

September 1, 2017

The Findings Letter is based on the 2015 CAAHEP Standards

Kenneth Monosky, PhD, EMT-P, Program Director
EMS Professions Program
Central Washington University
Department of Physical Education, Health
400 E. University Way, Purser Hall – MS7
Ellensburg, WA 98926

Program Number: 600051

Dear Dr. Monosky:

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) would like to thank the EMS Professions Program sponsored by Central Washington University, Ellensburg, Washington, for hosting an on-site visit June 15-16, 2017, with Mr. Jeff McDonald and Mr. Ron Lawler as part of a comprehensive review in the **CONTINUING** accreditation process. 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 **14 calendar days**, which is not later than **September 15, 2017**, as a **single, complete pdf document in the format specified (see attached)**.

Also, you must submit an **online** CAAHEP Request for Accreditation Services (RAS) on or before **December 1, 2017**; the RAS is available at www.caahep.org.

In addition, the program **must** respond to each potential CAAHEP *Standards* violations listed below **based on the 2015 CAAHEP Standards and Guidelines for the EMS Professions**. 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 the “Program’s 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 via email to karen@coaemsp.org on or before **December 1, 2017**. (In the event your submission is too large to send via email, email karen@coaemsp.org for instructions.) The CoAEMSP will evaluate the Program’s response during its **February 2-3, 2018** meeting. [If the Program’s response to this findings letter is received **after** the December 1 due date, then the Program’s response will be considered not received. The CoAEMSP Board will review the Program as scheduled; however, will not consider the past due response and it may lead to a recommendation of probation.]

The program exhibits strengths in the following areas:

- Passionate faculty with extensive background and experience in EMS.
- Excellent reputation across multiple communities of interest.
- Exceptional National Registry examination pass rate.
- Faculty has an extreme presence in both State and National venues to work to improve EMS .

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.A.1. Resources – Type and Amount – Program Resources**

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

Rationale: Program resources are insufficient to ensure achievement of the program’s goals and outcomes. Students and faculty reported a decline in program clerical support which curtailed student access to support personnel for advisement and general information during the application and registration process. Support personnel resources were particularly lacking during the summer when the program director was not present on campus on a sufficiently regular basis.

Describe and submit documentation clearly demonstrating how the sponsor and program ensure that clerical and support staff resources are appropriate and sufficient to achieve the program’s goals and outcomes, including student access to support personnel for advisement and general information during the application and registration process.

Submit documentation of the completion of all of the columns in row #3 of the CoAEMSP Resource Assessment Matrix (RAM) demonstrating adequacy of program resources in this area.

▪ **III.B.2.a. Resources - Medical Director Responsibilities**

The medical director must be responsible for medical oversight of the program, and must:

- 1) **review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice.**
- 2) **review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.**
- 3) **review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship**

Rationale: There is no formal documentation demonstrating medical oversight by the program medical director including the review and approval of the: 1) educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current emergency care practice; 2) required minimum numbers for each of the required patient contacts and procedures listed in these *Standards*; and 3) instruments and processes used to evaluate students in core didactic, laboratory, clinical, and field internship. The sponsor has appointed a new program medical director (June 15, 2017); however, there is no evidence of review or approval by the former program medical director of the responsibilities specified above.

Submit documentation clearly demonstrating that the program medical director is responsible for and reviews and approves of the:

- 1) educational content of the program curriculum including appropriateness, medical accuracy, and reflection of current pre-hospital/emergency care practices;*
- 2) required minimum numbers for each of the required patient contacts and procedures listed in these Standards;*
- and,*
- 3) instruments and processes used to evaluate students in core didactic, laboratory, clinical and field experiences, including capstone field internship.*

Evidence includes, but is not limited to, a signed memorandum stating the nature of the review and approval activities, dates those activities were conducted, etc.).

▪ **IV.A.1. Student and Graduate Evaluation/Assessment – 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.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains.

