

EMS CERTIFICATION COURSE DELIVERY

Office of EMS

Division of Educational Development

Objectives

- Identify some of the issues voiced about current EMS certification course constraints
- Review some of the issues discussed about course delivery
- Present philosophical change in conducting EMS certification courses
- Initiation of a new Certification Course Delivery policy

What Courses Are Affected

- Only initial certification courses
- Courses not affected
 - CE
 - Auxiliary courses

Issues Expressed about EMS Certification Courses

- Program hour requirement is too long.
 - EMT 154 hours (Ops hours – HazMat(4), NIMS(16), MCI – (4)) 33 hours different
 - EMTB 121
- Current practice does not allow online format.
 - Restricted to traditional format
 - Does allow for certain portions to be obtained utilizing technology
- Course availability is lacking (?)

2009	2010	2011	2012	2013	2014
359	338	358	335	337	321

Online Subcommittee

- Who should be allowed to conduct online programs?
- Should there be any special training by coordinator?
- What if any technology should be required?

Other Concerns

- Should there be a difference in the criteria of traditional vs. online courses?
- Why should we care how the training was conducted if they can pass the examination?
- We are putting Virginia programs at a disadvantage by restricting delivery methods.

New Philosophy

- All certification courses regardless of level
- Apply same standards for Traditional / Non-Traditional (NT)
- Removal of specific hour requirements for didactic and lab
- Clinicals must follow established guidelines
- Addressing poor performers?

Who Can Announce Certification Courses

- No change in Course Announcement
- Education Coordinator Certification Required
- ALS programs must be accredited

Traditional / NonTraditional

- Must indicate on Course Approval Form the class format
- Traditional
 - Class is conducted in a face to face live format between the student and the instructor
 - Only online content is that defined by OEMS
- Non-Traditional
 - Any aspect of the program delivered in an electronic, asynchronous environment beyond that which is identified by the Office of EMS

Traditional / Non-Traditional

- National recommendation for initial certification class length is estimated for clock hours that include didactic, laboratory, clinical and field as follows:
 - EMR – 48-60
 - EMT – 150-190
 - AEMT – EMT + 150-250
 - Paramedic – non given
- Guidance only
- Determined by Course Coordinator/Program Director and PCD

Traditional / Non-Traditional

- Didactic
 - Must comply with VEMSES
 - Length based on entry level competency, not hours
 - Deliverable Formats
 - Independent student preparation
 - Synchronous/asynchronous instruction
 - Face to face instruction
 - Must follow resource documents except for hours

Didactic Resource Documents

- Include but not limited to:
 - Regulations
 - TPAM
 - Guidance Documents
 - Accreditation standards if appropriate
 - VEMSES

Didactic Resource Documents

Didactic and Lab

The following table outlines—at a minimum—the content area and hour requirements of the EMT program. The Course Coordinator shall assure course content includes all areas of the [Virginia EMS Education Standards \(VEMSES\)](#). Although the *Elaboration of Knowledge* is not identified for each of the VEMSES Content Areas, the Course Coordinator shall cover all material in class to the depth and breadth necessary for student competency to be achieved.

The Course Coordinator shall conduct classroom didactic, laboratory and clinical instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Manual.

VEMSES Content Area	Minimum Required Hours
Preparatory	11
Anatomy & Physiology	3
Medical Terminology	1
Pathophysiology	4
Life Span Development	1
Public Health	1
Pharmacology	3
Airway Management, Respiration and Artificial Ventilation	7
Assessment	8
Medicine	21
Shock and Resuscitation	3
Trauma	24

Didactic Resource Documents

EMS Operations Asynchronous Education



Certified Emergency Medical Technician Instructors teaching initial certification courses for Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) programs may opt to allow certain EMS Operations content to be completed through the following distance education methods. Only the methods/modalities listed below may substitute for classroom lecture of this material.

