Training and Certification Committee Minutes
Special Call Meeting
2925 Emerywood Parkway, Richmond, VA 23294
Friday, November 12, 2021 – 9:00 am

Members Present	Members Absent	Staff	Attendees (General Public)
R. Jason Ferguson, Chair		Debbie Akers	Tom Olander
Christopher Kroboth		Chad Blosser	RD Peppy Winchel
Larry Oliver		David Edwards	Wayne Perry
William Akers		Wanda Street	Dan Norville
Matthew Lawler			Ryan Chard
Brian McIntosh			Michelle Ludeman
Craig Evans			Gene Dalton
Marlon M. Rickman			Michael McDonald
			Amanda Lurch
			Jeffrey Bonavita
			Pamela Bertone
			Joey Hundley

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	R. Jason Ferguson, Chair, called the meeting to order at 9:06 a.m.	
II. Introductions	Everyone around the room introduced themselves.	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (**Attached**)	**Approved by consensus**
IV. Committee Discussion Items	**A. Field/Clinical Requirements of EMT Students** Debbie Akers updated everyone on the status of the Education Standards. Final drafts have not been released by NHTSA. Jason thanked Chad for sending out the surveys and preparing the documents for this meeting as well as the last meeting. Bill Akers also thanked Chad for the research that was done and he feels comfortable making decisions based of the information received.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	The committee discussed the proper field and clinical requirements of EMT students. Each committee member provided feedback about the 10-contact requirement. They also discussed mentorship/internship to teach the students how to talk to and relate to people. They also discussed finding other places to do patient assessments such of prisons, nursing homes, etc. **A motion was made by Bill Akers to maintain 10 patient contacts: 5 live patients and up to 5 patient simulations. (Maintain current verbiage). Brian McIntosh seconded the motion. All Committee members were in favor. The motion carried.** The committee recommends that the regional councils and medical directors develop a plan to fill in assessment gaps. Per Jason, decisions on the number of patient contacts may be changed according to your regional area, but the minimum is 10. **The motion above was amended to 7 live patients and 3 simulated patients.** Committee members was not in agreement with this amendment. **Amended motion withdrawn.** The public was asked to provide comments and or feedback on the motion. Several audience members made public comments. **B. EMT Student Competency Verification vs. CTS Testing** **Craig Evans made a motion to remove CTS testing as a requirement of Virginia EMT certification. Instead, programs will have confirmation of psychomotor skills by the programs' OMD and Director using a format approved by the OEMS such as a TR999 or TR90A that have been proven successful. The motion was seconded by Matt Lawler.** The motion is open for discussion. The committee discussed CTS Testing. Jason reviewed the statistical data concerning CTS objectively and it shows that the outcomes could still be positive. Craig does not think that the CTS testing gives us a better provider. More resources should be focused on the accreditation process. Jason opened the floor for public comment from the audience concerning the removal of CTS. The audience members agreed with the removal of CTS. **After much discussion, all committee members were in favor of the motion and the motion carried**. A workgroup will be reestablished for TR90A and TR999. Workgroup members include Bill Akers, Larry Oliver, Craig Evans and Jason Ferguson (Chair). The Psychomotor Exam Workgroup will be reconfigured for addressing Clinical/Field Requirements to include scenario development to support EMT programs and the completion of the TR-999 document. The workgroup be chaired by Chris Kroboth-- Brian McIntosh and Bill Akers volunteered to participate as well. Chris will work with the TCC Chair and staff to fill out the committee. The committee also discussed pulling the CTS skill sheets upon approval by the Advisory Board.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Per Chad, the Blackboard roll out is January 2022.	
V. Public Comment	None.	
VI. 2022 Quarterly Meetings	~~January 5, 2022~~ – Canceled April 6, 2022 July 6, 2022 October 5, 2022	
VII. Adjourn	Meeting adjourned at 11:28 a.m.	Motion moved by Larry Oliver, seconded by Brian McIntosh.

Respectfully submitted by: Wanda L. Street
Executive Secretary, Sr.
OEMS Staff Representative
December 17, 2021

COMMONWEALTH of VIRGINIA
Department of Health

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

Gary R. Brown
Director

P. Scott Winston
Assistant Director

Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059-4500

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804-888-9100
FAX: 804-371-3108

Training & Certification Committee

Wednesday, October 6, 2021 – 10:30 AM

Embassy Suites by Hilton
2925 Emerywood Pkwy
Richmond, VA 23294

Meeting Agenda

I. **Welcome**
II. **Introductions**
III. **Approval of Agenda**
IV. **Approval of Minutes from July 7, 2021**
V. **Reports of Committee Members**

A. **Reports of Committee Members**
   1. Chairman Report
   2. Medical Direction Committee
   3. Committee Members

B. **Office of EMS**
   1. Division of Accreditation, Certification & Education (ACE)
      a. Education Program Manager – Chad Blosser, OEMS
         a. Virginia EMS Scholarship Program Update
         b. Education Coordinator Candidate Program
      b. ACE Division Director – Debbie Akers, OEMS
         a. National EMS Education Standards Update
         b. Accreditation
         c. National Registry Pass Rates
         d. BLS Certification Testing
   2. State Medical Director – Dr. George Lindbeck
   3. EMS for Children – Dave Edwards, OEMS
   4. Regulation & Compliance – Ron Passmore, OEMS

5. Director/Asst. Director – Gary Brown/Scott Winston, OEMS
6. Other Office Division Directors

VI. Committee Discussion Items

A. Psychomotor Exam Workgroup Update – Chris Kroboth

B. Field/Clinical Requirements and Competency Verification for EMT's – Jason Ferguson

VII. Previous Business

VIII. New Business

IX. Public Comment

X. Quarterly Meetings

A. **2021 Quarterly Meetings**

1. ~~January 6, 2021~~ – Cancelled due to COVID-19
2. ~~April 7, 2021~~
3. ~~July 7, 2021~~
4. October 6, 2021

B. **2022 Quarterly Meetings**

1. January 5, 2022
2. April 6, 2022
3. July 6, 2022
4. October 5, 2022

XI. Adjourn

Attachment A to the
October 6, 2021 TCC Minutes

National Registry Statistics

EMT Statistics
As of 10/04/2021

Virginia:

Report Date:	10/4/2021 8:31:11 PM
Report Type:	State Report (VA)
Registration Level:	EMT
Course Completion Date:	10/1/2018 to 9/30/2021
Training Program:	All

View Legend | Printer-Friendly Version

Show All | Show Only Percentages | Show Only Numbers

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
8571	71% (6065)	80% (6823)	80% (6857)	0% (6)	17% (1446)	3% (264)

National Registry Statistics:

Report Date:	10/4/2021 8:29:18 PM
Report Type:	National Report
Registration Level:	EMT
Course Completion Date:	10/1/2018 to 9/30/2021
Training Program:	All

View Legend | Printer-Friendly Version

Show All | Show Only Percentages | Show Only Numbers

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
234089	68% (159224)	79% (185259)	80% (187045)	0% (288)	17% (39290)	3% (7560)

Individual Instructor Statistics are available on the OEMS webpage at the following link: https://www.vdh.virginia.gov/emergency-medical-services/education-certification/program-rankings-based-on-16th-percentile-peer-to-peer-benchmarking/

Attachment B to the October 6, 2021 TCC Minutes

Accreditation Report

Accredited Training Site Directory

As of September 30, 2021

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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Blue Ridge Community College	79005	Yes	--	CoAEMSP - LOR	
Central Virginia Community College	68006	Yes	--	CoAEMSP – Continuing	CoAEMSP
Chesterfield Fire and EMS	04103	Yes	--	CoAEMSP – LOR	
ECPI University	70017	Yes	--	CoAEMSP – Initial	CoAEMSP
Hanover Fire EMS Training	08533	Yes	--	CoAEMSP - LOR	
Henrico County Division of Fire	08718	Yes	--	CoAEMSP – LOR	
J. Sargeant Reynolds Community College	08709	No	--	CoAEMSP – Continuing	CoAEMSP
John Tyler Community College	04115	Yes	--	CoAEMSP - Initial	CoAEMSP
Lord Fairfax Community College	06903	Yes	--	CoAEMSP – Continuing	CoAEMSP
Loudoun County Fire & Rescue	10704	Yes	--	CoAEMSP – Continuing	CoAEMSP
Northern Virginia Community College	05906	Yes	--	CoAEMSP – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – Continuing	CoAEMSP
Piedmont Virginia Community College	54006	Yes	--	CoAEMSP – Continuing	CoAEMSP
Prince William County Dept. of Fire and Rescue	15312	Yes	--	CoAEMSP – Continuingl	CoAEMSP
Radford University Carilion	77007	Yes	---	CoAEMSP – Continuing	CoAEMSP
Rappahannock Community College	11903	Yes	--	CoAEMSP – Continuing	CoAEMSP
Southside Virginia Community College	18507	Yes	--	CoAEMSP – Continuing	CoAEMSP
Southwest Virginia Community College	11709	Yes	1	CoAEMSP – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	Yes	7	CoAEMSP – Continuing	CoAEMSP
Thomas Nelson Community College	83012	Yes	2	CoAEMSP – LOR	
Tidewater Community College	81016	Yes	--	CoAEMSP – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	5	CoAEMSP – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

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Accredited AEMT Training Programs in the Commonwealth

Site Name	*Site Number*	*BLS Accredited*	*# of Alternate Sites*	*Accreditation Status*	*Expiration Date*
Accomack County Dept. of Public Safety	00121	No	--	State – LOR	December 31, 2021
Augusta County Fire and Rescue	01521	Yes	--	State – LOR	December 31, 2021
Danville Training Center	69009	No	--	State – Full	December 31, 2021
Fauquier County Fire & Rescue – Warrenton	06125	Yes	--	State – LOR	December 31, 2021
Frederick County Fire & Rescue	06906	Yes	--	State – Full	December 31, 2021
Hampton Fire & EMS	83002	No	--	State – Full	December 31, 2021
Hampton Roads Regional EMS Academy (HRREMSA)	74039	Yes	--	State – LOR	December 31, 2012
James City County Fire Rescue	83002	Yes	--	State – Full	December 31, 2021
King George Fire, Rescue and Emergency Services	09910	No	---	State – LOR	August 31, 2023
Newport News Fire Training	70007	Yes	--	State – LOR	December 31, 2021
Norfolk Fire and Rescue	71008	Yes	--	State – Full	December 31, 2021
Paul D. Camp Community College	62003	Yes	--	State – Full	December 31, 2021
Rockingham County Fire and Rescue	16536	Yes	--	State – LOR	December 31, 2021
Southwest Virginia EMS Council	52003	Yes	--	State – Full	December 31, 2021
UVA Prehospital Program	54008	Yes	--	State – Full	December 31, 2021
WVEMS – New River Valley Training Center	75004	No	--	State – Full	December 31, 2021

- Germana Community College has submitted the documentation for LOR to conduct their first cohort class at the AEMT & EMT levels.

Accredited EMT Training Programs in the Commonwealth

Site Name	*Site Number*	*# of Alternate Sites*	*Accreditation Status*	*Expiration Date*
Albemarle Co Dept of Fire	54013	--	State – Letter of Review	December 31, 2021
Arlington County Fire Training	01305	--	State – Letter of Review	December 31, 2021
City of Virginia Beach Fire and EMS	81004	--	State – Full	December 31, 2021
Chesterfield Fire & EMS	04103	--	State – Full	December 31, 2021
Fairfax County Fire & Rescue Dept.	05918	--	State – Letter of Review	December 31, 2022
Gloucester Volunteer Fire & Rescue	07302	--	State – Letter of Review	December 31, 2021
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	December 31, 2021
Roanoke Valley Regional Fire/EMS Training	77505	--	State – Letter of Review	December 31, 2021

Attachment C to the October 6, 2021 TCC Minutes

Virginia EMS Scholarship Program EMT

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Quarterly Report

Virginia EMS Scholarship Program

First Quarter – FY22

Accreditation, Certification & Education

Background

The Virginia EMS Scholarship Program is managed by the Virginia Office of Emergency Medical Services providing scholarship awards to current Virginia EMS Providers and those seeking to become EMS providers in the Commonwealth.