Rationale: The program does not conduct summative, comprehensive final evaluations of students' achievement of program-required competencies in the all three (3) learning domains. Summative, final evaluations are performed in the affective domain at the conclusion of the capstone field internship; however, the program's summative evaluations in the cognitive and psychomotor domains are performed at the end of the didactic and clinical phases of the program, prior to the start of the capstone field internship.

Submit a representative sample of completed, graded summative, comprehensive (final) evaluations conducted at the conclusion of the capstone field internship from the most recently graduated students that are used to measure cognitive, psychomotor and affective learning domains for 3 or 10% of the students, whichever is greater. [Note: The response needs to include the actual documentation; sample or blank evaluation forms are not a sufficient demonstration of compliance.]

The representative sample submitted should clearly demonstrate graduate achievement of all program-established minimum competencies requirements prior to graduation.

[Note: For assistance in student evaluation, CoAEMSP has obtained permission from the National Association of EMS Educators (NAEMSE) and Delmar, Cengage Learning to reproduce and make available to you Chapter 21 "Using Written Evaluation Tools" from the Foundations of Education: An EMS Approach, 2nd Edition book. It is attached.]

The program should communicate with Dr. George Hatch or Dr. Gordon Kokx at the CoAEMSP Executive Office to discuss the documentation needed to satisfactorily address this citation.

The Program will be on the agenda of the CoAEMSP Board February 2-3, 2018, meeting. At that time, CoAEMSP will consider the entire accreditation record compiled during this comprehensive review to assess the program's compliance with the CAAHEP *Standards*. In its deliberation of the accreditation record, the Board may add, delete or modify what has been presented in the Findings Letter. CoAEMSP will formulate an accreditation recommendation to the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CoAEMSP bases its recommendation to CAAHEP on the accreditation record of the program compiled during this review, which includes the: self-study report,

Central Washington University

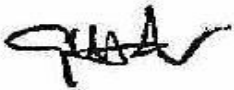
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supplemental information submitted for the self-study report, site visit report, findings letter, program's verification of factual accuracy, and the program's response to the findings letter. After CAAHEP acts on the recommendation, CAAHEP will send 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
Confirmation of Factual Accuracy form
Keys to a Successful Findings Letter Response or Submission of a Progress Report 02.2012
Foundations of Education, Chapter 21 (authored and published by NAEMSE)

cc: Paul Ballard, PhD, Dean
James Gaudino, PhD, President
Jeff McDonald, MEd, NRP, CoAEMSP Site Visit Team Captain
Ron Lawler, BUS, NRP, CoAEMSP Site Visit Team



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



Site Visit Report

2015 CAAHEP *Standards & Guidelines*

CoAEMSP
Program #:

600051

Sponsoring
Institution:

Central Washington University

City:

Ellensburg

State:

WA

Site Visit Date:

June 15 - 16, 2017

(e.g., January 5-7, 2017)

Type of Site Visit:

Continuing Accreditation

Names of the Site Visit Team Members:

Team Captain:

Jeff McDonald, MEd, NRP

Team Member:

Ronald Lawler, BUS, NRP



SITE VISIT REPORT FINDINGS

600051 Central Washington University

2015 CAAHEP Standards & Guidelines

Hyperlinks =>	Standard I. Sponsorship	Standard II. Program Goals	Standard III. Resources	Standard IV. Evaluation/Assessment	Standard V. Fair Practices	Interview Questions
Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed		

I. Sponsorship

A. Sponsoring Institution

Hover to see standard	Based on evidence presented during the SV, please choose the sponsor type in the cell below:				
I.A.	I.A.1-Post-secondary	Met	Yes		Northwest Commission on Colleges and Schools, Last review 2009, next review due 2018
N/A					
N/A					

C. Responsibilities of Sponsor

I.C.	Ensure provisions of <i>Standards</i> are met.	Met			
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II. Program Goals

A. Program Goals and Outcomes

II.A.	Written statement of program's goals and learning domains	Met			
II.A.	Consistent with and responsive to demonstrated needs and expectations of the various communities of interest served by the educational program	Met			
II.A.	Communities of interest served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public	Met			
II.A.	Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation.	Met			