VEMSES Content Area	Approved Asynchronous Education Alternative	Required Hours
Principles of Safely Operating a Ground Ambulance	None. Instructor shall use an appropriate textbook/lecture.	0.5
Incident Management	<p>EMT Instructors can accept the following FEMA certificates in lieu of teaching Incident Management in an EMT course:</p> <ul style="list-style-type: none"> • IS-100, • IS-200, • IS-700, and • IS-800 <p>FEMA links are as follows:</p> <ul style="list-style-type: none"> • IS-100.b—Introduction to Incident Command System 	12

Traditional / Non-Traditional

- Lab
 - Must be physically conducted
 - Must comply with established regulations, VEMSES, and TPAM
 - 6:1 student-teacher ratio
 - Conducted to assure entry level competency in all psychomotor components
 - Documentation to include but not limited to:
 - Rosters
 - Staff must be identified
 - Location
 - Psychomotor competency records

Traditional /Non-Traditional

- Lab
 - An EC must be physically present in the lab environment
 - Accredited
 - EC can be substituted by documented approved staff/faculty
 - If expanding, new remote site cannot be initiated until staff/faculty have been approved and documentation sent to the Office and CoAEMSP
 - Lab Staff qualifications
 - Must follow all resource documents including but not limited to:
 - Regulations
 - Accredited sites must follow accreditation standards and guidance documents
 - TPAM

Traditional / Non-Traditional

EMT Competency Tracking Form



Student Name: _____ Student Certification #: _____

Instructions: The EMT-Instructor must date & initial the appropriate spaces to verify that the individual student has demonstrated competency in performing each of the skills listed. At course completion all skill areas must have been completed to signify eligibility for certification testing. Competency in all relevant skills contained within the Competency-based EMT program is required for state certification.

Instructor Verification of Completion: _____ Signature: _____ Date Verified: _____

Preparatory Competencies		1	2	3	4	5
1	Must demonstrate the ability to select, don, remove and discard PPE					
2	Must Demonstrate the ability to properly disinfect/clean EMS equip/ambulance					
3	Must demonstrate the ability to properly comply w/infectious control exposure using local protocols					
4	Must demonstrate the ability to assess a patient for breathing difficulty					
5	Must demonstrate ability to acquire a pulse providing rate, rhythm, and strength					
6	Must demonstrate ability to assess the skin color, temp, and condition in an adult					
7	Must demonstrate ability to assess capillary refill in pt. < 6 yo.					
8	Must demonstrate ability to assess the pupils as to equality, size, reactivity					
9	Must demonstrate ability to obtain a blood pressure					
10	Must demonstrate ability to obtain a SAMPLE history					
11	Operate stretcher					
12	Operate Stair chair					
13	Move Patient using Spine board					
14	Move pt. from ambulance stretcher to a hospital bed					

Traditional /Non-Traditional

- Clinical – Hospital
 - Must follow all resource documents as follows but not limited to:
 - OEMS Regulations
 - Accredited sites must follow accreditation standards and guidance document
 - TPAM
 - VEMSES
 - Competency/clinical criteria

