CoAEMSP
Committee on Accreditation
of Educational Programs for the EMS Professions

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October 30, 2012

Karen Wilson, MSN, RN, Program Director
EMS Professions Program
Black Hawk College
6600 34th Ave
Moline IL 61265

Program Number: 600420

Dear Ms. Wilson,

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) would like to thank the EMS Professions Program sponsored by Black Hawk College, Moline, Ill, for hosting an on-site visit October 18-19, 2012, with Dr. John Karduck and Ms. Sherry Clark. This letter is a compilation of the site visit findings and a review of the documentation submitted prior to the site visit, and may have additions, deletions, or modifications from the Site Visit Report.

Please review this letter to either:

1. Confirm the factual accuracy of the report and agree with the content -or-
2. Identify specific factual errors at the time of site visit and submit documentation to support your position.

Your response of either #1 or #2 above must be sent electronically by email to jennifer@coaemsp.org **within 10 calendar days**, which is not later than **November 9, 2012 as a single, complete pdf document in the format specified (see attached).**

In addition, the program **must** respond to each potential *Standards* violations listed below. That response may be either of the following and may be different, as appropriate, for each of the various potential *Standards* violations:

1. new information documenting corrective actions (even if not completely corrected), and/or
2. a description of the plan that the program intends to pursue to address the potential *Standards* violation.

Programs are required to submit their Response to the Findings Letter to CoAEMSP using the format specified **(see attached).** Once the Program has prepared its response, the Program's response must be submitted as a **single, complete pdf document,** sent in electronic format on or before **December 1, 2012.** (Electronic format includes: email to karen@coaemsp.org; mail CD or flash drive to Rowlett address; or email karen@coaemsp.org for instructions to upload to FileShare). The CoAEMSP will evaluate the Program's response during its **February 1-2, 2013,** meeting. **If the Program's response to this findings letter is received after the December 1 date, then the Program's review will be postponed to the May meeting.**

The program exhibits strengths in the following areas:

- Strong administrative support.
- Enthusiastic new program director who is well respected within the community.
- Medical Director who is quickly becoming involved with the program.
- Strong support from the communities of interest.
- Institution of new policies and procedures (I.e. FISDAP) to enhance the program.
- Addition of new clinical and field sites.

The following were identified by the site visit team as potential *Standards* violations. You may submit new information documenting corrective actions taken by the program following the site visit:

- **III. Resources**
  C. Curriculum
  2. The program must track the number of times each student successfully performs each of the competencies required for the appropriate exit point according to patient age, pathologies, complaint, gender, and interventions.

  Rationale: The Program requires a total of 30 pediatric patients; however, it does not have requirement by specific age subgroups.

  Submit the program minimums for each pediatric age subgroup and describe how those minimum were established (e.g., endorsed by the Medical Director and the Advisory Committee). Submit tracking documentation that each student has successfully completed the numbers of pediatric patients/clinical experience distributed by age (i.e. pediatric age subgroups). [Note: The response needs to include the actual documentation; sample or blank forms are not sufficient.]

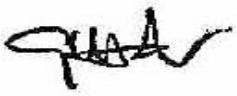
The following points are comments provided by the site visitors. They do not currently reflect violations of the CAAHEP *Standards*, but consideration by the CoAEMSP may result in additions, deletions, or modifications:

- Developing a more formal professional/affective evaluation component in the didactic setting
- Consider the use of a learning management system.
- Consider additional staff development in test writing and evaluations.

The Program will be on the agenda of the CoAEMSP Board February 1-2, 2013, meeting. At that time, CoAEMSP will consider the entire accreditation record compiled during this comprehensive review to assess the program's compliance with the *Standards*. CoAEMSP will formulate an accreditation recommendation to the Commission on Accreditation of Allied Health Education Programs (CAAHEP). After CAAHEP acts on the recommendation, CAAHEP will send the Program a letter containing its action taken, Standards citations, if any, and the due date for a Progress Report to CoAEMSP, if applicable.

Thank you for participating in the accreditation process and the program's commitment to continuous quality improvement in education. If you have questions or comments, contact the CoAEMSP Executive Office.

