

July 17, 2023

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

Sharon Hollingsworth, BS, NRP, Program Director
Paramedic Program
Pima Community College
4355 E. Calle Aurora, Bld A
Tucson, AZ 85709

Program Number: 600356

Dear Sharon:

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) would like to thank the Paramedic Program sponsored by Pima Community College, Tucson, Ariz., for hosting the site visit on May 11 and 12, 2023, with Arthur Hsieh and Jackilyn Williams 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 before the site visit. It may have additions, deletions, or modifications from the Site Visit Report.

Please review this letter carefully and complete the following by the due date listed:

1. Confirm Factual Accuracy by July 31, 2023

Complete the **Confirmation of Factual Accuracy** form and submit it by email to jennifer@coaemsp.org.

The CoAEMSP will evaluate the Program's response during its **November 2 and 3, 2023**, 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 is 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.

The Program exhibits strengths in the following areas:

- Strong institutional support for the program.
- Long-term participation of an engaged and well-connected medical director.
- Experienced and well-established faculty. A research faculty member at a community college program is supported in her work is rare and is a best practice.
- The program offers several class schedules that accommodate the community's needs.

The following points are potential standards violations. You may submit new information documenting corrective actions taken by the Program following the site visit:

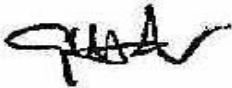
- *No potential violations were identified.*

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

- Faculty and staff should have a reliable, convenient private space to conduct FERPA and other confidential discussions. Existing space is not reliable, and outside temperatures can be very uncomfortable.
- Provide students with hospital expectations, as they vary slightly from one facility to another.
- Information is provided to hospital sites regarding paramedic students' scope of practice. Enhancements might include meetings with prehospital liaisons to provide 'high touch' opportunities to educate staff on student abilities.

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, please contact CoAEMSP.

Sincerely,



George W. Hatch, Jr, EdD, LP, EMT-P
Executive Director

Encl.: Site Visit Report
Confirmation of Factual Accuracy template

cc: Amanda Abens, MC, Dean
David Dore, EdD, MBA, President
Arthur Hsieh, MA, NRP, CoAEMSP Site Visit Team Captain
Jackilyn E Williams, RN, MSN, 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 #:

600356

Sponsoring
Institution:

Pima Community College

City:

Tucson

State:

AZ

Site Visit Date:

May 11-12, 2023

(e.g., January 5-7, 20XX)

Type of Site Visit:

Continuing Accreditation

Names of the Site Visit Team Members:

Team Captain:

Arthur Hsieh, MA, NRP

Team Member:

Jackilyn E Williams, RN, MSN

SV Observer:

T.J. MacKay

Type of SV Observer:

State Office of EMS



SITE VISIT REPORT FINDINGS

600356 Pima Community College

2015 CAAHEP Standards & Guidelines

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed	Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
I. Sponsorship				
A. Sponsoring Institution				
I.A.	I.A.1-Post-secondary	Met		
C. Responsibilities of Sponsor				
I.C.	Ensure provisions of <i>Standards</i> are met.	Met	Yes	
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	List of current advisory committee members identifying at least one representative from each required group
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	
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	

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include - OR - Additional Evidence Reviewed	Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
B. Appropriateness of Goals and Learning Domains					
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	Advisory committee meeting minutes and attendance from past three (3) years.	Committee met once in 2020 (COVID); twice in 21 and 22.
			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	
C. Minimum Expectations					
II.C.	Following goal(s) 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 Responder levels.	Met	Yes	Published program goal(s) in program promotional materials, student handbook, advisory committee minutes, and/or other areas.	Affirmed in advisory committee minutes.
III. Resources					
A. Type and Amount					
1. Program Resources					
III.A.1.	Faculty	Met	Yes	Adequate number	A faculty member conducts research and is supported by the institution!
III.A.1.	Clerical/support staff	Met	Yes	Adequate amount	
			Yes	Evidence that program functions are not performed due to lack of clerical support (list)	
			Yes	Adequate student support (e.g., admissions, financial aid, academic advising, counseling)	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
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		There is not a private space for confidential/FERPA related discussions. Faculty often go outside to have private conversations.
III.A.1.	Classroom/laboratory facilities	Met	Yes	Adequate size & number for enrolled students	Students and graduates report adequate space. Faculty report that space is needed for storage.
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	Some students report that some rotations are slow and it can be a challenge to complete internships.
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	NA	Access to program library	
			Yes	Onsite resources	
			Yes	Databases (may be online)	
			Yes	Journals (may be online)	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
III.A.1.	Faculty and staff continuing education	Met	Yes	Minimum of CE annually for staff	Reviewed the travel log and institution policy.
			Yes	Sponsor support for participation	
2. Hospital/Clinical Affiliations and Field/Internship Affiliates					
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	Students that are low on numbers of required contacts are scheduled for additional clinics rotations as needed.
			Yes	Completed Appendix G	
			Yes	Clinical sites demonstrate adequate volume	
			Yes	Evidence of Advisory Committee Minutes	
			Yes	Interview with Medical Director	
			Yes	Interview with clinical / preceptors field internship preceptors	
			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		
III.A.2.	Geriatric patients	Met	Yes		

