



ACCREDITCON

THE COLLABORATIVE
FOR ADVANCING EXCELLENCE
THROUGH ACCREDITATION



Meet the Standards

- Not based on a norm-reference process
 - Outstanding, Very Strong, Satisfactory, Poor
- Criterion-referenced process
 - Met
 - Not-met
- Must provide objective evidence
 - Site-team verifies information
 - Administration, faculty, staff, preceptors, students, graduates

Evaluation
VS.
Disciplinary Action
VS.
Academic Counseling

Affective evaluation and academic counseling is not intended to be disciplinary in nature

Disciplinary action includes affective evaluation and counseling

Standard IV.A.1. 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.

How frequent is frequent enough evaluation?

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

Criterion-referenced? Summative? Comprehensive? All domains?

Possible Evidence of Compliance For This Standard:

- Exam Analysis Form (all available on the CoAEMSP website)
- Instructor Observation Form
- Presenter Evaluation Form
- Skill Instructor Evaluation Form

Interpretation of Standard:

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 when the capstone field internship is nearing completion.***

Capstone? When can it be done?

Summative comprehensive evaluation must include cognitive, psychomotor, and affective domains.

Didactic/Cognitive Evaluation (see also IV.A.2- Documentation)

The didactic evaluation system must include both formative and summative types of evaluations (e.g. quizzes, exams).

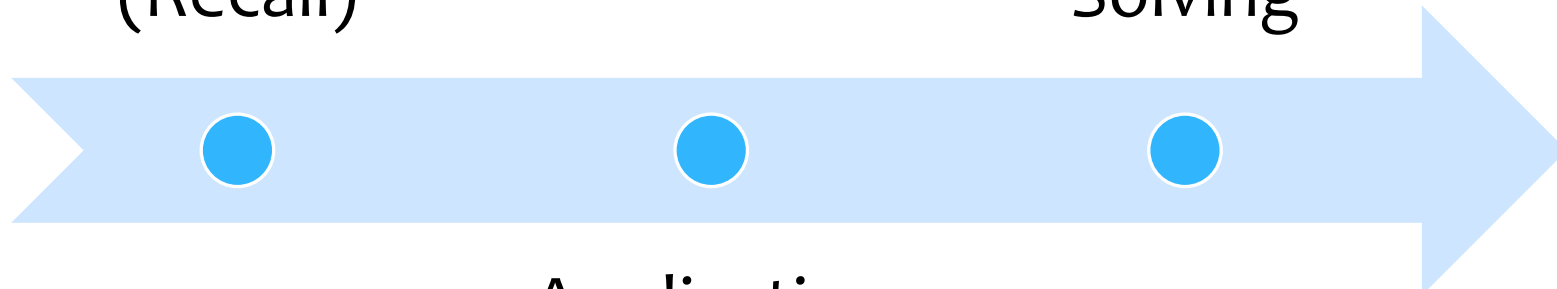
Formative vs. summative evaluations? Course vs. program?

There should be a progression in the level of questions toward higher levels of critical thinking.

The examinations must be reviewed for validity and medical accuracy. The Medical Director must review the medical content and accuracy of the examination system. These activities must be documented [see III.B.2.a.2)]

Knowledge
(Recall)

Problem
Solving



Application

For programs using a commercial testing product, the program must demonstrate, through the program's own item analysis, that the test items used are valid and reliable for the program. Simply quoting the national validity and reliability information provided by the vendor does not adequately establish that the test items are valid and reliable for the specific curriculum of the specific program.

The results of the review (based on program established criteria) must be documented as well as any changes to exams that resulted from the review. Programs with large enrollments may be able to employ recognized mathematical formulas.

Psychomotor Evaluation (see also IV.A.2-Documentation)

The program needs to have a system that provides evidence that the student moves from novice to entry level competence for each skill as evaluated individually and through scenario-based activities or patient care activities. The frequency of evaluations is determined by each program; however certain evaluations are required.

The program must designate the minimum number of times that each student must successfully perform each skill.

The program must be able to justify its numbers, which may relate to the national standards, local community needs, input from the Advisory Committee and/or approval by the Medical Director.

Didactic
(theory)