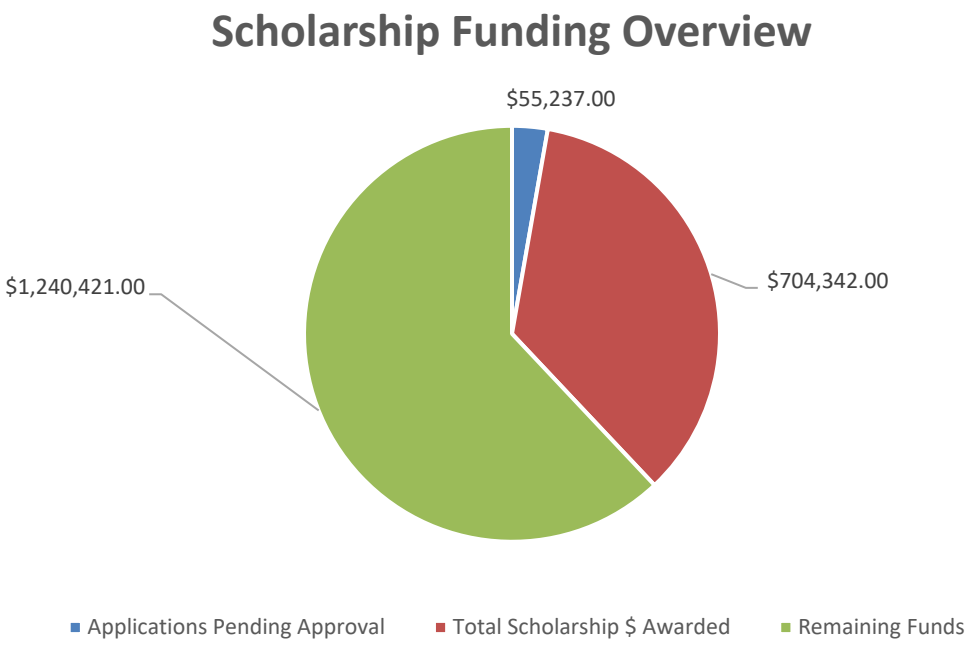
The scholarship program supports students who are accepted into an eligible Virginia approved initial certification program–EMR, EMT, Advanced EMT and Paramedic.

The scholarship program is not designed to provide 100% funding for a training program.

FY21 Scholarship Budget

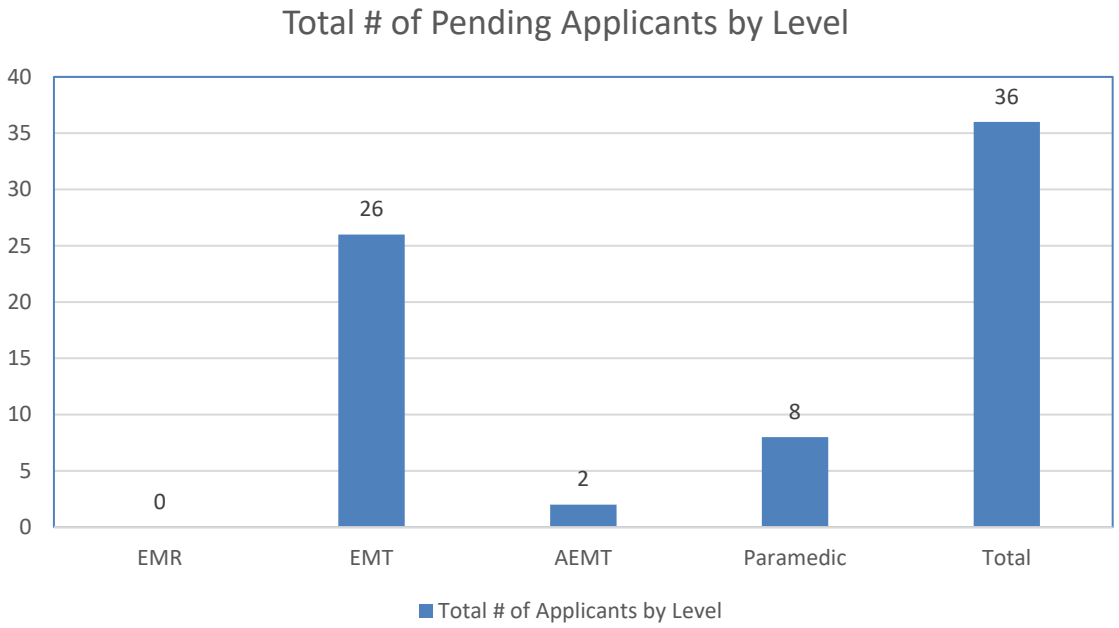
The FY22 budget for the Virginia EMS Scholarship Program is $2,000,000.00. The following chart shows a breakdown of funding based on three (3) categories: 1) Applications Pending Approval, 2) Total Scholarship $ Awarded, and Remaining Funds.

- **Application Pending Approval** – this category includes the total dollar value for all applications received through September 30, 2021. This covers Q1.
- **Total Scholarship $ Awarded** – this category is the total dollar value for all scholarship applications which have been approved and are in the process of being paid. Since the Virginia EMS Scholarship module is new, OEMS staff have only approved a small group of test applications as we work through the payment processes with the VDH Office of Financial Management.
- **Remaining Funds** – this category is the total dollar value of funds remaining in the scholarship program and available for to students for the remainder of the fiscal year.



Breakdown of Pending Applications

The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 1, 2021 through September 30, 2021.



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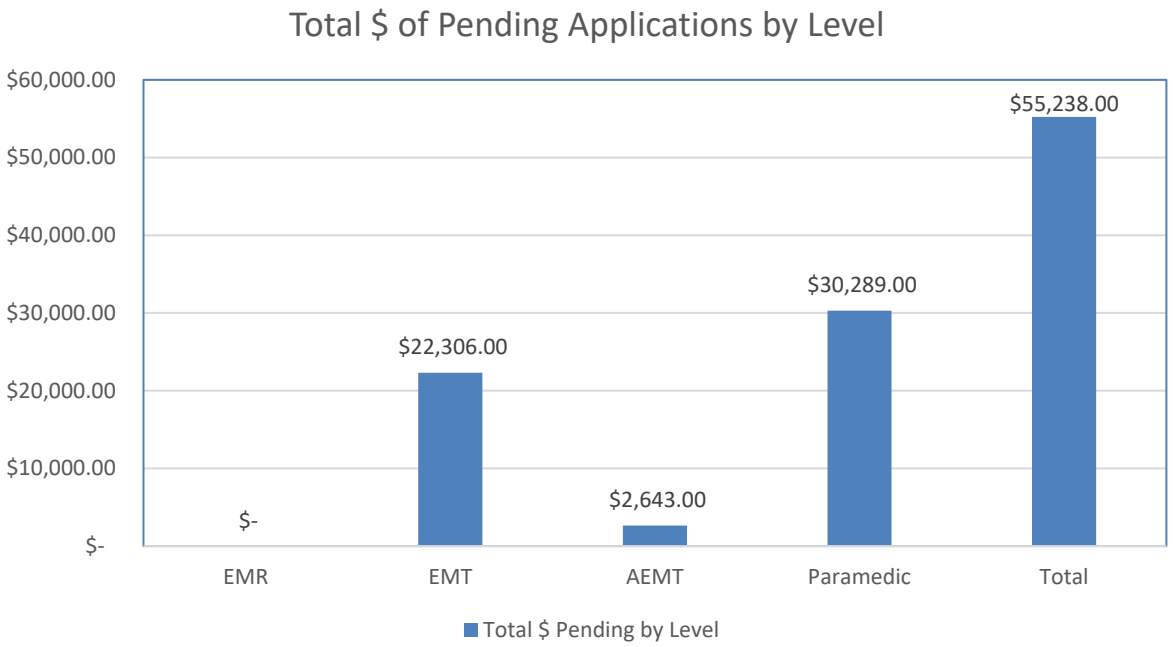
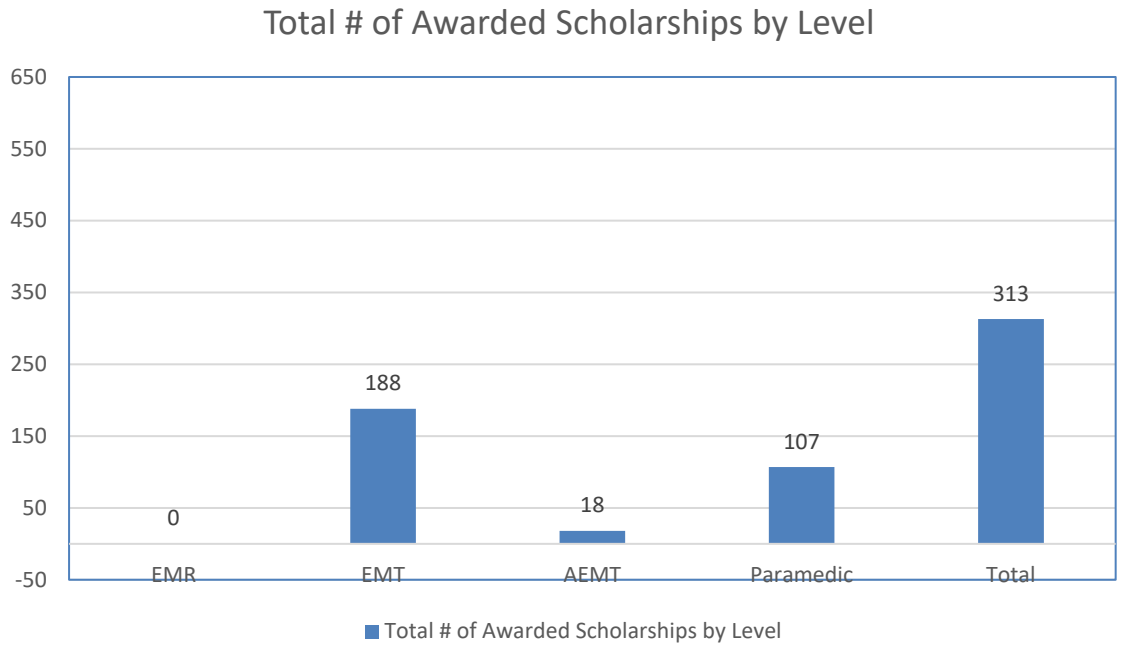
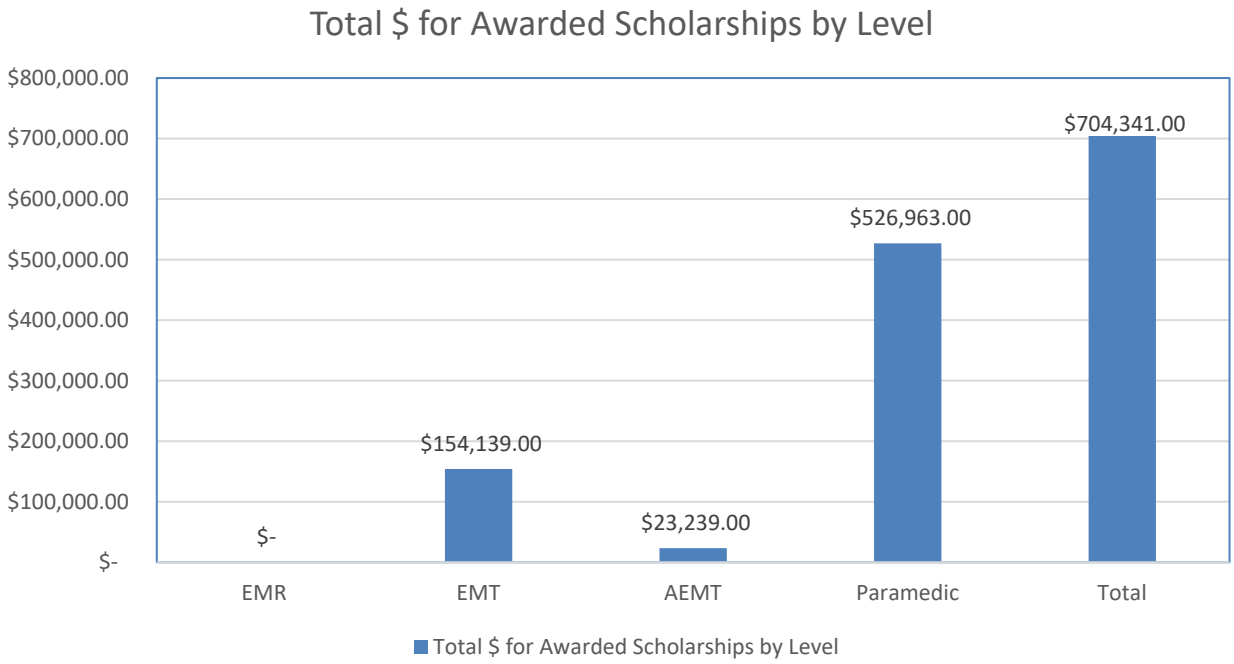


Breakdown of Awarded Scholarships

The following chart shows data for all scholarship applications which have been awarded by training level. This includes all awarded applications for students enrolled in eligible initial certification courses from June 1, 2021 through September 30, 2021.



The following chart shows data for all scholarship applications which have been awarded by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 1, 2021 through September 30, 2021.



Attachment E to the
October 6, 2021 TCC Minutes

EMT Student Field Ride Time & Psychomotor Competency Survey Results

Survey of Virginia certified Education Coordinators

EMT Student Field/Clinical Requirements and Competency Verification

Virginia Office of EMS

October 2021

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 adopt due to COVID-19. Responses to the survey are intended to help inform priorities, practices, and policies in the months and years to come.

