



SURVEY

Survey of Virginia Licensed EMS Agencies

EMT Student Field Ride Time & Psychomotor Competency

Executive Summary

In the fall of 2021, the Virginia Office of EMS asked Virginia licensed EMS agencies to share their perceptions about students ability to complete field ride time at the agency and their impressions about changes to EMS initial certification training that were adopted due to COVID-19. Responses to the survey are intended to help inform priorities, practices, and policies in the months and years to come.

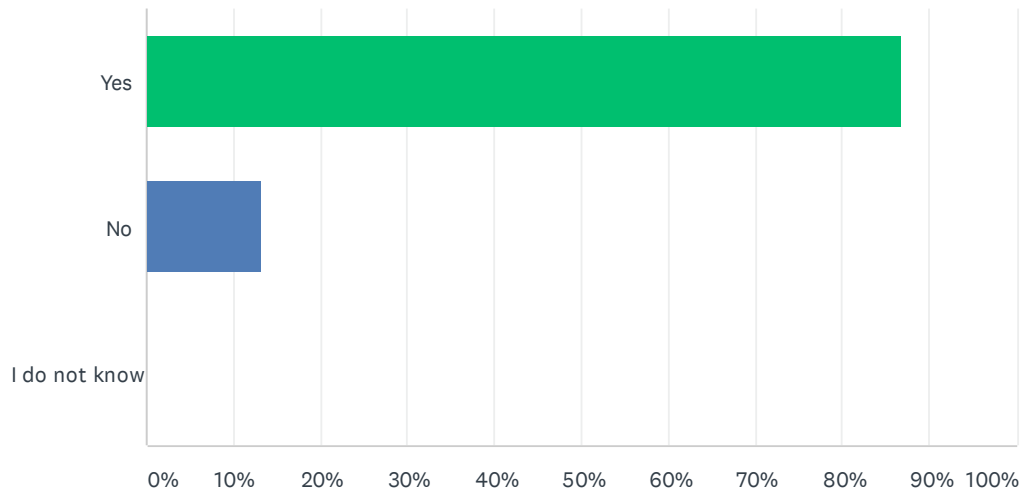
Although no survey can illuminate all there is to know about these two subjects, this 5-minute “pulse survey” is an important first step toward understanding more about these topics.

Key Findings

1. Out of 608 agencies asked to participate, 16% (99 respondents) of the participated.
2. 87% of respondents (86 agencies) indicated that they *‘permit EMT students to complete ride time on agency apparatus’*. The remaining 13% selected “no.”
3. Among the respondents, 65% indicated that the current requirement of *‘10 patient contacts provides a satisfactory level of entry-level training’*. 26% of respondents indicated that 10 patient contacts were not enough to provide satisfactory level of entry-level training. When the ‘no’ respondents were asked to provide a number for adequate training two themes emerged: 1) all 10 patient contacts should be *‘live patients’*; 2) the average number of suggested patient contacts was 21.
4. 67% of respondents indicated that *‘transferring the verification of psychomotor competence to the EMT educator in conjunction with their EMS Physician without formal psychomotor testing’* was working in Virginia. 9% disagreed with this state while 24% indicated that they “do not know” if it was working.
5. When asked *‘if Virginia were to follow the National Registry’s lead and transition psychomotor competency verification to the local Education Coordinator in consultation with their EMS Physician, would this benefit Virginia’s EMS system?’* 73% of respondents indicated ‘yes’ agreeing that this move was positive for Virginia, while 10% responded ‘no’ and 17% indicated that they ‘did not know’.

Q1 Does your agency permit EMT students to complete field ride time on your apparatus?

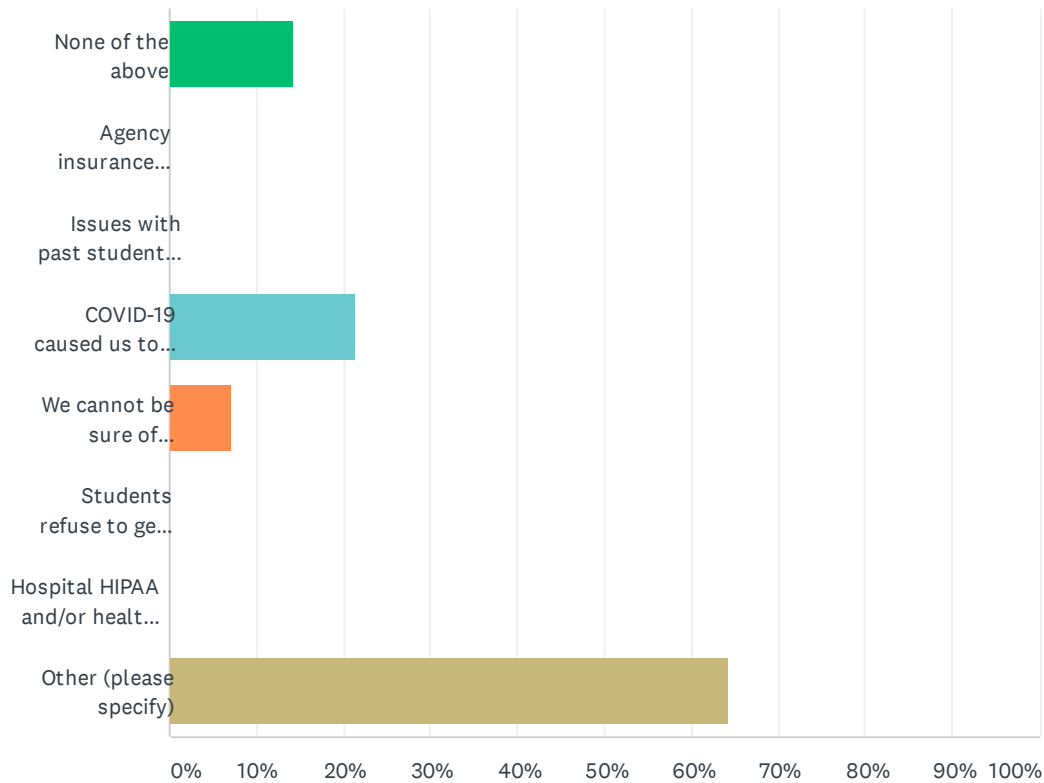
Answered: 99 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	86.87%	86
No	13.13%	13
I do not know	0.00%	0
TOTAL		99

