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Committee on Accreditation  
of Educational Programs for the  
Emergency Medical Services Professions



February 14, 2019

The Findings Letter is based on the 2015 CAAHEP Standards and Guidelines

William Robertson, DHSc, NRP, Program Director  
EMS Professions Program  
Weber State University  
3875 Stadium Way  
Ogden, UT 84408

Program Number: 600064

Dear Dr. Robertson:

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) would like to thank the EMS Professions Program sponsored by Weber State University, Ogden, Utah, for hosting an on-site visit on December 10-11, 2018, with Mr. Rick Foehr and Mr. Steven Kolar 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](mailto:jennifer@coaemsp.org) within **14 calendar days**, which is not later than **February 28, 2019**, 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 **March 1, 2019**; the RAS is available at [www.caahep.org](http://www.caahep.org).

The program exhibits strengths in the following areas:

- The program's access to and use of contemporary technology, including the 'SIM Man' simulator and the ambulance simulator, is exceptional.
- The track record of the program demonstrates an excellent reputation in the community including a 100% pass rate on the National Registry (NREMT) credentialing examination and high-quality graduates who 'hit the ground running' and ready to go to work in the field.
- The Program Director is to be commended as well-recognized and well-respected in the community at-large.
- The program Medical Director has been an integral part of the success of the program and is to be commended for his long-term commitment to the program and its students for more than 10 years.
- Faculty are noteworthy for actively pursuing advanced degrees to enhance and expand their knowledge and educational roles.
- The Administrative Specialist is a key member of the program's staff and integral to the program's success.

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:

- *No potential violations noted by the site visit team.*

In addition, the following points are comments provided by the site visitors. They do not currently reflect violations of the CAAHEP *Standards*:

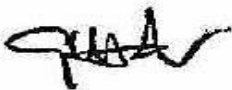
- Consider incorporating a full-time Clinical Coordinator to ensure the program's continued success.

The program should review CoAEMSP's *new Appendix G* in preparing to demonstrate implementation and compliance by **July 1, 2019**. Appendix G is available at [https://coaemsp.org/Self\\_Study\\_Reports.htm](https://coaemsp.org/Self_Study_Reports.htm) > Appendix G - Student Minimum Competency Matrix (effective July 1, 2019).

The Program will be on the agenda of the CoAEMSP Board **May 3, 2019**, 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, 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  
Confirmation of Factual Accuracy form

cc: Yasmien Simonian, PhD, MLS(ASCP)CM, Dean  
Norm Tarbox, PhD, Interim President  
Rick Foehr, BA, MICP, CoAEMSP Site Visit Team Captain  
Steven Kolar, MBA, RN, LP, CoAEMSP Site Visit Team Member



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 #:

600064

Sponsoring Institution:

Weber State University

City:

Ogden

State:

UT

Site Visit Date:

December 10-11, 2018

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

Type of Site Visit:

Continuing Accreditation

Names of the Site Visit Team Members:

Team Captain:

Rick Foehr, BA, MICP

Team Member:

Steven Kolar, MBA, RN, LP



# SITE VISIT REPORT FINDINGS

**600064 Weber State 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			

#### C. Responsibilities of Sponsor

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

#### A. Program Goals and Outcomes

II.A.	Written statement of program's goals and learning domains	Met	Yes			
II.A.	Consistent with and responsive to demonstrated needs and expectations of the various communities of interest served by the educational program	Met	Yes			
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	Yes			
II.A.	Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation.	Met	Yes			
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	Yes			

