Program Reaccreditation Application, Instructions and Self Study

Intermediate

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Development of the Comprehensive Self Study

Each institution affiliated with the Virginia Office of Emergency Medical Services accepts the responsibilities to undergo periodic evaluation through self study and professional peer review. The effectiveness of self-regulatory accreditation depends upon an institution's acceptance of certain responsibilities, including involvement in and commitment to the accreditation process. An institution must submit an application, completed self study, and undergo a peer site review in order to obtain a new award of accreditation prior to conducting training at the Intermediate level. At the conclusion of the self-study, the institution is expected to accept an honest and forthright peer assessment of institutional strengths and weaknesses.

Self study is part of a three-part process of accrediting an institution. This process includes a self appraisal, an on-site visit by a team of peers, and a review and a decision on the accredited status of the institution by the Office of EMS. The self appraisal results in a report that is an analysis of the on-going and systematic activities and achievements of an institution. The aim of self appraisal is to assess how well an institution meets accreditation standards and to stimulate improvement of educational quality and institutional performance. The ultimate goal of accreditation is to help an institution improve attainment of its own mission—improving student learning and student achievement.

Self appraisal requires a conscious and self-reflective analysis of strengths and weaknesses and an examination of every aspect of institutional function against predefined standards. Broad involvement in the both the institutional self appraisal and preparation of the self study narrative enhances the credibility and usefulness of the self study.

Additional Locations or Learning Sites

On occasion, accredited training programs in Virginia contact the Office of EMS regarding offering additional training in alternative training sites which differ from the site receiving initial accreditation. As a result, OEMS training staff has contacted the "Commission on Accreditation of Allied Health Programs" for clarification. The OEMS has determined that additional programs can be offered under the original accreditation, dependant upon the program sponsoring the training demonstrating that all program components and evaluation tools are essentially the same as the original.

In an effort to accommodate institutions offering accredited programs, the Office is not requiring that the entire accreditation process be repeated a second time. The Office of EMS has put in place a policy for those alternative sites.

Institutions that intend to operate entire programs or parts of programs at a different location or learning site must prepare and submit a separate Alternative Site Self Study for each additional location. This application can be obtained from the Office of EMS. The questions which make up the Alternative Site Self Study must be addressed for each alternative site to assure OEMS that the two programs are essentially the same.

A site different from the original accreditation can be approved upon receipt of written verification of site details. As a reminder, it is important for all accredited programs to remember that should changes occur within the program, it is necessary to notify OEMS in writing of those changes.

Organization Prior to Preparation of the Self Study

Since the accreditation process from initial receipt of the self study to receiving official approval can take from three to six months, a realistic and detailed timetable for the organization and completion of the self study report should be developed. Although the exact organizational plan will vary from institution to institution, the following suggestions may be helpful:

1. Select an appropriate member of the staff to direct the preparation of the self-study.
2. Involve all members of the faculty, administration, governing board or council in the discussions of the self-study.
3. Establish subcommittees to prepare specific sections of the self-study.
4. Adopt a reasonable time schedule and enforce it.

The Self Study Questions

The self-study questions are designed to elicit a thorough analysis of the institution and the program. The narrative should be prepared in clear and concise language and should respond to each of the questions asked. The format for the narrative report should be as follows:

- The narrative shall be contained in a ***3-ring binder and all materials must be typewritten or prepared using a computer, collated, tabbed to divide the various sections as designated in the Self Study document***. Individual pages of the self-study **should not** be submitted in plastic page holders.
- Required attachments shall be included at the end of the narrative in addition to any exhibits and should be provided only if they are essential to the team's review and preparation prior to the visit. Exhibits should be clearly marked and logically ordered.
- Please provide the following information on the front cover and spine of the 3-ring binder and the binder of exhibits: Site/School name, City, State.