Sincerely,



George W. Hatch, Jr., EdD, LP, EMT-P
Executive Director

Encl: Site Visit Report
Response to Findings Letter form
Factual Accuracy Confirmation form
Keys to a Successful Findings Letter Response or Submission of a Progress Report 02.2012

cc: Betsey Morthland, Dean
Jack Fleehartly, RN, EMT-P, State EMS Director
Evelyn Lyons, RN, MPH, State EMS Training Coordinator
John Karduck, MD, CoAEMSP Site Visit Team Captain
Sherry Clark, RN, CoAEMSP Site Visit Team

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

SITE VISIT REPORT

Program Name:	**Black Hawk College**	**Program Number:**	**600420**
Program Location:	Moline, IL	**Site Visit Date:**	October 18-19, 2012
Names of the Site Visit Team Members:	*Team Captain:* John Karduck, MD *Team Member:* Sherry Clark, RN		

INSTRUCTIONS

1. Blue highlighted rows are section headings.
2. For each element of each Standard, based on evidence presented, indicate the degree to which that element meets the Standards as:
   - **Met** – there is sufficient evidence to demonstrate that the program meets the minimum requirement of that element of the Standard.
   - **Not Met / Partially Met** – the program has either:
     - not demonstrated that it meets that element of the Standard and/or
     - there is evidence to show that the program is in violation of that element of the Standard OR
     - a portion of the element of the Standard is adequate, but a portion of the element does not meet the Standard.

     The team must write a Rationale to document the basis for this finding.
3. Check the evidence that was presented. (Not all evidence listed for a given Standard is required to consider it "Met".)
4. Provide a detailed rationale if a *Standard* is marked as Not Met or Partially Met. The team must state the reason(s) as to why that element of the Standard is not in compliance.
5. Examples listed in the evidence column are common ways that Standards may be demonstrated as "Met". Other mechanisms may be acceptable, and if present, describe in the Rationale/Comments column.

CoAEMSP SITE VISIT REPORT

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
I. Sponsorship					
A. Sponsoring Institution					
I.A.1.	1. Post-secondary institution Accredited by an institutional accreditor		X		
I.A.2.	2. Foreign post-secondary academic institution		NA		
I.A.3.	3. Hospital, Clinical or Medical Center		NA		
I.A.4.	4. Branch of US Armed Forces or other governmental educational or medical service		NA		
B. Consortium Sponsor					
I.B.1.	1. Entity consisting of 2 or more members with at least one member meets I.A.		NA	__Verification of I.A eligibility	
I.B.2.	2. Clearly documented with a formal affiliation agreement or memorandum of understanding, including governance and lines of authority		NA	__ Affiliation agreement or Memorandum of Understanding	
C. Responsibilities of Sponsor					
I.C.	Assure provisions of *Standards* are met.		X		
II. Program Goals					
A. Program Goals and Outcomes					
II.A.	Written statement of program's goals and learning domains Consistent with and responsive to demonstrated needs and expectations of communities of interest Communities of interest served by the program		X		

