

The following are the most frequent citations programs received in 2018:

10. (tie) Standard IIIB.2.a.1) Medical Director Responsibilities – educational content

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

10. (tie) Standard I.C. Minimum Expectations

The program must have the following goal defining minimum expectations: Paramedic: “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 Emergency Medical Responder levels.”

9. Standard IIIB.2.a.5) Medical Director Responsibilities – competence of each graduate

The medical director must be responsible for medical oversight of the program, and must ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.

8. Standard III.C.2. Curriculum – set and requirement minimum number patient/skill contacts

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.

7. (tie) Standard IIIC.3. Curriculum – team leads

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.

7. (tie) Standard D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**.

The program must include results of resource assessment from at least students, faculty, medical director(s), and advisory committee using the CoAEMSP resource assessment tools.

The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources.

Implementation of the action plan must be documented and results measured by ongoing resource assessment.

#### 6. Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations

For all affiliations, students must 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 Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

#### 5. (tie) Standard II.B. 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.

#### 5. (tie) Standard II.B.2.a.4) Medical Director Responsibilities – progress of each student

The medical director must be responsible for medical oversight of the program, and must review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.

#### 4. (tie) Standard II.B.2.a.3) Medical Director Responsibilities – instrument and process to evaluate students

The medical director must be responsible for medical oversight of the program, and must review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship.

#### 4. (tie) Standard III.C.1. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.

Progression of learning must be 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.



Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

### 3. Standard IIIB.2.a.6) Program Director Responsibilities

The program director must be responsible for all aspects of the program, including, the orientation/training and supervision of clinical and field internship preceptors.

### 2. Standard IV.A.2.b. Student Evaluation & Documentation

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.

### 1. 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.

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

The CoAEMSP uses an [interpretations guide](#) to better inform programs on ways to demonstrate the program meets the CAAHEP *Standards*.