Submitting the Self Study

Institutions should send three hard copies of the completed self-study (including exhibits) in an accompanying binder to:

Virginia Department of Health
Office of Emergency Medical Services
ALS Program Accreditation
Attn: Chad L. Blosser
1041 Technology Park Drive
Glen Allen, VA 23059

The institution should keep at least one copy for the institution's files. The self-study document is reviewed for completeness upon receipt at OEMS. You will be contacted if it does not contain all of the required items. Please do not submit other applications or requests with the self-study.

Scheduling Site Visits

The scheduling of a site visit depends on a number of factors, including the availability of site evaluators and staff and the date when the completed materials arrive.

Once the Office of Emergency Medical Services has received the application materials in complete and proper form, the self study will be assigned to a Site Review Team. Once the team leader has determined that the program warrants consideration for state accreditation, they will contact the site/school to schedule a date for a site visit.

Preparing for the Team

The institution shall provide a suitable workspace for the evaluation team. This room must be private, with sufficient table space to allow team members to comfortably review all materials, interview administrative and faculty personnel, and write the report. It is also desirable, but not necessary for the workroom to contain a telephone and a computer with a printer.

Also, institutions are required to update the application where significant changes have occurred since its submission to the Office of EMS at least two weeks prior to the on-site evaluation visit.

The team normally will arrive in the morning on the first day of the visit. In some cases, when the institution offers evening classes, the team may visit the institution the evening before the scheduled visit. When the team arrives, they will take a brief tour of the facilities followed by an introductory meeting with the chief on-site administrator. At the introductory meeting, the administrator(s) should fully describe all changes that have occurred since the filing of the application.

During the visit, members of the team will meet with administrators, faculty, the OMD, and students. They will visit classrooms and other parts of the facility. The institution should have informed its faculty, staff, and/or students of the date and purpose of the visit. The team will examine information such as course syllabi, student academic and financial records, files of faculty and staff, and minutes of meetings. Some teams also may want to consult with directors or trustees and community leaders or local employers.

Program Reaccreditation

In order to obtain reaccreditation for an EMT-Intermediate program, the institution shall apply for reaccreditation by submitting the *Application for Institutional Accreditation of Advanced EMT Programs* to the Office of Emergency Medical Services for renewal not less than 180 days before expiration of their current accreditation.

The application and Self Study included in this package will be official means of application for renewing accreditation. Please contact the Office of EMS for a copy of this documentation.

Categories of Approval

The education program shall be assigned one (1) of the three (3) categories of approval status by OEMS following the application review, site team visit and review of site team visit report.

1. Provisional Accreditation (1-year period). This status is assigned to successful initial applicants and/or when the *Application for Institutional Accreditation of Intermediate Programs* and the site visit report substantiate limitations in meeting criteria which can be resolved within the definite time frame of one (1) year.
    a. The applicant is required to submit a written progress report addressing these limitations to OEMS.
    b. A second site visit may be required to verify that all limitations are resolved. If a second site visit is required, a revised *Application for Institutional Accreditation of Advanced EMT Programs* report addressing all criteria including changes made since initial site visit shall be required prior to conducting the visit.
    c. At the end of the one (1) year provisional accreditation period the OEMS may:
        i. Confer Full Accreditation for the remainder of the five (5) year period, if the applicant has satisfied all requirements, or
        ii. A second 1 year Provisional Accreditation or
        iii. deny accreditation or
        iv. revoke accreditation

2. Full Accreditation (5-year period). This status is assigned when the *Application for Institutional Accreditation of Intermediate Programs* has been submitted and site visit report substantiates that the program meets criteria. An annual written report of educational activities and progress shall be submitted to the Office of Emergency Medical Services Division of Educational Development. CAAHEP accredited programs shall also submit

an annual report and updated CAAHEP status (if applicable).

3. Denial or Revocation of Accreditation. This status is assigned when the *Application for Institutional Reaccreditation of Intermediate Programs* and the site visit report substantiates that the program/organization is not in compliance with the criteria set forth in 12 VAC 5-31 and the Training Programs Administration Manual. The program shall be notified by mail of the OEMS decision.