Q2 Why does your agency NOT permit students to complete field ride time? (check all that apply)

Answered: 14 Skipped: 85



ANSWER CHOICES	RESPONSES
None of the above	14.29% 2
Agency insurance reasons	0.00% 0
Issues with past student conduct/level of professionalism	0.00% 0
COVID-19 caused us to stop allowing students	21.43% 3
We cannot be sure of COVID-19 vaccination status of students	7.14% 1
Students refuse to get the COVID-19 vaccination	0.00% 0
Hospital HIPAA and/or health screening requirements prevent us from accepting students	0.00% 0
Other (please specify)	64.29% 9
Total Respondents: 14	

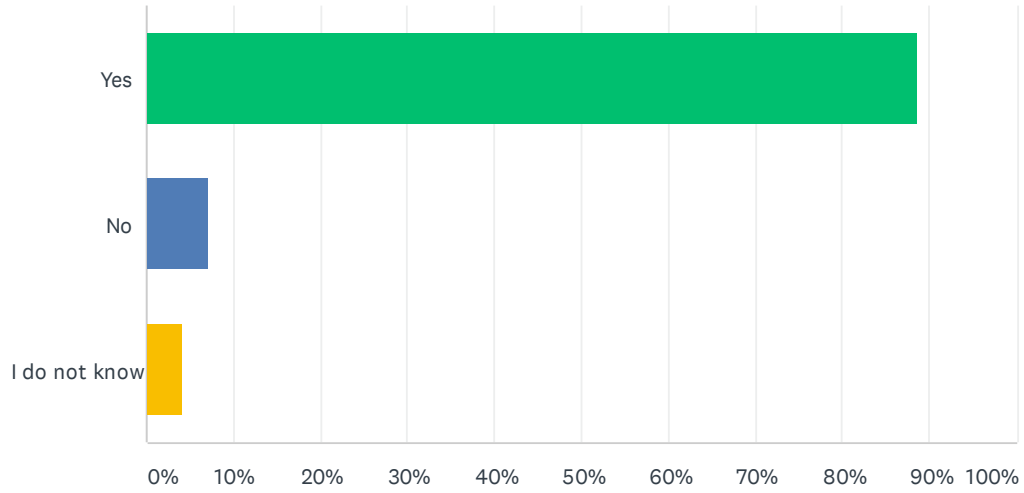
#	OTHER (PLEASE SPECIFY)	DATE
1	First responder agency with a low call volume	10/2/2021 8:25 PM
2	Non transport	10/1/2021 1:01 PM
3	Federal Property	10/1/2021 12:07 PM

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4	We're a transport agency which means that 911 responses would very little to none at all	10/1/2021 10:10 AM
5	Government Agency	10/1/2021 8:52 AM
6	We are an industry site	10/1/2021 8:25 AM
7	We are first responders only, we do not transport.	10/1/2021 8:17 AM
8	First Response Fire Department	10/1/2021 8:13 AM
9	Working on getting a program to allow students.	10/1/2021 8:03 AM

Q3 When the COVID pandemic is under control, will your agency be willing to and/or continue to permit EMT students to ride?