Traditional /Non-Traditional

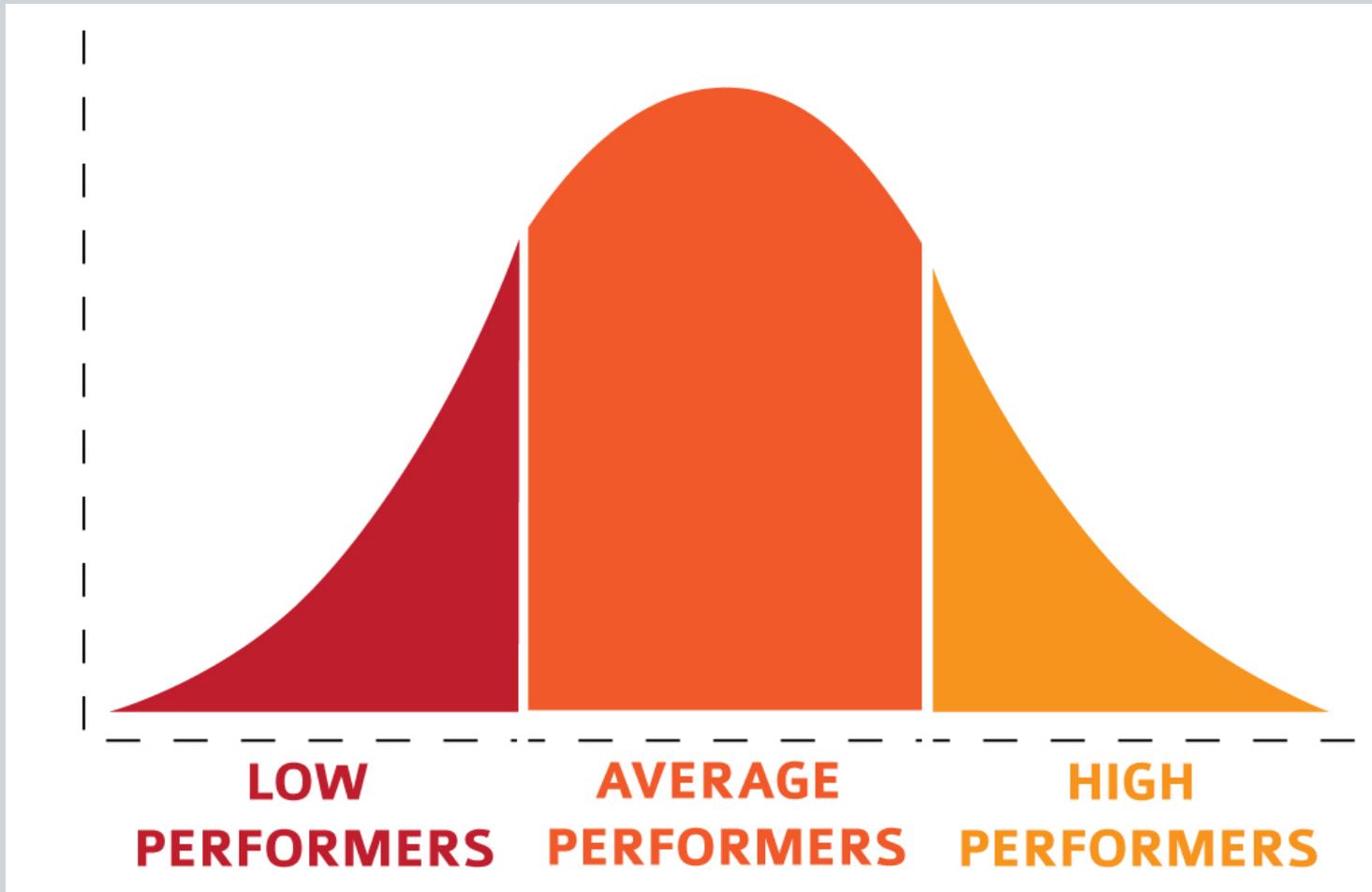
- Clinical – Field
 - Must follow all resource documents as follows but not limited to:
 - OEMS Regulations
 - Accredited sites must follow accreditation standards and guidance document
 - TPAM
 - VEMSES
 - Competency/clinical criteria