The Office of Emergency Medical Services reserves the right to visit accredited programs at any time to ensure compliance with the standards for approval.

Appeal Procedure

An applicant program may contest an adverse decision by the OEMS with regard to the approval status assigned. A written notice of appeal must be directed to the Office of Emergency Medical Services Division of Regulation and Compliance and submitted within ten (10) days after receipt of written notification of the OEMS decision.

The request must include reasons and documentation why the original decision should be revisited. The appeal will follow the Virginia's Administrative Process Act. If the written appeal request is not submitted within the specified time frame of ten (10) days, the Office of EMS's decision stands as final.

Application for Intermediate Accreditation

APPLICATION DATE _____

TYPE OF APPLICATION
(*CHECK ONE*):

☐ REACCREDITATION – INTERMEDIATE PROGRAM

A. INSTITUTIONAL DATA

OFFICIAL NAME OF INSTITUTION _____

MAILING ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

ON-SITE ADMINISTRATOR'S E-MAIL ADDRESS (THIS INDIVIDUAL WILL RECEIVE ALL RELATED CORRESPONDENCE FROM OEMS)

E-MAIL ADDRESS _____

WEB SITE ADDRESS _____

PHYSICAL ADDRESS
(IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

NAME AND TITLE OF CEO OR COO _____

NAME AND TITLE OF ON-SITE ADMINISTRATOR _____

NAME AND TITLE OF PROGRAM DIRECTOR _____

PROGRAM CREDENTIALS*
(CHECK ALL THAT APPLY)

**** FOR POSTSECONDARY INSTITUTIONS ONLY***

- ☐ CERTIFICATE
- ☐ DIPLOMA
- ☐ OCCUPATIONAL ASSOCIATE'S DEGREE
- ☐ ACADEMIC ASSOCIATE'S DEGREE
- ☐ BACHELOR'S DEGREE
- ☐ OTHER

CORPORATION TYPE (*CHECK ONE*):

- ☐ PRIVATELY HELD CORPORATION
- ☐ PUBLICLY TRADED CORPORATION
- ☐ NOT-FOR-PROFIT CORPORATION
- ☐ LIMITED PARTNERSHIP WITH CORPORATE GENERAL PARTNER
- ☐ LIMITED LIABILITY COMPANY

DATE OF ORIGINAL ESTABLISHMENT OF INSTITUTION _____

B. <u>ALTERNATIVE SITE INFORMATION</u>

DOES THE INSTITUTION INTEND TO OPERATE THIS PROGRAM AT ANY OTHER LOCATIONS OTHER THAN THE ONE SPECIFIED ON PAGE 2? YES ☐ NO ☐

IF YES, LIST ADDRESS, PHONE NUMBER, AND ADMINISTRATOR (IF APPLICABLE) <u>OF EACH LOCATION</u> (ATTACH A SEPARATE SHEET, IF NECESSARY):

ADDRESS OF ADDITIONAL SITE _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX (IF AVAILABLE) _____

NAME AND TITLE OF ON-SITE ADMINISTRATOR _____

WHAT IS THE RELATIONSHIP OF THIS SITE TO ONE LISTED ON PAGE 2 OF THIS APPLICATION?

_____

_____

C. **PERSONNEL** *LIST EACH PERSON IN ONLY ONE CATEGORY.*

NUMBER OF ADMINISTRATIVE STAFF: FT _____ PT _____

NUMBER OF FACULTY MEMBERS FOR THIS PROGRAM: FT _____ PT _____

D. **STUDENTS**

ANTICIPATED NUMBER OF REGULARLY ENROLLED STUDENTS:

_____ FULL-TIME _____ PART-TIME _____ TOTAL

E. **SIGNATURES**

CEO OR COO _____ DATE _____

ON SITE ADMINISTRATOR _____ DATE _____

PROGRAM DIRECTOR _____ DATE _____

Office of EMS use only:

Site Visitor:_____ Date_____ Recommendation: ☐ Yes ☐ No

Site Visitor:_____ Date_____ Recommendation: ☐ Yes ☐ No

Office of EMS:_____ Date_____ Recommendation: ☐ Yes ☐ No

Application for Institutional Reaccreditation of Intermediate Programs

The following questions have been designed to ensure that at a minimum, the basic components of a sound educational process are in place for EMT-Intermediate training programs in the Commonwealth.