Answered: 98 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	88.78%	87
No	7.14%	7
I do not know	4.08%	4
TOTAL		98

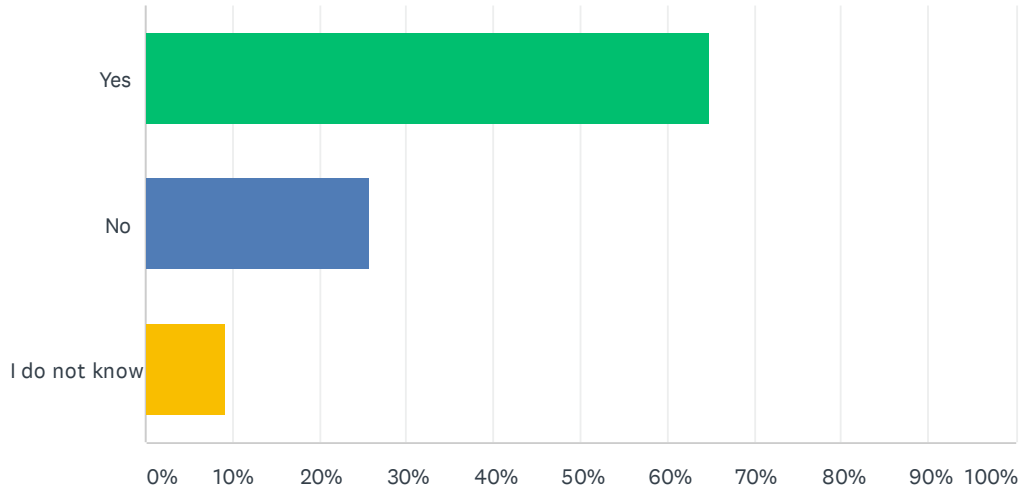
Q4 You answered no to the previous question. Can you elaborate as to why?

Answered: 7 Skipped: 92

#	RESPONSES	DATE
1	First responder non-transport agency with low call volume	10/2/2021 8:27 PM
2	We have no medic unit in this agency and our agency is inside a secured area with limited access.	10/2/2021 9:22 AM
3	Non transport	10/1/2021 1:02 PM
4	Our agency is on a Federal Government Property Only Badged Employees are allowed on the Facility.	10/1/2021 12:08 PM
5	Government Agency	10/1/2021 8:53 AM
6	Because our unit is on an industrial site	10/1/2021 8:26 AM
7	We do not have a transport unit, first responders only	10/1/2021 8:18 AM

Q5 When it comes to the required training for EMT's, do you feel that the current OEMS requirement of 10 patient contacts per student provides a satisfactory level of entry-level training?

Answered: 97 Skipped: 2



ANSWER CHOICES	RESPONSES
Yes	64.95% 63
No	25.77% 25
I do not know	9.28% 9
TOTAL	97

Q6 Why is this number inappropriate?

Answered: 25 Skipped: 74

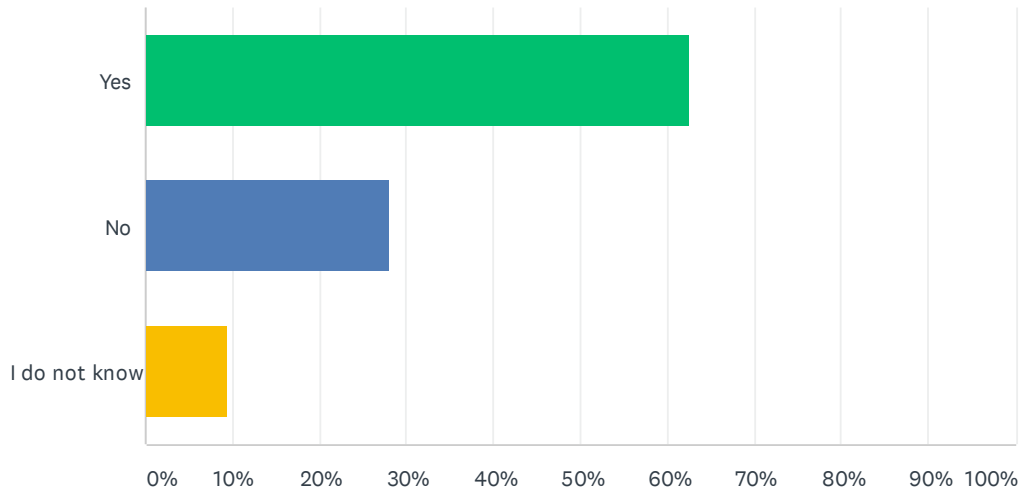
#	RESPONSES	DATE
1	20	10/4/2021 9:03 AM
2	This number is too few. Especially in individuals that are unfamiliar with EMS and its operation in ways that cannot be learned in the classroom.	10/2/2021 10:10 PM
3	20 in different areas of contact, general medical, diabetic emergencies, respiratory, etc.	10/2/2021 8:29 PM
4	I feel it should based on more criteria for competency when conducting the ride time. Data for our department for releasing a provider at the EMT level tells me somewhere between 20-30 responses/interactions.	10/2/2021 8:36 AM
5	It should be higher to gain a wider variety of experience with different patients.	10/1/2021 6:26 PM
6	Students do not get enough practical training on ride along sessions. The patient exposure time is not long enough. Too many students are failing the EMT test. There is something lacking in the training.	10/1/2021 4:01 PM
7	Not enough to learn much	10/1/2021 1:29 PM
8	Actual field experience is more important than classroom time in my opinion.. I believe more patient contact would be a huge help toward producing competent providers.	10/1/2021 10:28 AM
9	evaluation of skills, practices and patient interactions can't merely be based on numbers alone. 10 maybe a good number however demonstrated skills and ability needs be enhanced through an appropriate preceptorship.	10/1/2021 10:14 AM
10	Seeing 10 patients does not build competency	10/1/2021 10:13 AM
11	15	10/1/2021 9:57 AM
12	20	10/1/2021 9:07 AM
13	initial certification students benefit from more field time and patient contact	10/1/2021 9:05 AM
14	The number is low, I would prefer more of an assessment based approach where students must have a certain number of trauma, medical, pediatric, etc assessments. I think this number should be at least doubled. We see a lot of students coming out that really are not ready to be considered entry level competent as they do not know how to handle many calls as another competent EMT would.	10/1/2021 8:53 AM
15	It depends. If the patient contacts are in addition to significant additional time spent observing providers giving care and the student "contact" is truly involved, taking vitals (etc.) under direction of the provider then 10 is appropriate	10/1/2021 8:46 AM
16	It does not give the Student the depth needed to practice the skill sets taught in the didactic portion of the course, or use the most important skill. Critical thinking.	10/1/2021 8:45 AM
17	I do not believe this is enough time to show competency with a full spectrum of patient care, equipment proficiency, and documentation.	10/1/2021 8:33 AM
18	I think they need more field training to gain the knowlege of treating patients	10/1/2021 8:30 AM
19	10 patient contacts sound great but does not cover most type of calls. A student may become lucky to receive trauma and medical in 10 Clinicals but most often students in this area receive general illness calls. Making an area of completion with different skills needing to be obtained would help the student put all classroom teachings together for a greater chance at passing the National Registry examine.	10/1/2021 8:28 AM
20	This is not enough time for a new EMT to be competent enough to provide care and comfortable to provide patient care.	10/1/2021 8:26 AM

