CoAEMSP Interpretations of the CAAHEP Standards and Guidelines

For the Accreditation of Educational Programs in the EMS Profession

Evaluation of the clinical and field internship sites should be done by the program. They should ensure, through tracking (Standard III.C.2) that the clinical and field internship sites provide the minimum requirements for competency (See II.C and IV.A.1).

CoA Standard	Interpretation
B. Personnel 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. **1. Program Director** a. Responsibilities: The program director must be responsible for all aspects of the program, including, but not limited to: 1) the administration, organization, and supervision of the educational program,	1) As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is **preceptor orientation/training.** The training/orientation must include the following topics: • Purposes of the student rotation (minimum competencies, skills, and behaviors) • Evaluation tools used by the program • Criteria of evaluation for grading students • Contact information for the program • Program's definition of Team Lead • Program's required minimum number of Team Leads • Coaching and mentorship techniques The training media may take many forms: written documents, formal course, power point presentation, video, on-line, or there could be designated trainers onsite that the program relies on. The program should tailor the method of delivery to the type of rotation (e.g. hospital, physician office, field). The program must demonstrate that **each field internship preceptor** has completed the training. For **field internship experiences**, the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of **each** active field internship preceptor. The program must provide evidence of the completion of the training of field internship preceptors by dated rosters of participants, on-line logs, signed acknowledgement by the field internship preceptor.
2. Hospital/Clinical Affiliations and Field/Internship Affiliations For all affiliations students shall have access to adequate numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.	2. The clinical resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies. The program must set and require minimum numbers of patient contacts for each listed category. **Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions.** The tracking documentation must then show those minimums and that **each** student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. **No minimum number can be fewer than two (2), including each pediatric age subgroup.**
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.	2. There must be a tracking system: either paper or computer based. The program must establish the minimum number of encounters for each of the competencies for each of the defined distributions. (see Interpretation III.A.2) The tracking system must incorporate and identify the minimum competencies (program minimum numbers) required for each exposure group, which encompasses patient age (pediatric age subgroups must include: newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaint, gender, and intervention, for each student. Intervention tracking must include airway management with any method or device used by the program. The tracking system must clearly identify those students not meeting the program minimum numbers.

CoA Standard	Interpretation
3. The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations. *Enough of the field internship should occur following the completion of the didactic and clinical phases of the program to assure that the student has achieved the desired didactic and clinical competencies of the curriculum prior to the commencement of the field internship. Some didactic material may be taught concurrent with the field internship.*	3. The field internship site must allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader. Minimum team leads must be established by the program and accomplished by **each** student. The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession. The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases of the program so as to provide an appropriate experience to demonstrate competence. Evaluating the effectiveness of being a team lead is under standard IV.A.1 and IV.A.2.
IV. Student and Graduate Evaluation/ Assessment **A. Student Evaluation** **1. Frequency and Purpose** Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.	1. There are many types of evaluations that are required by the CoAEMSP. Achievement of the competencies required for graduation must be assessed by program criterion-referenced, summative, comprehensive final evaluations. **Summative program evaluation is a capstone event that occurs after all components of the program are complete.** Summative comprehensive evaluation must include cognitive, psychomotor, and affective domains. On-going, documented affective evaluations must be done that assess student behaviors for all learning settings (i.e., didactic, laboratory, clinical, and field) with combined or separate instruments. The affective evaluation items may be incorporated with other evaluations (e.g., skill, competency, field internship). The frequency of the evaluations needs to be done in a timely manner to provide the student and at least the program director and medical director with his/her performance/ progress throughout the program. These periodic affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program. When the program determines that a student is not exhibiting appropriate behaviors, there must be evidence of counseling to attempt to correct the behavior, when appropriate, and continued evaluation of successful remediation or academic action (e.g. probation, failure). **Terminal Competence** The program must document that all students have reached terminal competence as an entry level paramedic in all three learning domains.
	Field Internship Documentation The program must keep a master copy of all field internship evaluation instruments used in the program. Also, the program must maintain a record of student performance on every field internship evaluation. The record could be a summary of scores or the individual evaluation instruments. Documentation should show progression of the students to the role of team leader as required by the program.
Safeguards The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.	*Medical control/accountability exists when there is unequivocal evidence that EMS Professionals are not operating as independent practitioners, and when EMS Professionals are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.* For educational activities, individuals must be clearly identified as students, in a specified clinical/field experience/internship, under the auspices of the program medical director, and under the supervision the designated preceptor prior to performing patient care. Students must not be substituted for staff.