Please answer each of the following questions thoroughly and completely; simple 'yes' or 'no' answers will not provide the site review team with an adequate picture of your program. Your answer should be detailed and if necessary, include references (or direct the reader) to specific forms and/or pages in manuals included as appendices to the self study narrative.

This MS Word® document has been designed to allow the user to complete it electronically and then print it off for inclusion in the self study binder. Simply click on the shaded 'place cursor here to type answer' fields and answer the question. The document can be saved on your PC and edited or revised as necessary.

Section I: Sponsorship

1. Is this program sponsored by or affiliated with a post secondary institution? (This is not a mandatory.)

   [place cursor here to type answer]

Section II: Basic Program Information

1. What level(s) of training are offered by your program/institution?

☐ First Responder
☐ EMT-Basic
☐ EMT-Intermediate
☐ EMT-Paramedic

a. Level of Program(s)	☐ First-Responder	☐ EMT-B
b. Length of program (in months)		
c. Total credit hours for completion		
d. Maximum class size (capacity)		
e. Actual current enrollment		
f. Number of classes admitted per year		
g. Month(s) classes are admitted		
h. Certificate of completion granted	☐ Yes ☐ No	☐ Yes ☐ No
i. Type of degree awarded		
j. Number of paid EMS program faculty	FT= PT=	FT= PT=
k. FTE paid EMS program faculty		
l. Number of unpaid EMS program faculty		
m. Number of clinical affiliates-or-field Internships Sites		
n. Date of completion of next class		
o. Year program enrolled first class		

a. Level of Program(s)	☐ EMT-I	☐ EMT-P
b. Length of program (in months)		
c. Total credit hours for completion		
d. Maximum class size (capacity)		
e. Actual current enrollment		
f. Number of classes admitted per year		
g. Month(s) classes are admitted		
h. Certificate of completion granted	☐ Yes ☐ No	☐ Yes ☐ No
i. Type of degree awarded		
j. Number of paid EMS program faculty	FT= PT=	FT= PT=
k. FTE paid EMS program faculty		

l. Number of unpaid EMS program faculty		
m. Number of clinical affiliates-or-field Internships Site		
n. Date of completion of next class		
o. Year program enrolled first class		

2. Institutional/Program Information

(Below, "Appropriate" means that it meets the applicable CAAHEP/CoAEMSP **Standard**)

a. Date Institutional Accreditation Last Granted: Length Granted:

b. Is the sponsoring institution/consortium legally authorized under applicable state laws to provide postsecondary education?

☐Yes ☐No

c. This program operates under which academic system?

☐Semester ☐Quarter ☐Trimester

☐Other (specify)

d. Does the institution/consortium publish a general catalog/bulletin for its educational programs?

☐Yes, latest edition ☐No

e. Does the institution/consortium have a:

Faculty grievance policy? ☐Yes ☐No
student grievance policy? ☐Yes ☐ No

f. Do students have access to appropriate library resources? ☐Yes ☐ No

g. Do students have access to the same health services as other students enrolled in the educational institution?

☐Yes ☐No

h. Do students receive the same personal counseling as other students enrolled in the educational institution?

☐Yes ☐ No

Provided by

i. Do students receive the same academic advising as other students enrolled in the educational institution?

☐Yes ☐ No

Provided by

j. Do students in the EMS program receive all support services available to other students enrolled in the educational institution?

