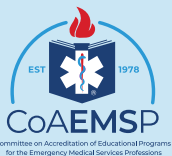
COMMISSION ON ACCREDITATION
OF ALLIED HEALTH EDUCATION PROGRAMS

Policies & Procedures

Updated through July 15, 2023

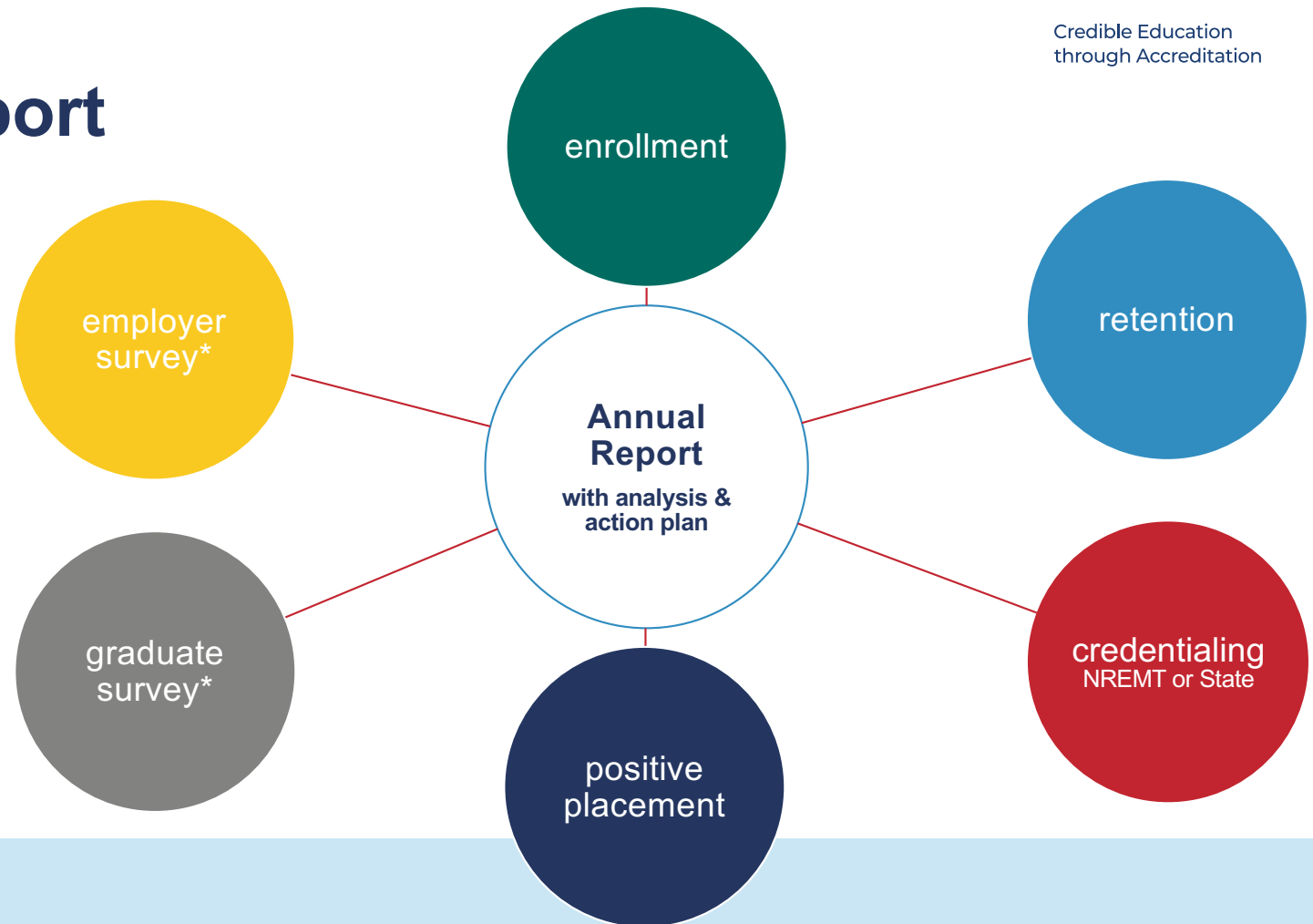
Policies & Procedures for Programs

*Approved by the CoAEMSP Board of Directors
May 3, 2024*



Annual Report

- distributed in mid-January
- due by May 15



*Administer 6-12 months after graduation

Resource Assessment

- completed each calendar year

Program Resource Survey Completed by Students

Name of Program Sponsor (School): _____

Paramedic Program Number: _____ (the 600xxx number assigned by CoAEMSP) **Date:** _____

The purpose of this survey instrument is to evaluate the Program resources of your school. The data will aid the Program in ongoing program improvement.