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21	15 - 20	10/1/2021 8:21 AM
22	Depending on location and types of calls, some students don't get exposure to different types of calls. One student may get a cardiac arrest, MVC, seizure etc while another gets all Unknown medical calls and no traumas or variety. I'd rather see 5 trauma and 5 medical calls instead to produce a more well rounded experience for them	10/1/2021 8:17 AM
23	It does not allow the student to see enough variety of patients to prepare them for being an EMT.	10/1/2021 8:09 AM
24	10 patients can be accomplished within several shifts and doesn't allow the student to see the many types of calls and experience the system	10/1/2021 8:04 AM
25	20-30	10/1/2021 8:03 AM

Q7 Is the current requirement for field/clinical contacts—5 live patient contacts with up to 5 being able to be performed on programmed patients—appropriate?

Answered: 96 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	62.50%	60
No	28.13%	27
I do not know	9.38%	9
TOTAL		96

Q8 Why is this number inappropriate?

Answered: 26 Skipped: 73

#	RESPONSES	DATE
1	Should be 10 real patients.	10/4/2021 10:28 AM
2	10 and 10	10/4/2021 9:04 AM
3	Live patients is the best learning tool.	10/2/2021 10:12 PM
4	20	10/2/2021 8:31 PM
5	Patient contact is the EMTs bread and butter. They need a little more exposure.	10/2/2021 8:27 PM
6	The number is too low. Should be ten or more.	10/2/2021 2:15 PM
7	10 patient contacts over an EMT class is not a lot to ask of students. The number is fairly low as it stands it shouldn't be made lower.	10/2/2021 1:53 PM
8	I feel in field they need more patient contacts	10/2/2021 11:37 AM
9	I'd prefer all live patients except for extenuating circumstances, such as the pandemic	10/2/2021 10:09 AM
10	It needs to be more than 5 real patients. That is not enough experience.	10/1/2021 6:26 PM
11	Same as question 4. Something is lacking.	10/1/2021 4:04 PM
12	Not enough contacts to learn anything	10/1/2021 1:30 PM
13	There is so much more to treating a living being verses a mannikin. I feel like being a skilled provider means more than treating a scenario in a class room.	10/1/2021 10:56 AM
14	Need more opportunities for students to interact with patients in different enviornments	10/1/2021 10:35 AM
15	Again.. We need more actual real live patient contacts..	10/1/2021 10:28 AM
16	Does not build competency	10/1/2021 10:14 AM
17	Same reasoning, students need more practice talking with actual patients and assessing different chief complaints.	10/1/2021 8:57 AM
18	See my answer to number four. Critical thinking and performing the skills are essential to having a well taught EMT-B.	10/1/2021 8:48 AM
19	They need patient contact on learning how to treat patients	10/1/2021 8:33 AM
20	Should have at least 30 live patients.	10/1/2021 8:32 AM
21	10	10/1/2021 8:22 AM
22	Virtual interactions are in no way comparable to live patients with real emergencies.	10/1/2021 8:13 AM
23	It think it should be more real patients	10/1/2021 8:06 AM
24	Does not give enough of a variety of types of patients conditions	10/1/2021 8:06 AM
25	This should be all real life patients. It's not that challenging of a task to complete.	10/1/2021 8:05 AM
26	All should be live patients	10/1/2021 8:03 AM

Q9 What would you suggest as the number of required patient contacts for EMT students?