☐Yes ☐ No

k. Are students' institutional records permanently maintained? ☐Yes ☐ No

Location If No, # of Years

l. Are students' program records permanently maintained? ☐Yes ☐ No

Location If No, # of Years

m. Are admissions made in accordance with clearly defined and published practices of the institution and program, and non-discriminatory?

☐Yes ☐No

n. Does your institution have policies and procedures to ensure compliance with the ADA?

☐Yes ☐ No

o. Does the EMS program disclose technical standards in compliance with ADA?

☐Yes ☐ No

p. When are students informed of the program's technical standards?

Section III: Medical Direction

1. Is there a formal relationship between the medical director and the program? Explain and include a copy of the Medical Director's job description and/or agreement as an appendix.

   [place cursor here to type answer]

2. Please have the Medical Director and any Co-Medical Directors complete and sign the OEMS Medical Director CV found in Appendix A of this document.

3. Obtain a copy of the Medical Director's personal curriculum vitae and attach it as an appendix to this document.

Section IV: Program Direction

1. Is there a formal relationship between the program director and the program? Explain and include a copy of the Program Director's job description and/or agreement as an appendix.

   [place cursor here to type answer]

2. Please have the Program Director any Co- Directors complete and sign the OEMS Program Director CV found in Appendix B of this document.

3. Obtain a copy of the Program Director's personal curriculum vitae and attach it as an appendix to this document.

Section V: Faculty

1. What evidence is there that the program has assured that each instructor is qualified through academic preparation, training and experience to instruct students in assigned topics?

   The program should be able to:

   - provide evidence (through CV's, resumes, personal information, copies of certification cards, etc.) that each instructor is fully capable of instructing students in assigned topics.
   - show that appropriate expertise in the assigned topic was assessed prior to initial selection
   - show that continuing expertise is monitored

   [place cursor here to type answer]

2. Is there a formal relationship between each faculty member and the program? Explain and include a copy of the faculty member's job description and/or agreement as an appendix.

   [place cursor here to type answer]

3. Please have all other program personnel (excluding the Medical Director and the Program Director) complete and sign the OEMS Other Paid EMS Program Personnel CV found in Appendix J of this document.

4. Obtain a copy of each faculty member's personal curriculum vitae as well as all pertinent certification cards and attach it as an appendix to this document.

5. Have each faculty member complete the *OEMS Personnel-Faculty Program Resource Survey* (Appendix C) which MUST BE returned to OEMS via USPS BEFORE the program's site visit is conducted.

6. Have each faculty member complete the *Faculty Evaluation Questionnaire* (Appendix D). Include the results of this questionnaire in your self study in Section V. – Faculty.

Section VI: Financial Resources

1. Attach a copy of the program's annual budget and expenditures for the past 5 years. The budget documents should show how the program is funded and how it is able to meet it's expenditures.

Section VII: Facilities

1. Do the classrooms have adequate seating for the numbers of students per each class? Describe the layout of the classroom(s).

   [place cursor here to type answer]

2. Do the laboratories appear to be adequate to support the curriculum requirements for the number of students assigned? Describe the lab's layout.

   [place cursor here to type answer]

3. Are there sufficient supplies and equipment available to be used in the provision of instruction and consistent with the needs of the curriculum and adequate for the students enrolled? Explain and include an inventory of equipment as an appendix.

   [place cursor here to type answer]

For example:

- is there a mechanism available for restocking of supplies?
- are the supplies and equipment appropriate for all age groups?
- are the supplies and equipment state of the art for the geographical region?
- are supplies and equipment sufficient to support the activities of the laboratory instruction within the program?
- is the equipment owned or borrowed? If borrowed, is there a written agreement for use of the equipment?
- is there is sufficient quantity of equipment for the class size?

7. Have there been any changes to the facility, labs or equipment since the program was first accredited?

[place cursor here to type answer]

Section VIII: Clinical Resources

1. Are there signed affiliation agreements with each clinical site associated with the program that are appropriate to the objectives of that rotation? Explain and include copies of all clinical affiliation agreements as an appendix.

