



Scripts, Talking Points, & Conversational Starters for Site Visitors

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The Site Visit Team may sound repetitive during the site visit. The same introduction of who the site visitors are and why you are there should be repeated with each group of individuals. Many questions are asked multiple times; however, each time to a different group. As a site visit team, you are looking for common themes. The goal is to be conversational in your conversations, placing individuals at ease. Do not ask all the questions; they are only suggestions to cover the accreditation standards. Do not refer to the need to ask specific questions or requirements to complete the Site Visit Report.

Session with Program Director Before to Opening Session

You are representing the CoAEMSP and are representatives of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

- Explain who that is and what they do.
- You will review information for the CoAEMSP/CAAHEP by speaking with different groups and providing feedback to the program.
- You have reviewed all the documents that the program has previously submitted.
- Evaluation of the program is based on the CAAHEP *Standards*; site visitors would like to be supportive and consultative.
- You will draft a Site Visit Report and present the Site Visit Team's findings during the Closing Summation at the end of the site visit.
- Identify the rough time frame of the process above (no promises!)
- Projected CoAEMSP Board meeting: _____
- CAAHEP meets every other month; however, we cannot guarantee which month the recommendation will appear on their agenda
- The purpose of this session is to set the stage and the tone for the site visit.

Opening General Session Script

[Note to Site Visit Team: You must read this script at the beginning of the site visit.]

Good morning. We represent the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), which operates under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the accreditor. We are here on-site to gather information through observation, interviews, and program documentation to verify, and clarify the self-study report and documentation prepared by the program. We will objectively report our findings to the CoAEMSP relative to the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. In addition, we are a consultative and facilitative team for the accreditation process. As site visitors for CoAEMSP, a Committee on Accreditation of CAAHEP, we understand that information has been made available to us about the program, institution, and faculty. We agree to respect and protect this information. All discussions and written information provided prior to, during, and after the site visit will remain confidential.

While the Family Educational Rights and Privacy Act (FERPA) generally requires written permission from the parent or eligible student 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).

To ensure the confidentiality of the site visit, the CoAEMSP prohibits the use of audio or video recording/monitoring of any portion of the on-site evaluation, including interviews with students and staff, team meetings, deliberations, or the exit summation except for the purposes of security. The CoAEMSP reserves the right to take disciplinary action against sponsoring institutions/programs whose representatives knowingly violate this policy, including cancellation of a site visit scheduled or in progress or recommendation of probationary accreditation or similar sanction.

We will share our findings with you at the end of this review visit during the Closing Session.

Talking points to cover

- Introductions of everyone and their role (not just the site visitors)
- Thanks for the hospitality
- Comment on the Self-Study Report and supporting documentation (thorough, helpful, clear, informative, interesting, etcetera), if appropriate
- You are representing the CoAEMSP and are representatives of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)
 - Who that is and what they do
- Your purpose is to obtain further information for the CoAEMSP/CAAHEP by speaking with different groups and providing feedback to the program.
- You have reviewed all the documents that the program has previously submitted.
- Evaluation of the program is against the CAAHEP *Standards*; the team wants to be helpful and consultative.
- You will draft a written Site Visit Report and present the findings during the Exit Summation session.
- This site visit is part of a CAAHEP accreditation process, which begins with submitting a Self-Study Report and supporting documentation; other steps include an Executive Analysis, Site Visit, official site visit Findings Letter, Confirmation of the Factual Accuracy (or alleging factual inaccuracy), Program's Response to the Findings Letter, review by the CoAEMSP Board members and formal recommendation to CAAHEP, and finally CAAHEP final decision.
- Possible accreditation recommendations:
 - Seeking Initial Accreditation
 - Initial Accreditation
 - Initial Accreditation with Progress Reports
 - Withhold Accreditation
(program is given an opportunity to Request Reconsideration in advance)
 - Seeking Continuing Accreditation
 - Continuing Accreditation
 - Continuing Accreditation with Progress Reports
 - Probationary Accreditation
(program is given an opportunity to Request Reconsideration in advance)

- Identify rough time frame of process above (no promises!)
 - Projected CoAEMSP Board meeting
 - CAAHEP meets every other month; however, we cannot guarantee which month the recommendation will appear on their agenda
- For the Dean or leadership, ask any clarifying questions for administrative issues noted from the review of the Self-Study Report.

