



Summary of Changes:

2015 CAAHEP Standards and Guidelines for Accreditation of Educational Programs in the EMS Professions

On January 1, 2016, the 2015 CAAHEP *Standards and Guidelines for Accreditation of Educational Programs in the Emergency Medical Services Professions* went into effect. All programs are required to meet the new *Standards*. Programs seeking Initial accreditation or Continuing accreditation from CAAHEP and submitted a self study report based on the 2005 *Standards* will be assessed on the 2005 *Standards* at the time of the site visit. Following the site visit, the official findings letter the program receives will have the potential citations transitioned to the 2015 *Standards*, with additional language explain what modifications, if any, were made. At no time will the program be disadvantaged with the transition to the 2015 *Standards*.

A brief summary of changes follows. For the illustrated view of the changes, click [here](#).

Standard	Change: Clarifies / Modifies / NEW
I. Sponsorship	
I.A. Sponsoring Institution	Clarifies the categories of acceptable sponsorship.
II. Program Goals	
II.B. Appropriateness of Goals and Learning Domains	Clarifies that the Advisory Committee is responsible to "...review and endorse the program required minimum numbers of patient contacts".
II.C. Minimum Expectations	Modifies the minimum expectation, which the exact wording is required. The program must have the following goal defining minimum expectations: "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)."
III. Resources	
III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations	Clarifies clinical/field experience resources. "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."

Standard	Change: Clarifies / Modifies / NEW
III.B.1.a.6) Program Director – Preceptor Training	Clarifies that the Program Director is responsible for: “the orientation/training and supervision of clinical and field internship preceptors.”
III.B.1.a. Medical Director Responsibilities	Clarifies that “The medical director must be responsible for medical oversight of the program.” And must: 2.) “review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards”. 3.) “review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship”, 8.) “ensure educational interaction of physicians with students”.
III.B.3. Associate Medical Director	NEW designation for “When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors.”
III.B.4. Assistant Medical Director	NEW designation for “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. Lead Instructor	NEW designation for “When the Program Director delegates specified responsibilities to a lead instructor, that individual must”:
III.C.1.	Clarifies “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.”
III.C.2.	Clarifies “The program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these <i>Standards</i> , and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.”

IV. Student and Graduate Evaluation/Assessment

IV.A.1. Frequency and Purpose	Clarifies “Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains”.
IV.A.2. Documentation	Clarifies 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.
IV.B.1. Outcomes Assessment	Clarifies the requirement for a “...programmatic summative measures (i.e., final comprehensive students evaluations in all learning domains)”.
IV.B.2. Outcomes Reporting	Clarifies “Programs not meeting the established thresholds must begin a dialogue with the CoAEMSP to develop an appropriate plan of action to respond to the identified shortcomings.”

Standard	Change: Clarifies / Modifies / NEW
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V. Fair Practices

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| V.B.
Lawful and Non-discriminatory Practices | NEW to this section is the addition of the requirement “A program conducting educational activities in other State(s) must provide documentation to CoAEMSP that the program has successfully informed the state Office of EMS that the program has enrolled students in that state.” |
| V.E.
Substantive Changes | NEW to this section is the addition of the requirement to notify CoAEMSP/CAAHEP of change in location and addition of a distance learning program. |