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you are not able to evaluate a particular area, please check N/A.

N = No

I. Program Faculty

A. Faculty effectively...

1. facilitate learning and interact with st
2. facilitate learning and interact with st
3. provide supervision/coordination in th
4. provide supervision/coordination in th

B. The number of faculty is adequate...

1. for classroom instruction.
2. for laboratory instruction.

C. Faculty effectively communicate and su

D. Faculty assist me with my academic ne

Comments: _____

Program Resource Survey Completed by Program Personnel

Name of Program Sponsor (School): _____

Paramedic Program Number: _____ (the 600xxx number assigned by CoAEMSP) **Date:** _____

The purpose of this survey instrument is to evaluate our Program resources. The data will aid the Program in ongoing planning, appropriate change, and development of action plans to address deficiencies. Unless specified, all sections should be completed by **program faculty, Medical Director(s), and Advisory Committee members.**

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you do not know about a particular area, please check N/A. If you are not able to evaluate a particular area, please check N/A.

N = No Y = Yes N/A = not able to evaluate

I. Program Faculty (completed by Medical Directors & Advisory Committee members)

A. Faculty effectively...

1. keep the Advisory Committee informed of program status and changes.
2. respond to changes in needs and expectations of communities of interest.
3. foster positive relations with hospitals and field internships agencies.
4. encourage student participation in professional activities.

Comments: _____

Resource Assessment Matrix (RAM)

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Revised 2022.08

CoAEMSP Program #: 0 (the 600xxx number assigned by CoAEMSP)

Sponsor Name / Year: _____ 0 _____ 2023

Current Accreditation Status: _____

Date RAM Completed: _____ (e.g., m/d/yyyy)

	Number of Students Completing the Program: _____ Number of Student Survey Responses: _____ Number of Program Personnel Surveyed: _____ Number of Program Personnel Responded: _____
--	--

Link to access the forms available on the CoAEMSP website ==> [CoAEMSP Forms Available](#)

At a minimum, programs are required to use the survey items contained in the Student Resource Survey and the Program Personnel Resource Survey. The Advisory Committee is involved in both assessing the resources and reviewing the results, as well as, personnel and students from satellite locations (if applicable).

#	(A) RESOURCE	(B) PURPOSE(S) (Role(s) of the resource in the program)	(C) MEASUREMENT SYSTEM (types of measurements)	(D) DATE (S) OF MEASUREMENT (the time during the year when data is collected (e.g., monthly))	(E) RESULTS AND ANALYSIS (Include the overall average [%] from each Resource category. For each Resource category below 80%, complete Column F)	(F) ACTION PLAN / FOLLOW UP (What is to be done and Due Date)
1.	FACULTY	Provide instruction, supervision, and timely assessments of student progress in meeting program requirements. Work with advisory committee, administrators, localities, training affiliates and communities of interest to enhance the program.	1. Program Resource Survey - Program Personnel 2. Program Resource Survey - Students	"Type in Date Here" "Type in Date Here"	"Type in Results and Analysis Here" "Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here" "Type in Action Plan / Follow Up Here"
Additional Faculty Purpose(s) ==>						
2.	MEDICAL DIRECTOR	Fulfll responsibilities specified in accreditation Standard 1(B.2.a)	1. Program Resource Survey - Program Personnel 2. Program Resource Survey - Students	"Type in Date Here" "Type in Date Here"	"Type in Results and Analysis Here" "Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here" "Type in Action Plan / Follow Up Here"
Additional Medical Director Purpose(s) ==>						
3.	SUPPORT PERSONNEL	Provide support personnel/services to ensure achievement of program goals and outcomes (e.g. admissions, advising, clinical)	1. Program Resource Survey - Program Personnel 2. Program Resource Survey - Students	"Type in Date Here" "Type in Date Here"	"Type in Results and Analysis Here" "Type in Results and Analysis Here"	"Type in Action Plan / Follow Up Here" "Type in Action Plan / Follow Up Here"
Additional Personnel Purpose(s) ==>						

Surveys

- Graduate
- Employer
- Student
- Program Personnel

Google Forms & Microsoft Forms

Graduate & Employer:

- > Resource Library
- > Instruments & Forms

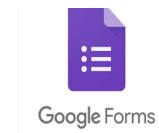
Student & Program Personnel:

- > Resource Library
- > Resource Assessment

SurveyMonkey

Have a paid SurveyMonkey account?