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed	
B. Personnel						
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:		Reviewed a general job description for the program manager.	
			Yes	Program Director		
			Yes	Medical Director		
			NA	Associate Medical Director(s)		
			NA	Assistant Medical Director(s) (App O) [Utilized only with out of state sites]		
			Yes	Lead Instructor(s)		
			Yes	Faculty		
1. Program Director (PD)						
a. Responsibilities						
The Program Director must be responsible for all aspects of the program, including but not limited to:						
III.B.1.a.1)	Administration, organization, supervision of the educational program	Met	Yes	Verified by job description		
			Yes	Teaching and administrative workload assignments		
			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 Student records		

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		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	
			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	
			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	
				Supervision and periodic assessment of clinical and field internship preceptors	Preceptor training is formulated based on the needs of each agency. There is a description of a team lead; however, a more detailed definition would assist students in understanding the goals of the capstone experience.
			Yes	Evidence of a preceptor training program including: Dates of orientations Roster of attendees List of preceptors and their locations	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
III.B.1.a.6)	Orientation/training and supervision of clinical and field internship preceptors	Met	Yes	Evidence of completion of orientation program by each preceptor, topics include: Purposes of the student rotation Minimum competencies, skills, and behaviors Evaluation tools used by the program Criteria of evaluation for grading students Contact information for the program, Minimum number of required team leads Program's definition of team lead.	
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)					
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	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
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	
			Yes	Verified by signature on Appendix G	
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	Review of survey instruments	
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	
III.B.2.a.6)	Engages in cooperative involvement with Program Director	Met	Yes	Communicates with Program Director on a regular basis which may include: Checklist sign offs Email Meeting notes	
III.B.2.a.7)	Ensures effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician	N/A	NA	Regular communication with Associate Medical Director(s)	
			NA	Exercise of supervision of Associate Medical Director(s)	
			NA	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	N/A	NA	Verified by discussion	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
b. Qualifications (MD)					
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	
III.B.2.b.4)	Knowledge about EMS education including professional, legislative, regulatory issues	Met	Yes	Verified by discussion	
3. Associate Medical Director (Assoc MD)					
Does the program utilize the Associate MD position?		N/A			
4. Assistant Medical Director (Assist MD)					
Does the program utilize the Assistant MD position?		N/A			
5. Faculty / Instructional Staff					
a. Responsibilities					
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. Qualifications					
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	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
6. Lead Instructor					
Does the program utilize the Lead Instructor position?		N/A			
c. Curriculum					
III.C.1.	Ensures achievement of program goals & teaching domains	Met	Yes	Reviewed program goals	
III.C.1.	Appropriate sequence of classroom, laboratory, clinical, & field internship experience, and capstone field internship activities	Met	Yes	Completed Appendix D - Program Course Requirements Table	
			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	Written course descriptions for all required courses in the curriculum, course syllabi, learning outcomes, evaluation procedures to measure student competency	
			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	
			Yes	Documentation demonstrating the comparison of program curriculum with the latest National EMS Education Standards	
			Yes	Verified with employers	
			Yes	Academic credit provided	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed	Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed	
c. Curriculum (Set and Require Minimum Numbers)					
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	Approval of Medical Director (e.g., signed letter, email correspondence) and endorsement by Advisory Committee (e.g., minutes)	
			Yes	Completed Appendix G	
			Yes	Tracking system documents the successful performance of the required competencies for each student	
			Yes	Pediatric age subgroups are tracked	
c. Curriculum (Team Leads)					
III.C.3.	Capstone Field internship provides opportunity to serve as team leader in a variety of ALS situations	Met	Yes	Completion of Appendix G	
			Yes	Discussion with students & graduates of team leader performance	
			Yes	Discussion with field preceptors of team leader performance	
			Yes	Discussion with employers	
			Yes	Documentation of tracking team leads for each student	
d. Resource Assessment					
III.D.	Annually assess appropriateness & effectiveness of required resources	Met	Yes	Completed Resource Assessment Matrix [RAM] for the last three (3) years	
			Yes	Raw surveys administered to all students and personnel at least annually	
III.D.	Assessment results are the basis for planning & change	Met	Yes	Evidence of documentation of implemented changes	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
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	Advisory committee meeting minutes	
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	Quarterly formative progress reports and a summative exit with the program director are conducted. One exam analysis document was located. There is no documentation of item analysis, other than reviewing the raw data tables.
			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)	Verified through discussion with the faculty and staff.
			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 in the didactic, laboratory, clinical and field experience/internship phases	Met	Yes	Reviewed student records (attendance, grade book)	
			Yes	Completed Terminal Competency Forms	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
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. Outcomes					
1. Outcomes Assessment					
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 program's analysis and action plans	
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 implemented changes based on analysis and action plan	
			Yes	Reviewed Annual Report	
2. Outcomes Reporting					
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.	
V. Fair Practices					
A. Publications & Disclosure					
V.A.1.	Announcements, catalogs, publications, advertising are accurate	Met	Note: All of V.A.2 and V.A.3 items may appear in one or more of the following documents:		
V.A.2.	Make known to applicants and students: Accreditation status (institutional & programmatic)	Met	Yes	Reviewed college catalog, policies and procedures (institutional and/or program)	
V.A.2.	Accrediting agency contact information	Met			