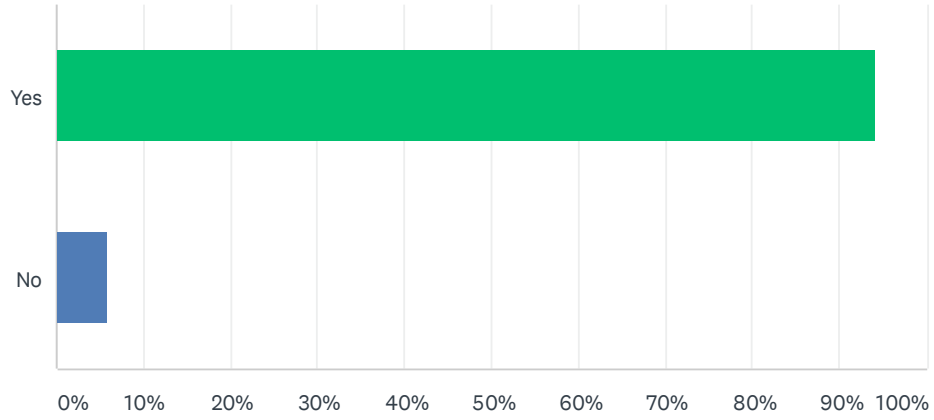
Although no survey can illuminate all there is to know about these two subjects, this 5-minute "pulse survey" is an important first step toward understanding more about these topics.

Key Findings

1. Out of 733 educators asked to participate, 30% participated (219 respondents).
2. Pre-pandemic, 26% of respondents (54 educators) indicated that they found it '*difficult to access field/clinical rotation sites for [their] EMT students*'. The remaining 74% selected "no."
3. Post-pandemic, 75% of respondents (147 educators) indicated that they found it '*difficult to access field/clinical rotation sites for [their] EMT students*'. The remaining 25% selected "no."
4. Among the respondents, 70% indicated that the current requirement of '*10 patient contacts provides a satisfactory for EMT students*'. 30% 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 one theme emerged: 1) most 'no' respondents did not feel that 1`0 patient contacts was enough. When the 'no' respondents were asked what the number of patient contacts would be satisfactory, the average number was either 10 "real or live" patients or an average of 18 contacts.
5. 90% 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. 10% disagreed with this statement.
6. 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*?' 91% of respondents indicated 'yes' agreeing that this move was positive for Virginia, while 9% responded 'no' to this statement.

Q1 Do you teach initial EMT certification programs?

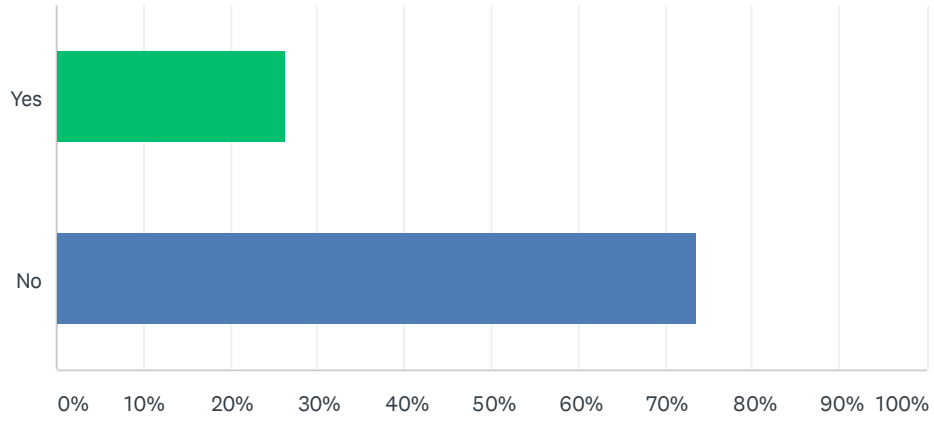
Answered: 219 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	94.06%	206
No	5.94%	13
TOTAL		219

Q2 Prior to COVID-19, did you find it difficult to access field/clinical rotation sites for your EMT students?

Answered: 205 Skipped: 14



ANSWER CHOICES	RESPONSES	
Yes	26.34%	54
No	73.66%	151
TOTAL		205

Q3 What made it difficult for you?

Answered: 53 Skipped: 166

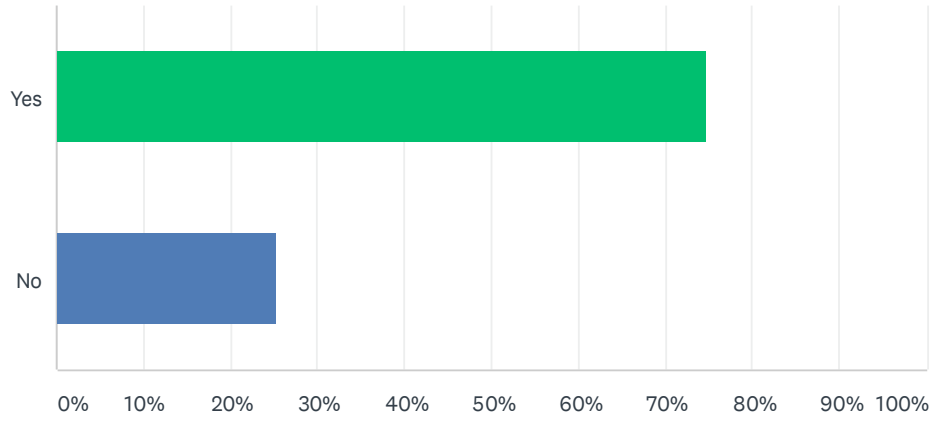
#	RESPONSES	DATE
1	Availability of agencies who accept students. The primary agency we use is deplorable, but we don't have any other choice.	10/4/2021 8:18 AM
2	Hospital requirements, agency availability and requriements.	10/3/2021 6:25 PM
3	Hospital requirements- million dollar insurance for each student.....,	10/3/2021 5:43 AM
4	we are volunteers ,different from paid,rural area,and most of my students work ,hard to get a schedule to work right.	10/1/2021 9:10 PM
5	The propensity,	10/1/2021 8:26 PM
6	The requirements that some Health Systems have to accept students into the hospital. Some treat the students as if they are a new employee. Requirements are way too extensive.	10/1/2021 1:19 PM
7	We only have one local hospital and their process for setting up a clinical site was very difficult. We didn't have any problems with our local EMS agencies.	10/1/2021 7:50 AM
8	Hospitals seem reluctant to be cooperative at times. It seems some staff don't want to be bothered with a student.	9/30/2021 10:05 PM
9	If students weren't affiliated with organizations already, locations would want students to go through a multi-week process to do ride alongs. With shorter EMT programs, this was difficult not to mention the surrounding areas also have a lot of medic students who are riding so there was difficulty finding space for the EMT students.	9/30/2021 9:29 PM
10	Most facilities and agencies require an extensive agreement which is usually intended for students beyond the scope of EMT.	9/30/2021 8:22 PM
11	Contracts	9/30/2021 7:42 PM
12	It’s hard to accurately answer this because I taught my first program during COVID, but I did notice that most hospitals require students to be at least 18 years old. Some EMT students are under 18 and were not able to officially participate in some of these ED clinical rotations. Other than that, most hospital systems appear to be willing to provide these opportunities.	9/30/2021 6:11 PM
13	Willingness/ability of agencies and hospitals to accept EMT students. Lack of call volume for certain agencies with student affiliations.	9/30/2021 5:58 PM
14	Local hospitals/healthcare facilities were not always willing to accept EMT students.	9/30/2021 5:15 PM
15	Contracts with hospitals especially around risk same with prehospital agencies	9/30/2021 5:06 PM
16	It is extremely difficult for EMT Students to get time scheduled in EDs due to ALS programs having priorities. EMT Students should be afforded opportunities to spend clinical times in physicians offices and clinics as well and to spend their time solely on ambulances and to get patient contacts in that forum.	9/30/2021 4:49 PM
17	Politics of the County. Had to travel up to 1.5 hours to obtain field experience.	9/30/2021 4:43 PM
18	Availability of programs to take EMT students who were not affiliated with them.	9/30/2021 3:00 PM
19	Scheduling competition with regional ALS and nursing programs. Navigating hospital risk management policies to enable students to participate.	9/30/2021 1:25 PM
20	Hospital requirements to get in. Would add hours/time/new requirements-everything from the fire alarm plan for the facility to the stolen baby alert training before being allowed in.	9/30/2021 1:05 PM
21	Scheduling, especially where there are multiple programs with limited hospitals.	9/30/2021 12:06 PM
22	I would prefer the student had access to an ED clinical rotation, even if it is just one. They are	9/30/2021 11:49 AM

	very difficult to set up as most are filled with medic level classes or nursing students.	
23	Liability concerns by agencies about having students ride along. Also hospitals are hesitant to allow students to do shadow time.	9/30/2021 11:12 AM
24	The hospital based rotations were very difficult. For even an EMT student to attend one 8 hour rotation in the ED required a massive amount of online training. This far outweighed the experience. As far as rotations on a BLS / ALS truck was much easier. Simply find vacancies and attach the student to the truck, station, and provider. ED rotations were so difficult in facts all my students only do field rides for “hands on”.	9/30/2021 10:44 AM
25	Unable to secure agreement between my organization and local hospitals for clinical rotation due to legal liability issues between Hospital Legal team and my organiztion's legal team. Currently have no issues with ride along on ambulances however to obtain 10 patient contacts it could be as little as 24 hours or as much as 72+hours riding an ambulance	9/30/2021 10:07 AM
26	Sites not allowing students.	9/30/2021 9:55 AM
27	Geographical area and the EMS agencies available for students. Students are competing against other programs for limited slots. In addition, some charge the program/students for these field experiences even they reap the benefits and later recruit the same student for employment with their organization. No give but all take.	9/30/2021 9:48 AM
28	Hospital requirements and their Risk Management Departments	9/30/2021 9:38 AM
29	The field requirements isn't an issue. I find it difficult to get my EMT students in to our only ER for clinical time because they require EMT students to complete a similar orientation process as a new hire to the facility. That orientation process is usually takes the student longer to complete than the hours were require for clinicals. I have found a local nursing home that has made this process easier and I feel this environment is beneficial to the student but now they are lacking the comradery with ER staff that only comes from working side by side with them in the ER setting.	9/30/2021 9:38 AM
30	Willingness of sites to allow students.	9/30/2021 9:32 AM
31	Hospital systems not allowing students	9/30/2021 9:18 AM
32	lack in communication	9/30/2021 9:15 AM
33	Students under the age of 18 could not do clinicals in the hospital. Also, unaffiliated students could not meet insurance requirements to do hospital time	9/30/2021 9:14 AM
34	Many agencies and hospitals have affiliations with programs and end up being "territorial" and disallow other programs to come in. This is not too bad at the BLS level but can be very tough at the ALS level, particularly in specialty units.	9/30/2021 9:11 AM
35	Agencies willing to allow students ride, scheduling, available units, clinics and hospitals complete refusal to have EMTs at their facility.	9/30/2021 9:10 AM
36	Competition for slots with ALS students (mine and other programs)	9/30/2021 9:05 AM
37	Different agreements and requirements for ERs and individual rescue squads	9/30/2021 9:04 AM
38	Sites that would allow students to precept.	9/30/2021 9:00 AM
39	Contacts at the hospital, scheduling	9/30/2021 8:46 AM
40	Liability placed on hospital/agency due to students riding. Very few EMT programs are able to carry insurance on their students.	9/30/2021 8:44 AM
41	Getting students to the hospital HR department and having to complete numerous requirements.	9/30/2021 8:40 AM
42	We used Richmond Ambulance for our rotations and they paused their ride along program during covid.	9/30/2021 8:26 AM
43	Finding qualified FTOs in rural communities.	9/30/2021 8:25 AM
44	Competing with other programs in the area for spots for my students.	9/30/2021 8:24 AM
45	Lack of agreements with agencies	9/30/2021 8:23 AM

46	Logistics for getting a large class into a rotation in just one hospital er	9/30/2021 8:22 AM
47	Preceptors were limiting the time with students that were not interested in joining their specific organization.	9/30/2021 8:19 AM
48	Hospital requirements to do ER rotations.	9/30/2021 8:09 AM
49	Hospital clinical time for students required more time to get cleared than Doing the rotation	9/30/2021 8:07 AM
50	Scheduling with an EMS agency and hospital.	9/30/2021 8:06 AM
51	The hoops they need jump through to do clinical rotations at the hospital. Other agencies with higher volume not allowing non members ride along	9/30/2021 8:05 AM
52	not many sites available, what site were available were over an hour or more away.	9/29/2021 11:02 PM
53	There are a lot of requirements from the hospital before a student can even enter such as vaccination verifications, orientation from the hospital, etc.	9/29/2021 6:58 PM

Q4 After March 2020, did you find it difficult to access field/clinical rotation sites for your BLS students?

Answered: 197 Skipped: 22



ANSWER CHOICES	RESPONSES	
Yes	74.62%	147
No	25.38%	50
TOTAL		197

Q5 What made it difficult for you?