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
II.A.	Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions	Met			
II.A.	Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.	Met			
B. Appropriateness of Goals and Learning Domains					
II.B.	Regularly assesses goals and learning domains	Met			
II.B.	Program personnel identify and respond to changes in the needs and/or expectations of its communities of interest	Met			
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, and reviews and endorses the program required minimum numbers of patient contacts	Met	Yes	Reviewed meeting minutes: activities and actions documented	
			Yes	Evidence that Advisory Committee reviews program goals and outcomes	
II.B.	Advisory Committee includes appropriate representatives: hospital, physicians, employers, other	Met	Yes	Reviewed membership	
C. Minimum Expectations					
II.C.	<p>Following goal(s) defining minimum expectations:</p> <p>To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician and/or Responder levels.</p>	Met			
III. Resources					
A. Type and Amount					
1. Program Resources					

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.A.1.	Faculty	Met	Yes	Adequate number	
III.A.1.	Clerical/support staff	Not Met	No	Adequate amount	Students and faculty have noted a decline in clerical support due to a restructuring that occurred when the previous clerical support person (program coordinator) left the position. Students were concerned that they did not have access to support personnel for advisement and general information during the application and registration process. This appears to be a larger problem in the summer when the Program Director is not present on campus on a regular basis due to reduced load and responsibility. The Site Visit Team believes that this restructuring has negatively impacted the program.
			No	Evidence that program functions are not performed due to lack of clerical support (list)	
			Yes	Adequate student support (e.g., admissions, financial aid, academic advising, counseling)	
III.A.1.	Curriculum	Met	Yes	Current education standard	
			Yes	Updated and local enhancements	
III.A.1.	Finances	Met	Yes	Operating & capital budget adequate	
III.A.1.	Offices	Met			
III.A.1.	Classroom/laboratory facilities	Met	Yes	Adequate size & number for enrolled students	
III.A.1.	Ancillary student facilities	Met	Yes	Adequate facilities to support students (e.g., secure storage for coats/books, quiet study area, location for eating)	
III.A.1.	Hospital/clinical affiliations	Met	Yes	Adequate number and variety to meet experience requirements	
III.A.1.	Field internship affiliates	Met	Yes	Adequate number and variety to meet experience requirements	
III.A.1.	Equipment/supplies	Met	Yes	Adequate quantity, quality, & type	
			Yes	Inspection of labs	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.A.1.	Computer resources	Met	Yes	Adequate access to internet & LMS	
			Yes	Adequate number of computers accessible to students	
III.A.1.	Instructional reference materials	Met	Yes	Access to program library	
			Yes	Onsite resources	
			Yes	Databases (may be online)	
			Yes	Journals (may be online)	
III.A.1.	Faculty and staff continuing education	Met	Yes	Minimum of CE annually for staff	
			Yes	Sponsor support for participation	
2. Hospital/Clinical Affiliations and Field/Internship Affiliates					
III.A.2.	Students have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care appropriate to the level of the EMS Profession(s) for which training is being offered	Met	Yes	Evidence of adequate number of patients through tracking system	
			Yes	Evidence of adequate distribution of patients through tracking system	
			Yes	Clinical sites demonstrate adequate volume	
			Yes	Interview with Medical Director	
			Yes	Interview with clinical preceptors	
			Yes	Interview with field internship preceptors	
	Yes		Interview with students		
	<p style="text-align: center; color: red;">Hover to see comment ==></p> <p style="text-align: center; color: red;">Site Visitors: Is the program tracking patient encounters?</p>				
III.A.2.	Hospital/clinical/field internship experiences	Met	Yes		

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.A.2.	Airway management patients (e.g., OR)	Met	Yes		
III.A.2.	Critical Care patients (e.g., ICU/CCU)	Met	Yes		
III.A.2.	Obstetrics patients (e.g., Labor and Delivery)	Met	Yes		
III.A.2.	Pediatric patients (including age sub-groups)	Met	Yes		
III.A.2.	Psychiatric patients	Met	Yes		
III.A.2.	Geriatric patients	Met	NA		Through ED and Ambulance exceeds 80 patients.
III.A.2.	Other <i>[specify in Rationale column]</i>		NA		