Conversational Starters

Program Director

1. What percentage of your time is administrative for the Paramedic program?
What percentage of your time is instruction?
Are you responsible for the management of other EMS programs?
2. How much input do you have into the budget? If you need equipment, supplies, continuing education, do you annually create a list of needs and wants? What is the process for obtaining those?
3. What role do you play in scheduling, supervising, and evaluating faculty, including adjunct faculty?
4. Have students utilized the conflict resolution or grievance process? What was the issue and how was it resolved?
5. Describe an issue with a student in which the medical director was involved. What was the resolution?
6. If the medical director is not involved in the program, what steps have you taken to address this problem?

Medical Director

1. Describe your role as the program's medical director.
2. Describe your involvement with EMS.
3. Do you provide medical direction for EMS agencies?
4. How do you stay current with changes in EMS?
 - a. Locally? Regionally? At the state level? At the national level?
5. How often do you communicate with the program director (in person, by phone, by email, etc.)?
 - a. What type of issues do you discuss (curriculum, student issues, etc.)?
6. Describe your involvement with the Paramedic program.
 - a. How did you become involved with the program?
 - b. Do you have a contract, or are you employed by the program?
 - c. What are your duties?
 - d. Are you involved in the student selection process?

- e. Do you review and approve the:
 - i. curriculum?
 - ii. formative evaluations?
 - iii. summative evaluations?
 - f. How do you document the review and approval process?
 - g. Do you teach in the program?
 - i. didactic, case studies, Q&A?
 - ii. practical labs?
 - iii. clinical setting?
 - h. Do you participate in the summative evaluation?
 - i. How do you assess student progress?
 - j. How do you assure student competency for graduation?
 - k. Are you involved with student disciplinary or counseling activities?
7. Do you participate on the Advisory Committee?
 8. If there is an associate medical director, how do you share the duties, and who has the final say on any issue or concern?
 9. What changes would you like to see within the program?
 10. What is needed by the program to be more effective in the educational process?
 11. What should we know that we have not asked?
 12. What questions do you have for us?

Faculty - General

Program directors are generally included in this session, although faculty and program directors are not included in other interviews.

1. How are texts selected for the program?
2. Do you attend the Advisory Committee meetings?
3. How do you conduct student recruitment?
4. What are the requirements for admission?
5. Tell us about the application process, selection, class size, attrition, and success of students.
6. How are students selected for the program?
7. Is there an interview with applicants? Who conducts those interviews?
8. Who does the majority of administrative work to support the program (admissions, financial aid, student support, etc.)
 - a. Is anything not getting done when it comes to administrative work?
 - b. Who works with applicants to ensure they have the appropriate application components?
9. How often are student policies reviewed and updated?

Faculty - Didactic and Lab

1. What are your responsibilities with the program?
2. Who instructs the didactic and lab portions of the Paramedic program?
3. What are the requirements to be an instructor.
4. How do you determine the shared responsibilities?
5. How do instructors know what to cover in the classroom and lab?
6. What is your curriculum based on?
7. Who develops your course schedule?
8. How do you stay current with clinical issues, trends, and technologies?
9. How are the lesson plans developed and ensured to stay current?
10. Tell me about the classroom format, the lecture, discussion, activities, scenarios?
11. If you are not able to instruct, what is the plan for others to step in?
12. What (in)formal training or education have you had in adult education?
13. What (in)formal training or education have you had in writing test items and evaluating validity and reliability?
 - a. How do you develop your major exams?
 - b. Who is involved in the exam development?
 - c. What processes do you use to assure validity and reliability of your tests?
 - d. Do you conduct an item analysis (difficulty level and discrimination index or RPBI)?
 - e. What do you do with the results of the item analysis?
14. Do you have what you need for equipment, supplies, and other resources?
15. Is there equipment used locally that the program does not have?
16. How functional are the classrooms and laboratories as learning environments?
17. Are adequate supplies and equipment available for laboratory sessions?
18. Where do students access computer resources?
19. Are you given sufficient CE opportunities to remain current with changes in medicine and education?
20. Who makes the final determination that a student has successfully completed the program?
21. Who evaluates you? Are you evaluated by supervisors, peers, or students?
22. Do you ever use guest lecturers? Do they get evaluated?
23. How often are physicians used to present lectures or labs?
24. Describe the medical director's interaction with students.
25. When new procedures or equipment need to be taught, tell us about the process to obtain the required resources.
26. How are psychomotor performances tracked in the lab/skill setting and correlated with clinical/field?
27. What is the student success rate on the National Registry or State examinations (first time and overall)?
28. Describe the summative (comprehensive) assessments for final evaluation of the students (cognitive, psychomotor, and affective). When do these occur?
 - a. What if students are unsuccessful? What are the remediation or retest policies?