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
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	Yes		
<b>B. Appropriateness of Goals and Learning Domains</b>					
II.B.	Regularly assesses goals and learning domains	Met	Yes		
II.B.	Program personnel identify and respond to changes in the needs and/or expectations of its communities of interest	Met	Yes		
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	The Advisory Committee is well-versed in the dynamics of the Program, as a large percentage of them are Weber State University grads. This committee is engaging and knows their role in the success of the Program.
			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	
<b>C. Minimum Expectations</b>					
II.C.	<b>Following goal(s) defining minimum expectations:</b> 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.	Met	Yes		
<b>III. Resources</b>					
<b>A. Type and Amount</b>					
<b>1. Program Resources</b>					
III.A.1.	Faculty	Met	Yes	Adequate number	
III.A.1.	Clerical/support staff	Met	Yes	Adequate amount	
			No	Evidence that program functions are not performed due to lack of clerical support (list)	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
			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	Yes		
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	
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)	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
			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	
<b>2. Hospital/Clinical Affiliations and Field/Internship Affiliates</b>					
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	
	Hover to see comment ==> <b>Site Visitors: Is the program tracking patient encounters?</b>	Yes	Interview with students		
III.A.2.	Hospital/clinical/field internship experiences	Met	Yes		
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		

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.	Geriatric patients	Met	Yes		
III.A.2.	Other <i>[specify in Rationale column]</i>	Met	NA		
<b>B. Personnel</b>					
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	
			NA	Associate Medical Director(s)	
			Yes	Assistant Medical Director(s) (App O) [Utilized only with out of state sites]	
			Yes	Lead Instructor(s)	
			Yes	Faculty	
<b>1. Program Director (PD)</b>					
<b>a. Responsibilities</b>					
<b>The Program Director must be responsible for all aspects of the program, including but not limited to:</b>					
III.B.1.a.1)	Administration, organization, supervision of the educational program	Met	Yes	Verified by job description	
			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	



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.2)	Continuous quality review and improvement of the educational program	Met	Yes	Evidence of resource assessment analysis and action plans	The SV Team found evidence of annual RAM
			Yes	Evidence of outcomes analysis and action plans	
			Yes	Evidence of periodic assessment & review of evaluations of student, faculty, employer, 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	The Program recently switched textbooks and is using the Navigate II online tool
			Yes	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	
III.B.1.a.5)	Cooperative involvement with the Medical Director	Met	Yes	Communicates with Medical Director on a regular basis	
			Yes	Evidence that Medical Director has adequate participation in program	
III.B.1.a.6)	Orientation/training and supervision of clinical and field internship preceptors	Met	Yes	Evidence of orientation/training, supervision, and periodic assessment of clinical and field internship preceptors	The Program utilizes an online preceptor training program, Chi-Tester (a Weber State University product).
			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.7)	Effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual	Met	Yes	Evidence of adequate communication among faculty & documentation of decisions, changes	

**b. Qualifications (PD)**

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.b.1)	Minimum of a Bachelor's degree	Met	Verified by Executive Office (EO)		
III.B.1.b.2)	Appropriate medical or allied health education, training, experience	Met	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	Met	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	Met	Yes	Verified by emails	
			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	Met	Yes	Verified by Advisory Committee Minutes	
III.B.2.a.3)	Review & approval the instruments and processes used to evaluate students in didactic, laboratory, clinical, and capstone field internship	Met	Yes		The Medical Director reviews high stakes exams with the Program Director and helps to revise them as needed.
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	
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	
			Yes	Signed Terminal Competency forms	