Answered: 26 Skipped: 73

#	RESPONSES	DATE
1	10 real patients	10/4/2021 10:28 AM
2	20	10/4/2021 9:04 AM
3	Minimum 20	10/2/2021 10:12 PM
4	20	10/2/2021 8:31 PM
5	Twenty patient contacts. This contact should be as much 100% attendant in charge as possible. Not just jump on, take some vitals, and the crew does everything else.	10/2/2021 8:27 PM
6	Minimum of 10	10/2/2021 2:15 PM
7	10	10/2/2021 1:53 PM
8	15	10/2/2021 11:37 AM
9	10 live patients	10/2/2021 10:09 AM
10	20	10/1/2021 6:26 PM
11	15 live and 5 non live practical scenarios requiring critical thinking.	10/1/2021 4:04 PM
12	20	10/1/2021 1:30 PM
13	I think that depends on the student . I've had some students jump in like a duck in water, and there are the others that just don't get it.	10/1/2021 10:56 AM
14	at least 9-10	10/1/2021 10:35 AM
15	25	10/1/2021 10:28 AM
16	20	10/1/2021 10:14 AM
17	I would suggest 20, with a break down of categories. Just throwing numbers out but something like 10x medical 5x trauma 2x pediatric 1x psych Some patients may check more than 1 box, and have a minimum of 20 patient contacts. Especially as many of the classes are becoming hybrid based- I feel this additional hands on field training is more important than ever.	10/1/2021 8:57 AM
18	A minimum of 50 on patients, well documented by the preceptor.	10/1/2021 8:48 AM
19	I dont have a magical number but the students I'm around needs to training for basic care	10/1/2021 8:33 AM
20	30	10/1/2021 8:32 AM
21	10	10/1/2021 8:22 AM
22	30. 10 medical, 10 trauma and the lat 10 made up of Pediatric, psych, refusals.	10/1/2021 8:13 AM
23	8-10 real patients	10/1/2021 8:06 AM
24	20-30	10/1/2021 8:06 AM
25	20 minimum	10/1/2021 8:05 AM
26	10	10/1/2021 8:03 AM

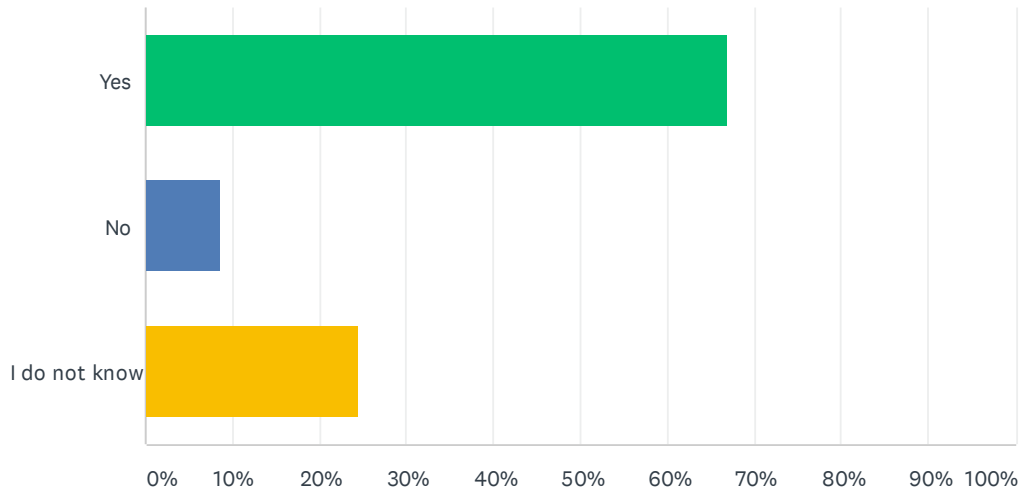
Q10 Do you have any additional comments on patient contact requirements for EMT students?

Answered: 19 Skipped: 80

#	RESPONSES	DATE
1	Students need to be taught skills that will actually be useful to them once in the field.	10/2/2021 10:12 PM
2	Diabetic emergencies, respiratory distress, trauma, cardiac, etc.	10/2/2021 8:31 PM
3	In a perfect world, I would suggest 10 patient contacts at mid term and then 10 more at final.	10/2/2021 8:27 PM
4	no	10/2/2021 2:15 PM
5	N/A	10/2/2021 1:53 PM
6	No	10/1/2021 6:26 PM
7	no	10/1/2021 4:04 PM
8	No	10/1/2021 1:30 PM
9	From what I've seen . People who are new in ems are eager to learn for the most part , but are hesitant to jump into it if they are not comfortable with their preceptor . Letting them do their time where they know someone would help some as opposed to putting them in a department where they don't know anyone or how the department works . Maybe a littler more preceptor training or guidelines that can be handed out or taken with the student on what the student is checked off on. Like the old books paramedic student carried around .	10/1/2021 10:56 AM
10	no	10/1/2021 10:35 AM
11	More	10/1/2021 10:28 AM
12	Thank you to OEMS for working on this!	10/1/2021 8:57 AM
13	No.	10/1/2021 8:48 AM
14	none at this time	10/1/2021 8:33 AM
15	No	10/1/2021 8:32 AM
16	The contacts need to be more well rounded.	10/1/2021 8:13 AM
17	None	10/1/2021 8:06 AM
18	The Students need more patient contacts They are not receiving enough of a variety of patient conditions and need to have more A&P for them to be able to be ready to move on to the next level	10/1/2021 8:06 AM
19	No	10/1/2021 8:05 AM

Q11 Do you feel this process--transferring the verification of psychomotor competence to the EMT educator in conjunction with their EMS Physician without formal psychomotor testing—is working in Virginia?