29. If you have a grievance about faculty matters, what do you do?
30. If a student is injured in class, lab, or clinical, what is the process?

Clinical Coordinator

1. Describe your responsibilities for clinical coordination.
 - a. Scheduling
 - b. Documentation and tracking review
 - c. Visits to clinical and field sites with students
 - d. Counseling for performance issues
2. Are clinical sites adequate to provide the necessary learning for the students with the volume of patients and variety?
3. Are capstone field internship sites adequate to provide the necessary learning for the students with the volume of patients and variety?
4. Who supervises the students at the clinical sites, field internship, and capstone field internship locations?
 - a. Who does the orientation for clinical and field experience preceptors?
 - b. Who does the training for capstone field internship preceptors?
 - c. How do you document preceptor orientation and training?
5. Describe your program clinical rotations.
 - a. Which sites do the students go to?
 - b. When do students start clinical and field experience rotations in relation to the program schedule and sequencing?
 - c. How long is a typical clinical shift?
 - d. How long is a typical field experience rotation?
6. Where do students get experience with specialty patients (pediatrics, OB, psych, geriatric)?
7. Describe your capstone field internship preceptor assignments, such as how they are selected, trained, and assigned?
8. What are the policies for students in scheduled clinical rotations?
 - a. Can they count clinical contacts while on duty in their EMS agency role?
9. How do the students schedule clinical rotations, field experience, and capstone field internship?
10. Describe the tracking mechanism for the required patient contacts and procedures in the clinical and field experiences?
11. If students use a commercial tracking product, how does the program staff audit the records? What percentage of data is audited?
12. How is the affective domain evaluated during the clinical and field rotations?
13. If a clinical or field internship preceptor has concerns about the student's abilities or other issues, what is the process for them to address the concerns?
14. Are there minimum criteria required to be a preceptor?

15. How does the program ensure that the students are meeting the required clinical/field student minimum competency requirements?
16. Does the program provide formal feedback to the preceptors obtained from the students? Describe the process.
17. How are preceptors assigned (i.e., the same preceptor for all of the students shifts or the student is assigned to the preceptor that happens to be on duty that day)? Is it possible that a student is assigned to their brother/sister-in-law, or a friend?
18. How do you assure consistent evaluation in the capstone field internship?
19. How does the program provide oversight of the students at the out-of-state clinical/field sites? Who is the medical director for these sites?

Students

Provide a brief introduction to the accreditation process, the value of accreditation, and how it relates to Paramedic education.

1. What is required for you to graduate?
2. Describe a typical class day.
3. Describe your quizzes and exams; are you adequately prepared for them? Do they make you think?
4. Do you have guest lectures? Who? What do you do if you find a guest lecture confusing?
5. Are you provided the required student minimum competencies?
6. Tell us about a time you all had a problem in class and how it was handled by program faculty.
7. What if that problem involves your instructor or program director?
8. Who is your medical director and how often do you see them?
9. Does your medical director participate in any classes or labs? Do you see them in a clinical rotation?
10. What is the instructor-to-student ratio in labs? Are your labs adequately preparing you? Tell us more.
11. Are supplies adequate for lab? Do you have pediatric equipment and supplies?
12. The information the lab instructors share, is it in alignment with your didactic instructors? Do you receive the same information? Does the information ever conflict? If the information conflicts, how do you clarify?
13. Who monitors you in the clinical portion of the program?
14. Do your preceptors communicate with your instructor or program director?
15. How do preceptors know what skills you are able to perform?
16. How do you document and track your clinical experiences, patient contacts?
17. What you do if you have a needle stick or exposure in the clinical or field setting?
18. What is the process for moving into the team leader role, and how do you know if you are meeting program objectives during your internship?
19. How many successful team leads must you perform?

