

Continuous Quality Review Strategies to Improve the Educational Program

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Continuous Quality Review



Resource



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



Program Review and Analysis *including tools to use*

Evaluation includes a variety of tools, administered at specific points throughout the Program. Guidelines for administration, analysis, and implementation are identified. See <http://coaemsp.org/Evaluations.htm> for the tools to assist programs with conducting the evaluations.

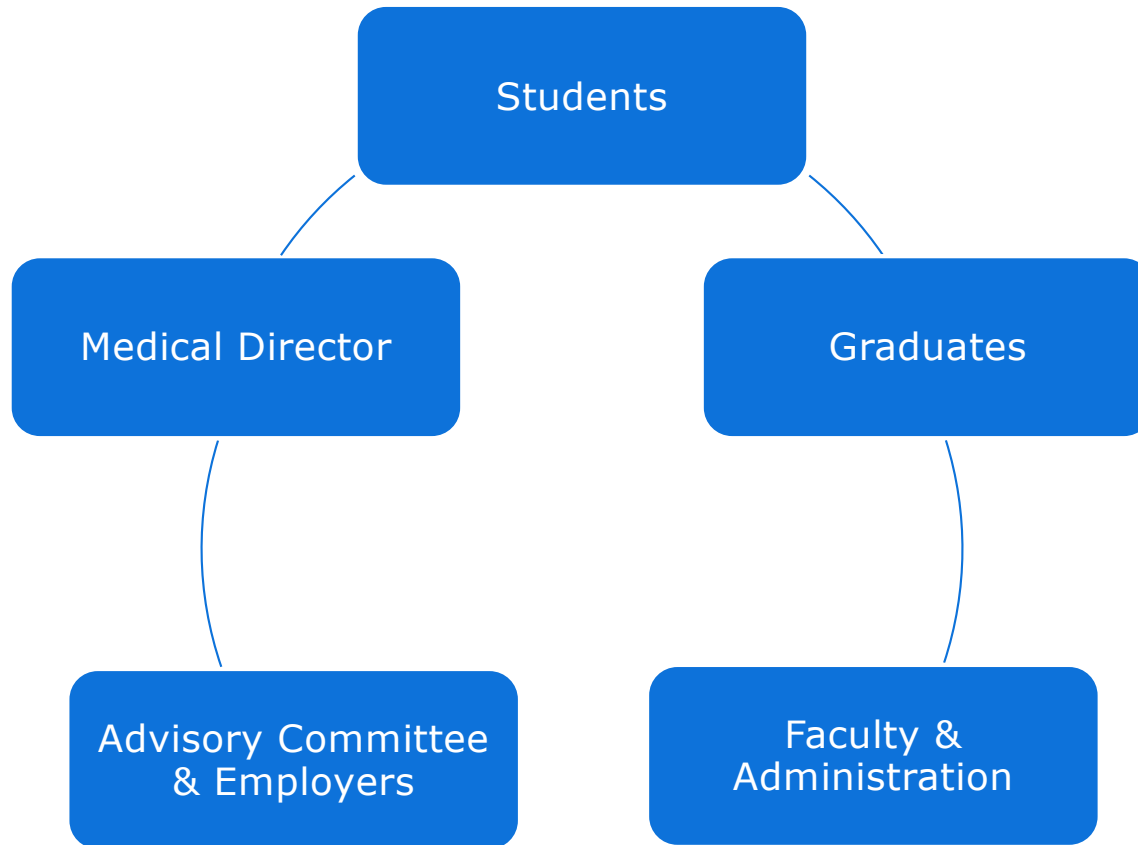
<https://coaemsp.org/resource-library>
> Instruments and Forms



Purpose



Who



Instructor Evaluations

Presentation Evaluation

Course: _____ Topic: _____
 Presenter Name: _____ Today's Date: _____

Please provide comments as applicable for all questions.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The presenter was knowledgeable. Comments: _____					
2. The presenter was prepared. Comments: _____					
3. The material was presented clearly. Comments: _____					