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.	Met	All Job Descriptions located in the Appendix C sub-folder of the SSRs, except for the Assistant MD which is located in the Appendix O sub-folder:		
			Yes	Program Director	
			Yes	Medical Director	
			Yes	Associate Medical Director(s)	
			NA	Assistant Medical Director(s) (App O) [Utilized only with out of state sites]	
			NA	Lead Instructor(s)	
			Yes	Faculty	

1. Program Director (PD)

a. Responsibilities

The Program Director must be responsible for all aspects of the program, including but not limited to:

			Yes	Verified by job description	
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Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.B.1.a.1)	Administration, organization, supervision of the educational program	Met	Yes	Confirmed average number of hours per week	
			Yes	Confirmed adequate time allotted to each aspect of the program	
			Yes	Evidence that Program Director is responsible for: course scheduling, teaching assignments, evaluations, testing, curriculum review & revision, evaluation of faculty & instructors, budgeting, and student records	
			Yes	Evidence of a preceptor training program including: Dates of orientations Roster of attendees List of preceptors and their locations	
			Yes	Evidence of completion of orientation program by each preceptor	
III.B.1.a.2)	Continuous quality review and improvement of the educational program	Met		Evidence of resource assessment analysis and action plans	
			Yes	Evidence of outcomes analysis and action plans	
			Yes	Evidence of periodic assessment & review of evaluations of student, faculty, employer, preceptor, clinical & field internship sites	
III.B.1.a.3)	Long range planning and ongoing development of the program	Met	Yes	Reviewed/discussed long range plans	
			NA	Evidence of implementation of recommendations received	
			Yes	Evidence of curriculum updates	
III.B.1.a.4)	Effectiveness of the program, including instruction and faculty, with systems in place to demonstrate program effectiveness	Met	Yes	Reviewed/discussed evaluation methods of program effectiveness	
			Yes	Communicates with Medical Director on a regular basis	The current medical director had been on the job 11 hours as of this report (1.5 hours at time of interview). SO FAR, there has been good communication and the new medical director

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.B.1.a.5)	Cooperative involvement with the Medical Director	Met	Yes	Evidence that Medical Director has adequate participation in program	seems eager to get involved. He has already spent approximately a month with the program director reviewing curriculum, lesson plans and examinations.
III.B.1.a.6)	Orientation/training and supervision of clinical and field internship preceptors	Met	Yes	Evidence of orientation/training and supervision of clinical and field internship preceptors	
III.B.1.a.7)	Effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual	Met	NA	Evidence of adequate communication among faculty & documentation of decisions, changes	
b. Qualifications (PD)					
III.B.1.b.1)	Minimum of a Bachelor's degree		Verified by Executive Office (EO)		
III.B.1.b.2)	Appropriate medical or allied health education, training, experience		Verified by Executive Office (EO)		
III.B.1.b.3)	Knowledge about methods of instruction, testing, evaluation of students	Met	Yes	Verified by discussion	
III.B.1.b.4)	Field experience in delivery of out-of-hospital emergency care	Met	Yes	Verified by discussion	
III.B.1.b.5)	Academic training & preparation related to emergency medical services at least equivalent to that of a paramedic		Verified by Executive Office (EO)		
III.B.1.b.6)	Knowledgeable concerning current versions: National EMS Scope of Practice and National EMS Education Standards, and evidenced-informed clinical practice	Met	Yes	Verified by discussion	
2. Medical Director (MD)					
a. Responsibilities					
The Medical Director must be responsible for medical oversight of the program, and must:					
III.B.2.a.1)	Review & approval of the educational content for appropriateness & medical accuracy, and current evidenced-informed pre-hospital or emergency care practice	Not Met	No	Verified by emails	New Medical Director as of TODAY June 15, 2017, Kenneth Lindsey. He has already reviewed some materials but still needs to review and approve the complete content of the program, the required minimums for clinical and field as well as labs. Could not find evidence that the previous medical director had reviewed these materials.
			Yes	Verified by signature on curriculum	
III.B.2.a.2)	Review & approval of required minimum numbers for each of the required patient contacts and procedures	Not Met	Yes	Verified by Advisory Committee Minutes	New Medical Director has not yet reviewed in its entirety. Could not find evidence that the previous medical director has reviewed / approved this material.