Traditional /Non-Traditional

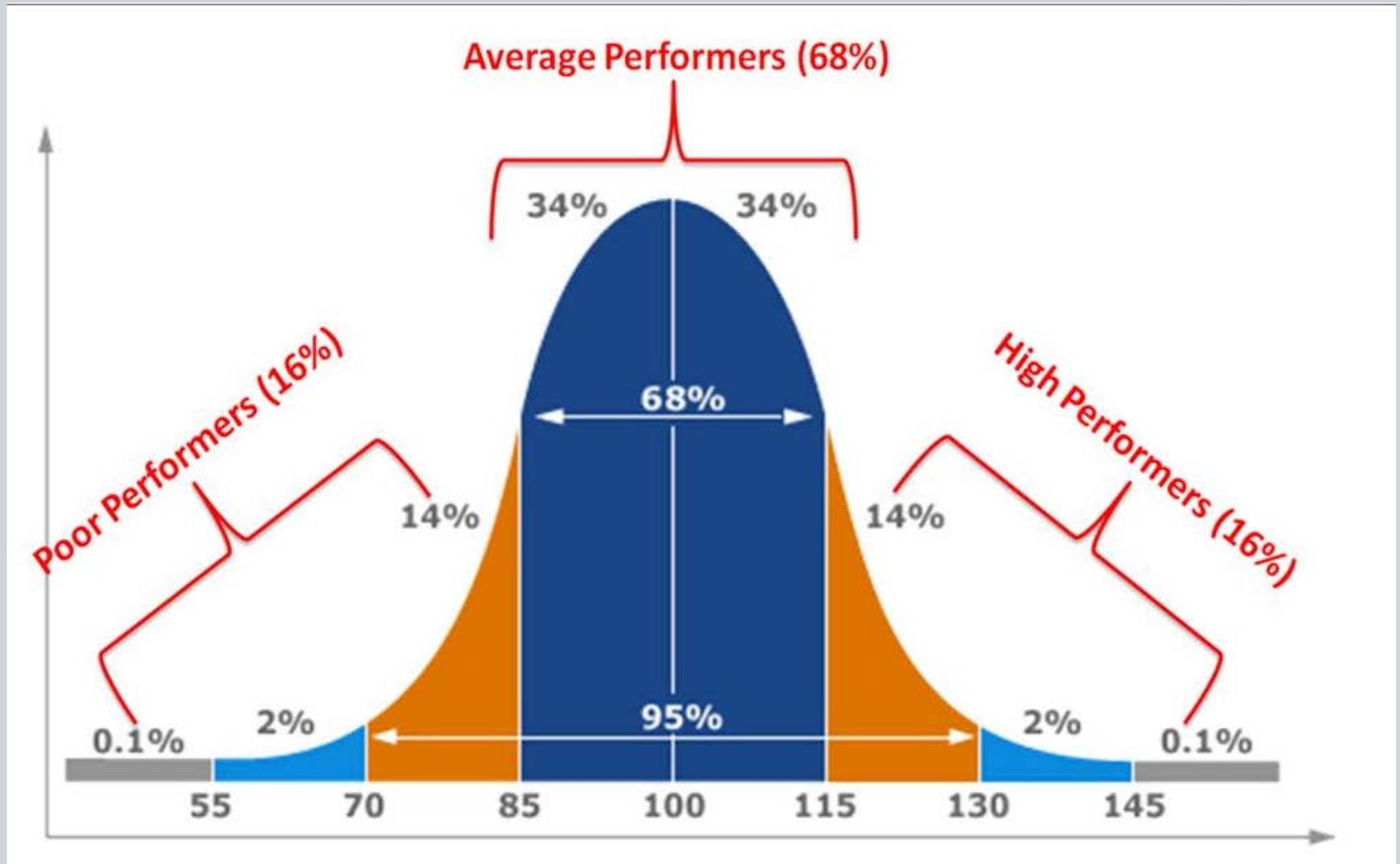
- Outcomes
 - Concern about pass rates
 - EC certification's will not be affected solely on pass rates
 - EMSTF eligibility will be affected
 - Must be above the 16th percentile in pass rates compared to Virginia programs over the previous 3 years or
 - Pass rate is not = > NR pass rate for the previous 3 years
 - Pass rate – number of people passing the NR test by the 3rd attempt divided by the number attempting the NR test