20. What do you do if you have a problem or issue with your preceptor or clinical instructor? Can you tell us about a time there was a problem and how it was handled?
21. How do you know your status or grades in the program? Do you understand what you need to do to be successful?
22. Have you had an affective or professional behavior evaluation? What did it include?
23. Were there any surprises from the program in terms of requirements or expenses? What were they?
24. What is the best part of this program and why did you choose to come here?
25. Would you recommend this program to family and friends?
26. What suggestions would you make to improve the program? Have you shared those suggestions with your instructors or program director?
27. Is there anything the program needs to help ensure your ongoing success?
28. What questions do you have for us?

Graduates

*Interview **recent** graduates, and those who are not employed by the program. If the program has changed significantly from when the individual graduated, then some of these questions will not be important.*

1. When did you graduate?
2. Describe what you were told entering the program regarding attendance, grades, clinical, cost, and graduation requirements. Was the information accurate? Any surprises?
3. Describe a typical class session.
4. Who were you responsible to in the clinical area? In the field? (i.e., your preceptor?)
5. If you had a problem in class, a clinical area, field internship, or capstone field internship, who do you go to?
6. Who was the medical director for the program?
7. When did you see the medical director?
8. How did you track your experiences in the clinical and field internship areas?
9. Describe the practical labs. How many students were assigned to one instructor?
10. How often did you take tests?
11. Did you have guest lecturers?
12. If you had a guest lecturer and the material was unclear, what did you do?
13. Did you evaluate instructors, guest lecturers, and the program? How often?
14. What do you perceive was the greatest strength of this program?
15. What is the greatest limitation of this program?
16. If you were choosing again, would you choose this program?
Would you recommend this program to your favorite person?
17. Was the number of faculty adequate for the number of students enrolled in the program?
18. Was there adequate and appropriate laboratory space?

19. Were instructional materials and supplies adequate?
20. Did you have enough equipment in the lab including pediatric equipment?
21. Did the clinical resources provide you with sufficient learning opportunities to ensure achievement of the student minimum competencies?
22. Did students have access to all services ordinarily provided to other students enrolled at the institution?
23. Did the program have clearly written course syllabi?
24. Were you clear about course requirements?
25. Were you evaluated frequently and fairly?
26. Did you know your progress toward achieving the requirements to graduate?
27. Did the program prepare you for the National Registry or State credentialing examination?
28. How accessible were the faculty? If you were having difficulty with material, were you able to get help from an instructor?
29. Did you feel competent when you were in the clinical setting?
30. If you could change one thing with the curriculum, what would you change?
31. What had the greatest impact on your learning and success as a student in the program?
32. What content areas need more emphasizing?
33. What areas would you have liked to have had more instruction?
34. Did you feel prepared to enter the EMS workforce?
35. Did the faculty provide feedback to the class following course evaluations?

Advisory Committee

1. Who are the members of the Advisory Committee, and which community of interest does each represent? Who are the employers?
2. How often does the Advisory Committee meet?
3. Who is the Chair of the Advisory Committee?
4. Do you take and record meeting minutes?
5. How often does the Advisory Committee review the program's minimum expectation and student minimum competencies?
6. Are your recommendations listened to and accepted? If not, give an example and why they were not accepted?
7. Do you review the statistics of the program, i.e., attrition rates, first-time pass rates, job placement, and graduate and employer surveys?
8. Do you complete a survey annually, assessing the program's resources?
9. Do the program's goals serve the needs of the local communities of interest?
10. What are the program's strengths?
What are the program's limitations?
11. If you could change one thing about the program, what would it be?

Employers

1. Do you hire graduates of this program?
 - a. What attributes do graduates of this program possess that help in your hiring decision process?
 - b. What additional knowledge, skills, or behaviors does your organization need to provide a new hire from this program?
2. Does your agency precept students from the program during the capstone field internship?
3. What are the 3 greatest strengths of the program?
4. What are the 3 most significant weaknesses of the program?
5. Do you recommend this program to your employees?
6. What topics should this program add to their curriculum?
7. What topics could be eliminated, if any?
8. If you were the program director, what single change would you make?
9. What did we not ask about that you think we should know?

Clinical Preceptors

The individuals should actually work with the students, not just the supervisor or department educator. A supervisor can be interviewed and explain information but does not take the place of the preceptor.