Answered: 142 Skipped: 77

#	RESPONSES	DATE
1	Only my department would precept the EMT students because they were considered "internal", but with other staffing/preceptor shortages, it was essentially impossible. All surrounding departments were denying "external" students.	10/4/2021 11:24 AM
2	Agencies don't want the liability of students under the age of 18 to begin with so it isn't difficult to get clinicals but it is challenging. In the covid environment it is even more difficult to secure any field time anywhere for fear of exposure. And, PPE requirements also make it difficult.	10/4/2021 10:04 AM
3	Even fewer agencies accepted students due to COVID.	10/4/2021 8:19 AM
4	Site availability. In 2020 we lost nearly all of our clinical and field sites. We got many of them back as the fall went on and in early 2021. They are rolling back again now though. We run both EMT and ALS courses and as our sites become very limited we have a challenge of too many students competing for a slim number of shifts.	10/4/2021 12:07 AM
5	COVID	10/3/2021 6:25 PM
6	Transport services limiting individual on transports	10/2/2021 7:22 PM
7	This was a Yes and a No for me. As I and my co-EC are the Ops and Training Officers of an agency, we were able to accommodate our students at our agency. However, this meant that we had a lot of EMT student ridealong requests at one time, so scheduling was difficult. Some of our students couldn't find other agencies to ride with though. We do not do in-hospital rotations unless the student handles the setup and is willing to jump through all of the extra hospital hoops.	10/2/2021 4:45 PM
8	No one would allow ride alongs/observers due to Covid	10/2/2021 1:01 PM
9	COVID restrictions	10/2/2021 9:36 AM
10	COVID	10/2/2021 1:16 AM
11	The covid ,did not want to expose students to this ,and hard to find out what protocol we were to go by.	10/1/2021 9:13 PM
12	Just the trepidation of such places as tbey navigated how to adjust to COVID-19. It seems better now.	10/1/2021 8:27 PM
13	Local hospitals that previously allowed students were no longer allowing students into the hospital. We were able to make arrangements with another hospital but it was 30 miles away from our teaching location.	10/1/2021 3:17 PM
14	The pandemic. Due to health and safety concerns.	10/1/2021 3:03 PM
15	Our department essentially shut down our ride-along program to all non-members/employees of the department and severely limited the types of calls that ride-alongs were able to respond to due to the lack of PPE resources as well as safety precautions and keeping contact with patients to a minimum. All of the surrounding hospitals were closed to precepting students. Currently, our hospitals are open to precepting students, however one requires students to have the COVID vaccine and that is something that some providers feel shouldn't be mandatory, so obtaining their competencies will be limited to one hospital.	10/1/2021 2:10 PM
16	Varying COVID restrictions per hospital/department within each hospital.	10/1/2021 1:59 PM
17	Requirements were to extensive.	10/1/2021 1:19 PM
18	Students are high school-aged and many locations are not letting in minors due to COVID. Some even require COVID vaccination which many students are not willing to get. In a high school setting I cannot chose a clinical site that will exclude students for COVID vaccination status.	10/1/2021 11:14 AM

19	Minimal staffed ambulances that would allow/expose non medical students.	10/1/2021 9:51 AM
20	clinical sites not accepting students due to COVID restrictions	10/1/2021 9:02 AM
21	Access to facilities.	10/1/2021 7:51 AM
22	Change to the normal at the time process by which was the way things were done.	10/1/2021 7:32 AM
23	None Agency Affiliated Students and COVID restrictions	9/30/2021 10:45 PM
24	Locations were not allowing students to do ride alongs because of the COVID risk. Some locations did allow students as long as they were already affiliated.	9/30/2021 9:30 PM
25	Most sites eliminated student opportunities or only allowed current members to complete shifts.	9/30/2021 8:23 PM
26	COVID concerns, drop in call volume during early pandemic, same issues as previously described pre-COVID	9/30/2021 5:59 PM
27	Facilities attempted to limit outside individuals.	9/30/2021 5:15 PM
28	The pandemic caused a shift to only essential personnel in healthcare setting, and students were deemed NON-essential...so no clinical or field opportunities existed after March 2020.	9/30/2021 5:13 PM
29	Same, risk considerations	9/30/2021 5:06 PM
30	Covid locked down ER availability	9/30/2021 4:58 PM
31	Everyone has shut their facility down to clinical rotations due to COVID. It was already difficult to meet the hospital immunization guidelines.	9/30/2021 4:50 PM
32	N/A -- Last class taught finished in Spring 2019.	9/30/2021 4:44 PM
33	Entry requirements and Covid restrictions on additional personnel involved in patient care.	9/30/2021 4:28 PM
34	Initially, all sites were closed to all students. Then when opened back up, sites would not accept EMS students because they had too many nursing students that needed to catch up.	9/30/2021 4:28 PM
35	Agencies did not accept ride-a-long student.	9/30/2021 4:04 PM
36	Extreme, for good reason, restriction of EMT students who were not agency affiliated.	9/30/2021 3:01 PM
37	Restrictions on non-employees to reduce chances of exposure to current working employees	9/30/2021 1:52 PM
38	Restrictions apply by various facilities Caution from students	9/30/2021 1:40 PM
39	All clinical sites refused access to students (EMS, RN, etc.). All area facilities are still closed to students.	9/30/2021 1:34 PM
40	Covid	9/30/2021 1:06 PM
41	The hospital and agencies limited access due to concerns about infection	9/30/2021 12:40 PM
42	Spring 2020 no EMS agencies were allowing students to ride on their ambulances due to COVID-19. This past spring (2021) students were allowed to resume ride-alongs, but additional health requirements imposed by the agencies.	9/30/2021 12:38 PM
43	Hospitals were closed to rotations	9/30/2021 12:37 PM
44	Agencies are refusing to take ride-a-longs.	9/30/2021 12:19 PM
45	COVID restrictions	9/30/2021 12:08 PM
46	Covid	9/30/2021 12:06 PM
47	COVID restrictions from varying hospitals and jurisdictions limited opportunities for some time.	9/30/2021 12:06 PM
48	The local fire departments stopped permitting ride-a-longs.	9/30/2021 11:53 AM
49	Regarding this question: there should have been a N/A answer. Classes were suspended during COVID. That said, my peers all expressed difficulty in seeking both ambulance and ED time.	9/30/2021 11:51 AM
50	Health restrictions at EMS stations which eliminated student filed shifts. Restricted or	9/30/2021 11:49 AM

	eliminated access to the local hospital ED due to implemented health restrictions	
51	Departments making availability	9/30/2021 11:43 AM
52	lack of sufficient PPE made agencies reluctant to take students and be responsible for providing those	9/30/2021 11:15 AM
53	Lack of sites willing to accept students and overloaded sites that would	9/30/2021 11:04 AM
54	The facilities and agencies stopped allowing observers.	9/30/2021 10:52 AM
55	Facilities and Agencies suspended student access due to COVID19	9/30/2021 10:48 AM
56	Some high-volume agencies halted students from coming due to a shortage of N95 masks and PPE in general.	9/30/2021 10:45 AM
57	Same as previous answer. ED rotations were very difficult.	9/30/2021 10:45 AM
58	We have noticed that area ambulance stations did not offer the ride-along options to our students. However, they were able to take advantage of clinical rotations	9/30/2021 10:40 AM
59	Even if they were a member of a "squad" all squads were only allowing essential personnel (meaning, cut loose providers that could staff a rig) in the station. Keeping the cross contamination low.	9/30/2021 10:36 AM
60	COVID restrictions, places shutting down to students all together, agencies only accepting their own students so students without a agency couldn't go anywhere, students not taking the COVID vaccine and that being a requirement	9/30/2021 10:21 AM
61	Restrictions due to COVID	9/30/2021 10:19 AM
62	Hesitancy on agencies to have additional potential exposures on scene	9/30/2021 10:17 AM
63	Sites initially weren’t allowing students	9/30/2021 10:12 AM
64	Many agencies did not want and still do not want BLS providers riding along for initial hours. They do not see the benefit of this time.	9/30/2021 10:12 AM
65	See answer above	9/30/2021 10:07 AM
66	Requirements place on the program from the county	9/30/2021 10:01 AM
67	Sites not allowing students. Site shutting down student access.	9/30/2021 9:55 AM
68	Clinical access restrictions (No Students). Reduction in student slots on units.	9/30/2021 9:55 AM
69	In addition to previous comment, sites were closed due to COVID indefinitely.	9/30/2021 9:49 AM
70	We use a local nursing home for clinicals. Since the nursing home had a huge influx on COVID-19 positive patients and staff following March 2020, it shut down all student opportunities. We also limited the student's access to known or strongly assumed positive COVID-19 patients in the field setting to limit to possibility of contamination. This decreased their opportunity for patient interactions.	9/30/2021 9:43 AM
71	Covid-19 restrictions	9/30/2021 9:39 AM
72	Our department policies prevented non-certified personnel from riding on units.	9/30/2021 9:37 AM
73	agencies/hospitals weren't allowing students to come to their facilities	9/30/2021 9:36 AM
74	Sites wanted to limit exposure to everyone from COVID19.	9/30/2021 9:33 AM
75	COVID restrictions, facility burnout, agency burnout, lack of desire of preceptors	9/30/2021 9:25 AM
76	Covid restrictions	9/30/2021 9:19 AM
77	Field agencies are reducing the number of students they'll permit to ride with them. AEC has dominated field sites from northern Virginia all the way down to Green county. I've had multiple agencies tell me they can't accept any more students than the ones they have, especially since the pandemic.	9/30/2021 9:18 AM
78	hospitals not letting ems in for training	9/30/2021 9:17 AM

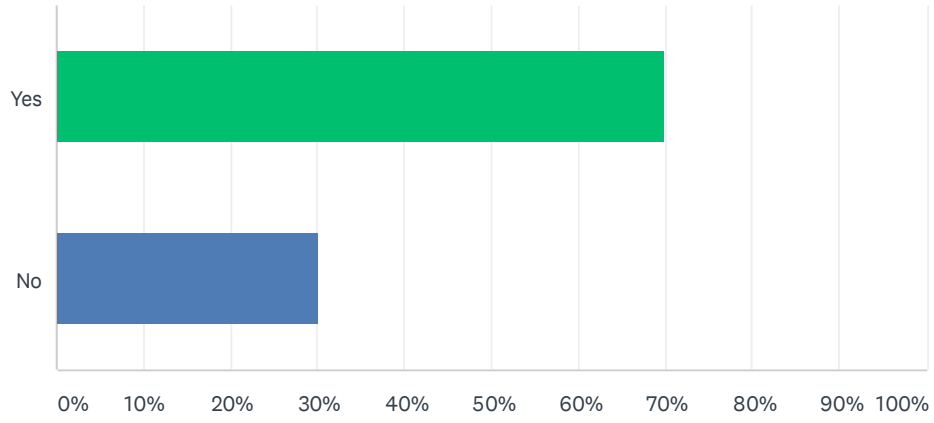
79	Our local ER was closed to us for two months, they then reopened for our students, but we decided internally to initially only send our ALS students back into the hospitals because of the increased PPE requirements. We didn't want to risk goodwill with our hospital colleagues by sending in inexperienced EMT students who could get the PPE and general etiquette wrong during a time of increased stress for the ER staff. We allowed the students from our summer class 2021 to go into the ER.	9/30/2021 9:15 AM
80	Facilities suspended Clinicals and field rotations recent.	9/30/2021 9:13 AM
81	Some jurisdictions shut down ride-along capabilities. Even today it is still subject to vaccination status.	9/30/2021 9:12 AM
82	COVID	9/30/2021 9:11 AM
83	Agencies not allowing any non employees to ride. Same with clinics and hospitals.	9/30/2021 9:11 AM
84	For a bit, clinical sites did not let outside folks in. Since then, it has improved. Additionally, many folks carefully have reviewed the TPAM requirements. It says "familiar with ED operations". It's interpreted by many that this means they don't have to go into an ED.	9/30/2021 9:11 AM
85	Also competition with ALS students for slots- but now less slots available overall	9/30/2021 9:06 AM
86	COVID shut downs and increased risks. ERs weren't willing to cooperate and take on possible exposure. Lack of PPE.	9/30/2021 9:04 AM
87	Covid	9/30/2021 9:00 AM
88	We were unable to provide hospital rotations within the ED for our BLS students.	9/30/2021 8:56 AM
89	Agencies/hospitals not wishing to have "outsiders" in their facilities due to Covid	9/30/2021 8:53 AM
90	Hospital and agency restrictions, staffing issues, and decreased call volume.	9/30/2021 8:49 AM
91	Covid	9/30/2021 8:47 AM
92	Various reasons	9/30/2021 8:45 AM
93	Hospitals and agencies simply shut their doors to students.	9/30/2021 8:45 AM
94	COVID restrictions made it difficult for students to complete rotations.	9/30/2021 8:42 AM
95	Not taking students at all then moved to limited students	9/30/2021 8:42 AM
96	Departments not allowing ride time	9/30/2021 8:40 AM
97	Departmental restrictions on ride along time, placing recruits into higher risk situations, risk of secondary and tertiary contamination of training center and other recruits	9/30/2021 8:40 AM
98	We partner with the career staff in our county to supplement our ride-along opportunities. Due to COVID, this opportunity was limited and worked with other volunteer agencies with higher call volumes to supplement (even the volunteers had restrictions)	9/30/2021 8:36 AM
99	Places shutting down for COVID	9/30/2021 8:29 AM
100	Covid restrictions mostly related to PPE and staff shortages	9/30/2021 8:29 AM
101	Same	9/30/2021 8:27 AM
102	Agencies didn't want ride alongs due to COVID	9/30/2021 8:26 AM
103	Clinical sites shut down and there were very limited field and clinical opportunities for students	9/30/2021 8:23 AM
104	Covid restrictions	9/30/2021 8:23 AM
105	The hospital did not take our students after February 2020	9/30/2021 8:23 AM
106	Hospitals limiting outside students. Luckily, we have our own ambulance service to facilitate ride times.	9/30/2021 8:22 AM
107	Trepidation of sites willing to offer time due to COVID-19	9/30/2021 8:21 AM
108	Local policy suspending the ride along students, unless that student belonged to an agency. The local hospital system closed their doors to students due to the need for additional safety	9/30/2021 8:21 AM