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
	include, but are not limited to, students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, police and fire services, key governmental officials, the public, and nationally accepted standards for roles and functions.				
B. Appropriateness of Goals and Learning Domains					
II.B.	Advisory Committee meets at least annually, assists in formulating and revising appropriate goals and learning domains, monitors needs and expectations, and ensures responsiveness to change		X	_X_ Reviewed meeting minutes: activities and actions documented _X_Evidence that Advisory Committee reviews program goals and outcomes	
II.B.	Advisory Committee includes appropriate representatives: hospital, physicians, employers, other		X	_X_Reviewed membership	
C. Minimum Expectations					
II.C.	Following goal(s) defining minimum expectations: To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," with or without exit points at the Emergency Medical Technician-Intermediate, and/or Emergency Medical Technician-Basic, and/or First Responder levels.		X		
III. Resources					
A. Type and Amount					
1. Program Resources					
III.A.1.	Faculty		X	_X_ Adequate number	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.A.1.	Clerical/support staff		X	_X_ Adequate amount _X_ Evidence that program functions are not performed due to lack of clerical support (list) _X_ Adequate student support(e.g. admissions, financial aid, academic advising, counseling)	
III.A.1.	Curriculum		X	_X_ Current national standard _X_ Updated and local enhancements	
III.A.1.	Finances		X	_X_Operating & capital budget adequate	
III.A.1.	Classroom/laboratory facilities		X	_X_Adequate size & number for enrolled students	
III.A.1.	Ancillary student facilities		X	_X_Adequate facilities to support students (e.g. secure storage for coats/books, quiet study area, location for eating)	
III.A.1.	Hospital/clinical affiliations		X	_X_Adequate number and variety to meet experience requirements	
III.A.1.	Field internship affiliations		X	_X_ Adequate number and variety to meet experience requirements	
III.A.1.	Equipment/supplies		X	_X_Adequate quantity, quality, & type _X_ Inspection of labs	
III.A.1.	Computer resources		X	_X_Adequate access to internet & LMS _X_ Adequate number of computers accessible to students	
III.A.1.	Instructional reference materials		X	_X_Access to program library _X_Onsite resources _X_databases (may be online) _X_journals (may be online)	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.A.1.	Faculty and staff continuing education		X	_X_Minimum of CE annually for staff _X_Sponsor support for participation	
2. Hospital/Clinical Affiliations and Field/Internship Affiliations					
III.A.2.	Students have access to adequate numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems encountered for the level of care being trained		X	_X_ Evidence of adequate number of patients through tracking system _X_Evidence of adequate distribution of patients through tracking system _X_Clinical sites demonstrate adequate volume. _X_Interview with Medical Director _X_Interview with clinical preceptors _X_Interview with field internship preceptors _X_Interview with students	
III.A.2.	Hospital /clinical / Field Internship experiences		X		
III.A.2.	Airway management patients (e.g. OR)		X	24 # of hours	7 live intubations
III.A.2.	Critical Care patients (e.g. ICU /CCU)t		X	32 # of hours	
III.A.2.	Obstetric patients (e.g. Labor and Delivery)		X	16 # of hours	3 live births
III.A.2.	Pediatric patients		X	16 # of hours	
III.A.2.	Psychiatric patients		X	16 # of hours	
III.A.2	Geriatric patients		X		
III.A.2.	Other *[please specify in Rationale column]*		X	118 # of hours	8 Respiratory therapy, 2 Cardiac cath lab, 2 Burn/wound; 2 dialysis; 104 ED