1. Do the students from this program report in uniform and name badge that identify them as students?
2. How do you confirm which clinical procedures students can perform?
3. What is the average daily volume for your clinical area (or month or year)?
4. Are Paramedic students assigned to a single staff for the shift or do they roam based on cases and activity?
5. How are you oriented to the Paramedic student skill levels, clinical preparation/expectations/objectives?
6. What do you allow Paramedic students to perform (e.g., IVs, meds, suction, bagging, assessments, intubation)?
7. Describe how you approach a student who is assigned to you.
8. Do you have contact with a program representative when the students are in clinical rotations (e.g., instructor, clinical coordinator)? How often?
9. What do you do if you have a problem with a student (ex., skills, attitude, knowledge)? Who do you report it to?
10. What do you do if you have an urgent problem with a student (possible impairment, rude to a patient, etc.)?
11. Do you complete an evaluation of the student for the shift?
12. What are the students from this program particularly good at (strengths of the program)?

13. What needs improvement?
14. Do you receive any feedback from the program as a preceptor?
15. What do you do if a student has a significant infectious disease exposure?

Capstone Field Internship Preceptors

These individuals should be Paramedic preceptors who work directly with the interns, not just supervisors. A supervisor can be interviewed and explain information but should not take the place of the preceptor.

1. Do the students from this program report in uniform and name badge that identify them as students?
2. How do you confirm which clinical procedures students have been approved to perform?
3. What/who determines when a student has successfully completed their capstone field internship (e.g., hours, competencies, team leads)?
4. How are you assigned as a preceptor for Paramedic students from this program?
5. How often do you precept Paramedic students?
6. What is your average patient call volume per shift?
7. Do you have a Paramedic student from this program for multiple shifts? If so, how many shifts during the capstone field internship?
8. Describe the training you receive from this program on the expectations of a preceptor and the student evaluation process.
9. Describe how you approach a student who is assigned to you (i.e., orientation, skills, drills, and evaluations).
10. How do you know if a team lead was successful?
How does the program define team lead?
11. Do you complete an evaluation of the student daily and at major points during the field internship?
12. Describe your approach to coaching the student during calls.
13. Do you have contact with the program when the students are in field rotations (e.g., instructor, clinical coordinator)? How often?
14. Do you feel that the program seeks and accepts your feedback and evaluation of the student?
15. Do you receive evaluation from the student?
16. What are the students from this program particularly good at (strengths of the program)?
17. What needs improvement?

Closing Session Script

[Note to Site Visit Team: You must read this script following your thank you for the hospitality and consideration shown to the site visit team]

Site visitors do not make an accreditation recommendation, nor do they imply what CoAEMSP's recommendation might be. The program will be required to respond to the accuracy of the findings of the site visit later. The CoAEMSP Board may add, delete, modify, or request clarification to the site visit summation in its Findings letter, which is sent to the program following this site visit. CoAEMSP bases its recommendation to CAAHEP on the accreditation record of the program compiled during this review, which includes the Self-Study Report, the Site Visit Report, the Findings Letter, and the program's response to the Findings Letter. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) determines the final status of public recognition. These are our site visitor's impressions of the strengths and potential Standards violations of the program.

Based on the information gathered during this on-site review, we have identified the following program strengths:

[Read the Strengths listed.]

Based on the information gathered during this on-site review, we have identified the following deficiencies:

[State the Standard and the Rationale for each of the potential areas of non-compliances listed.]

We have noted the following Suggestions for Recommendations:

[Read the Recommendations listed.]

Talking points to cover

- Thank the program for hospitality, openness to the thorough evaluation and to your suggestions, if appropriate. Usually, it is!
- Tell them where we are: giving the unofficial report. Explain the unofficial Site Visit Report will be sent to the CoAEMSP office within one week.
- The program should receive the official Findings Letter and Site Visit Report within 60 days. Then, it will have 14 days to agree to the factual accuracy or to allege factual inaccuracies with supporting documentation.
- Review the important dates included in the email from CoAEMSP.
- Read the disclosure statement on the Site Visit Report

- Give the unofficial feedback—both strengths (and elaborate, this is the time for the program personnel to be complimented, if appropriate) and potential citations. If there are specific statements that are complimentary from students or others, pass that on.
- If there are numerous citations, you can mention that some of them may be fairly simple to correct while others may take further discussion and planning.
- Present the other recommendations briefly and explain, if needed.