Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP)

**[Enter Program Number & Sponsor Name, 600xxx Sponsor Name]**

**SITE VISIT AGENDA**

**(Consortium sponsored)**

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| **Date, 202x** |
|  | Arrival Time |  | Team Captain Pickup | Airline | Airport |
|  | Arrival Time |  | Team Member Pickup | Airline | Airport |

| **TIME** | **ACTIVITY** | **LOCATION** | **PRINCIPLES** | **WEB MEETING INFORMATION*****if applicable*** | **PURPOSE** |
| --- | --- | --- | --- | --- | --- |
| **DAY 1— Date, 202x** |
| 7:30 AM –8:00 AM | Pick up SV Team &Arrive Campus | HOTEL |  |  |  |
| 8:00 AM – 8:30 AM | **Meet withProgram Director** |  | Site Visit TeamProgram 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. |
| 9:00 AM – 9:30 AM | **Meet with Consortium Governing Board** |  | List participants here | Meeting ID:Passcode: | Have a conversation with the Consortium Governing Board to assess its role with overseeing the Paramedic program. |
| 9:30 AM – 10:00 AM | **Meet with Medical Director** |  | Site Visit TeamMedical Director | Meeting ID: Passcode: | Interview the Medical Director to assess medical accountability in all phases of training |
| 10:00 AM – 10:30 AM | **Tour Facilities** |  |  |  | Lab and Simulation Inspection |
| 10:30 AM – 10:45 AM | Break |
| 10:45 AM – 11:45 AM | **Meet with Faculty** |  | List participants here | Meeting ID:Passcode: | To obtain information on course content, instructional methods and objectives, testing mechanisms, etc. Provides an opportunity for an exchange of ideas allowing the team to assess faculty involvement in the program and the supervision provided, including clinical. |
| 11:45 AM -1:00 PM | Working Lunch |  | Site Visit Team |  |  |
| 1:00 PM – 1:45 PM | **Meet with Advisory Committee & Employers** |  | Advisory Committee Members | Meeting ID:Passcode: | To provide the site team the ability to interact with major contributors to the program including area employers and EMS officers who can comment on the programs graduates and the general quality of the program’s clinical education and training. |
| 1:45 PM – 2:15 PM | **Meet with Graduates** |  | Select Graduates: TBA | Meeting ID: Passcode: | To obtain graduates reactions and perceptions of the program, their knowledge and skill as practicing paramedics and their views of relationships within the clinical and field settings. |
| 2:15 PM – 2:30 PM | Break |
| 2:30 PM – 3:15 PM | **Meet with Clinical Preceptors** |  | List participants here | Meeting ID: Passcode: | To assess the general quality of the clinical teaching environment, its personnel, resources, teaching and evaluation process through observation and discussion with clinical faculty. |
| 3:15 PM – 4:00 PM | **Meet with Students** |  | Current Students | Meeting ID: Passcode: | To obtain student reactions and perceptions of the program, their knowledge and skill as developing paramedics and their views of relationships within the clinical and field settings. |
| 4:00 PM – 4:15 PM | Break |
| 4:15 PM – 5:30 PM | **Review Program & Student Records** |  | Site Visit TeamProgram Director |  | To review how the program maintains academic records of students, how the clinical practice instruction and FI instruction are evaluated and related matters. |
| 5:30 PM – 6:00 PM | **Meet withProgram Director** |  | Site Visit TeamProgram Director |  | Summary of Day one findings, to do lists and prep for tomorrow |
| **DAY 2— Date, 202x** |
| 7:30 AM –8:00 AM | Pick up SV Team &Arrive Campus | HOTEL |  |  |  |
| 8:00 AM – 8:30 AM | **Meet with Program Director** |  | Site Visit TeamProgram Director |  | Resolution of Day one findings and review of Day 2 schedule and any changes. Clarify remaining major concerns. If problems areas have been noted, the interview provides the Program Director an opportunity to clarify issues that are questionable to the Site Visit Team. |
| 8:30 AM – 9:15 AM | **Meet withField Preceptors** |  | List participants here | Meeting ID: Passcode: | To assess the general quality of the clinical teaching environment, its personnel, resources, teaching and evaluation process through observation and discussion with clinical faculty. |
| 9:15 AM – 10:15 AM | **Complete Site Visit Report** |  | Site Visit Team |  | This report is completed jointly by team members immediately before conclusion of the Site Visit. |
| 10:15 AM – 10:45 AM | **Meet withProgram Director** |  | Site Visit TeamProgram Director |  | Discuss SV Report and Findings |
| 10:45 AM – 11:15 AM | **Exit Summation** |  | List participants here | Meeting ID: Passcode: | The Site Visit Team does not make final conclusions concerning the program’s compliance with the *Standards*, only the CoAEMSP Board can do this*.* Program representatives may respond to this report, allowing for clarification and correction in the report to ensure that it is reflective of the current state of the program and its compliance with the *Standards*.Anticipated Response to the Site Visit Findings Letter will be due:Anticipated CoAEMSP Meeting Date:Anticipated CAAHEP Meeting Date: |
|  | Departures |  |  |  |  |

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. Items in Red Customized to Site Visit.**