



Credible education
through accreditation

Site Visitor | Talking Points & Interview Questions

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During the site visit, the site visit team will sound repetitive to themselves. The same introduction of who the team members 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 of individuals. As a site visit team, you are looking for common themes. The goal is to be conversational in your interviews and put individuals at ease. You do not need to ask all the questions; they are only suggestions to cover the various topics. Do not refer to a need to ask specific questions or requirements to complete the report.

Session with Program Director prior 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 to provide 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; site visitors would like to be a helpful consult.
- You will draft a Site Visit Report and will present the site visit team's findings during the Exit Summation on the second day of the site visit.
- 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
- Purpose of this session is to set the stage and the tone for the site visit.

Opening General Session

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

Opening Conference Script

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 to provide 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 review of the SSR.

Interview Questions

Program Director

In addition to the questions that appear under Faculty.

1. What percentage of your time is: administrative for the Paramedic program, paramedic instruction, management of other EMS programs, and other duties?
2. How much input do you have in 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, supervision, and evaluation of 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 program 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, phone, email, etc.)?
 - a. What type of issues do you discuss (curriculum student issues, etcetera)?
6. Describe your involvement with the Paramedic Program.
 - a. How did you become involved with the program?
 - b. Do you have a contract or employment with 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 that review and approval process?
 - g. Do you spend any time teaching within 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 and/or counseling activity?
7. Do you participate in 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. Is there anything else you would like to tell us about the program?
12. What questions do you have for us?

Faculty – General

Program directors are generally included in this session although faculty and program director 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 requirements for admission?
5. What is 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? By whom?
8. Who does the majority of clerical work for the program (admissions, financial aid, student support, and filing?)
 - a. Is anything lacking / not getting done when it comes to clerical work?
 - b. Who works with candidates to make sure they have the appropriate application requirements?
9. How often are student policies reviewed and updated?

Faculty – Didactic and Lab

1. What are your responsibilities in the program?
2. Who instructs the didactic and lab portions of the paramedic program?
3. Are there any requirements to be an instructor?
4. How are shared responsibilities determined?
5. How do instructors know what to cover in classroom and lab?
6. What is your curriculum based on?
7. Who develops your course schedule?
8. How do you keep up to date with current clinical issues, trends and technologies?
9. Where do your lesson plans originate / how are they developed and kept current?
10. What is the classroom format: 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 / education have you had in adult education?
13. What (in)formal training / education have you had in evaluation development (test item writing) and evaluation 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 do an item analysis (difficulty level and discrimination index or RPBI?)
 - e. What do you do with the item analysis?
14. Do you have what you need: equipment / supplies / resources?
15. Any technology/equipment used locally that you don't 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 educational processes?
20. Who makes the final determination that a student has successfully completed the course?

21. Who evaluates you? Do you get evaluations by supervisors, peers, 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 interaction with students.
25. When new procedures / equipment need to be taught, how easy/difficult is it to get there 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 exams (first time/ overall) for both written and practical?
28. Describe the summative (comprehensive) assessments for final evaluation of the students (cognitive, psychomotor and affective) and when do they occur?
 - a. What if students are unsuccessful? Any remediation / retest processes?
29. If you have a grievance about faculty matters, what do you do?
30. If a student is injured in class / lab / 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: volume and variety?
3. Are internship sites adequate to provide the necessary learning for the students: volume and variety?
4. Who supervises the students in clinical and field locations?
 - a. Who does the orientation for clinical and field experience rotations?
 - b. Who does the training for capstone field internship?
 - c. How do you document preceptor training?
5. Describe your program clinical rotations.
 - a. Where do the students go (which sites)?
 - b. When do they start clinical and field experience rotations in relation to the program schedule/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 field internship preceptor assignments: how are they chosen, 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 and what percentage of data is audited?
12. How is the affective domain evaluated during the clinical and field rotations?

13. What is the process for a clinical/field preceptor if they have concerns about the student's abilities or other issues?
14. How does the Program ensure that the students are meeting the required clinical/field student minimum competency requirements?
15. Does the Program provide formal feedback to the preceptors obtained from the students? If so, how?
16. Are there minimum criteria required to be a Preceptor?
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)? Could it happen that a student is assigned to his brother-in-law, or a buddy?
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 and importance of accreditation and how it relates to Paramedic education Are you aware what is required to graduate?