Mastery
on the
manikin

Field
Experience



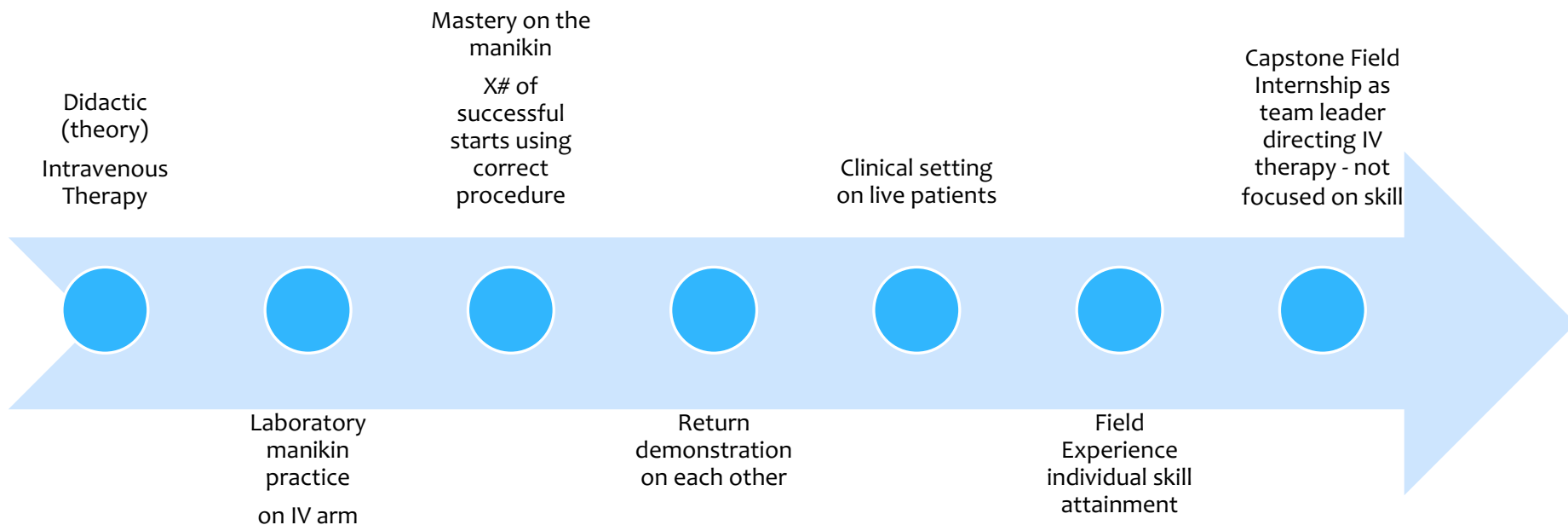
Laboratory
manikin
practice

Clinical
setting

Capstone
Field
Internship



Skill Progression



Affective Evaluation (see also IV.A.2-Documentation)

As important as the cognitive and psychomotor domains, the program must teach, monitor, and evaluate (i.e. grade) the attitudes and behaviors of the students, including interpersonal interactions. There must be at least one comprehensive affective evaluation of each student, separate from affective components of clinical/field evaluations. The program must maintain records of the regular affective evaluations.

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, capstone field internship). The frequency of the evaluations need 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).

Can you fail a student on affective evaluation alone? It must be in the syllabus for each course.

Terminal Competence

The program must document that each students has reached terminal competence as an entry level paramedic in all three learning domains through a system of evaluation from novice to entry level competence and through scenario-based activities or patient encounters (e.g., portfolio).

Determination of terminal competence is a joint responsibility of the program and the medical director. The Medical Director must certify and document terminal competence. [see III.B.2.a.4].

Medical Director Student Review

Program name:		Date:	
CoAEMSP Program number: 600xxx		Course start date:	
Program Director:		Number of students enrolled:	
Lead Instructor:		Lead Instructor:	
Term:	Didactic/Lab <input type="checkbox"/>	Clinical <input type="checkbox"/>	Field internship <input type="checkbox"/>

Student	Issues Identified Y/N	Satisfactory Progress Y/N	Remediation if Indicated

Program Director signature _____ Date _____

Medical Director signature _____ Date _____

Standard IV.A.2. Student Evaluation-Documentation

- a. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the program.
- b. The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age- range, chief complaint, and interventions.

Interpretation of Standard:

The program must have adequate methods to document those items described in Standard IV.A.1.

Didactic/Cognitive Documentation

The program must keep a master copy of all exams used in the program. Also, the program must maintain a record of student performance on every didactic evaluation.

Psychomotor Documentation

The program must keep a master copy of all psychomotor evaluation instruments used in the program. Also, the program must maintain a record of student performance on every psychomotor evaluation. The record could be a summary of scores or the individual graded skill sheets.

Documentation should show progression of the students toward terminal competency.

Affective Documentation

The program must keep a master copy of all affective evaluation instruments used in the program. Also, the program must maintain a record of every student's affective evaluation(s).

Evaluations of all learning domains should be reviewed with students in a timely fashion. Evidence of review is required.

A record of all counseling and the results must be maintained by the program.

Can counseling be done informally and verbally with no written record?

It is expected that the school will meet with each student at least once each academic session (e.g., semester, term, quarter) in sufficient time that the student can adequately respond to the counseling, as needed.

What is “in sufficient time” to respond to the counseling?

Counseling includes, but is not limited to, exchange of information between program personnel and a student providing academically related advice or guidance for each of the three learning domains.

The school needs a policy on when student counseling will occur, such as:

- *routinely during an academic session (e.g., semester, quarter, term).*
- *part of due process for disciplinary proceeding.*
- *for academic deficiencies and the path for improvement.*
- *for other issues that interfere with the teaching/learning process.*
- *review of the academic status of the student and what must occur for academic success in the course and/or program*
- *for a status assessment of the student's academic progress for each learning domain.*
- **Document, document, and document some more!**

The documentation of counseling session should include at a minimum:

- *The date of the counseling session*
- *The reason for the counseling session*
- *The essential elements of the discussion of the counseling, including corrective action and the timeline for that action*

You must have an action plan agreed upon by you and the student. Secure student signature for action plan.

- *The decision of the result of the counseling*
- *The signature of the school official doing the counseling*
- *The student's response to the counseling*
- *The signature of the student acknowledging receipt of the counseling completed form.*

What if the student refuses to agree to the action plan and/or sign the document?

Your top academic student in the program is now in the field internship phase of the program. Her performance on the didactic examinations, laboratory evaluations, scenario testing, clinical performance and field experience evaluations have all been consistently outstanding. However, her field internship preceptor consistently rates her as "poor performance" in the ALS field internship. She only has two more weeks to complete the field internship.

What are some of the issues with this case?

What counseling would you provide to the student?

What would be your action plan?

QUESTIONS?

THANK YOU FOR ATTENDING!