Answered: 94 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	67.02%	63
No	8.51%	8
I do not know	24.47%	23
TOTAL		94

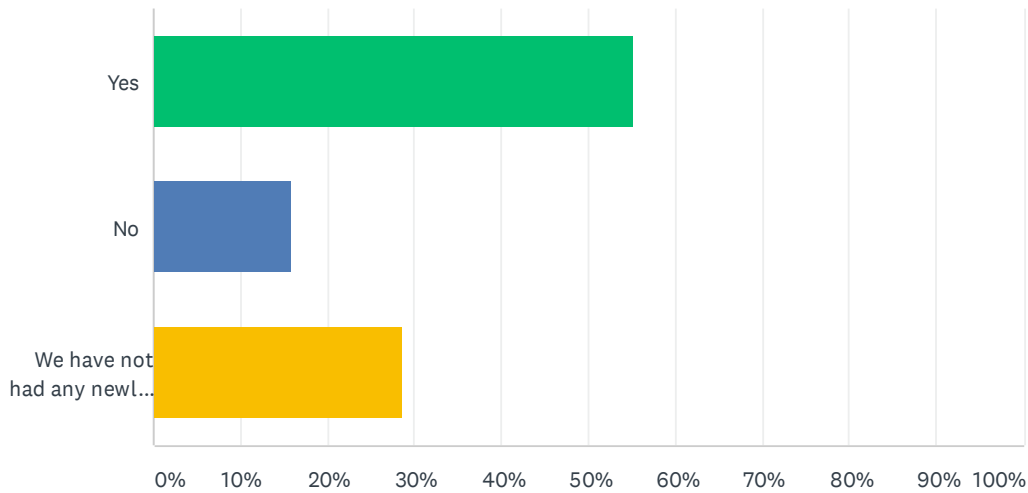
Q12 What concerns do you have about this new practice?

Answered: 7 Skipped: 92

#	RESPONSES	DATE
1	It allows for instructors to prompt students while testing to help ensure that they pass. Students need to be tested by individuals that are not affiliated with their class	10/1/2021 5:39 PM
2	Not all training programs or jurisdictions implement this practice in the same way which leads to differences and issues when students change localities.	10/1/2021 1:35 PM
3	There is no disinterested party verifying the test.	10/1/2021 8:50 AM
4	They should be evaluated by outside testers.	10/1/2021 8:33 AM
5	I feel you need an objective person outside of the instructor validating the person skill level	10/1/2021 8:23 AM
6	Lack the stress of the testing to prepare the student for real patients.	10/1/2021 8:22 AM
7	Previous psychomotor testing was done by an independent group from the ones that taught the students this prevents the instructors from having the ability to pad their numbers by passing marginal or failing students.	10/1/2021 8:17 AM

Q13 Are the newly trained EMT's coming to your agency since June 2020 adequately prepared as entry-level providers?

Answered: 94 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	55.32%	52
No	15.96%	15
We have not had any newly trained EMT's join our agency since that date.	28.72%	27
TOTAL		94

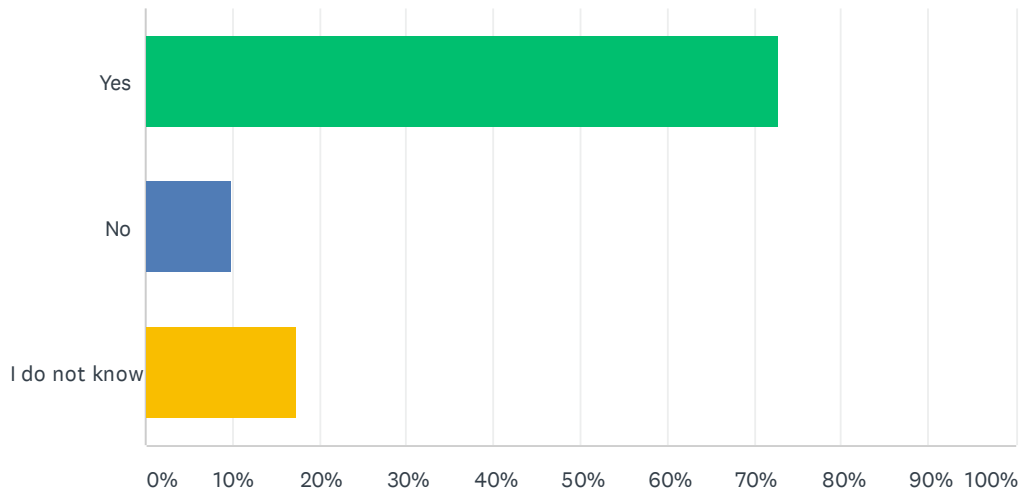
Q14 What caused you to answer no? Please describe any problems or deficiencies you have noticed.