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
	B. Personnel				
III.B.	The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.		X		
III.B.	Job descriptions				
III.B.	Program Director		X	_X_ Written Program Director	
III.B.	Medical Director		X	_X_ Written Medical Director	
III.B.	Faculty		X	_X_ Written Faculty	
	1. Program Director				
III.B.1.a.	a. Responsibilities The Program Director must be responsible for all aspects of the program, including, but not limited to:				
III.B.1.a.1)	1) Administration, organization, supervision of the education program		X	_X_ Verified by job description _X_ Confirmed average number of hours per week _X_ Confirmed adequate time allotted to each aspect of program _X_ Evidence that Program Director is responsible for: course scheduling, teaching assignments, evaluations, testing, curriculum review & revision, evaluation of faculty & instructors, budgeting, & student records _X_Evidence of a preceptor training program, _X_Dates of orientations _X_Roster of attendees _X_List of preceptors and their locations	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
				_X_ Evidence of completion of orientation program by each preceptor	
III.B.1.a.2)	2) Continuous quality improvement of the education program		X	_X_ Evidence of resource assessment analysis and action plans _X_ Evidence of outcomes analysis and action plans _X_ Evidence of periodic assessment & review of evaluations of student, faculty, employer, preceptor, clinical & field internship sites	
III.B.1.a.3)	3) Long range planning and ongoing development of the program		X	_X_ Reviewed/discussed long range plans _X_ Evidence of implementation of recommendations received _X_ Evidence of curriculum updates	
III.B.1.a.4)	4) Effectiveness of the program with systems in place to demonstrate program effectiveness		X	_X_ Reviewed/discussed evaluation methods of program effectiveness	
III.B.1.a.5)	5) Cooperative involvement with the Medical Director		X	_X_ Communicates with Medical Director on a regular basis _X_ Evidence that Medical Director has adequate participation in program	
III.B.1.a.6)	6) Adequate controls to assure the quality of delegated responsibilities		X	_X_ Evidence of adequate communication among faculty & documentation of decisions, changes	
III.B.1.b.	b. Qualifications				
III.B.1.b.1)	1) Minimum of a Bachelor's degree		X	_X_Verified by resume _X_ Verified by employer __ In position prior to Jan 1, 2000	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.B.1.b.2)	2) Appropriate medical or allied health education, training, experience		X	_X_ Verified by resume	
III.B.1.b.3)	3) Knowledgeable about methods of instruction, testing, evaluation of students		X	_X_ Verified by discussion	
III.B.1.b.4)	4) Field experience in delivery of out-of-hospital emergency care		X	_X_ Verified by resume _X_ Verified by discussion	
III.B.1.b.5)	5) Academic training & preparation related to emergency medical services at least equivalent to program graduates		X	_X_ Verified by resume	
III.B.1.b.6)	6) Knowledgeable concerning current: national curricula, accreditation, registration, and state certification or licensure		X	_X_ Verified by discussion with Program Director _X_ Verified by discussion with faculty	
2. Medical Director					
III.B.2.a.	a. Responsibilities The Medical Director is responsible for all medical aspects of the program				
III.B.2.a.1)	1) Review & approval of educational content for appropriateness & medical content		X	_X_ Verified by emails _X_ Verified by signature on curriculum	
III.B.2.a.2)	2) Review & approval of quality of medical instruction, supervision, & evaluation of students in all areas		X	_X_ Review program evaluation reviews _X_ Evidence that Medical Director reviews student, program, clinical, field, graduate, & employer surveys	
III.B.2.a.3)	3) Review & approval of progress of each student throughout the program: assist in development of corrective measures		X	_X_ Evidence of process for Medical Director review and approval	
III.B.2.a.4)	4) Assurance of competency of each graduate in cognitive, psychomotor, & affective domains		X	_X_ Evidence that the Medical Director attests that students meet terminal competencies _X_Signed Terminal Competency forms	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.B.2.a.5)	5) Responsible for cooperative involvement with Program Director		X	_X_ Communicates with Program Director on a regular basis	
III.B.2.a.6)	6) Adequate controls to assure quality of delegated responsibilities		NA	__ Regular communication with co- or Associate Medical Directors __ Exercise of supervision of Co- or Associate Medical Directors fulfilling their responsibilities __ Overall verification by Medical Director of duties 2, 3, and 4 for all program graduates, regardless of location	
III.B.2.b.	b. Qualifications				
III.B.2.b.1)	1) Currently licensed to practice medicine in the US, authorized in the local region with experience & current knowledge of emergency care		X	_X_ Verified by resume _X_ State license _X_ Verified by interview with Medical Director	
III.B.2.b.2)	2) Adequate training or experience in delivery of out of hospital emergency care including proper care & transport, medical direction, QI in EMS systems		X	_X_ Verified by resume _X_ Verified by interview with Medical Director	
III.B.2.b.3)	3) Active member of local medical community & participate in professional activities		X	_X_ Verified by resume _X_ Verified by interview with Medical Director	
III.B.2.b.4)	4) Knowledgeable about EMS education including professional, legislative, regulatory issues		X	_X_ Verified by interview with Medical Director _X_ Verified by discussion with Program Director & Faculty	
3. Faculty					
III.B.3.a.	a. Responsibilities				
III.B.3.a.	Designated Faculty to coordinate supervision & provide frequent assessments on progress toward meeting requirements in each component of the program		X	_X_ Evidence of adequate number of faculty for the number of enrolled students _X_ Evidence of adequate faculty	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
				assigned to monitor students in clinical & field internship areas _X_ Review of schedules for assignments/teaching load	
III.B.3.b.	b. Qualifications				
III.B.3.b.	Knowledgeable in course content & effective in teaching;		X	_X_Verified by resume _X_Verified by discussion	
III.B.3.b.	Capable through academic preparation, training & experience		X	_X_Verified by resume _X_Verified by clinical & educational credentials	
	C. Curriculum				
III.C.1.	1. Ensures achievement of program goals & teaching domains;		X	_X_Reviewed program goals	
III.C.1.	Appropriate sequence of classroom, laboratory, clinical, & field internship activities;		X	_X_Reviewed schedule for didactic, lab, clinical, field component _X_Verified scheduling of components in appropriate sequence _X_Evidence that the majority of the field internship occurs following the didactic & clinical phases	
III.C.1.	Instruction based on clearly written course syllabi describing learning goals, course objectives, & competencies;		X	_X_Reviewed course syllabus _X_Evidence of complete lesson plans for the curricula _X_Evidence of complete list terminal competencies	
III.C.1.	Meets or exceeds content & competency of current national standards documents		X	_X_Reviewed schedule _X_Reviewed a sample of lesson plans _X_ Verified by discussion with employers _X_Academic credit provided	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.C.2.	2. Tracks number of times each student successfully performs each of the competencies required according to patient age, pathology, complaint, gender, & interventions	X		_X_Reviewed tracking system to verify the system's capability to allow determination of the students meeting required elements _X_Tracking system defines the Minimum requirements for completion or method to determine competency and mechanism to insure that all students meet the standard _X_Tracking system documents the successful performance of the required competencies for each student.	Requires a total of 30 pediatric patients but does not have requirement by specific age groups.
III.C.3.	3. Field internship provides opportunity to serve as team leader in a variety of ALS situations		X	_X_Reviewed field internship documentation for verification of team leader performance for each student _X_Discussion with students & graduates of team leader performance _X_Discussion with field preceptors of team leader performance _X_Discussion with employers _X_Evidence of consistent preceptor assignments for effective team leader performance	
D. Resource Assessment					
III.D.	Annually assess appropriateness& effectiveness of required resources;		X	_X_Completed Resource Assessment Matrix _X_Raw surveys administered to all students at least annually	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
III.D.	Assessment results are the basis for planning & change;		X	_X_Evidence of documentation of implemented changes	
III.D.	Action plan developed when deficiencies identified		X	_X_Evidence of action plans	
III.D.	Documentation of action plan and measurement of results		X	_X_Evidence of review of results of action plans	
IV. Student and Graduate Evaluation/Assessment					
A. Student Evaluation					
1. Frequency & Purpose					
IV.A.1.	Evaluation conducted on a recurrent basis, sufficient frequency to provide students & faculty with valid & timely indications of progress toward achievement of competencies & learning domains		X	_X_Validity and reliability assessments of program exams _X_Feedback mechanisms by program to students indicating progress toward achievement of competencies _X_Evidence of demonstration of skill mastery prior to entering clinical areas _X_Reviewed a sample of exams for content validity, quality _X_Evidence of summative program evaluation at the end of the course of study (at a minimum cognitive & skill, scenario evaluation) _X_Documentation of summative competency assessment for cognitive, clinical, & field components _X_Evidence of adequate clinical & field internship supervision by faculty _X_Reviewed process for grading, remediation	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
2. Documentation					
IV.A.2.	Records maintained in sufficient detail to document learning progress & achievements		X	_X_Reviewed student records _X_Reviewed attendance policy/records _X_Reviewed grade book	
B. Outcomes					
1. Outcomes Assessment					
IV.B.1.	Periodically assesses effectiveness in achieving stated goals & learning domains;		NA	**DATA REQUIRED FOR CAAHEP ACCREDITED PROGRAMS ONLY** __ Retention meets threshold __ National or State licensing exam results meet threshold __ Positive placement meets threshold __ Reviewed completed graduate and employer surveys __ Graduate and employer surveys meet thresholds	
IV.B.1.	Results reflected in the review & timely revision of program		NA		
IV.B.1.	Assessments include: exit point completion, graduate satisfaction, employer satisfaction, job placement, state licensing or national registration results		NA		
2. Outcomes Reporting					
IV.B.2.	Periodically submits goals, learning domains, evaluations systems, outcomes, analysis of outcomes & appropriate action plan		NA	_X_Evidence of implemented changes, if they were needed	
V. Fair Practices					
A. Publications & Disclosure					
V.A.1.	1. Announcements, catalogs, advertising are accurate		X	_X_Reviewed course catalog & materials _X_Verified by discussion with students & graduates _X_Reviewed web site	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
V.A.2.	2. Make known to applicants and students: accreditation status		X	_X_Reviewed school catalog _X_ Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	accrediting agency contact information		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	admissions policies & practices		X	_X_Reviewed school catalog _X_ Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	technical standards of functional job analysis		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	policies on advanced placement		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
V.A.2.	transfer of credits		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	credits for experiential learning		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_Verified by discussion with students & graduates	
V.A.2.	number of credits for completion		X	_X_ Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_ Verified by discussion with students & graduates	
V.A.2.	tuition/fees required		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_ Verified by discussion with students & graduates	
V.A.2.	policies & processes for withdrawal & refunds		X	_X_Reviewed school catalog _X_Reviewed student handbook, course syllabi for required content _X_Reviewed web site _X_ Verified by discussion with students & graduates	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
V.A.3.	3. Make known to students: Academic calendar		X	_X_ Reviewed student handbook, college catalog _X_Reviewed web site _X_Reviewed course syllabi _X_Reviewed clinical orientation process _X_Verified by discussion with students & graduates	
V.A.3.	Student grievance procedure		X	_X_Reviewed student handbook, college catalog _X_Reviewed web site _X_Reviewed course syllabi _X_Reviewed clinical orientation process _X_ Verified by discussion with students & graduates	
V.A.3.	Criteria for successful completion of each program segment & graduation		X	_X_ Reviewed student handbook, college catalog _X_Reviewed web site _X_ Reviewed course syllabi _X_ Reviewed clinical orientation process _X_ Verified by discussion with students & graduates	
V.A.3.	Policies regarding performing clinical work		X	_X_Reviewed student handbook, college catalog _X_Reviewed web site _X_Reviewed course syllabi _X_ Reviewed clinical orientation process _X_ Verified by discussion with students & graduates	
B. Lawful and Non-discriminatory Practices:					
V.B.	Student & Faculty recruitment, student admission, and Faculty employment practices		X	_X_Reviewed student handbook, college catalog	