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.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	Met	NA	Regular communication with Associate Medical Director(s)	
			NA	Exercise of supervision of Associate Medical Director(s)	
			Yes	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		The Medical Director lectures to paramedic class in person or via skype and conducts oral boards with each cohort.
<b>b. Qualifications (MD)</b>					
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	Met	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	The Medical Director belongs to a large group of medical doctors in the state, who all interact professionally with this organization (US Acute Care Association)
III.B.2.b.4)	Knowledge about EMS education including professional, legislative, regulatory issues	Met	Yes	Verified by discussion	
<b>3. Associate Medical Director (Assoc MD)</b>					
Does the program utilize the Associate MD position?		N/A			
<b>4. Assistant Medical Director (Assist MD)</b>					
Does the program utilize the Assistant MD position?		Yes	Number of Assistant MDs?	2	
<b>a. Responsibilities</b>					
When the program Medical Director or Associate Medical Director cannot legally provide supervision for out of state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director:					
III.B.4.a.1)	Medical supervision and oversight of students participating in field experience and/or capstone field internship	Met	Yes	Verified by emails	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include		Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
<b>b. Qualifications (Assist MD)</b>					
III.B.4.b.1)	Physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s), with experience & current knowledge of emergency care of acutely ill and injured patients	Met	Verified by Executive Office (EO)		The Program recently added 2 Assistant MD's who were approved by the EO, Dr. William Smith, WY and Dr. Robert Stefanko, NV, verified by Dr. Apfelbaum during discussion.
III.B.4.b.2)	Adequate training or experience in the delivery of out of hospital emergency care, including the proper care & transport of patients, medical direction, and quality improvement in out of hospital care	Met	Yes	Verified by discussion	
III.B.4.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.4.b.4)	Knowledge about the education of the EMS Professions, including professional, legislative, and regulatory issues regarding the education of the EMS Professions	Met	Yes	Verified by discussion	
<b>5. Faculty / Instructional Staff</b>					
<b>a. Responsibilities</b>					
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>b. Qualifications</b>					
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	
<b>6. Lead Instructor</b>					

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?		Yes	Number of Lead Instructors?		1 (Same as PD)
<b>a. Responsibilities</b>					
When the Program Director delegates specified responsibilities to a lead instructor, that individual must:					
<b>b. Qualifications</b>					
III.B.6.b.1)	Minimum of an Associate Degree	Met	Verified by Executive Office (EO)		
III.B.6.b.2)	professional healthcare credential(s)	Met	Verified by Executive Office (EO)		
III.B.6.b.3)	experience in emergency medicine/prehospital care	Met	Verified by Executive Office (EO)		
III.B.6.b.4)	knowledge of instructional methods	Met	Verified by Executive Office (EO)		
III.B.6.b.5)	teaching experience to deliver content, skills instruction, and remediation	Met	Verified by Executive Office (EO)		
<b>c. Curriculum</b>					
III.C.1.	Ensures achievement of program goals & teaching domains	Met	Yes	Reviewed program goals	The Program recently switched textbooks and are using the Navigate II online tool
III.C.1.	Appropriate sequence of classroom, laboratory, clinical, & field internship experience, and capstone field internship activities	Met	Yes	Reviewed schedule for didactic, lab, clinical, field component	The Program utilizes outlines for labs vs. lesson plans but the outlines are outcome-specific for each individual lab.
			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 Standardss	Met	Yes	Reviewed schedule	The Program utilizes outlines for labs vs. lesson plans; the outlines are outcome-specific for each individual lab.
			Yes	Reviewed a sample of lesson plans	
			Yes	Verified with employers	
			Yes	Academic credit provided	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed	
<b>c. Curriculum (Tracking)</b>					
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	The Program recently switched from Platinum to Fisdap for student tracking -- students are struggling with the learning curve as they're trying to learn Fisdap.
			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	
<b>c. Curriculum (Team Leads)</b>					
III.C.3.	Capstone Field internship provides opportunity to serve as team leader in a variety of ALS situations	Met	Yes	Reviewed capstone field internship documentation for verification of team leader performance for each student	50 Team Leads are required by the program and easily attained, according to graduates.
			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	
<b>d. Resource Assessment</b>					
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	

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
III.D.	Assessment results are the basis for planning & change	Met	Yes	Evidence of documentation of implemented changes	
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	High stakes exams are evaluated by the Program Director and Medical Director regularly to verify reliability and validity.
			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	Met	Yes	Evidence of summative program evaluation at the end of the course of study (at a minimum cognitive & skill, scenario evaluation)	
			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	Met	Yes	Reviewed student records (attendance, grade book)	
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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
	in the didactic, laboratory, clinical and field experience/internship phases		Yes	Reviewed attendance policy	
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>B. Outcomes</b>					
<b>1. Outcomes Assessment</b>					
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	
<b>2. Outcomes Reporting</b>					
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.	
<b>V. Fair Practices</b>					
<b>A. Publications &amp; Disclosure</b>					
V.A.1.	Announcements, catalogs, publications, advertising are accurate	Met			
V.A.2.	<b>Make known to applicants and students:</b> Accreditation status (institutional & programmatic)	Met	Yes	Reviewed school catalog	