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
V.A.2.	Admissions policies & practices	Met	Yes	Reviewed student handbook	
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	
V.A.2.	Tuition / fees and other costs required	Met			
V.A.2.	Policies & processes for withdrawal & refunds	Met			
V.A.3.	Make known to students: Academic calendar	Met	Yes	Reviewed course syllabi	The academic calendar was not specific, but the college academic calendar is on the website.
V.A.3.	Student grievance procedure	Met			
V.A.3.	Criteria for successful completion of each program segment & graduation	Met	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	Validate outcomes in the annual report match outcomes reported on the sponsor's (program) website.	
B. Lawful & Non-discriminatory Practices					
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	

Standard Reference	Standard	Met/ Not Met	Possible Evidence May Include - OR - Additional Evidence Reviewed		Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
V.B.	Faculty grievance procedure known to all paid faculty	Met	Yes	Interview with paid Faculty	
				Written Faculty grievance policy	
V.B.	Notification to State Office(s) of EMS for all states the program has educational activities	Met	Yes	Out of state EMS office notification(s)	
C. Safeguards					
V.C.	Health & safety of patients, students, Faculty, & other associated participants is adequately safeguarded	Met	Yes	Evidence of preventative health screening, appropriate immunizations	
				Evidence of post exposure plan	
V.C.	Students are not substituted for paid staff	Met	Yes	Evidence that students are always 3 rd rider	
D. Student Records					
V.D.	Satisfactory records must be maintained for: 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	
			Yes	Interview regarding permanent storage	
E. Substantive Change					
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	NA	Changes in sponsorship since submission of self study report	
			NA	Changes in location since submission of self study report	
			NA	Addition of satellite location(s)	
			NA	Addition of a distance learning program	

Standard Reference	Standard	Met/ Not Met		Possible Evidence May Include - OR - Additional Evidence Reviewed	Rationale for "Not Met" OR Comment if Consideration - OR - Clarification is Needed
F. Agreements					
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



600356

Pima Community College

2015 CAAHEP *Standards & Guidelines*

Strengths, Potential *Standards* Violation & Recommendations

1. List the **STRENGTHS** of the program

a.	Strong institutional support for the program.
b.	Long term participation of an engaged and well connected medical director.
c.	Experienced and well-established faculty. A research faculty member at a community college program is supported in her work is rare and is a best practice.
d.	The program offers several class schedules that accommodates the community's needs.

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.

<i>Standard</i> Reference	Rationale	Additional Comments
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No potential standards violations noted by the site visit team.

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

a.	Faculty and staff should have a reliable, convenient private space to conduct FERPA and other confidential discussions. Existing space is not reliable, and outside temperatures can be very uncomfortable.
b.	Provide students with hospital expectations, as they vary slightly from one facility to another.
c.	Information is provided to hospital sites regarding paramedic students scope of practice. Enhancements might include meetings with prehospital liaisons to provide 'high touch' opportunities to educate staff on student abilities.

PRESENT AT EXIT SUMMATION

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

Name / Credential	Title
Amanda Abens	Dean of Workforce Development & Lifelong Learning
Natividad Gonzalez	Academic Director, PSESI Workforce Division
Dr. Andrea Herbert	Program Medical Director
Sharon Hollingsworth	Paramedic Program Director
Chris Christensen	Assistant Program Manager
Maria Cisneros-Leon	Administrative Program Coordinator
T.J. MacKay	Training and Education Program Manager, State of Arizona

SIGNATURES OF SITE VISIT TEAM MEMBERS

Arthur Hsieh

Site Visit Report prepared by:

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