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.B.2.a.3)	Review & approval the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship	Not Met			New Medical Director has not yet reviewed in its entirety. Could not find evidence that the previous medical director has reviewed / approved this material.
III.B.2.a.4)	Review progress of each student throughout the program and assist in the determination of appropriate corrective measures, when necessary	Met	Yes	Evidence of process for Medical Director review and approval	Based on previous medical director, these have been completed. This has not yet been performed by the new medical director as the opportunity has not occurred.
III.B.2.a.5)	Ensures the competence of each graduate in cognitive, psychomotor, & affective domains	Met	Yes	Evidence that the Medical Director attests that students meet terminal competencies	Based on previous medical director, these have been completed. This has not yet been performed by the new medical director as the opportunity has not occurred.
			Yes	Signed Terminal Competency forms	
III.B.2.a.6)	Engages in cooperative involvement with Program Director	Met	Yes	Communicates with Program Director on a regular basis	
III.B.2.a.7)	Ensures effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician	N/A	NA	Regular communication with Associate Medical Director(s)	
			NA	Exercise of supervision of Associate Medical Director(s)	
			NA	Overall verification by Medical Director of duties 2, 3, and 4 for all program graduates, regardless of location	
III.B.2.a.8)	Ensures educational interaction of physicians with students	Met	Yes		
b. Qualifications (MD)					
III.B.2.b.1)	Currently licensed and authorized to practice in the location, with experience & current knowledge of emergency care of acutely ill and injured patients		Verified by Executive Office (EO)		
III.B.2.b.2)	Adequate training or experience in delivery of out of hospital emergency care including proper care & transport, medical direction, and quality improvement in out of hospital care	Met	Yes	Verified by discussion	
III.B.2.b.3)	Active member of local medical community & participate in professional activities related to out of hospital care	Met	Yes	Verified by discussion	
III.B.2.b.4)	Knowledge about EMS education including professional, legislative, regulatory issues	Met	Yes	Verified by discussion	
3. Associate Medical Director (Assoc MD)					

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed	
Does the program utilize the Associate MD position?		N/A			
4. Assistant Medical Director (Assist MD)					
Does the program utilize the Assistant MD position?		N/A			
5. Faculty / Instructional Staff					
a. Responsibilities					
III.B.5.a.	Designated Faculty to coordinate instruction or supervision & provide frequent assessments on progress toward achieving acceptable program requirements	Met	Yes	Evidence of adequate number of faculty for the number of enrolled students	
			Yes	Evidence of adequate faculty assigned to monitor students in clinical & field internship areas	
			Yes	Review of schedules for assignments / teaching load	
b. Qualifications					
III.B.5.b.	Knowledge in course content & effective in teaching	Met	Yes	Verified by resume	
			Yes	Verified by discussion	
III.B.5.b.	Capable through academic preparation, training & experience	Met	Yes	Verified by resume	
			Yes	Verified by clinical & educational credentials	
6. Lead Instructor					

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
Does the program utilize the Lead Instructor position?		N/A			
c. Curriculum					
III.C.1.	Ensures achievement of program goals & teaching domains	Met	Yes	Reviewed program goals	
III.C.1.	Appropriate sequence of classroom, laboratory, clinical, & field internship experience, and field internship activities	Met	Yes	Reviewed schedule for didactic, lab, clinical, field component	
			Yes	Verified scheduling of components in appropriate sequence	
III.C.1.	Progression of learning: didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience	Met	Yes	Evidence that the majority of the field internship occurs following the didactic & clinical phases	
III.C.1.	Instruction based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, & competencies required for graduation	Met	Yes	Reviewed course syllabus	
			Yes	Evidence of complete lesson plans for the curricula	
			Yes	Evidence of complete list terminal competencies	
III.C.1.	Meets or exceeds content & competency of the latest edition of the National EMS Education Standards	Met	Yes	Reviewed schedule	
			Yes	Reviewed a sample of lesson plans	
			Yes	Verified with employers	
			Yes	Academic credit provided	
c. Curriculum (Tracking)					