1. Describe a typical class day.
2. Describe your quizzes and exams; are you adequately prepared for them. Do they make you think?
3. Do you have guest lectures? Who? What do you do if you find a guest lecture confusing?
4. Are you provided the required student minimum competencies?
5. Tell us about a time you all had a problem in class and how it was handled by program faculty.
6. What if that problem involves your instructor or program director?
7. Who is your Medical Director and how often do you see them?
8. Does your Medical Director participate in any classes or labs? Do you see them in a clinical rotation?
9. What is the instructor to student ratio in labs? Are your labs adequately preparing you? If not, why?
10. Are supplies adequate for lab? Do you have pediatric equipment and supplies?
11. Are your lab instructors on the same page with your didactic instructors? Do you receive the same information or does it conflict? If that should happen, how do you clarify?
12. Who monitors you in the clinical portion of your course?
13. Do your preceptors communicate with your instructor/program director?
14. How do preceptors know what skills you are able to perform?
15. How do you document and track your clinical experiences / patient contacts?
16. What you do if you have a needle stick or exposure in the clinical or field setting?
17. 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?
18. How many successful team leads must you perform?
19. 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?
20. How do you know your status/grades in the program? Do you understand what you need to do be successful?
21. Have you had an affective or professional behavior evaluation? What did it include?
22. Were there any surprises from the program in terms of requirements or expenses? What were they?

23. What is the best part of this program and why did you choose to come here?
24. Would you recommend this program to family and friends?
25. What suggestions would you make to improve the program? Have you made those to your instructors/program director?
26. Is there anything the program needs to help ensure your ongoing success?
27. Do you have any questions for us? (Accreditation, EMS etcetera)

Graduates

You should be interviewing RECENT graduates and not program employees that are graduates. 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 coming into the program regarding attendance, grades, clinical, and cost. Was it 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. Who did you go to if you had a problem in class, a clinical area, or field internship?
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 have 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 were the program strengths as you perceived them? Limitations?
15. If you were choosing again, would you go to this program?
16. Was the number of faculty adequate for the number of students enrolled in the program?
17. Was there adequate and appropriate laboratory space?
18. Were instructional materials and supplies adequate?
19. Did you have enough equipment in the lab including pediatric equipment?
20. Did the clinical resources provide you with sufficient learning opportunities to ensure achievement of the student minimum competencies?
21. Did students have access to all services ordinarily provided to other students enrolled at the institution?
22. Did the program have clearly written course syllabi?
23. Were you clear about course requirements?
24. Were you evaluated frequently and fairly?
25. Did you know about your progress toward course requirements?
26. Did the program prepare you for the national and/or state credentialing examination?
27. How accessible were the faculty? If you were having difficulty with material, were you able to get help from an instructor?
28. Did you feel competent when you were in the clinical setting?
29. What do you perceive was the greatest strength of this program?
30. What is the greatest limitation of this program?
31. If you could change the curriculum, what would you add or change?
32. What had the greatest impact on your learning and success as a student in the program?

33. What content areas in the course do you feel need to be emphasized more?
34. What areas would you have liked to have had more instruction?
35. Did you feel prepared to enter the EMS workforce?
36. Did the faculty provide feedback to the class following course evaluations?

Advisory Committee

1. Identify representatives of Advisory Committee and employers
2. How often does the Advisory Committee meet?
3. Who is the Chair of the group?
4. Do you get meeting minutes?
5. How often does the advisory committee review the program goals?
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/or graduate and employer surveys?
8. Do you complete a resource assessment annually?
9. Do the program's goals serve the needs of the local communities of interest?
10. What are the programs strengths/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 this program during the 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/Hospital Preceptors (remote interviews)

The individual(s) should actually work with the students, not just the supervisor or department educator. 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 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, etcetera)?
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 problems with a student (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, etcetera)?
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 (remote interviews)

These individuals should be a Paramedic preceptor who works with the interns, not just a supervisor. 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 and 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: orientation, skills, drills, and evaluations.
10. How do you know if a team lead was successful? How is this defined by the program?
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/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 General Session

[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]

Closing Conference Script

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 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. The program will then 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.