Email your username to
sarah@coaemsp.org



Substantive Change

- **Must notify CoAEMSP of any key personnel change within 30 calendar days of the change.**

change in sponsorship

addition/deletion of satellite campus or alternate location

change of location

change of Program Director

change of Medical Director

change of Lead Instructor of satellite campus

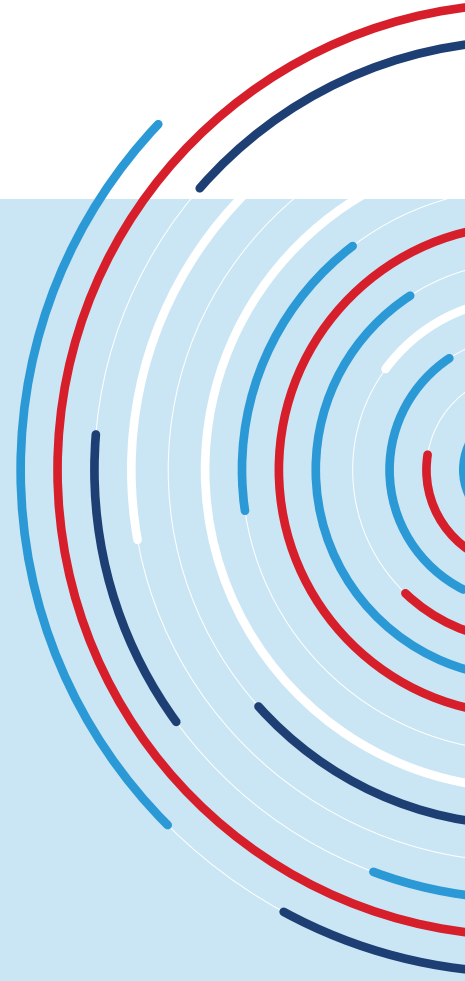
change of President/CEO

change of Dean

Progress Reports

requested in response to citations listed in the CAAHEP award letter
format and evidence specified in the letter
due dates specified

Site Visits





Steps to Coordinating the Site Visit

1. Program is approved for a site visit after the review of the Self-Study Report and the Executive Analysis is written
2. CoAEMSP coordinates a date, 4-6 months in advance, based on mutually convenient dates
 - Program receives the save-the-date email
 - add the date to your participants' calendar (medical director, dean, advisory committee, students, graduates, etc.)
3. CoAEMSP confirms the site visit 6-8 weeks in advance
 - site visitors' names & contact information shared
 - confirm the site visit schedule with the site visit team

Resources for Site Visits



JANUARY 2, 2024 CREDIBLE EDUCATION THROUGH ACCREDITATION

CoAEMSP ACCREDITATION AEMT SITE VISITS STUDENTS & PUBLIC ABOUT NEWS & EVENTS RESOURCE LIBRARY Search CoAEMSP

Site Visits

“Our site visit team was incredible, both in their professional knowledge of the ‘business’ of EMS education, but extremely helpful in suggesting best practices and making the program stronger.”

Resources for Site Visits

RESOURCES

Resources for Program Directors (PD)

NAME ^	DOWNLOAD
PDF Criteria to Determine Modality of Site Visit: On-Campus and Virtual	Download
DOC Documents for the Site Visit (starts Jan 2024)	Download
PDF Hosting the Site Visit - Best Practices	Download
DOC List of Site Visit Participants	Download
PDF List of Site Visit Participants - sample	Download
PDF Organizing Documents for the Site Visit (ends Dec 2023)	Download
DOC Response to Executive Analysis (EA) Program Update	Download
DOC Site Visit Agenda (On-Campus Site Visits)	Download
DOC Site Visit Agenda (On-Campus Site Visits) - for Consortium Sponsored Programs	Download

Credible Education through Accreditation

Site Visitors

Philosophy

transparency – no surprises

trust, but verify

confidential

consultative

supportive

encouraging

accountable



Site Visitors

Who are they?