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
	are non-discriminatory & in accordance with Federal & state requirements;			_X_Reviewed web site _X_Reviewed Faculty handbook	
V.B.	Faculty grievance procedure known to all paid faculty		X	_X_Interview with paid Faculty _X_Written Faculty grievance policy _X_Reviewed web site	
C. Safeguards					
V.C.	Health & safety of patients, students, & Faculty is safeguarded;		X	_X_Evidence of preventative health screening, appropriate immunizations _X_Evidence of post exposure plan	
	Students are not substituted for paid staff		X	_X_Evidence that students are always a third rider	
D. Student Records					
V.D.	Satisfactory records must be maintained for Student admission		X	_X_Review of the sponsoring institution's student records _X_Reviewed a sample of student records (e.g. enrolled, graduated, attrition) for: content, organization, completeness, transcript	
V.D.	Advisement		X		
V.D.	Counseling		X		
V.D.	Evaluation		X		
V.D.	Grades & credits are recorded on a transcript & permanently maintained		X	_X_Reviewed grade book or other records _X_Interview regarding permanent storage	
E. Substantive Change					
V.E.	Reports substantive changes in a timely manner: change in program status; sponsorship, or administrative personnel		NA	_ _ change in state approval status since submission of self study report __ change in sponsorship since submission of self study report __ change in President, Dean, Program Director, Medical	No changes have occurred.

