September 24, 2018

Martha G. Lavender, PhD, RN
President
Gadsden State Community College
PO Box 227
Gadsden, AL 35902

Dear Dr. Lavender:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on September 21, 2018 to award continuing accreditation to the Emergency Medical Services - Paramedic program at Gadsden State Community College, Gadsden, AL.

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 2023.

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):

III.B.2.a. Resources - Medical Director Responsibilities
The medical director must be responsible for medical oversight of the program, and must:
4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.
8) ensure educational interaction of physicians with students.

Rationale: The program Medical Director does not provide medical oversight of the program as prescribed in these Standards. There is no evidence documenting the program Medical Director reviews and approves the:
1) educational content of the program curriculum for appropriateness and medical accuracy;
2) required minimum numbers for each of the required patient contacts and procedures listed in these Standards;
3) instruments and processes used to evaluate students in each phase of the curriculum. There is no evidence of a written policy on or program Medical Director’s approval regarding simulation counted in lieu of clinical patient contact or program required minimum numbers of competencies (i.e., intubation or pediatric);
4) review of each students’ progress throughout the program, and assisting in the determination of any corrective measures. The program Medical Director’s only direct involvement with each student is at the end of program for one (1) ten-minute meeting; as well as,
8) ensuring educational interaction of physicians with students. There is no documentation to support the program Medical Director’s reported minimal Interactions with students. The program Medical Director has not attended a meeting with students in at least three (3) years and has not provide any instruction during the current cohort.

All citations have been resolved; the accreditation status and next evaluation date remain in place.
Dr. Lavender

Post Site Visit Response: The program described and provided evidence how the program Medical Director fulfills the duties and responsibilities for items 1) the review and approval of the educational content of the program curriculum including appropriateness, medical accuracy, and reflection of current pre-hospital/emergency care practices; 2) the review and approval of the required minimum numbers for each of the required patient contacts and procedures listed in these Standards; and 3) the review and approval of the instruments and processes used to evaluate students in core didactic, laboratory, clinical, and field experiences, including capstone field internship.

Additionally, the program provided a plan for the program Medical Director 4) to review and approve the progress of each student throughout the program and to assist in the determination of appropriate corrective measures and 8) to ensure that educational interaction between the program Medical Director and other physicians and students is adequate and appropriate; however, no evidence has been provided of implementation of the plan.

Submit documentation clearly demonstrating that the program Medical Director is responsible for: 4) the review and approval of the progress of each student throughout the program, and assists in the determination of appropriate corrective measures (e.g., summary of measures determined), when necessary; and, 8) ensuring that educational interaction between the program Medical Director and other physicians and students is adequate and appropriate.

In addition, 4) Describe how the program Medical Director reviews the progress of each student (e.g., student counseling forms, log of activity, email communications).

Documentation must include a terminal competency form for each graduate signed and dated by the Medical Director. (A CoAEMSP Terminal Competency form is available on the CoAEMSP website for use by the program, if so desired). If the CoAEMSP form is not used, the program’s own terminal competency form must include the following statement: “We hereby attest that the candidate listed below successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for State and National Certification written and practical examination in accordance with our published policies and procedures.” The form must also have a section or sections where the medical director attests to and ensures the competence of the graduate in all three domains: cognitive, affective, and psychomotor.

In addition, 8) Evidence includes, at a minimum, a signed memorandum stating the nature of the educational interactions/activities with students, and dates those interactions/activities were conducted. Documentation should clearly demonstrate that the program Medical Director ensures sufficient educational interaction of physicians with students including appropriate contact with enrolled students.

III.D. Resources - 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.
Rationale: The program does not assess the appropriateness and effectiveness of resources as prescribed in the Standard. There is no evidence of a recently completed Resource Assessment Matrix (RAM) including the results of assessments from at least students, faculty, program Medical Director and the program Advisory Committee using the appropriate resource assessment tools. There is no evidence documenting the results of resource assessments serve as the basis for ongoing program planning and appropriate change. There is no evidence of resulting action plan(s) developed to address identified resource deficiencies, and of the implementation of any action plan(s) documented and results measured by ongoing resource assessment.

Post Site Visit Response: The program described how the sponsor ensures that the program assesses the appropriateness and effectiveness of resources at least annually; however, the CoAEMSP Resource Assessment Matrix (RAM) provided was incomplete.

Submit a completed CoAEMSP Resource Assessment Matrix (RAM) including columns D, E, and F. The CoAEMSP Resource Assessment Matrix (RAM) is available on the CoAEMSP web site at (https://coaemsp.org/Forms.htm).

Describe the resource deficiency (or deficiencies) identified by the program, if any. Submit the comprehensive action plan(s) developed to address any deficiency (or deficiencies) identified including timelines for implementation and assessment of each action plan(s) effectiveness.

CAAHEP requests that a progress report, using the progress report template provided, be sent electronically to karen@coaemsp.org by June 01, 2019 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), International Association of Fire Fighters (IAFF), 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,

[Signature]

Gregory Ferenchak, EdD, RT(R)(QM)
President

cc: Deborah Curry, MSN, DNP, Dean of Health Sciences
    John Hollingsworth, BS, NRP, Program Director
    Thomas B. Brazelton III, MD, MPH, FAAP, Chair, CoA EMSP
    George W. Hatch Jr., EdD, LP, EMT-P, Executive Director, CoA EMSP