	measures and the ability to control the working environment	
109	Agencies would not allow students to ride	9/30/2021 8:20 AM
110	Organizations were limiting the number of providers on calls to protect against possible Covid exposures.	9/30/2021 8:20 AM
111	Covid restrictions	9/30/2021 8:17 AM
112	Hospitals not allowing clinical students. They simple refused any due to “policy changes.” Those policy changes were COVID	9/30/2021 8:15 AM
113	Restrictions	9/30/2021 8:12 AM
114	Agencies shortage of ppe and not wanting to use it on students, loss of staffing, the agencies needs to onboard and precept new staff.	9/30/2021 8:12 AM
115	EMS agencies did not allow non-member ride-alongs	9/30/2021 8:10 AM
116	Field sites because of covid	9/30/2021 8:08 AM
117	Hospitals and EMS agencies closed to students in order to reduce the risk of spread.	9/30/2021 8:07 AM
118	Potential for covid exposure and liability issues re Covid	9/30/2021 8:07 AM
119	The hospitals would not accept students. Agencies also would not allow students. This has gotten better	9/30/2021 8:06 AM
120	COVID19 restrictions at certain agencies	9/30/2021 8:05 AM
121	The ER had just opened up (prior to COVID) to allow EMT students in the ER. We have always depended on field time. We have returned to almost normal; but there was a period during COVID we were limiting students on the AMBO b/c of the rate of spread. We have worked to overcome the limitation.	9/30/2021 8:05 AM
122	Agencies and Facilities refused to accept students due to concern of COVID-19, despite students having been fit tested with N95 and eye protection. It has gotten a better with some agencies and facilities, some still refuse students.	9/30/2021 8:05 AM
123	Covid restrictions	9/30/2021 8:04 AM
124	COVID locked us out of agencies and hospitals for over a year. PPE shortages also prevented us from sending students due to being unable to protect them.	9/30/2021 8:04 AM
125	EMS agencies reduced or suspended ride-alongs.	9/30/2021 8:03 AM
126	Fewer sites accepting students due to Covid-19 restrictions.	9/30/2021 8:03 AM
127	Area agencies had restricted ridealong/visitor policies. Many area agencies also restricted intake of new uncertified members.	9/30/2021 12:45 AM
128	hospitals were not letting students in and EMS agencies were only allowing ALS students to come, not BLS.	9/29/2021 11:03 PM
129	Hospitals and fire departments would not allow access	9/29/2021 10:02 PM
130	nothing	9/29/2021 9:12 PM
131	Local hospitals don'y allow for EMT students to do clinical time in the ED. EMS departments restricted who could get onto the ambulances.	9/29/2021 9:06 PM
132	Most agencies will not take students right now and some now require a vaccine	9/29/2021 8:28 PM
133	Most agencies require the vaccine or are just not open to having students right now	9/29/2021 8:22 PM
134	Most places closed down from students coming in	9/29/2021 7:42 PM
135	They shut their doors to all students.	9/29/2021 6:59 PM
136	Having issues with the students getting Covid and spreading it to field personnel	9/29/2021 6:46 PM
137	Where many clinical sites decided to limit the number of outside people into their stations. This was to limit the risk of possible exposer to the COVID virus	9/29/2021 6:12 PM

138	COVID. No one wanted extra people in their place of business	9/29/2021 5:22 PM
139	Hospitals not allowing students at that time due to COVID	9/29/2021 5:21 PM
140	Hospital access restrictions / ems agency ride along restrictions.	9/29/2021 5:21 PM
141	Unable to get students into Riverside Facilities	9/29/2021 5:20 PM
142	FD limited ride-alongs	9/29/2021 5:18 PM

Q6 Do you feel that the current requirement of 10 patient contacts is satisfactory for EMT students?

Answered: 193 Skipped: 26



ANSWER CHOICES	RESPONSES	
Yes	69.95%	135
No	30.05%	58
TOTAL		193

Q7 Why is this number inappropriate?

Answered: 58 Skipped: 161

#	RESPONSES	DATE
1	Personally, 10 is a great number but I selected "no" because with a solid education and high fidelity simulation, I do not necessarily think that it is required as long as the students are graduating and going into departments that have structured precepting programs- but I know that is not the case across the entire state. In a utopian world, it should be left up to the EMS Physician and Program Director as long as there is some sort of defined, measurable standard.	10/4/2021 11:27 AM
2	If they get in a hospital all they can do is observe.	10/3/2021 6:27 PM
3	EMTs are starting out with little to NO experience in this professional environment let alone being an attendant in charge. I feel that more patient contacts would ensure that the student receives more opportunities to retain all of this new information thrown at them and build on that to be competent leaders.	10/1/2021 2:13 PM
4	It should be five actual patients and the rest programmed patients.	10/1/2021 1:20 PM
5	I don't feel it gives students adequate time to become baseline competent or comfortable providing care in order to be eligible for certification testing. I would like to see the number increased, especially since CTS is suspended. I also think they should meet certain competencies during their patient encounters - like so many med admins, so many oxygen therapies, etc.	10/1/2021 11:16 AM
6	more experience in the field is beneficial to initial certification students	10/1/2021 9:03 AM
7	Should either be increased or somehow made mandatory that the student have interaction with these patients instead of just "contacts" as many simply use this as a ride along and never talk to the pt. at all.	10/1/2021 8:07 AM
8	I don't think the number is the real problem, but more so the quality of the patient contacts. The goal should be more about proficiency of skills and treatments and not the numbers. As an educator, preceptor, and clinical site coordinator I feel our EMT students are not prepared for hands on experiences when they arrive at clinical sites and are watching more than doing.	10/1/2021 8:00 AM
9	I believe that 10 clinical contacts and 10 field contacts would be more beneficial. Having opportunities to do assessments in a controlled environment, such as a hospital or urgent care facility, would help hone in the skills of the EMTs and then they can move into the field for an additional 10 contacts.	9/30/2021 9:32 PM
10	5 would be an appropriate number	9/30/2021 8:25 PM
11	Depending on the actual patient complaint, illness, or injury, it may not provide them with beneficial information and learning for critical thinking abilities as well as skills.	9/30/2021 7:03 PM
12	They are often simple patient contacts where the EMT student has no meaningful interaction with the patients.	9/30/2021 4:30 PM
13	The number is too low. At least 20 live patient contacts should be required (field or clinical).	9/30/2021 3:02 PM
14	More and more agencies, especially volunteer agencies are in great demand for EMT providers. BLS release processes have been reduced and in some places do not exist. As soon as the EMT is certified, they are acting in an AIC roll very shortly if not immediately. Minimum standards of 10 contacts do not encourage students to seek out further patients to help comprehend the level of material being instructed. We have also added a lot of information to the EMT curriculum and you may not see as much diversity in patients and treatment when only seeing 10 patients	9/30/2021 1:55 PM
15	5 - with a strong competency based training program, the field aspect is better left to agency specific training.	9/30/2021 1:35 PM

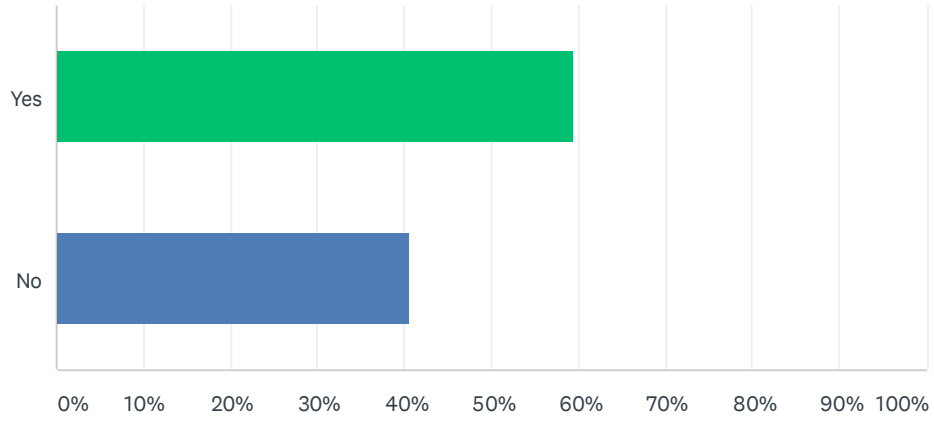
16	Not enough, we keeping cutting and cutting education and requirements and “leaving it up to the agency the end up affiliating with”. The EMT should be ready to function when they leave EMT school, not spend another 6 months learning the EMT role in the field.	9/30/2021 1:07 PM
17	Ten patient contacts is a low number of patients that the students interact with prior to becoming an EMT. I would recommend an increase to 20 contacts or move to skill based and hour based at the EMT level.	9/30/2021 12:55 PM
18	Too few - about the time students get comfortable interacting with patients they are done. And depending on hospital or agency they may get all ten in one day	9/30/2021 12:41 PM
19	Too low	9/30/2021 12:06 PM
20	I think you should remove the ability to do skills on mannequins. Students should transport at least 10 patients and I think the paperwork should be improved to document specific skills both practical and assessment.	9/30/2021 11:52 AM
21	Students need more interaction with real patients. Many are not good with interpersonal skills.	9/30/2021 11:16 AM
22	Not enough patient interaction and difficulty to get scheduled. Like a double edge sword	9/30/2021 11:07 AM
23	5 live and 5 simulated patient minimum does not prepare students for real life emergencies. This is one of the reasons we emphasize ride along and clinical rotations for our programs to get as many patient exposure as our students can get during their scheduled rotations to build more confidence.	9/30/2021 10:41 AM
24	This is my opinion: I believe they should have to do the 10 patient contacts on an ambulance (preferred 911 transports) and see/triage (sit at the triage desk) and see 20-30 patients there. This way they get to see a variety of patients, sick vs not sick; intoxicated patients; trauma patients, etc...	9/30/2021 10:39 AM
25	While I feel that 10 is number to strive for I also feel following other professions model of 60%/40% split would be beneficial. For instance try to get your student 10 patient contacts in a clinical steeting but allow for 4 of the contacts to be done in high fedility simulation training if needed.	9/30/2021 10:09 AM
26	20	9/30/2021 9:43 AM
27	should be a minimum of 20 contacts as I do not think that 10 are enough	9/30/2021 9:21 AM
28	10 is fine but most students end up doing convalescent contacts	9/30/2021 9:20 AM
29	20-30	9/30/2021 9:17 AM
30	20	9/30/2021 9:00 AM
31	It doesn't allow the student to develop patient interaction skills, the first half of the patient contacts are really an introduction to communicating with patients and the second half of the contacts are adding the skills. I can see a huge difference in the student comfort level of those who have more than 20 contacts than those who obtain the minimum 10	9/30/2021 8:54 AM
32	More live patients a student can deal with is better. Also this puts them environment they will work in. On scene and in back of truck more beneficial than working ER	9/30/2021 8:46 AM
33	Too few	9/30/2021 8:44 AM
34	Too small.	9/30/2021 8:42 AM
35	I feel they need more patient contacts. Critical thinking, communication, team work, etc, are important aspects of patient care and I feel 10 patient contacts does not provide them with enough opportunities to practice those concepts.	9/30/2021 8:41 AM
36	If the Advisor Board continues to go down this pathway of not requiring practicals, then the students need more time with patient contacts to improve their assessments and skills for their patients	9/30/2021 8:36 AM
37	Don't feel it provides enough opportunity to see a good cross section of possible patient situations	9/30/2021 8:34 AM
38	I do not feel this is enough contacts. My program is not accredited, however I do run a competency based EMT program. Students are required to obtain 10 patient contacts (8) must	9/30/2021 8:26 AM