For example:

- do these contracts stipulate areas where students may practice?
- do these contracts identify responsible staff for assuring learning and conduct?
- do these contracts cover each of the following clinical areas?
  - Emergency Department
  - Intensive Care
  - Operating Room
  - Labor and Delivery
  - Pediatric Unit
  - Alternative clinical settings may include:

    Family Practice Office
    Mental Health Clinic
    Dialysis Clinic
    Community Based Health Clinics
    Detox Facilities
    Community Services Board

Home Health with Nursing Programs
Extended/Long Term Care Facilities

[place cursor here to type answer]

2. Do all students have appropriate access to patients in each affiliated clinical unit?

   The program should be able to:
   - provide evidence that students in their program will have contact with neonates, infants, children, adults [young, middle aged, geriatric] of both sexes.

   [place cursor here to type answer]

3. Will all students have access to adequate numbers of patients who present common problems in the delivery of advanced emergency care in each clinical unit? Explain and include any documentation/evidence in an appendix.

   [place cursor here to type answer]

4. Will all students have an opportunity to encounter patients of appropriate distribution by age and sex? Explain and include any documentation/evidence in an appendix.

   [place cursor here to type answer]

5. Obtain statistics from each clinical affiliation and complete an OEMS Clinical Affiliation Matrix (Appendix E) for each site. Attach it as an appendix to this document.

Section IX: Field Internship

1. Are there signed affiliation agreements with each field site associated with the program that are appropriate to the objectives of that rotation? Explain and include copies of all field affiliation agreements as an appendix.

   [place cursor here to type answer]

2. Is there evidence of medical director participation in the field internship program?

   As evidenced by:
   - *students functioning only with approved preceptors present who are authorized by the program's OMD.*
   - *run sheet reviews conducted as well as evaluation forms by the programs OMD.*
   - *communication with on-line medical control by program OMD for additional evaluation.*

   [place cursor here to type answer]

3. Are the students under the direct supervision of preceptors at all times?

   This should be documented in:
   - program guidelines
   - field agreements
   - preceptor manual/field internship manual

   [place cursor here to type answer]

4. How is preceptor performance verified?

   For example is preceptor performance:
   - documented by records of preceptor orientation and training programs?
   - confirmed by program administration?
   - determined by on-site evaluator evaluation?

[place cursor here to type answer]

5. Is there evidence that the students receive objective evaluations?

For example:

- what ensures there are no conflicts of interest?
- are there periodic interviews with preceptors and students during the internship?
- Do these interviews involve both the medical director and the program director?

[place cursor here to type answer]

6. How is the field internship component integrated with the overall curriculum of the program?

For example:

- documentation showing how the field internship is weighted when evaluating satisfactory completion of the program.
- the field internship begins after didactic and hospital clinicals.
- these reviews involve both the medical director and the program director.
- the internship emphasizes assessment and problem solving
- adequate documentation is maintained throughout the course demonstrating progression of the student to achieve entry-level competency

[place cursor here to type answer]

7. Is there evidence that a student is never substituted as a required team member within the EMS system during the field internship component of the program?

For example:

- documentation showing that agreements with agencies conducting field internships include this statement
- documentation showing that students are informed about this and what they should do if ever placed in this situation

[place cursor here to type answer]

8. Obtain statistics from each field affiliation and complete an OEMS Field Affiliation Matrix (Appendix F) for each site. Attach it as an appendix to this document.

9. Complete an OEMS Student Field Internship Rotation Matrix (Appendix G) for each site. Attach it as an appendix to this document.

Section X: Students

1. Is there evidence that the program has published admissions policy and classroom procedures?

   For example:
   - Evidence that a copy of the policies and procedures is provided to each student
   - should include but not be limited to prerequisites for the program, student expectations, class/course rules, policies for all student activities such as clinicals and internships

   [place cursor here to type answer]

2. Are evaluations conducted to assure that both students and program faculty have evidence of student progress?

   For example:
   - Documentation detailing the frequency and type of evaluation tools used to measure student progress
   - documentation of student records for test scores and progress
   - documentation of student conferences and counseling sessions
   - evidence of input and feedback through preceptor, student and faculty evaluations

   [place cursor here to type answer]

3. Do students receive information regarding the program to include program requirements, tuition rates and fees? Explain and provide documentation an appendix.