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.	Accrediting agency contact information	Met	Yes	Reviewed student handbook, course syllabi for required content	
V.A.2.	Admissions policies & practices	Met			
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	36 credits are awarded at graduation
V.A.2.	Tuition / fees and other costs required	Met			The University is up front with tuition and all associated fees
V.A.2.	Policies & processes for withdrawal & refunds	Met			The University has a withdrawal and refund policy, as was attested to by the graduates.
V.A.3.	<b>Make known to students:</b> 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	The students complete their summative exam online at one of the University's testing sites.
<b>B. Lawful &amp; Non-discriminatory Practices</b>					
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	

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
V.B.	Faculty grievance procedure known to all paid faculty	Met	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	
			NA	Out of state EMS office notification(s)	
<b>C. Safeguards</b>					
V.C.	Health & safety of patients, students, Faculty, & other associated participants is adequately safeguarded	Met	Yes	Evidence of preventative health screening, appropriate immunizations	Castle Branch is used to manage the health screening
			Yes	Evidence of post exposure plan	
V.C.	Students are not substituted for paid staff	Met	Yes	Evidence that students are always 3 <sup>rd</sup> rider	
<b>D. Student Records</b>					
V.D.	<b>Satisfactory records must be maintained for:</b> 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	Records are stored permanently in canvas learning management system.
			Yes	Interview regarding permanent storage	
<b>E. Substantive Change</b>					
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	No	Changes in sponsorship since submission of self study report	
			No	Changes in location since submission of self study report	
			No	Addition of satellite location(s)	
			No	Addition of a distance learning program	
<b>F. Agreements</b>					

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include	Rationale for "Not Met" OR Comment if Consideration or Clarification is Needed
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



600064

Weber State University

## 2015 CAAHEP Standards & Guidelines

### Strengths, Potential Standards Violations & 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

a.	Technology, SIM Man and the ambulance simulator
b.	Track record/Reputation -- 100% pass rate on the NREMT exam, graduates are of high quality and hit the ground running, ready to go to work
c.	The Program Director is well recognized and respected in the community at large
d.	The Medical Director has been with the Program for more than 10 years and is an integral part of this successful Program.
e.	Faculty are actively pursuing advanced degrees to enhance and expand their knowledge and educational roles
f.	The Administrative Specialist is an integral part of the Program

#### 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.

Standard Reference	Rationale	Additional Comments
No potential violations noted by the site visit team.		

#### 3. RECOMMENDATIONS that may not reflect Standards violations, but the program is encouraged to consider

a.	Consider incorporating a full time Clinical Coordinator
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## PRESENT AT EXIT SUMMATION

List the names and their titles of those present at the summation conference

Name / Credential	Title
Rick Foehr	Team Captain
Steve Kolar	Team Leader
Brett Cross	Utah State Office of EMS
Bill Robertson	PD
John Apfelbaum	MD
Yas Simonian	Dean
Andrea Lalumia	Faculty
Christine O'Neil	Faculty
Holly Neilson	Clinical Coordinator
Robin Dunn	Administrative Staff
Ken Johnson	Associate Dean

## SIGNATURES OF SITE VISIT TEAM MEMBERS

Rick Foehr

Site Visit Report prepared by:

### Team Captain:

Rick Foehr, BA, MICP	619-885-0190	rick_foehr@yahoo.com
Printed Name	Phone Number	Email
<input checked="" type="checkbox"/>	Checking this box constitutes an electronic signature	

### Team Member:

Steven Kolar, MBA, RN, LP	281-684-6292	23skolar@gmail.com
Printed Name	Phone Number	Email
<input checked="" type="checkbox"/>	Checking this box constitutes an electronic signature	