	be transports during their formative phase and an additional 10 (8) must be transports during the summative phase. I have had very little issue with having students complete this requirement, even in very rural environments.	
39	I believe more is needed....15 seems more appropriate to me.	9/30/2021 8:23 AM
40	This number only gives students a very, very basic understanding of the patient interview process. The program that I teach wants to see at least 20 patient contacts with interview	9/30/2021 8:22 AM
41	Some contacts may be refusals, should be at least 10 transported patients.	9/30/2021 8:21 AM
42	I feel as though it doesn't give the EMT candidate enough contacts to experience different patients. They could get 10 contacts and only see patients with two complaints.	9/30/2021 8:19 AM
43	Not enough experience.	9/30/2021 8:15 AM
44	25	9/30/2021 8:15 AM
45	It is too few - there's no guarantee that the student will glean anything useful from 10 low-priority EMS calls since higher acuity calls that need the use of more hands-on skills are few and far between.	9/30/2021 8:10 AM
46	Students are acquainted with patient contacts but don't really get any useful knowledge with these 10 contacts. More contacts, the better the student has regarding the roles and responsibilities of EMS providers and our hospitals.	9/30/2021 8:09 AM
47	I required 20	9/30/2021 8:08 AM
48	I feel the students need more patient contact time. To me this is real and the students learn from this better than in a class room	9/30/2021 8:07 AM
49	Since it is only 10 patients it does not expose them to a wide variety of patients.	9/30/2021 8:07 AM
50	Too low	9/30/2021 8:04 AM
51	Honestly I think it should be more, although I understand now is not the time to increase the requirement. Despite the best efforts of the educator, even with the best simulation tools available, you can't beat real-life experience. There's no way we can simulate the stress of caring for real patients with real emergencies. Students also learn so much by observing providers in practice - how to interact with patients or a crew/partner, how to handle radio traffic, how hospital turnover works, completing a PCR, decon/restock of the truck, etc. This is the best "operational" training we could possibly provide students. In the courses I have instructed with thus far, anecdotally it seems that students who are active riding members of an EMS agency perform better in the course; these students seemingly "get it," quicker than their peers. It would seem that the greater exposure to the student has to patients, the greater their success in the course. More than 10 calls would also allow the students to get a realistic understanding of the wide breadth of the calls EMS responds to. More rides/contacts would allow the students a greater opportunity to see a variety of patient complaints/illness/injuries and acuities.	9/30/2021 12:55 AM
52	It's hard to get them schedules, lots of classes are trying to get their students in, short staffing is causing issues as well.	9/29/2021 7:43 PM
53	its hard to say what kind of experience the EMT student will get once certified and back in their department. they should have to gain more experience prior to going out in the field. Though i also believe that the contacts should not hold them up from testing.	9/29/2021 6:49 PM
54	I think that they would benefit from having more patient contacts and interactions	9/29/2021 6:47 PM
55	Too few contacts with limited stipulations. May be more appropriate to have 10 bls team leads where they see pt from time of call through disposition at ED. 10 contacts in ED setting does not prepare them for field	9/29/2021 5:43 PM
56	I believe the students should have more live patient contacts either in the field or in a hospital setting. This will help ensure that they are capable of being able to make those critical thinking decisions and comprehend the skills needed to be a successful provider. The more patient contacts a provider has, the more knowledge and experience they gain. Thus students will evolve into stronger, more capable providers.	9/29/2021 5:30 PM
57	Potential for the student to acquire all patient contacts in a single rotation. Would prefer to see	9/29/2021 5:28 PM

	students have a more in depth experience.	
58	20	9/29/2021 5:22 PM

Q8 Is the current division of these field/clinical contacts—5 live patient contacts with up to 5 being able to be performed on programmed patients—appropriate?

Answered: 192 Skipped: 27



ANSWER CHOICES	RESPONSES	
Yes	59.38%	114
No	40.63%	78
TOTAL		192

Q9 Why is this number inappropriate?

Answered: 76 Skipped: 143

#	RESPONSES	DATE
1	Needs to be all real patients.	10/4/2021 8:20 AM
2	I think they need to see it on live patients. Right now due to COVID I think that having the flexibility to make it up in lab is important. But ideally they would see 10 patient contacts. Most ER shifts should accommodate that. If they have to pick up a second shift that only benefits them.	10/4/2021 12:09 AM
3	Those done in class do not provide all aspects of taking care of patients in field.	10/3/2021 6:29 PM
4	Can’t get students into EDs	10/3/2021 5:46 AM
5	I believe all should be real patients not simulated patients.	10/2/2021 9:37 AM
6	I think they should all be live w the option of added scenario based sim pts for students who need additional help	10/1/2021 7:12 PM
7	Inappropriate is not the word I would use. I feel the students should be held to 10 real patients as "real" people present with many variables that allow the student to think on their feet.	10/1/2021 3:20 PM
8	Simulations are simply NOT the real thing.	10/1/2021 2:28 PM
9	It should either be 10 live or 5 live and 10 high fidelity simulations	10/1/2021 2:02 PM
10	I would encourage an increase in patient contact numbers.	10/1/2021 11:16 AM
11	Should all have to be live patients.	10/1/2021 8:15 AM
12	Again quality over quantity, I don't believe in 10 total contacts we make them ready to become an entry level EMT. I have seen very few EMT's that are prepared to jump right on a 9-1-1 medic and perform to their skill level without having to undergo additional precepting and training.	10/1/2021 8:09 AM
13	I believe the more patient contacts the better.	10/1/2021 7:33 AM
14	The number should be reduced to 5 total with either option as an approved method	9/30/2021 8:27 PM
15	Real "live patient" contacts and their associated environments provide realism to the students which cannot always be simulated in a classroom or lab.	9/30/2021 7:08 PM
16	The number of patient contacts should be higher.	9/30/2021 4:31 PM
17	Simulated patients is unacceptable. Most programs have no way to provide high fidelity patient simulation experience, so the simulation adds very little to the EMT students’ experience.	9/30/2021 3:06 PM
18	There should be a greater emphasis on live patient contacts vs programmed. Programmed patients are great for instruction but not really realistic to what is seen in live patients unless you budget allows for really well trained and prepped patients.	9/30/2021 1:59 PM
19	More human contacts, more real patient interaction is needed	9/30/2021 1:10 PM
20	All EMT patient contacts should be live if the number remains at a total of 10.	9/30/2021 12:57 PM
21	Again I feel like it is too few. Many agencies are running short and so as soon as someone passes the test they have very little time to practice before they are released to practice AIC on their own	9/30/2021 12:44 PM
22	The five by mannequin does not aid in the ultimate goal for the student.	9/30/2021 11:54 AM
23	I would like to see 10 live patients and 5 programmable.	9/30/2021 11:17 AM
24	This question is complex and subjective. As instructors, of coarse we all want the best for each student. There is a balance of experience, hands on, overall class time, and time of each	9/30/2021 11:00 AM

	student. As we know rotations are usually done outside of class hours which places this into the lap of the student. This is ok for most however the students with busy schedules find this more challenging. They are eager and excited to have these patient contacts but can be challenging. I do believe that “live patients” are critical to learning. There are many aspects of patient care that you will get from a live person. My professional vote would be a minimum of 10 live patients. This is to actually experience life as a prehospital provider and engage in patient care. These ride alongs are a “taste test”. When the gain employment in a prehospital or ED environment, they will receive the proper precepting that is needed for that position. So, in short, my vote would be a minimum of 10 live patient contacts: ED and/or prehospital experiences. There is always the issue of slower stations. This problem can be mitigated by scheduling with a busier station or more ED rotations.	
25	All Live Patients	9/30/2021 10:57 AM
26	10 actual patient contacts is easily achievable through any hospital and most field agencies	9/30/2021 10:55 AM
27	This should not be printed on the form, the smart students read this and then come up with the excuse of why they could only get 5 patient contacts in 3 1/2 months. When other students at slower stations had 15 patients. That should only be referenced in the TPAM as a resource for the instructor; I would knock it down to 3 simulated patients. Once, you start pushing the students to get their patient contacts they get them, by showing up at the station and running calls. It is amazing how that happens.	9/30/2021 10:48 AM
28	Same answer as I have given in the earlier question.	9/30/2021 10:42 AM
29	I would prefer to see it all live patients with no simulations in COVID free times.	9/30/2021 10:22 AM
30	You cannot simulate real patient contacts	9/30/2021 10:19 AM
31	During an emergency such as COVID, these numbers are appropriate; however, there is no substitute for live patient interaction.	9/30/2021 9:58 AM
32	I feel all ten contacts should be live real patients either field or ED.	9/30/2021 9:55 AM
33	Allowing an EMT to only have to interact with 5 patients doesn't allow the EMT to become comfortable engaging with patients. We can simulate that all day in class but its not the same as face to face interact with a patient.	9/30/2021 9:45 AM
34	They should all be completed on live patients. Simulation is just that, simulation. No way better to learn than on a live patient.	9/30/2021 9:36 AM
35	not getting the experience	9/30/2021 9:27 AM
36	should double both live and scenario contacts	9/30/2021 9:25 AM
37	I think 10 is appropriate but typically simulation is 2:1. Therefore, if they require 10 patients, which I support, if 5 are live, the other 5 should be 10 simulated. If they have 7 live patients, then the 3 others would equal 6 simulations.	9/30/2021 9:13 AM
38	Difficult to get in rural settings, difficult to get now with covid.	9/30/2021 9:06 AM
39	10-15 live 5 simulated	9/30/2021 9:01 AM
40	More is better...but I also understand the limitations we are currently under...no easy fix	9/30/2021 8:55 AM
41	I think they need 10 live.	9/30/2021 8:50 AM
42	I understand due to COVID we had restrictions and allowing for the number of simulated patients was appropriate. However, I saw first hand the drastic difference between those students who mostly had live patient contacts and those who did not. Those with live patient contacts had a better grasp of their training, could critically think more, and were all around more confident.	9/30/2021 8:50 AM
43	Too difficult to get Field/Clinical time. Especially during a Pandemic. I feel the number can be raised, but all should be able to be high-fidelity simulation or programmed patients.	9/30/2021 8:49 AM
44	Depending on the system, your students may not be exposed to high volume or critical patients. I make my students document ALL their ride time and if the student has tried, then we must, in my opinion, increase the number of manikin/live patients to increase the students knowledge base, confidence and abilities to perform at their Scope of Practice.	9/30/2021 8:48 AM

45	Number of “live” patient contacts needs to increase	9/30/2021 8:46 AM
46	Students should be able to assess and treat real patients; there is no substitute for the actual thing.	9/30/2021 8:44 AM
47	Need at least 10 real patient contacts, not counting refusals, etc... Programed patients can be used for more complex/less frequent scenarios.	9/30/2021 8:43 AM
48	It's difficult for the student to properly assess the patient when its a manikin, as advanced as they have become nothing replaces an actual person	9/30/2021 8:38 AM
49	All 10 should be on live patients it not only improves the students clinical assessment skills but also communication with real patients which is a huge part of an EMT ability to assess and problem solve	9/30/2021 8:32 AM
50	Doesn’t give students enough experience, however, during COVID this was absolutely needed due to lack of available opportunities.	9/30/2021 8:27 AM
51	10 live and 5 programmed seems more appropriate to me for gaining the appropriate experience prior to testing.	9/30/2021 8:25 AM
52	Students do not learn how to interview a complete stranger using a simulated contact. Even using a live subject for simulated contact has its limitations	9/30/2021 8:25 AM
53	10 live interactions is a bare minimum. Limiting human contact limits the students interaction with live people - a large part of the field of EMS.	9/30/2021 8:24 AM
54	See question 4	9/30/2021 8:23 AM
55	Should have more live patients. Hi fidelity sims and programmed patients are close but not the same thing. It’s hard to recreate someone in true distress	9/30/2021 8:20 AM
56	25 Live Pts	9/30/2021 8:17 AM
57	Any hard number removes my judgment. Students now are subject to the random variable of calls on an Ambulance. If they are members at a slow station it takes more time. Prior to COVID-19 we could work out of an ER	9/30/2021 8:17 AM
58	All need to be live patients. This is crucial so our students learn the importance of good assessments since patients don't read the textbook	9/30/2021 8:15 AM
59	Students need to be exposed to actual patients to gain clinical exposure to what real patients look like, act like and how to address these Patience.	9/30/2021 8:15 AM
60	There should be a minimum of 10 live patients.	9/30/2021 8:13 AM
61	I feel more live patients are needed.	9/30/2021 8:11 AM
62	It is too few, see last answer.	9/30/2021 8:10 AM
63	10 actual contacts is a good Clinical rotation time to learn appropriately.	9/30/2021 8:10 AM
64	I believe all 10 should be live patients. They get plenty of opportunities in class to do scenarios.	9/30/2021 8:06 AM
65	They need more field time and patient contacts.	9/30/2021 8:03 AM
66	See feedback for #6	9/30/2021 12:57 AM
67	10 transported Patients should be a minimum number of patient transports. Anything less does not insure a basic level of competency.	9/29/2021 8:32 PM
68	Some students aren't having any calls during their schedule time then they can't get another shift because of wait lists.	9/29/2021 7:50 PM
69	I feel like it should be obtainable between the clinical and field to get more patients and at least 10 live should be obtainable and 5 in the classroom. You learn so much more from real patients contacts than in the classroom environment.	9/29/2021 6:52 PM
70	they should all be on live patients	9/29/2021 6:50 PM
71	Should be minimum of 10 live contacts with participation from beginning of call through	9/29/2021 5:44 PM

	delivery to ED	
72	Again I believe the students should have to accumulate more than 5 live patients.	9/29/2021 5:36 PM
73	Again, capability to acquire all contacts in a single rotation.	9/29/2021 5:30 PM
74	Too little. 5 real people is nothing. You need some experience and expectations. Do no send an EMT to the field who is not ready to see a really sick individual	9/29/2021 5:23 PM
75	I believe there should be more than 5 live patients.	9/29/2021 5:22 PM
76	10	9/29/2021 5:21 PM

Q10 What would you suggest as the number of required patient contacts for EMT students?