Answered: 15 Skipped: 84

#	RESPONSES	DATE
1	limited experience	10/4/2021 9:05 AM
2	Lack of proper hands on skills learned in the classroom setting.	10/2/2021 10:13 PM
3	I feel they are coming into agency as brand providers with no street experience	10/2/2021 11:39 AM
4	Not enough patients contacted in there training	10/1/2021 1:31 PM
5	A person with little to no experiences at all tends to be a little apprehensive interacting with patients especially when it comes to assessing vital signs which require patient contact. Patient contact has to be nurtured with appropriate precepting. I've hand EMT-I's scared to touch patients.	10/1/2021 10:19 AM
6	Lack of Critical Thinking skills. No ability to adequately document a Patient Care Record.	10/1/2021 8:52 AM
7	Newly trained EMT's since 2020 appear as if they cannot put skills together for a proper care plan of treatment. They appear more lost than before. This causes training officers and crew members to work harder by helping the new EMT comprehend	10/1/2021 8:52 AM
8	most (not all) think since they passed the course they are really to address anything without ever being in back of a truck and no experiance at all.	10/1/2021 8:38 AM
9	Newer EMT students have considerable technical knowledge but do not seem to grasp larger picture concepts of scenes and situations, their role within an agency or on a response crew, or how important complete documentation is.	10/1/2021 8:36 AM
10	Lack of experience and the inability to operate an Ambulance due to driving skills not being taught during an EMT class. Most students have never driven a vehicle the size of an Ambulance.	10/1/2021 8:36 AM
11	I feel they do not have enough hands on knowledge. They are not familiar with the medical and trauma steps to care.	10/1/2021 8:25 AM
12	We have had 2. One had prior EMS experience, no issues. The other had none and they have confidence issues. They have not been released as a provider for this reason.	10/1/2021 8:24 AM
13	They don't have the experience and it is largely on who trained them. We are having to reteach a lot of skills. Relies heavily on training officers which is fine in paid, but volunteer agencies don't always have strong trainers just someone willing to keep track of certs and share training coming up.	10/1/2021 8:19 AM
14	Students coming out of EMS programs have been getting worse over the last several years. The focus seems to be more on passing the test than them learning how to properly interact with and treat patients.	10/1/2021 8:18 AM
15	Students seem to be timid and worried they are getting in the way. I would like to see them eager ready to jump in and take care of pts. They need to be ready when they get on the unit to be ready for pt care.	10/1/2021 8:14 AM

Q15 If Virginia were to follow the National Registry’s lead and transition psychomotor competency verification to the local Education Coordinator in consultation with their EMS Physician, would this benefit Virginia’s EMS system?

Answered: 92 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes	72.83%	67
No	9.78%	9
I do not know	17.39%	16
TOTAL		92

Q16 Why do you feel it would not be beneficial?

Answered: 8 Skipped: 91

#	RESPONSES	DATE
1	This would again allow the instructor to pass students regardless of competency. Students need to be evaluated by someone that is not involved with their class.	10/1/2021 5:42 PM
2	This could lead to a place where programs that are concerned with graduation rates are less likely to provide honest feedback resulting in a failure of students.	10/1/2021 2:37 PM
3	Not all systems implement the standards and requirements equally. Reducing the requirements will lead to a decreased level of standard skills.	10/1/2021 1:37 PM
4	You are making things easier for people that want to use computers instead of insisting people can communicate, with people and learn how to get feedback from a patient. Patient simulation is the backbone of the training	10/1/2021 9:18 AM
5	I feel that students are rushing to quickly to grow in the EMS field. There are many that don't have experience to go to the next level even tho they can pass a exam. Need the time time in back of a truck to gain experence	10/1/2021 8:42 AM
6	See above answers	10/1/2021 8:27 AM
7	Taking an exam on a computer in no way validates a providers critical thinking and doesn't allow them to put hands on a patient in a testing scenario whether is a real person or a manikin.	10/1/2021 8:20 AM
8	It is placing the burden on local OMDs and training staff ECs. It is ok to distribute testing workload, but there needs to be strong guidance from the State on performance standards. What is acceptable in another agency might fall well short of expectations in my agency. A someone needs to calibrate and enforce standards for testing performance.	10/1/2021 8:11 AM

Q17 In order to keep ALS and BLS education aligned, what solution would you propose knowing that National Registry is sun setting psychomotor exams at the ALS level?