- Paramedic educator
- Physician
- Dean

How are they qualified?

- meet the qualifications for PD or MD in the *CAAHEP Standards*
- complete the Site Visitor Workshop
- complete CE sessions
- positive QA reports

Site Visitors

Conflict of Interest

real or perceived

site visitor is employed or lives in the same state as the program being evaluated

individuals have a close (positive or negative) personal, professional, academic or business relationship

acceptance of compensation or gifts related to the visitation

Site Visit for Programs Seeking the CoAEMSP Letter of Review

1-day site visit

1 site visitor

web-based

CoAEMSP staff manages Zoom

at least 4-6 weeks after the program's Self-Study Report is accepted

Site Visit for Programs Seeking CAAHEP Accreditation

2-day site visit*

2 site visitors*

on-campus or web-based

*If program has satellite campuses or alternate locations, additional site visitors and/or days

Proposed Dates

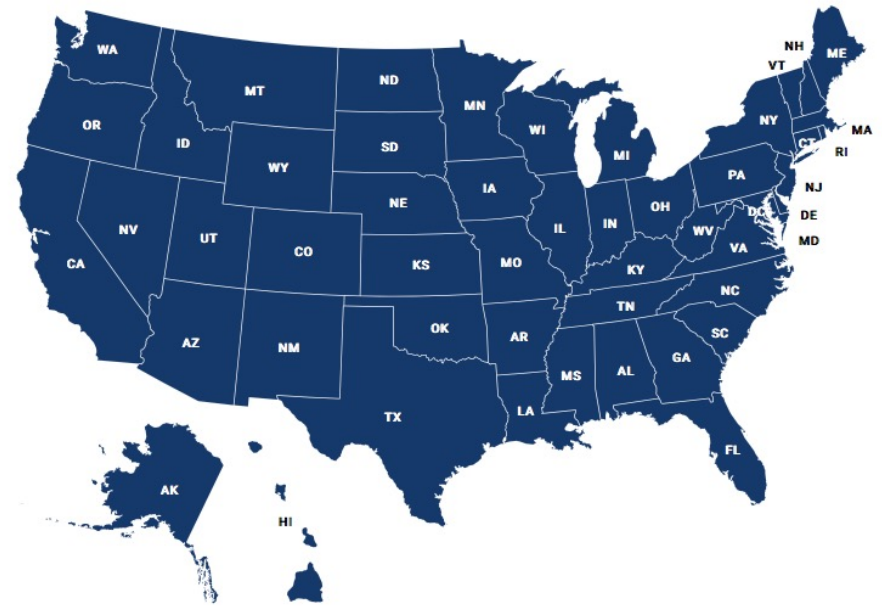
Coordinating Site Visits

- CoAEMSP staff contacts Program after Executive Analysis (EA) is complete
- request dates from program when it is available
- a list of dates is given to select from
- Program must ensure students, Medical Director, and other key people are available

Site Visit

- **Logistics** recommend hotels, nearest airport(s)
 provide transportation to/from airport, hotel, and program

Expect someone from the State
Office of EMS to observe the
site visit



Schedule



recruit/confirm
participants



secure place to
meet/work/print



working lunch

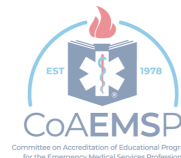


no dinner or
entertainment



exit summation in time for
outgoing flights

Site Visit Agenda



Site Visit Agenda for CAAHEP Accreditation
Enter Here the CoAEMSP Program Number & Sponsor Name

Enter Here the Site Visit Date

NOTE: The template is the recommended timeline; the final agenda times will vary based on the scheduling of conversations. **You may adjust the schedule according to what works best for the participants.**

Day Before the Site Visit					
	Arrival Time		Team Captain Pickup	Airline	Airport
	Arrival Time		Team Member Pickup	Airline	Airport

TIME	ACTIVITY	LOCATION	PRINCIPLES	WEB MEETING INFORMATION <i>if applicable</i>	PURPOSE
DAY 1					
7:30 AM – 8:00 AM	Pick up SV Team & Arrive Campus	Hotel			
8:00 AM – 8:30 AM	Meet with the Program Director		Site Visit Team Program Director		Review the schedule of on-site activities planned by the program, adjusting as necessary.
8:30 AM – 9:00 AM	Host Opening General Session		List participants here	Meeting ID: Passcode:	To provide the college administration an opportunity to formally welcome the site team. To provide the team an opportunity to explain the CAAHEP accreditation process and functions of the review committee.