Answered: 77 Skipped: 142

#	RESPONSES	DATE
1	10-20	10/4/2021 8:20 AM
2	10 with only exceptional circumstances requiring it to be made up in simulation.	10/4/2021 12:09 AM
3	20 - 30	10/3/2021 6:29 PM
4	Zero. Use all simulation patients	10/3/2021 5:46 AM
5	10 field/real patient contacts	10/2/2021 9:37 AM
6	10 live	10/1/2021 7:12 PM
7	15 patient contacts with 5 being allowed as manikins.	10/1/2021 3:20 PM
8	20	10/1/2021 2:28 PM
9	10 live patients of 5 live and 10 simulated	10/1/2021 2:02 PM
10	25	10/1/2021 11:16 AM
11	At least 10, again as long as they are interacting with the pt.	10/1/2021 8:15 AM
12	I would suggest we move away from overall patient contacts and go with something similar to the ALS programs and have the students assess and care for patients with different chief complaints i.e. 3 chest pains, 3 AMS, 5 Trauma.	10/1/2021 8:09 AM
13	15	10/1/2021 7:33 AM
14	No more than 5	9/30/2021 8:27 PM
15	Ten (10) to twenty five (25) would be appropriate for entry level Emergency Medical Technician students.	9/30/2021 7:08 PM
16	25	9/30/2021 4:31 PM
17	20 live patient contacts at minimum.	9/30/2021 3:06 PM
18	I feel EMT students should see 30 total patients. A minimum of 25 live patients and NO MORE than 5 preprogrammed patients	9/30/2021 1:59 PM
19	25	9/30/2021 1:10 PM
20	20 Live	9/30/2021 12:57 PM
21	10 live - 10 class	9/30/2021 12:44 PM
22	minimum 10 with a minimum of specific skills documented	9/30/2021 11:54 AM
23	At least 15 - 20 would be ideal.	9/30/2021 11:17 AM
24	Minimum of 10 live patients. If there is discussion presently, I would even add 5 more. The worst that can happen is, they would learn something.	9/30/2021 11:00 AM
25	10	9/30/2021 10:57 AM
26	15-20 minimum with half in the hospital setting first, then half on the ambulance.	9/30/2021 10:55 AM
27	20 patient contacts, granted that the instructor releases them to do their ride-a-longs early enough in the class; and checks in with their students.	9/30/2021 10:48 AM
28	10-live patients, and 5-simulated	9/30/2021 10:42 AM

29	I don't think 10 is a bad number as a minimum.	9/30/2021 10:22 AM
30	10	9/30/2021 10:19 AM
31	10 live patients.	9/30/2021 9:58 AM
32	10	9/30/2021 9:55 AM
33	20 live patient contacts.	9/30/2021 9:45 AM
34	10 is fine.	9/30/2021 9:36 AM
35	20-30 would allow more contact and different types of calls	9/30/2021 9:27 AM
36	a minimum of 20 total 10-15 live contacts and the rest scenario is fine	9/30/2021 9:25 AM
37	10, with no more than 50% simulated but on a 2 simulated for 1 live count.	9/30/2021 9:13 AM
38	Hands on contact- 3	9/30/2021 9:06 AM
39	20	9/30/2021 9:01 AM
40	20	9/30/2021 8:55 AM
41	10 live	9/30/2021 8:50 AM
42	Without restrictions, they should have all live patients. Realistically, I understand that might not be doable.	9/30/2021 8:50 AM
43	20, but a recommended mix is fine. However, the requirement should allow for high-fidelity simulation or programmed patients.	9/30/2021 8:49 AM
44	As stated, 10 Live Patient Contact. If only 5 live, then 10 “mock” patient contacts. Manikins are useless because we are still interjecting some dialogue with the student. A live patient is more realistic	9/30/2021 8:48 AM
45	10/5	9/30/2021 8:46 AM
46	10 live patient contacts; no simulated patients.	9/30/2021 8:44 AM
47	10 field contact, at least 10 complex programmed patients.	9/30/2021 8:43 AM
48	15-20	9/30/2021 8:38 AM
49	10 live patient contacts in EMS setting. Personally I feel that when students go to ER for clinical they are used more like a tech or Aid and not given a great clinical experience	9/30/2021 8:32 AM
50	20	9/30/2021 8:27 AM
51	15	9/30/2021 8:25 AM
52	20, this allows for greater understanding of patient responses and also gives the student a greater variety in the patient interview process	9/30/2021 8:25 AM
53	At least 10 live interactions.	9/30/2021 8:24 AM
54	At least 10 transported patients.	9/30/2021 8:23 AM
55	25	9/30/2021 8:20 AM
56	25	9/30/2021 8:17 AM
57	0	9/30/2021 8:17 AM
58	10	9/30/2021 8:15 AM
59	Frankly I would like to see a minimum of 15 to 20 actual patient contacts.	9/30/2021 8:15 AM
60	My mistake. It is ok now	9/30/2021 8:13 AM
61	15 total, 10 live and 5 allowed to be simulated	9/30/2021 8:13 AM
62	At least 10 live patients. Some location have very good sim labs. They may be able to have an exception. In my location we have the sim labs, but feel that live patient contacts are better.	9/30/2021 8:11 AM

63	20.	9/30/2021 8:10 AM
64	10 actual	9/30/2021 8:10 AM
65	10	9/30/2021 8:06 AM
66	10	9/30/2021 8:03 AM
67	25	9/30/2021 12:57 AM
68	10 transported patient contacts.	9/29/2021 8:32 PM
69	If they can't get required contacts then schedule time with instructor to do more scenarios.	9/29/2021 7:50 PM
70	15	9/29/2021 6:52 PM
71	20	9/29/2021 6:50 PM
72	10 BLS leads in field	9/29/2021 5:44 PM
73	Fifteen- 10 of which should be live patients.	9/29/2021 5:36 PM
74	15	9/29/2021 5:30 PM
75	10	9/29/2021 5:23 PM
76	8-10	9/29/2021 5:22 PM
77	10	9/29/2021 5:21 PM

Q11 Do you have any additional comments on patient contact requirements for EMT students?

Answered: 66 Skipped: 153

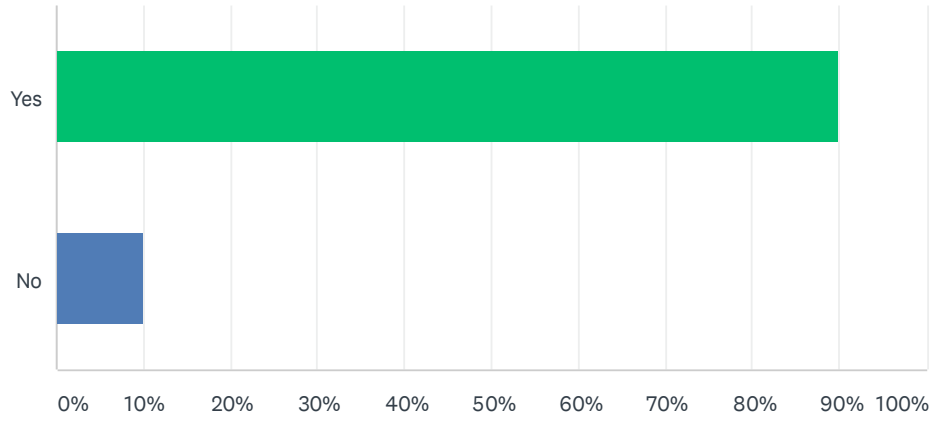
#	RESPONSES	DATE
1	Observation patients shouldn't count. They should have to be team leads.	10/4/2021 8:20 AM
2	No	10/4/2021 12:09 AM
3	No	10/3/2021 5:46 AM
4	No	10/2/2021 9:37 AM
5	They should be done at professional services only with approved preceptors and not at a squad with a vested interest in pushing a student through.	10/1/2021 7:12 PM
6	no	10/1/2021 3:20 PM
7	No	10/1/2021 2:02 PM
8	I can understand of scheduling difficulties during COVID and probably somewhat prior to COVID but for me personally, I had no issues only because we do everything interagency so we can schedule as we need with no authorizations. I felt like an explanation was warranted due to showing an ease of scheduling for our program is probably not the case for most programs.	10/1/2021 8:15 AM
9	No.	10/1/2021 8:09 AM
10	Taking true vitals.	10/1/2021 7:33 AM
11	No	9/30/2021 8:27 PM
12	While I certainly support simulation use in certification courses, there are components that cannot be replicated in this setting that the students are going to be exposed to in the field. The real life sights, sounds, and smells add to the critical thinking component for patient care.	9/30/2021 7:08 PM
13	No	9/30/2021 4:31 PM
14	EMT students should be able to start gathering their patient contacts ASAP after their program concludes its initial patient assessment module. The beginning contacts could come from urgent care offices where the students learn to interview and assess vitals, later moving to the ED and field when they have more knowledge of emergency management	9/30/2021 3:06 PM
15	Minimum skills demonstration should be established as they are in the ALS courses. Certain age groups, medical vs trauma, medication delivery beyond oxygen, BLS skills such as airway management, ventilations, splinting, backboarding, etc	9/30/2021 1:59 PM
16	With the advent of practical/psychomotor skill testing dwindling yet again, we are letting the fox back in the hen house. The only saving grace (potentially) is to increase the number of real patient contacts if skills testing is virtually being done away with. If you just leave it up to the teaching institution, you'll end up with a worse EMT graduating the program. Please keep the number high and with real patients.	9/30/2021 1:10 PM
17	All patient contacts should be on live patients. A specified amount of minimum time should be spent in the ED and on an ambulance.	9/30/2021 12:57 PM
18	Students need to know how to treat patients like patients and not numbers. They need to be able to assess the patient with more than just the algorithm, though that is important as well.	9/30/2021 11:54 AM
19	If possible, try to expose patients to both 911 calls and medical transport trips.	9/30/2021 11:17 AM
20	I ask my students to share their experiences of their patient contacts with the class when we get together for our next class. This allows the student to talk through the incident. I ask what do you think was the problem. What parts of the body were effected? We dissect the call and	9/30/2021 11:00 AM

	talk through it. This allows for a better understanding not only for that student but the entire class. They get to experience the incident and learn from it as well. I found this to be very powerful in their understanding of “what’s happening”.	
21	no	9/30/2021 10:57 AM
22	They should also have required minimum clinical skill competencies, not just patient contacts. For example, 20 manual vital signs, 10 complete patient assessments, 2 oxygen therapy, 2 nebulized treatment etc.	9/30/2021 10:55 AM
23	I think they should be in more than observation mode; I believe they should be able to do any skill that they have been signed off by their instructor as being competent. (i.e. OPA, NPA, Airway, V/S, etc...) This way they are getting to practice their skills in a real world setting with a preceptor watching them.	9/30/2021 10:48 AM
24	No.	9/30/2021 10:42 AM
25	No	9/30/2021 10:22 AM
26	Mandate electronic patient care forms, as this is now the standard and not adequately covered in courses.	9/30/2021 10:19 AM
27	no	9/30/2021 9:58 AM
28	Ten live real patients, not live lab, ED or field obtained.	9/30/2021 9:55 AM
29	No	9/30/2021 9:45 AM
30	they need more A&P to be more prepared to move on to other levels	9/30/2021 9:27 AM
31	should require detailed scenarios that are conducted using equipment during the scenario not just verbal. Students should be able to run the call close to what happens on the 911 call with skills included within patient assessment	9/30/2021 9:25 AM
32	I think there should be a little more definition on what counts as a patient contact/assessment.	9/30/2021 9:13 AM
33	No	9/30/2021 9:06 AM
34	live patient contacts are the best training model	9/30/2021 9:01 AM
35	No	9/30/2021 8:55 AM
36	The more they are around live patients, the more comfortable they will be. The more live, the more different situations they will be in as well.	9/30/2021 8:50 AM
37	Some students will do the minimum so if we set that standard low that is all they will accomplish. I suggest setting the standard higher. There is nothing BASIC about an EMT.	9/30/2021 8:50 AM
38	Let's look at other allied healthcare fields and see what they are doing. Let's not be on an island. We are talking base level EMT here, they do nothing but make beds and do a few vitals in the hospital setting. What exactly do they get from that?	9/30/2021 8:49 AM
39	I would like for it to be 15. We are teaching a more diverse group of younger people are more hands off then hands on.	9/30/2021 8:48 AM
40	Contacts should have student interaction with ALS patients and assist with care alongside advanced providers	9/30/2021 8:46 AM
41	No	9/30/2021 8:44 AM
42	Brief patient care report on at least 5 patient's. What the C/C was, age, interventions and out come	9/30/2021 8:38 AM
43	No	9/30/2021 8:32 AM
44	No	9/30/2021 8:25 AM
45	N/A	9/30/2021 8:25 AM
46	There is no replacement for human to human interaction.	9/30/2021 8:24 AM
47	no	9/30/2021 8:23 AM

48	No	9/30/2021 8:20 AM
49	We are putting out EMTs that could be rendering care to your family. Do you really think 5 live Pts is enough? They can't possibly have the knowledge of situations. The time seeing Pts in their home and reading care is invaluable. They need more reps. 25 live Pts	9/30/2021 8:17 AM
50	Once covid subsides that we go back to 10.	9/30/2021 8:17 AM
51	No	9/30/2021 8:15 AM
52	I would suggest that the more contact EMT students have with real patients the more the didactic and Psycho motor practice makes connection.	9/30/2021 8:15 AM
53	Students today need learn how to talk to patients. To me you can only learn this with a real patient.	9/30/2021 8:11 AM
54	No	9/30/2021 8:10 AM
55	No	9/30/2021 8:10 AM
56	No	9/30/2021 8:06 AM
57	No	9/30/2021 8:03 AM
58	I hope OEMS will think about increasing the requirement when we are on the other side of the pandemic.	9/30/2021 12:57 AM
59	Actually transporting a minimum of 10 patients give the student a better chance of seeing a variety of patients and gaining a basic understanding of the EMS system.	9/29/2021 8:32 PM
60	no	9/29/2021 7:50 PM
61	no	9/29/2021 6:50 PM
62	no	9/29/2021 5:44 PM
63	There should be specific categories that the student must evaluate. Such as: breathing difficulty, chest pain, trauma, etc.	9/29/2021 5:36 PM
64	No	9/29/2021 5:30 PM
65	No.	9/29/2021 5:22 PM
66	They need to be skill delineated	9/29/2021 5:21 PM

Q12 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: 189 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	89.95%	170
No	10.05%	19
TOTAL		189

Q13 What concerns do you have about this new practice?