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.C.2.	Sets and requires minimum numbers of patient/skill contacts for each of the required patients and conditions listed and at least annually evaluates and documents that the established program minimums are adequate to achieve entry-level competency	Met	Yes	Reviewed tracking systems to verify the system's capability to allow determination of the students meeting required elements	
			Yes	Tracking system defines the Minimum requirements for completion or method to determine competency and mechanism to insure that all students meet the standard	
			Yes	Tracking system documents the successful performance of the required competencies for each student	
			Yes	Pediatric age subgroups are tracked	
c. Curriculum (Team Leads)					
III.C.3.	Field internship provides opportunity to serve as team leader in a variety of ALS situations	Met	Yes	Reviewed field internship documentation for verification of team leader performance for each student	
			Yes	Discussion with students & graduates of team leader performance	
			Yes	Discussion with field preceptors of team leader performance	
			Yes	Discussion with employers	
			Yes	Evidence of consistent preceptor assignments for effective team leader performance	
d. Resource Assessment					
III.D.	Annually assess appropriateness & effectiveness of required resources	Met	Yes	Completed Resource Assessment Matrix [RAM]	
			Yes	Raw surveys administered to all students at least annually	
III.D.	Assessment results are the basis for planning & change	Met	Yes	Evidence of documentation of implemented changes	

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.D.	Action plan developed when deficiencies identified	Met	Yes	Evidence of action plans	
III.D.	Documentation of action plan and measurement of results	Met	Yes	Evidence of review of the results from the 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 of toward achievement of competencies & learning domains	Met	Yes	Validity and reliability assessments of program exams	
			Yes	Feedback mechanisms by program to students indicating progress toward achievement of competencies	
			Yes	Evidence of demonstration of skill mastery prior to entering clinical areas	
			Yes	Reviewed a sample of exams for content, validity, quality	
IV.A.1.	Assessment of the achievement of required competencies through criterion-referenced, summative, comprehensive final evaluations in all learning domains	Not Met	No	Evidence of summative program evaluation at the end of the course of study (at a minimum cognitive & skill, scenario evaluation)	Summative examinations (Cognitive, Psychomotor) are currently conducted at the end of the didactic and clinical components of the program, but BEFORE the start of internship (Team Leads) (Affective evaluations are completed at the end of Internship). With the new IOOH NR scenarios this WILL BE moved to the completion of Internship under the new medical director. The new medical director will also be involved in a true capstone summative examination to occur at the end of the completion of the Internship Process (Team Leads).
			Yes	Documentation of summative competency assessment for cognitive, clinical, & field components	
			Yes	Evidence of adequate clinical & field internship supervision by faculty	
			Yes	Reviewed process for grading, remediation	
2. Documentation					
IV.A.2.a.	Records maintained in sufficient detail to document learning progress & achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases	Met	Yes	Reviewed student records (attendance, grade book)	
			Yes	Reviewed attendance policy	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
IV.A.2.b.	Tracks and documents each student successfully meets each established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions	Met	Yes	Reviewed tracking systems to verify the system's capability to allow determination of the students meeting required elements	
B. Outcomes					
1. Outcomes Assessment					
IV.B.1.	Periodically assesses effectiveness in achieving stated goals & learning domains	Met	NA should only be selected for programs seeking Initial Accreditation		
			Yes	Reviewed tools used to assess program's outcomes	
IV.B.1.	Results reflected in the reviews & timely revision of program	Met	Yes	Reviewed raw data	
IV.B.1.	Assessments include: national/state credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, programmatic summative measures (i.e. final comprehensive students evaluations in all learning domains)	Met	Yes	Reviewed program's analysis and action plans	
			Yes	Reviewed implemented changes based on analysis and action plan	
2. Outcomes Reporting					
IV.B.2.	Periodically submits goal(s), learning domains, evaluation systems, outcomes, analysis of outcomes & appropriate action plan based on the analysis	Met	NA should only be selected for programs seeking Initial Accreditation		
			Yes	Validate outcomes in the annual report match outcomes reported on the program's website.	
V. Fair Practices					
A. Publications & Disclosure					
V.A.1.	Announcements, catalogs, publications, advertising are accurate	Met			
V.A.2.	Make known to applicants and students: Accreditation status (institutional & programmatic)	Met	Yes	Reviewed school catalog	
V.A.2.	Accrediting agency contact information	Met			