Traditional / Non-Traditional

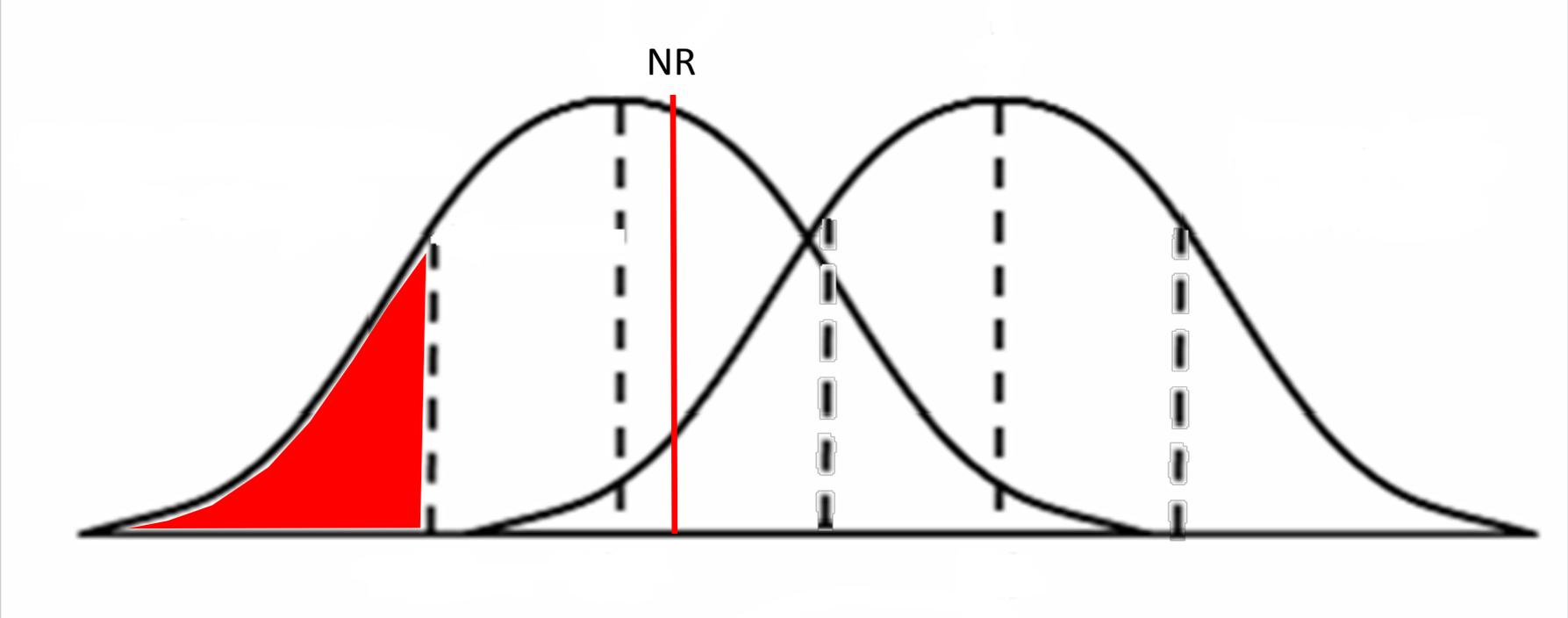
- Outcomes



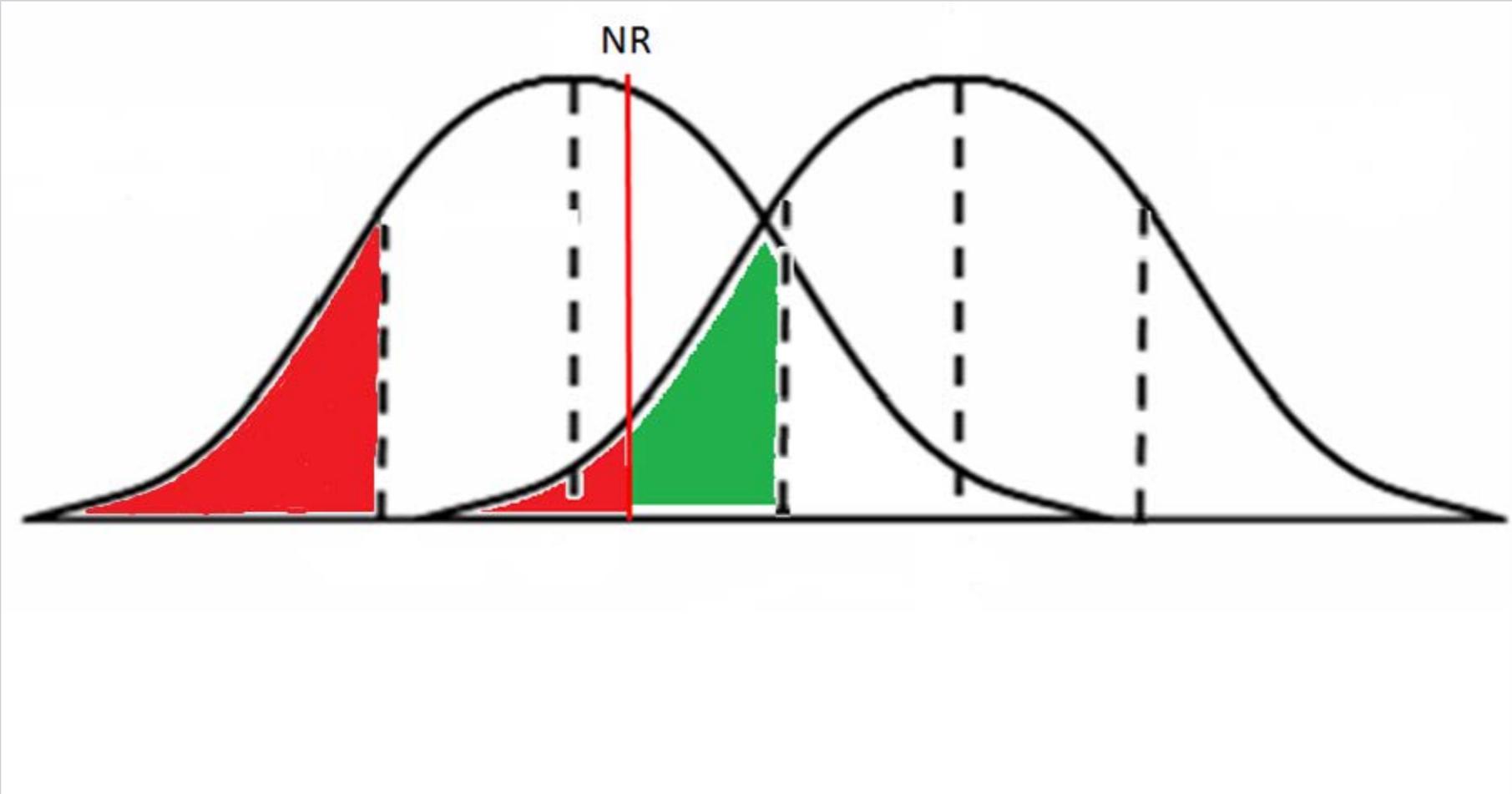