   [place cursor here to type answer]

4. Is there evidence that there are published policies to ensure that recruitment and admission are non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

   [place cursor here to type answer]

5. Is there evidence that there are published policies to ensure that faculty employment is non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

   [place cursor here to type answer]

6. Is there evidence of a published grievance policy for student grievances?

   [place cursor here to type answer]

7. Is there evidence of a published grievance policy for faculty grievances?

   [place cursor here to type answer]

8. Are policies and processes for student withdrawal and tuition refund published and known to all applicants of the program?

   [place cursor here to type answer]

9. Is there evidence that the health and safety of patients, students, and faculty associated with the program are adequately safeguarded?

   [place cursor here to type answer]

10. Does the program require evidence of high school graduation or equivalent documentation in student records?

    [place cursor here to type answer]

11. Is there evidence that each student was informed about their individual progress in the program?

    For example:

    - the program maintains documentation of progress reports and counseling sessions and this is also detailed in administrative policies

    [place cursor here to type answer]

12. Have each current student complete the *Student Program Resource Survey* (Appendix H) which should be included as an appendix in your self study.

13. Have each current student complete the *Student Questionnaire* (Appendix I) which MUST BE returned to OEMS via USPS BEFORE the program's site visit is conducted

Section XI: Program Evaluation

1. Is there evidence that the program periodically assesses its effectiveness in achieving goals and objectives?

   For example:

- does the program have a plan for periodic review of the entire program based upon all feedback mechanisms to ensure the program is effectively achieving its goals and objectives?
- does the program verify through documentation, program improvements made based upon feedback, review and assessments of the program?
- does the program track, review and assess the appropriateness of pass/fail scores for exams?
- does the program review and assess performance objectives, modifying them as needed based upon feedback and review of the program?
- does the program track and assess classroom exam scores and correlate them with certification examination results?

[place cursor here to type answer]

2. What are the top five (5) items/issues that the program's Advisory Board has addressed in the past five years?

[place cursor here to type answer]

3. What changes—suggested by the program's Advisory Board—have been made in the past five years? What effect did these changes have on the program?

[place cursor here to type answer]

4. Please list your program's statistics below.

	Withdraw Rate	Placement Rate	Certification Rate
Enhanced			
1st Academic Year			
2nd Academic Year			
3rd Academic Year			
4th Academic Year			
5th Academic Year			
Intermediate			
1st Academic Year			
2nd Academic Year			
3rd Academic Year			
4th Academic Year			

5th Academic Year			

1. **Withdraw Rate** is calculated based upon the following formula: Total number of people marked as ***withdraw*** on the CSDR divided by Total number of students ***enrolled*** in the program.
2. **Placement Rate** is calculated based upon the following formula: Total number of students ***employed in field*** divided by the Total number of students marked as ***pass*** on the CSDR.
    a. **Employed in Field** means that the students are employed in a position where their core job functions make use of the of the skills learned in their program.
        i. **Acceptable examples:**
            1. An Intermediate graduate employed by a hospital ED working as an ED Tech.
            2. An Intermediate graduate employed by a career EMS agency who is functioning as an ALS provider.
            3. An unemployed Intermediate graduate who is enrolled full-time in a college program seeking a higher credential.
        ii. **Unacceptable examples:**
            1. An intermediate graduate employed by McDonalds as a cook.
            2. An Intermediate graduate employed by a BLS transport agency.
3. **Certification Rate** is calculated based upon the following formula: Total number of students with ***Virginia EMS certification*** divided by the Total number of students marked as ***pass*** on the CSDR.