Before the Site Visit

upload files at least 2 weeks before the site visit to Sharefile

Documents for the Site Visit Page 2

1. Minutes

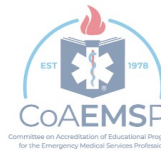
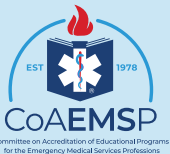
- Advisory Committee meeting minutes*
- Consortium meeting minutes*
- Faculty meetings (if applicable)

*Form available on www.coaemsp.org on the Resource Library page in the Instruments & Forms section.

Have there been any meetings since the Self-Study Report was submitted?

Yes No If "Yes", title the document(s) using the following **example**:
(01 type of minutes & revision date)

01 Advisory Committee Meeting Minutes 202X.05.01
01 Advisory Committee Meeting Minutes 202X.10.15
01 Consortium Meeting Minutes 202X.09.05
01 Faculty Meeting Minutes 202X.08.20



Documents for the Site Visit Step-By-Step Instructions

The following documents are required to be uploaded to the program folder on the CoAEMSP ShareFile site. The upload is required for programs scheduled for *both virtual and onsite visits*. The upload should be completed at least two weeks prior to the site visit date so that the site visitors have ample opportunity to prepare for the visit.

The additional documents bridge the time frame from submission of the Self-Study report to the site visit. The specified documents below are *only required when they provide updated information*, such as Advisory Committee minutes. Do not upload any documents provided with the program's self-study submission.

In preparation for the site visit, you are encouraged to download an example of the Site Visit Report at www.coaemsp.org/Site_Visits_Visitors.htm.

The Step-By-Step Instructions below must be followed carefully to correctly complete the Documents for the Site Visit form. Click on the Step-By-Step Instructions link below to correctly compile and complete the Documents for the Site Visit form.

For questions or help composing the Documents for the Site Visit form, please contact Lisa Collard (lisa@coaemsp.org or 214-703-8445 ext. 118).

CoAEMSP Program #:

Program Sponsor Name:

If the answer is 'Yes' to any of the questions below, place the documentation in the Documents for the SV sub-folder and name each of the documents as outlined in the orange boxes below. Do not upload any documents provided in the program's self-study submission. Any type of file format (i.e., Adobe Portable Document [.pdf], Word, 97-2003 [.doc], Word 2013 [.docx], PowerPoint Presentation [.ppt or .pptx], or Excel [.xlsx]) may be used.

For items with multiple documents, combine the documentation and create a single PDF file (see Step By Step Instructions for creating a single PDF file).

Review Accreditation Documents

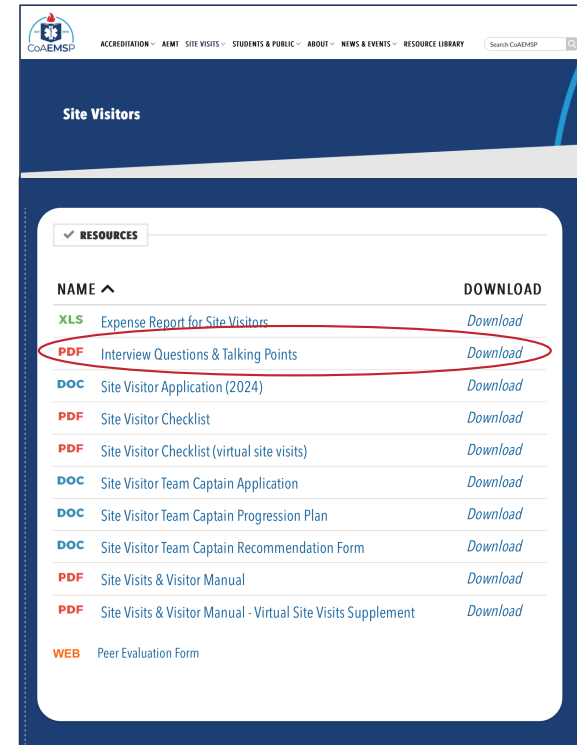
CoAEMSP Interpretations of the CAAHEP
Standards and Guidelines