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
V.A.2.	Admissions policies & practices	Met	Yes	Reviewed student handbook, course syllabi for required content	
V.A.2.	Technical standards	Met			
V.A.2.	Policies on advanced placement	Met	Yes	Reviewed web site	
V.A.2.	Transfer of credits	Met			
V.A.2.	Credits for experiential learning	Met			
V.A.2.	Number of credits required for completion	Met	Yes	Verified with students & graduates	
V.A.2.	Tuition / fees and other costs required	Met			
V.A.2.	Policies & processes for withdrawal & refunds	Met			
V.A.3.	Make known to students: Academic calendar	Met	Yes	Reviewed student handbook, college catalog	
V.A.3.	Student grievance procedure	Met	Yes	Reviewed web site	
V.A.3.	Criteria for successful completion of each program segment & graduation	Met	Yes	Reviewed course syllabi	
			Yes	Reviewed clinical orientation process	
V.A.3.	Policies regarding performing clinical work	Met	Yes	Verified with students & graduates	
V.A.4.	Maintains and makes available current & consistent summary information about student/graduate achievements on required outcomes assessments	Met	Yes	Documentation of summative student/graduate competency assessments	
B. Lawful & Non-discriminatory Practices					
V.B.	Student & Faculty recruitment, student admission, and Faculty employment practices are non-discriminatory & in accordance with Federal & state statutes, rules, and regulations	Met	Yes	Reviewed student handbook	
			Yes	Reviewed college catalog	
			Yes	Reviewed Faculty handbook	
V.B.	Faculty grievance procedure known to all paid faculty	Met	Yes	Interview with paid Faculty	
			Yes	Written Faculty grievance policy	
V.B.	Notification to State Office(s) of EMS for all states the program has educational activities	Met	Yes	Program State EMS office notification	Only in Washington, and state office has been informed.
			Yes	Out of state EMS office notification(s)	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
C. Safeguards					
V.C.	Health & safety of patients, students, Faculty, & other associated participants is adequately safeguarded	Met	Yes	Evidence of preventative health screening, appropriate immunizations	
			Yes	Evidence of post exposure plan	
V.C.	Students are not substituted for paid staff	Met	Yes	Evidence that students are always 3 rd rider	
D. Student Records					
V.D.	Satisfactory records must be maintained for: Student admission	Met	Yes	Review of the sponsoring institution's student records	
V.D.	Advisement	Met			
V.D.	Counseling	Met	Yes	Reviewed a sample of student records (e.g., enrolled, graduated, attrition) for: content, organization, completeness, transcript	
V.D.	Evaluation	Met			
V.D.	Grades & credits are recorded on a transcript & permanently maintained	Met	Yes	Reviewed grade book or other records	
			Yes	Interview regarding permanent storage	
E. Substantive Change					
V.E.	Reports substantive changes in a timely manner: change in sponsorship, change in location, addition of a satellite location, or addition of a distance learning program	Met	NA	Changes in sponsorship since submission of self study report	
			NA	Changes in location since submission of self study report	
			NA	Addition of satellite location(s)	
			NA	Addition of a distance learning program	
F. Agreements					
V.F.	Formal affiliation agreements or MOUs exist between the sponsor and all other entities that participate in education of students describing relationship, role, and responsibilities of sponsor and entity	Met	Yes	Reviewed all agreements for currency, appropriate content, & appropriate signatures	



SUMMARY OF FINDINGS



600051

Central Washington University

2015 CAAHEP Standards & Guidelines

Disclaimer For Exit Summation

Site Visitors, you must 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 Violation & Recommendations

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. The Summary of Findings tab is the only documentation that will be left with the program at the Exit Summation.

