



July 17, 2017

Victor Jaime, EdD
President
Imperial Community College District
380 East Aten Road
Imperial, CA 92251

Dear Dr. Jaime:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on **July 13, 2017** to award **continuing accreditation** to the Emergency Medical Services - Paramedic program at Imperial Community College District, Imperial, CA.

The recent peer review conducted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur no later than **2022**.

The CoA EMSP will regularly monitor the program's compliance with the outcomes assessment thresholds through the program's Annual Report as well as other documentation that may be requested (Standard IV.B.).

The following citations merit your institution's attention and resolution in order to strengthen the program's compliance with the Standards (for a complete copy of the Standards, check the CAAHEP website at www.caahep.org, or call the office at 727-210-2350):

II.B. Program Goals - Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts.

Note: the standard language is modified from the 2005 CAAHEP Standards.

Rationale: Activities and actions of the Advisory Committee are not documented. No written documentation to support the Advisory Committee has reviewed and endorsed the program's goal and outcomes.

Post Site Visit Response: The program provided evidence of Advisory Committee minutes; however, there is no evidence of appointment and attendance of a Public Member or overall attendance on the roster of all Advisory Committee members as required.

Submit minutes of advisory committee meetings, including the members and their communities of interest and if the member was present or absent, demonstrating that it meets at least annually, and that it assists program and sponsor personnel in formulating and periodically revising

appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. [CoAEMSP offers an Advisory Committee meeting template on www.coaemsp.org.]

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.**
- 3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship.**
- 4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.**

Note: the standard language is modified from the 2005 CAAHEP Standards.

Rationale: The medical director does not consistently review and approve the educational content for appropriateness and medical content; evaluation of students in all areas; or progress of each student throughout the program and assist in development of corrective measures. The faculty and students all commented on the medical director's value as a resource who encourages evidence based practice, provides updated research information to the program director; however, the medical director's participation has declined in the past several years.

Post Site Visit Response: The program provided a narrative but no evidence as requested that the Medical Director is fulfilling duties number 1, 3, and 4.

Submit documentation that the medical director:

- 1) reviews and approves educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice (e.g., signed memorandum stating nature of review activities, dates conducted, etc);*
- 3) reviews and approves the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship (e.g., formative and summative exams, laboratory, clinical, and field internship evaluation instruments, Paramedic Psychomotor Competency Portfolio [PPCP], etc);*
- 4) reviews the progress of each student throughout the program, and assists in the determination of appropriate corrective measures, when necessary (e.g., description of activities, date(s) of communication with program director for such activities, etc); [Note: The response needs to include the actual documentation; sample or blank forms are not sufficient.]*

III.C.2. Resources - Curriculum

The program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

Note: the standard language is modified from the 2005 CAAHEP Standards.

Rationale: Competencies are tracked; however, no minimums have been established according to age, pathology, complaint, gender and intervention.

Post Site Visit Response: The program provided the required minimum numbers; however, no evidence of how those minimums were established, approval by the Medical Director,

endorsement by the Advisory Committee, and summary tracking documentation of each student who has completed the program, as well as, an action plan for those not meeting the required minimum numbers.

Submit the program required minimum number of times each student must successfully perform each of the competencies (Appendix G in the self-study report format), including each pediatric age subgroup.

Describe how those minimum were established, and submit documentation of the approval by the Medical Director (e.g., signed letter, email correspondence) and endorsement of the Advisory Committee (i.e. meeting Minutes).

Submit summary tracking documentation of the number of times each student who have completed the program has successfully performed each of the competencies according to patient age (including pediatric age subgroups), pathologies, complaint, gender, and interventions to demonstrate that the program minimums are being met. [Note: The response needs to include the actual tracking documentation of all students (indicate any students who are not graduates); sample or blank forms are not sufficient.]

Submit the Program's specific action plan for students who do not yet meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical and field internship activities). NOTE: simulation cannot be used for team leads.

III.C.3. Resources - Curriculum

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.

Note: the standard language remains unchanged from the 2005 CAAHEP Standards.