Site Visit Report form

Interview Questions & Talking Points

Ask colleagues to review

- Medical Director
- faculty
- administrative personnel



The screenshot shows the CoAEMSP website's 'Site Visitors' page. It features a navigation menu at the top with links for ACCREDITATION, AEMT, SITE VISITS, STUDENTS & PUBLIC, ABOUT, NEWS & EVENTS, and RESOURCE LIBRARY. Below the navigation is a search bar. The main content area is titled 'Site Visitors' and contains a 'RESOURCES' section. This section lists various documents with their file formats and download links. The 'Interview Questions & Talking Points' document is highlighted with a red circle.

NAME ^	DOWNLOAD
XLS Expense Report for Site Visitors	Download
PDF Interview Questions & Talking Points	Download
DOC Site Visitor Application (2024)	Download
PDF Site Visitor Checklist	Download
PDF Site Visitor Checklist (virtual site visits)	Download
DOC Site Visitor Team Captain Application	Download
DOC Site Visitor Team Captain Progression Plan	Download
DOC Site Visitor Team Captain Recommendation Form	Download
PDF Site Visits & Visitor Manual	Download
PDF Site Visits & Visitor Manual - Virtual Site Visits Supplement	Download
WEB Peer Evaluation Form	

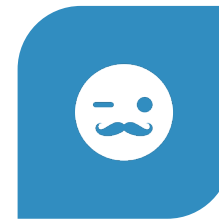
Student Preparation



1st day of class:
tell them your
goals/objectives



reinforce
requirements of
accreditation



interview:
tell them to be
honest



Student
Questionnaire

Official Site Visit Findings

findings reported during Exit Summation are
preliminary and subject to review and revision

**Official Site Visit Report & the Site Visit Findings
Letter will come from the CoAEMSP**

After the Site Visit

1

Confirmation of the Factual Accuracy

due 14 days after receipt of Findings Letter

- confirm accuracy
– or –
- identify errors and submit supporting documentation

2

Respond to the Findings Letter

date set for program
(March 1, June 1, Sept 1, Dec 1)

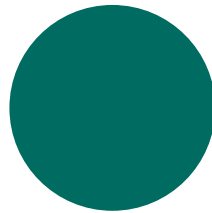
- plan completed
- plan in progress
- plan to implement



After the Site Visit

1. Program responds to the Site Visit Findings Letter
2. CoAEMSP Board reviews the Program's response in two stages
 - Review Team (Alpha, Bravo, Charles, Delta, Echo)
 - Full Board
3. CoAEMSP Board makes a recommendation for an accreditation status to CAAHEP
4. CAAHEP Board reviews recommendation in two stages and makes final determination
 - Recommendation Review Committee
 - Full Board
5. CAAHEP notifies the program of the decision

Possible Actions by CAAHEP



Withhold
Accreditation
(seeking Initial)



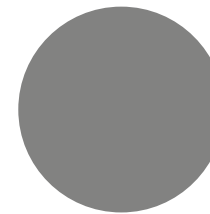
Initial Accreditation



Continuing
Accreditation



Probationary
Accreditation



Withdraw Accreditation

Quality Assurance

- CoAEMSP invites the program director and the dean to evaluate the process, the site visitors, and CoAEMSP when the program receives the Site Visit Report & Findings Letter
- CAAHEP invites the program director to evaluate the accreditation process after it acts on the program



A 3D-rendered image featuring a magnifying glass with a black frame and handle. The lens is focused on a white, rectangular piece of paper. On the paper, the text "what have you Learned" is written in a blue, sans-serif font, with "what" on the first line, "have you" on the second, and "Learned" on the third. The background is a vibrant blue surface scattered with numerous white, 3D question marks of varying sizes and orientations. The lighting creates soft shadows, giving the scene a sense of depth and focus on the central text.

**what
have you
Learned**

Credible Education
through Accreditation



Thank you