Standard Reference	Standard	Not Met or Partially Met	Met	Possible Evidence May Include	Rationale for "Not Met / Partially Met" OR Comment if Consideration or Clarification is Needed
				Director and/or Clinical Coordinator since submission of self study report	
F. Agreements					
V.F.	Formal affiliation agreements or MOU's exist between the sponsor and all entities that participate in education of students describing relationship, role, and responsibilities of sponsor and entity		X	_X_Reviewed all agreements for currency, appropriate content, & appropriate signatures	

RESPONSE TO THE EXECUTIVE ANALYSIS (EA)

Please respond to ALL of the questions asked and the comments made in the Executive Analysis (EA), including what has changed in the program since the submission of the Self Study Report.

Standard	Executive Analysis Question/Comment	Site Visit Team Response
B: Goals	Additional goals created but NOT included in this ISSR. Complete.	Goals are all well defined
Job descriptions	NO job description for faculty included. Please VERIFY onsite that the program has current job descriptions for all positions	Job descriptions complete
Student clinical rotation	Appendix G/H only includes program minimums. The rest of the form is BLANK. Perhaps the program wasn't tracking these competencies prior to implementing FISDAP in August 2011. Please VERIFY onsite that these competencies are being tracked.	Prior to the completion of the ISSR, accurate tracking may not have been done. Records are incomplete. The new PD instituted FISDAP and now tracks competencies. Pediatric requirements are not defined by age group.
Field internship	Appendix G/H only includes program minimums. The rest of the form is BLANK. Perhaps the program wasn't tracking these competencies prior to implementing FISDAP in August 2011. Please VERIFY onsite that these competencies are being tracked	Prior to the completion of the ISSR, accurate tracking may not have been done. Records are incomplete. The new PD instituted FISDAP and now tracks competencies. Pediatric requirements are not defined by age group.