Traditional / Non-Traditional



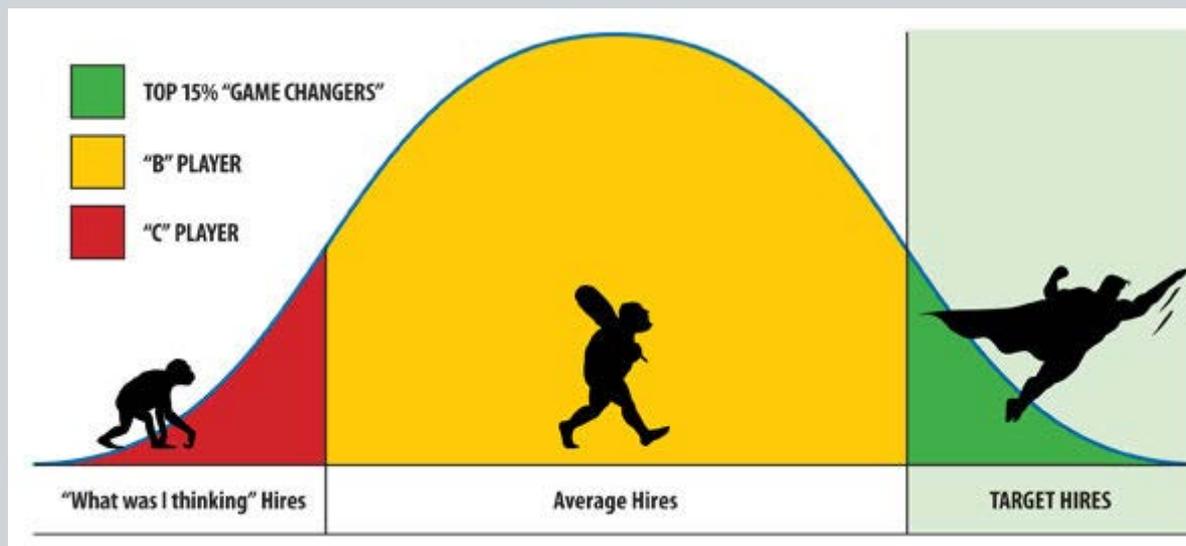
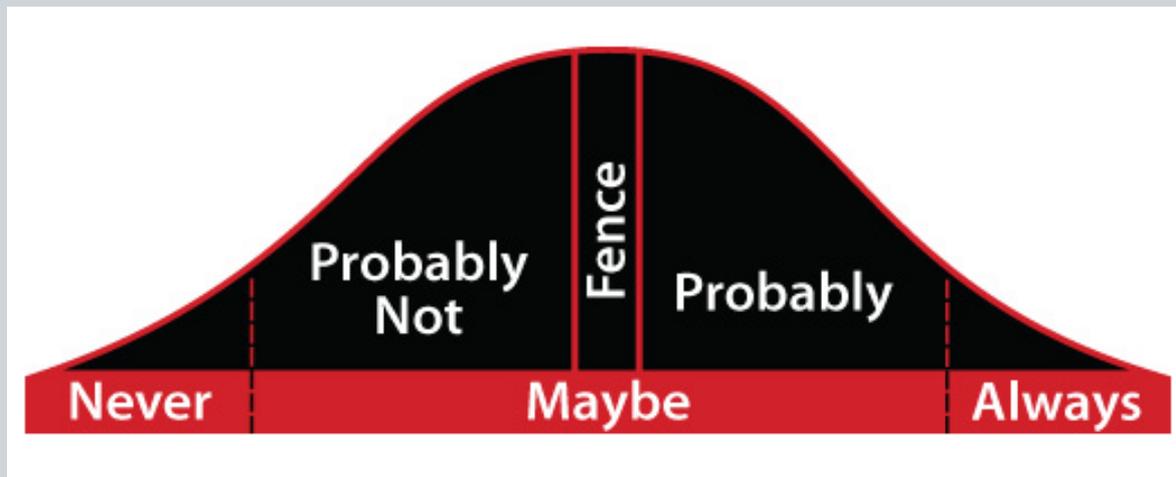
Traditional / Non-Traditional