1. List the STRENGTHS of the program

Row heights should auto adjust; however if they do not, the row height can be manually adjusted by 'pulling' the row down. For empty rows, highlight them, right click, and choose hide. Do not delete any rows because they cannot be reinserted.

a.	Passionate faculty with extensive background and experience in EMS across the union.
b.	Excellent reputation across communities of interest
c.	Exceptional National Registry pass rate
d.	Faculty has an extreme presence in both State and National venues to work to improve EMS

2. All POTENTIAL *STANDARDS VIOLATIONS* noted in the Site Visit Findings tab of this report are listed below along with the *Standard* heading and a rationale why it is NOT met. The Site Visit Team should include any further comments in the 'Additional Comments' column.

Row heights should auto adjust; however if they do not, the row height can be manually adjusted by placing the cursor over the row line and 'pulling' the row down. For empty rows, highlight them, right click, and choose hide. Do not delete any rows because if a citation needs to be added, the row will no longer be available.

<i>Standard</i> Reference	Rationale	Additional Comments
Standard III.A.1. Program Resources	Students and faculty have noted a decline in clerical support due to a restructuring that occurred when the previous clerical support person (program coordinator) left the position. Students were concerned that they did not have access to support personnel for advisement and general information during the application and registration process. This appears to be a larger problem in the summer when the Program Director is not present on campus on a regular basis due to reduced load and responsibility. The Site Visit Team believes that this restructuring has negatively impacted the program.	
Standard III.B.2.a.1) MD Responsibilities	New Medical Director as of TODAY June 15, 2017, Kenneth Lindsey. He has already reviewed some materials but still needs to review and approve the complete content of the program, the required minimums for clinical and field as well as labs. Could not find evidence that the previous medical director had reviewed these materials.	
Standard III.B.2.a.2) MD Responsibilities	New Medical Director has not yet reviewed in its entirety. Could not find evidence that the previous medical director has reviewed / approved this material.	
Standard III.B.2.a.3) MD Responsibilities	New Medical Director has not yet reviewed in its entirety. Could not find evidence that the previous medical director has reviewed / approved this material.	

Standard IV.A.1. Stud Eval - Frequency & Purpose	Summative examinations (Cognitive, Psychomotor) are currently conducted at the end of the didactic and clinical components of the program, but BEFORE the start of internship (Team Leads) (Affective evaluations are completed at the end of Internship). With the new IOOH NR scenarios this WILL BE moved to the completion of Internship under the new medical director. The new medical director will also be involved in a true capstone summative examination to occur at the end of the completion of the Internship Process (Team Leads).	
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PRESENT AT EXIT SUMMATION

List the names and their titles of those present at the summation conference
For empty rows, highlight them, right click, and choose hide. Do not delete any rows reinserted.

Name / Credential	Title
Bernadette Jungblut	Associate Provost of Accrediation
Paul Ballard	Dean of College of Education and Professional Studies
Rebecca Pearson	Interim Chair, Department of Health Sciences
Keith Monosky	Program Director
Kenneth Lindsey	Medical Director
Steve Chrisman	Clinical Coordinator
James Pierce	Faculty
Toni Snowden	Office Assistant III
Catie Holstein	EMS Manager, Department of Health
Dawn Felt	EMS Education Training Consultant, State of Washington
Ron Lawler	CoAEMSP Team Member
Jeff McDonald	CoAEMSP Team Member

SIGNATURES OF SITE VISIT TEAM MEMBERS

Jeff McDonald / Ron Lawler

Site Visit Report prepared by:

Team Captain:

Jeff McDonald, MEd, NRP	817-515-6448	jeff.mcdonald@tccd.edu
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<input checked="" type="checkbox"/>	Checking this box constitutes an electronic signature	

Team Member:

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Printed Name	Phone Number	Email
<input checked="" type="checkbox"/>	Checking this box constitutes an electronic signature	