Standard	Executive Analysis Question/Comment	Site Visit Team Response
Course syllabi: Didactic	Syllabus did NOT include competencies required for graduation related to this course. Please VERIFY onsite that program has corrected syllabus to include these requirements.	Syllabi have all required competencies clearly identified.
Course syllabi: Lab	Syllabus did NOT include competencies required for graduation related to this course. Please VERIFY onsite that program has corrected syllabus to include these requirements.	Syllabi have all required competencies clearly identified.
Course syllabi:Clinical	Syllabus did NOT included competencies required for graduation related to this course. Please VERIFY onsite that program has corrected syllabus to include these requirements.	Syllabi have all required competencies clearly identified.
Course syllabi: Field internship	Syllabus did NOT included competencies required for graduation related to this course. Please VERIFY onsite that program has corrected syallbus to include these requirements.	Syllabi have all required competencies clearly identified.
Program limitations	According to ISSR, program limitations include NO past tracking of enrollment and terminal competencies, inconsistent data collection, low National written pass rates. Complete	All tracking prior to the 2011-2012 cohort is incomplete. Few students took the NREMT exams and very few of those passed. State exam pass rates also were low. Since the new PD is in place, pass rates on both the state and NREMT exams have improved substantially (only 1 cohort).
Student evaluations	Students listed the knowledgeable instructors as a strength of the program. Several students mentioned that having two different instructors with different answers was often confusing. Three students answered that they would have preferred to go to a different program. Complete	Instructor issues have been resolved. Graduates (who had completed the surveys) are now satisfied with their educational experience. Student surveys completed at the end of each semester support a continued improvement during the 2011-2012 program.

CoAEMSP SITE VISIT REPORT

SUMMARY

Site Visitors: please read the following disclaimer statement at the beginning of the Exit Summation:

"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 at a later date. 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 visitors'] impressions of the strengths and potential *Standards* violations of the program…"

Strengths & Potential *Standards* Violations

List all strengths and potential *Standards* violations. Potential *Standards* violations include any areas listed as "Not Met". All potential *Standards* violations must be identified by the appropriate *Standard*. Include all potential *Standards* violations identified in the body of the report.

1. List the strengths of the program:

   - Strong administrative support.
   - Enthusiastic new program director who is well respected within the community.
   - Medical Director who is quickly becoming involved with the program.
   - Strong support from the communities of interest.
   - Institution of new policies and procedures (I.e. FISDAP) to enhance the program.
   - Addition of new clinical and field sites.

2. List all potential *Standards* violations noted in this report, stating the Standard heading (i.e., III.B.1.a.1) and a rationale why it is not met.

   - **III.C.2. Curriculum – Tracking**
     Requires a total of 30 pediatric patients, but does not have requirement by specific age groups.

3. List the names and their titles of those present at the summation conference.

   - Karen Wilson, EMS Program Director
   - Dr. Wayne Gallops, Medical Director
   - Chris Webster, Instructor
   - Dianne Abels, Allied Health Chair

Additional Comments

Further comments and suggestions not previously stated and referenced to a *Standard*. These are comments made by the Site Visitors and may not reflect *Standards* violations or recommendations by CoAEMSP. Comments must not reflect personal biases and must be based on objective observations of the program visited.

- Developing a more formal professional/affective evaluation component in the didactic setting
- Consider the use of a learning management system.
- Consider additional staff development in test writing and evaluations.

SIGNATURES OF SITE VISIT TEAM

Site Visit Report prepared by: John Karduck
Signature

Team Captain

John Karduck
Signature Date

Print name

Phone number

Email

Team Member

Sherry Clark
Print name

Phone number

Email

CoAEMSP SITE VISIT REPORT

EVALUATED / REVIEWED

Remove the check-off for the items that were NOT evaluated or reviewed.

Resources
_X_ Library resources
_X_ Resource texts (required and available)
_X_ Classroom, lab, office areas
_X_ Equipment at field internship agencies

Administrative materials
_X_ Budget (current and next fiscal year)
_X_ Student handbook (policies and procedures)
_X_ Faculty handbook
_X_ Medical Director agreement
_X_ Signed, current affiliation agreements with all clinical and field internship sites
_X_ Attendance records
_X_ Course schedule for each component
_X_ Clinical rotation schedules
_X_ Tracking mechanism for patient contacts and skill events
_X_ Evaluations of Faculty by students, peers, and administrators
_X_ Advisory Committee meeting minutes
_X_ Faculty meeting minutes
_X_ Student name badges
_X_ Method of evaluating student health

Curriculum materials
_X_ Lesson plans
_X_ Exams
_X_ Course syllabi

Student records
_X_ Sample of student academic transcripts (includes record of academic progress) and achievement of terminal competencies
_X_ Sample of student clinical experience documentation
_X_ Grade sheet
_X_ Counseling records

Program assessment
_X_ Documentation of QI processes