Traditional / Non-Traditional



For non-math people



Traditional /Non-Traditional

- Total EC = 563
- Total of 213 EC funded in past 3 years
 - (40% of EC)
- 29 below 16th percentile
- 111 above 16th percentile but below NR (51%)
- 73 above both 16th percentile and NR (33%)

IMPORTANT

- EMSTF restrictions only for initial certification programs beginning on or after **July 1, 2016**.
- EMSTF - Current programs and those **starting before July 1, 2016** and extending beyond July 1, 2016 must comply with current policy (FY16).
- Updates to databases before this can occur.
- Do not assume you can change midway through course, you cannot.
- July 1, 2015 – June 30, 2016 will be informative for EMSTF.

Informative Year - EMSTF

- **Only** for FY2016 (July 2015 – June 30, 2016).
- Percentile information provided.
- Will not require for FY2016 be above the 16th percentile.
- Informative period last for one year only.
- Classes beginning on or after July 1, 2016 – eligibility must be above 16th percentile.
- Data for courses beginning on or after July 1, 2016 based on previous 3 FY years.

Traditional /Non-Traditional

- Summary

- July 1, 2015

- All certification courses treated the same
 - No state mandated hour requirement for didactic and lab
 - Course must establish competency for didactic
 - Course must establish competency for Lab that minimally satisfies state requirements
 - Courses must comply with all clinical requirements and hours

- No State action on EC certification based solely on Pass rates

- EMSTF Eligibility for initial course funding based on Virginia (peer) pass rates

- EMSTF Funding eligibility for initial certification course beginning on or after July 1, 2016

**SO HOW DOES THIS AFFECT
YOU AS AN EC?**

Announcing Courses

- Must indicate on initial Course
 - Traditional
 - Non-traditional
 - Changing from traditional to non-traditional requires updating the course announcement
 - Cannot go from non-traditional to traditional
- Continuing Education
 - Traditional – no change
 - Non-traditional – must follow **asynchronous** and or **online** CE guidelines in the TPAM

Attendance

- 85% of your class contact for didactic and lab
- 100% of clinicals remain – no change

Teaching Hours

- Teaching hours for EC Recertification
 - Teaching hours can only be obtained when the EC is physically conducting or participating in the instructional delivery
 - For non-traditional initial certification programs, an EC can only obtain teaching hours for those components of the lab or for those category 1 topic areas taught in a traditional manner.
 - Online CE or CE conducted in an **asynchronous** manner is **not eligible** to award teaching hours.

EMSTF

- Must be above the 16th percentile in NR pass rate as calculated on the 3rd attempt
- Initial Course funding eligibility based upon each level independently
 - EMT – 10th percentile – not eligible
 - AEMT – 22nd percentile - eligible
 - I-99 – 30th percentile - eligible
 - Paramedic – 98th percentile – eligible
- Does not affect CE nor auxiliary programs

EMSTF

- Informative process beginning July 1, 2015.
- Implemented with eligibility above 16th percentile begins for classes starting on or after July 1, 2016.
- Eligibility based on previous 3 fiscal years.

Traditional /Non-Traditional

- What questions do you have?