Skill/Adjunct Instructor Evaluation

Course: _____ Date(s) of Course: _____
 Skill/Adjunct Instructor: _____ Today's Date: _____

Please provide comments as applicable for all questions.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
ent. _____					
scenario _____					

Instructor Classroom Observation[†]

Instructor Name: _____ Date observed: _____
 Topic(s): _____ Length: _____
 Observed by: _____

Preparation <i>Describes the Instructor...--></i>	Not very well at all 1	Not well 2	Well 3	Very well 4	No opportunity to observe N/A
1. Well prepared for class					
2. Well organized					
3. Displayed wisdom					
4. Knows the subject well					
5. Appeared professional					
6. Accounted for different learning styles					

Comments: _____



Course and Program Evaluations

Course Evaluation					
Course:			Dates of Course:		
Lead Instructor:			Today's Date:		
Please provide comments as applicable for all questions.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The course was well organized.					
Comments:					
2. The course met my educational needs and expectations.					
Comments:					
3. The level of material presented was appropriate to my level of care.					



Clinical and Field Internship Evaluations



Credible education through accreditation

Graduate and Employer Surveys

Paramedic Graduate Survey

The primary goal of a Paramedic education program is to prepare the graduate to function as a competent **entry-level** Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.

This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept **confidential** and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.

Paramedic Employer Survey

The primary goal of a Paramedic education program is to prepare the graduate to function as a competent **entry-level** Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.

This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept **confidential** and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.



Resource Assessment

Program Resource Survey Completed By Students

Name of Program sponsor (School):

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

The purpose of this survey instrument is to evaluate the Program resources and the Program in ongoing program improvement.

INSTRUCTIONS: Consider each item separately. The rating indicates the extent you agree with each statement in that particular area, please check N/A.

N = No

I. Program Faculty

A. Faculty effectively...

1. facilitate learning and interact with students
2. facilitate learning and interact with students
3. provide supervision/coordination in the field
4. provide supervision/coordination in the field

Program Resource Survey Completed By Program Personnel

Name of Program sponsor (School):

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

Use the data to evaluate our Program resources. The data will aid the Program in the development of action plans to address deficiencies. Unless otherwise noted, the survey is completed by program faculty, Medical Director(s), and Advisory Committee members.

Rate each item independently. Check the rating that best describes the item. Please do NOT skip a rating. If you do not know about a particular area to evaluate a particular area, please check N/A.

N/A = not able to evaluate

Resource Assessment Matrix (RAM)

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CAAHEP accredited and CoAEMSP approved LDR programs may use for program educational purposes. All other uses prohibited without express written permission.

CoAEMSP Program #:	<input type="text"/>	(the 600xxx number assigned by CoAEMSP)
Sponsor Name / Year:	Type name of sponsor here (either institution or consortium) 2022	
Current Accreditation Status:	<input type="text"/>	
Date RAM Completed:	<input type="text"/>	(e.g., m/d/yyyy)
	Number of Students Completing the Program:	<input type="text"/>
	Number of Student Survey Responses:	<input type="text"/>
	Number of Program Personnel Surveyed:	<input type="text"/>
	Number of Program Personnel Responded:	<input type="text"/>

Link to access the forms available on the CoAEMSP website ==>>

[CoAEMSP Forms Available](#)
Program Resource Survey-Program Personnel
Program Resource Survey-Students

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., months))	(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/instructional assistance and communities of interest to enhance the program.	1. Program Personnel Resource Survey 2. Student Resource Survey	"Type in Date Here" "Type in Date Here"		

Directors & Advisory Committee members

status and changes. N Y N/A
 communities of interest N Y N/A
 partnerships agencies N Y N/A
 activities N Y N/A



CoAEMSP Annual Report

Retention

National Registry/State Written Examination

Positive Placement

Graduate surveys

Employer surveys

Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

2021 Annual Report

CoAEMSP Letter of Review (LoR) / CAAHEP Accredited (Initial and Continuing) programs must complete the CoAEMSP Annual Report for Paramedic level students/graduates ONLY and submit THIS Excel annual report template which represents all cohorts that have graduated in 2021. No PDF or paper copy versions of this report will be accepted.