Answered: 8 Skipped: 91

#	RESPONSES	DATE
1	Have an outside individual (EC) proctor the exam so that the class instructor is not involved.	10/1/2021 5:42 PM
2	Don't allow instructors that taught the students be the final evaluators for testing certification. This would require an organization to reach out to unaffiliated testers to provide a fair testing evaluation that is not dependent on student/teacher relationships.	10/1/2021 2:37 PM
3	replace with adequate state level psychomotor exams.	10/1/2021 1:37 PM
4	Go outside of their guidelines. Keep the exam as part of the class just to have students know how to ask questions of a person not a computer.	10/1/2021 9:18 AM
5	We need to keep BASIC EMT at the basic level	10/1/2021 8:42 AM
6	I am not sure. I am not sure I agree with the sunset or higher level not talking the psychomotor exams	10/1/2021 8:27 AM
7	Part from Registry and keep the integrity of the program.	10/1/2021 8:20 AM
8	I would place psychomotor testing with the ECs of the agency/training location/testing site. ORMS standards are part of that training and requalification process.	10/1/2021 8:11 AM

Q18 Do you have any further feedback you would like to provide regarding psychomotor competency?

Answered: 37 Skipped: 62

#	RESPONSES	DATE
1	No	10/3/2021 6:56 AM
2	No	10/2/2021 10:13 PM
3	None	10/2/2021 8:33 PM
4	The instructor verification of psychomotor streamlines the process. However, the EMT and the psychomotor is only as good as the instructor. I would suggest a method to ensure the instructor is fully competent. If the instructor is good, then the EMT is likely to be good.	10/2/2021 8:32 PM
5	no	10/2/2021 2:17 PM
6	N/A	10/2/2021 1:55 PM
7	If the instructor is willing to sign them off, he feel confident that they are ready to perform.	10/2/2021 11:31 AM
8	No.	10/2/2021 9:23 AM
9	No	10/2/2021 8:38 AM
10	I strongly believe the entry-level EMT benefits most from obtaining a certification through proof of cognitive function in addition to in-class psychomotor evaluations.	10/1/2021 9:08 PM
11	No	10/1/2021 6:28 PM
12	No	10/1/2021 5:43 PM
13	Our students have encountered weather problems including snow storms, hunger, late nights, and perceived bias on the part of preceptors. All this because they had to travel long distances to be tested. The stress of testing is high enough without adding the additional pressure of travel. All testing should be local. Practical testing has never been a reliable indicator of performance in the field.	10/1/2021 5:35 PM
14	no	10/1/2021 4:06 PM
15	None	10/1/2021 1:22 PM
16	No	10/1/2021 1:04 PM
17	We need to do all we can to train as many EMT as possible we are extremely short on the number of classes offered per year.	10/1/2021 12:22 PM
18	Give control back to the EC and EMS Physicians— and no, I'm not an EC!	10/1/2021 12:19 PM
19	I absolutely love the psychomotor testing done and verified the way it currently is. This is much more practical and true to the real world of the student's local EMS	10/1/2021 11:39 AM
20	no	10/1/2021 10:37 AM
21	The psychomotor process is unrealistic and is simply a test. But I do believe it is a valuable tool to eliminate students that cant deal with the stress and interaction with others. I do fear that removing this requirement will allow weaker providers to get thru. Not sure that is a good thing.	10/1/2021 10:32 AM
22	No	10/1/2021 10:23 AM
23	Preceptorship Program. Trust me not everyone can teach.	10/1/2021 10:21 AM
24	No	10/1/2021 10:16 AM

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25	I like the idea to let the Education Coordinator in that area where the student testing out to over see this.	10/1/2021 10:03 AM
26	If it is not broken that why do you think you have to fix it??? Change just for the sake of change??	10/1/2021 9:19 AM
27	n/a	10/1/2021 9:06 AM
28	In our Central Va. area we have been lucky in having good, quality and involved instructors for decades. I have see though seen a FEW students come to the test sites very unprepared to demonstrate practical skills. Most of those problem instructors have been "weeded" out but a careful plan is needed to assure that these competency "sign-offs" are held to high standards	10/1/2021 9:06 AM
29	Align completely with National Registry. Contradicting testing methods and evaluation procedures are hurting the profession and getting in the way of eventual licensure. EMT-I should be removed and bridge programs should be offered to those wishing to become paramedics.	10/1/2021 9:00 AM
30	No.	10/1/2021 8:53 AM
31	Me as a leader I want everyone to grow and learn, however I feel most are advancing to quickly without the experence to treat patients correctly. they may have the knowledge to pass the exam, but not the knowledge or experence in the back of truck.	10/1/2021 8:45 AM
32	not at this time	10/1/2021 8:44 AM
33	no	10/1/2021 8:43 AM
34	EMS is more like a trade and should be treated as such. You wouldn't check a welders skills by putting them in front of a computer and you can't verify the training received by an EMT or paramedic in the same way.	10/1/2021 8:26 AM
35	We have a robust training system in my jurisdiction and I feel confident that my providers will be competent when they are released	10/1/2021 8:16 AM
36	To go back to clinical patient contact and ride along time, the quest about if that works depends on the training provided when that new EMT states to work or volunteer. In my agency, those numbers are fine as we have a robust training program and many layers of support and oversight. Other agencies may not provoked that, and new EMTs would benefit from a more demanding set of certification requirements.	10/1/2021 8:15 AM
37	No	10/1/2021 8:06 AM