Rationale: Unable to determine if students are provided opportunities to serve as team leader. There is no established minimum number of times a student must serve as a team leader and the student field evaluation form has not been filled out to show if the patient encounter is counted as a team lead or not.

Post Site Visit Response: The program provided hand-written documentation for one (1) or two (2) student(s); however, Team Leads were not included in the documentation for each student. The program submitted an action plan which was incomplete for students not achieving the minimum number of Team Leads. The program provided the required minimum number of Team Leads; however, no evidence of how those Team Lead minimums were established, approved by the Medical Director, endorsed by the Advisory Committee, nor provided summary tracking documentation of each student who has completed the program.

Submit the program's required minimum number of team leads required for each student.

Submit summary tracking documentation that each student who has completed the program has served as a Team Leader in the variety of pre-hospital advanced life support emergency medical situations and has met the required minimum number specified by the program. [Note: The response needs to include the actual tracking documentation of all students; sample or blank forms are not sufficient.]

Submit the Program's specific action plan for students who do not yet meet the program's minimum required numbers in the on-time educational activities of the curriculum (e.g., in the usual scheduled clinical and field internship activities). NOTE: simulation cannot be used for team leads.

IV.A.1. Student and Graduate Evaluation/Assessment - Student Evaluation 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.

Note: the standard language remains unchanged from the 2005 CAAHEP Standards.

Rationale: Faculty reviews the exams with students and have conducted item analysis in the past; however, no current evidence of exam review for validity and reliability.

Post Site Visit Response: The program submitted documentation that did not address the citation nor was it the information requested.

Submit documentation of the validity and reliability of the program's major exams. Include a description of a comparison of exam item content to program learning objectives, conducted by faculty and medical director (i.e., content validity).

Submit evidence of validity and reliability by item analysis (percentage of students answering each item correctly is satisfactory and correlation of item performance to students' overall exam score).

Considering all the data collected by the program from the method(s) used, submit documentation of the program's analysis of that data, and the changes made, if any, based on the program's analysis. NOTE: For a given exam, state 1 or 2 items (give the item #'s) where statistics prompted a review, and state the results of that review for those item(s) (e.g., multiple keying of the item, revision of the item content, review of the curriculum for that content, confirmation that the item was acceptable, etc).

[For assistance in student evaluation, CoAEMSP has obtained permission from the National Association of EMS Educators (NAEMSE) 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.]

V.F. Fair Practices - Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

Note: the standard language remains unchanged from the 2005 CAAHEP Standards.

Rationale: The program director stated all signed field affiliation agreements are current; however, copies were lost in the move to the new facility.

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Post Site Visit Response: The program provided some signed affiliation agreements; however, no list of active clinical and field internship sites as requested was included. Therefore, it could not be determined if the affiliation agreements included were for active sites or if all affiliation agreements were included.

Submit a list of active clinical and field internship sites.

Submit copies of the signed affiliation agreements with each active clinical and field internship site.

CAAHEP requests that a progress report, **using the progress report template provided**, be sent **electronically to karen@coaemsp.org** by **March 01, 2018** indicating the manner in which these citations have been resolved.

Failure to respond satisfactorily to the citations above may result in a withdrawal of accreditation.

The accreditation standards are established by CAAHEP, CoA EMSP, American Academy of Pediatrics (AAP), American Ambulance Association (AAA), American College of Cardiology (ACC), American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOEP), American College of Surgeons (ACS), American Society of Anesthesiologists (ASA), International Association of Fire Chiefs (IAFC), National Association of Emergency Medical Technicians (NAEMT), National Association of State EMS Officials (NASEMSO), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Physicians (NAEMSP), and the National Association of EMS Educators (NAEMSE).

The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation. Questions concerning the submission or content of the progress report should be directed to the CoA EMSP Executive Office.

Sincerely,



Carolyn O'Daniel, EdD, RRT
President

cc: Justina Aguirre, RN, MSN, Dean of Health and Public Safety
Steve Holt, BS, EMTP, Program Director, EMT-P
Thomas B. Brazelton III, MD, MPH, FAAP, Chair, CoA EMSP
George W. Hatch Jr., EdD, LP, EMT-P, Executive Director, CoA EMSP