Remember!
The filing deadline is May 15, 2023

Should you have questions as you work through the Annual Report, please contact Lynn at (214) 703-8445 ext 115 or annualreports@coaemsp.org

Hovering your cursor over a cell with a red triangle in upper right corner reveals text.

CoAEMSP Program #: [] (the 600XXX number assigned by CoAEMSP)

Sponsor/Program: []

City: [] State: []

Accreditation: []

Direct website URL (Link) to the Paramedic educational program's published outcomes: []

CAAHEP Standard V.A.4.: The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcome assessments required.

CoAEMSP Policy IV.D.: All programs (accredited and LoR) must publish their latest annual outcomes results for the National Registry or State Written Exam, Retention, and Positive Job Placement on the paramedic program's homepage of their website. At all times, the published results must be consistent with and verifiable by the latest Annual Report of the program.

CoAEMSP



Challenges

What is your biggest challenge in assessing your program?

CHALLENGE

Tips

What tips and tricks do you have for other programs?



Program Director Checklist

Paramedic Program Director Sample Checklist

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. Complete the RAM	Closeout Advisory meeting 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 Instructor Classroom Observation 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 of course	End course	<input type="checkbox"/>
Evaluation of Program: end of Program at closeout	At closeout	<input type="checkbox"/>
Completion of Program Summary Report at the end of each cohort	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"/>
Graduate Surveys: 6 months after graduation	6 months after graduation	<input type="checkbox"/>
Employer Surveys: 6 months after graduation	6 – 12 months after graduation	<input type="checkbox"/>
SWOT analysis: annually and Action Plan	Annually	<input type="checkbox"/>
Completion of Long-Range Planning form: annually based on results of feedback and analysis	Annually	<input type="checkbox"/>
Evaluations: Student		
Conduct an academic advising session with each student during each term and complete the Student Academic Progress 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 Medical Director Review Form for students three times: didactic/lab; clinical; field internship. Signed by the Medical and Program Director. Keep a copy in the course/cohort file	Three times: didactic/lab; clinical, field internship	<input type="checkbox"/>

Paramedic Program Director Sample Checklist

Activity	Timing	Verify Activity
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 two weeks	Every two weeks	<input type="checkbox"/>
Complete Major/High Stakes Exam Analysis 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 two weeks	Every two weeks	<input type="checkbox"/>
Monitor field internship visits/contacts by faculty every two weeks	Every two 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"/>
Graduation Checklist: each student at closeout	Closeout	<input type="checkbox"/>
Terminal Competency Forms: 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 Professional Development Tracking annually	Annually	<input type="checkbox"/>
Advisory Committee meetings: Annually	Annually	<input type="checkbox"/>
Complete the CoAEMSP/CAAHEP self-study report as directed	Every 5 years	<input type="checkbox"/>
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	Annually	<input type="checkbox"/>

Paramedic Program Director Sample Checklist

Activity	Timing	Verify Activity
As Needed: Student		
Conduct interviews for reported incidents as necessary	As needed	<input type="checkbox"/>
Complete Student Progress Notes 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 Performance Improvement Plan as necessary	As needed	<input type="checkbox"/>
Complete Change of Status form for all drops or fails: at the time of the event	At the time of the event	<input type="checkbox"/>
Changes or adds: Submitted to CoAEMSP within 15 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 Request for Approval of a Satellite location 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 Request for Approval of a Satellite location to CoAEMSP prior to each new satellite location	As needed	<input type="checkbox"/>
Submit a Voluntary Closure of a Satellite Location Template Letter 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 Voluntary Closure of an Alternate Location Template Letter to CoAEMSP to discontinue an alternate location	As needed	<input type="checkbox"/>
Reports		
CoAEMSP Annual report submitted by: May 15	May 15	<input type="checkbox"/>
Publish outcomes on webpage by: May 15	May 15	<input type="checkbox"/>
Regulatory agency reports as required	As specified	<input type="checkbox"/>



Questions

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Answers

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