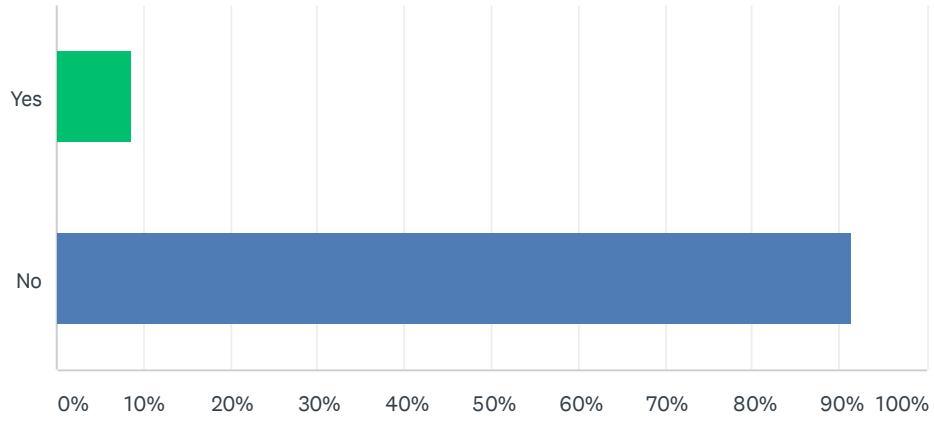
Answered: 21 Skipped: 198

#	RESPONSES	DATE
1	It puts too much on the instructor to teach, train, verify and test without any independent evaluation of the students. I teach in a high school. I don't have a cadre of instructors, it is just me. Without clinicals for them to have a target to know what they are trying to learn and all of teaching/testing/verifying and evaluating solely on one instructor, it is extremely difficult to get students where they need to be.	10/4/2021 10:06 AM
2	Schools pencil whipping the process; EMS Physicians not actually involved/evaluating the students. This process does not benefit the student, only encourages student mills.	10/4/2021 8:21 AM
3	Have not done any Initial EMT courses since COVID	10/3/2021 5:47 AM
4	Lack of structure	10/2/2021 1:17 AM
5	Verifying competency with periodic skills testing needs to be built in for this to function better	10/1/2021 2:09 PM
6	While this is common practice in many other healthcare professions, I don't know that we really have the data to support or not support this practice. We would be remiss if we didn't that "pencil whipping" is not occurring with this process but without a good quality assurance component or psychomotor testing, I'm not sure how to validate if it works or not.	9/30/2021 7:11 PM
7	Program director and OMD conflict of interest. Pass rates are one of the biggest metrics for determining instructor/program success, so directors are invested in making students pass, rather than making competent providers.	9/30/2021 6:02 PM
8	N/A	9/30/2021 4:45 PM
9	It will be hard to maintain a minimum competency as time goes by. Educators may be tempted to advance students to maintain high pass rates. Having outside assessors maintains a minimum standard.	9/30/2021 4:33 PM
10	Fox in the hen house. Payment or reimbursements are tied to the 16th percentile published on the website. So do you truly believe people are going to fail their own students? No they will not.	9/30/2021 1:17 PM
11	I have heard first had from new providers that they were never tested on x practical, while they were watching my students being tested like the old CTS way (just modified); I actually had students who had just received their EMT come in and sit through some practical evolutions because they never put their hands on the equipment, this is very disheartening becasue I worked very hard to follow the guidelines that were set forth in the TPAM and to find out that there were EC's stating "we don't have to do that because we are under the COVID umbrella" was very frustrating!	9/30/2021 10:52 AM
12	There are too many variables between programs, instructors, and physician OMD participation. Unless we can mandate EMT program accreditation and monitor standards more closely, there is no way to ensure baseline quality control across the Commonwealth.	9/30/2021 10:05 AM
13	Lack of third party evaluation	9/30/2021 8:41 AM
14	nothing like hands on to properly evaluate a student.	9/30/2021 8:39 AM
15	There is no independent verification of skills. If you have a medical director that isn't present in the class and just signs paperwork the instructor provides, then there is no checks and balances. I've seen far to many candidates that have been cleared by their instructor that could not pass simple scenarios.	9/30/2021 8:22 AM
16	Not all instructors will have the same standards and assure that the students are truly competent.	9/30/2021 8:16 AM
17	A program with a MD who is not involved or one that does not understand the requirements it is work work for the educator.	9/30/2021 8:14 AM

18	To me this was not a yes or no question. Each program is different. We have a very formal program that works, however I see were testing should be done for some programs. We have department oversight, but others do not.	9/30/2021 8:14 AM
19	Lack of independent verification	9/30/2021 8:06 AM
20	It doesn't mandate a test, and can be manipulated by instructors.	9/30/2021 8:04 AM
21	there is no consistency on the level of hands on knowledge students have	9/29/2021 6:51 PM

Q14 Did you find it difficult to administer the competency verification for your BLS students?

Answered: 188 Skipped: 31



ANSWER CHOICES	RESPONSES	
Yes	8.51%	16
No	91.49%	172
TOTAL		188

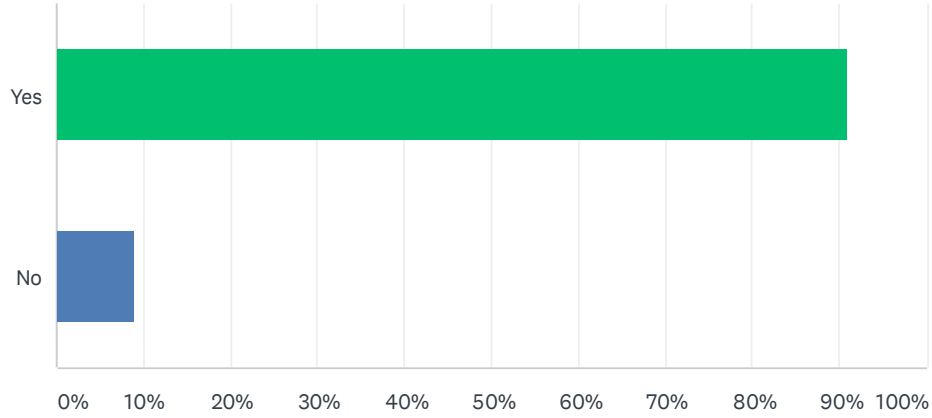
Q15 What made it difficult for you?

Answered: 16 Skipped: 203

#	RESPONSES	DATE
1	I was not able to do it. I don't have any additional instructors, any budget, and teaching in a high school i was not even allowed to have volunteers come in to the school to help.	10/4/2021 10:07 AM
2	Program Director didn't want to follow the rules and only wanted to pencil whip it.	10/4/2021 8:21 AM
3	The practice is sound, but I think the list of competencies (pre-COVID addendum) is excessive. I like the competency based education, but the requirements should be reasonable or at least formatted better.	10/4/2021 12:11 AM
4	Placing a large amount of trust in adjunct cadre to verify competency	10/1/2021 2:10 PM
5	The varying capabilities of each student especially the younger generation with limited life skills and abilities.	9/30/2021 7:14 PM
6	N/A	9/30/2021 4:46 PM
7	The additional class time necessary to conduct the evaluations, along with difficulty in obtaining outside evaluators willing and competent to conduct the evaluations.	9/30/2021 12:41 PM
8	Large amount of time consuming documentation	9/30/2021 12:38 PM
9	Finding enough people during covid was kind of tough.	9/30/2021 11:55 AM
10	using objective and consistent evaluators, maintaining sufficient testing equipment	9/30/2021 11:18 AM
11	It was hard to manage the accurate documentation of that many skills with a large group of students who themselves don't understand the vital importance of documenting everything.	9/30/2021 9:17 AM
12	Getting evaluators proved to be difficult at times	9/30/2021 8:22 AM
13	Time consuming	9/30/2021 8:16 AM
14	Sometimes the lack of OMD involvement can make it challenging.	9/30/2021 8:14 AM
15	Focus on checklists reduces the time and focus of instructors on developing critical thinking. I do not support arbitrary numbers, but core competencies based on topical competency. Use actual evidence if you are going to specify numbers. “We’ve always done it” is never a good reason to continue doing anything.	9/30/2021 8:11 AM
16	Students didn't get human interactions.	9/29/2021 5:19 PM

Q16 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: 190 Skipped: 29



ANSWER CHOICES	RESPONSES	
Yes	91.05%	173
No	8.95%	17
TOTAL		190

Q17 Why do you feel it would not be beneficial?

Answered: 17 Skipped: 202

#	RESPONSES	DATE
1	It would require a lot from the OMD and I feel like that would keep them from supporting programs.	10/4/2021 10:08 AM
2	Places the burden on the schools to do it right, but no site visits, penalties/enforcement actions, or review process if they don't.	10/4/2021 8:24 AM
3	There is benefit to independent verification of student competency, as it removes incentive for instructors to pass as many as possible through the course that would not pass a psychomotor exam administered at an OEMS testing site.	9/30/2021 6:08 PM
4	There would need to be significant research into the integrity of the EC-ran programs. Although much of the competence is truly OJT, foundationally, EMT students need to have a solid understanding of patient assessment as verified by either an outside source or through accreditation.	9/30/2021 4:36 PM
5	It would lower the testing standard.	9/30/2021 4:35 PM
6	Fox in the hen house. Bad idea bad juju. “Of course all my students are exceptional, I didn’t teach them incorrectly”. Very slippery slope. Quality of education from the practical side will tank leaving agencies holding the bag to start the education when the neW EMT arrives. I don’t think the folks in Reg & Compliance are going to like this.	9/30/2021 1:20 PM
7	Too many instructors would cut corners and/or "pencil-whip" student evaluations, resulting in students not being prepared and capable of providing entry-level patient care upon gaining certification.	9/30/2021 12:47 PM
8	The same reason outlined in the above answer; however, I can see this working if we move testing resources to program QA/QI resources and EMT program accreditation.	9/30/2021 10:13 AM
9	In recent testing where I encoundtered students from other programs, these students related to not getting to required training in areas. IE trauma - LBB- shown but never performed in classroom setting until CTS testing. If allowed OEMS should heavily monitor the success rates students testing and increase frequency of visits to the classrooms during periods indicated as skills.	9/30/2021 10:04 AM
10	It would decline student ksa	9/30/2021 8:44 AM
11	to many unknowns at this point	9/30/2021 8:41 AM
12	No checks and balance system. You will have places that are clearing houses for candidates and not ensure that they are competent.	9/30/2021 8:25 AM
13	Not sure all instructors will meet the standards.	9/30/2021 8:19 AM
14	I feel programs will pencil whip their students	9/30/2021 8:17 AM
15	Lacks independent verification of skill competency	9/30/2021 8:07 AM
16	Because it is open for interpretation and does not require formal skills testing.	9/30/2021 8:07 AM
17	no	9/29/2021 5:24 PM

Q18 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: 17 Skipped: 202

#	RESPONSES	DATE
1	It is hard to answer that without having the opportunity to put much thought into it. I'm sorry.	10/4/2021 10:08 AM
2	Virginia has always maintained a high standard for our providers; I see no reason to lower our standard to align with National Registry.	10/4/2021 8:24 AM
3	Virginia should maintain psychomotor testing requirements for all levels.	9/30/2021 6:08 PM
4	If BLS programs transition to a "competency based" program, they should also follow the ALS requirement of accreditation. Although unaccredited programs may be quality programs, this would help to encourage professionalism in initial education.	9/30/2021 4:36 PM
5	Increased assessment of accredited programs by OEMS staff.	9/30/2021 4:35 PM
6	More real patient contacts both via ER rotations and ambulance ride alongs. Better than nothing at this point	9/30/2021 1:20 PM
7	If it's good enough for the National Registry at the ALS level then it should be good enough for Virginia at the BLS level AS LONG AS BLS ACCREDITATION IS NOT MANDATED!!!	9/30/2021 12:47 PM
8	In my opinion, the best solution would be to require EMT program accreditation for all initial EMT instruction and certification in the Commonwealth. Ensure there is ample quality control of how student's psychomotor skills are verified, and that all program instructors and program physician OMDs are on the same page. Even with a strict program for psychomotor testing in the past, there were wide variances in how the testing was being evaluated. The concept of doing away with state level testing is possible, but warrants more discussion and planning.	9/30/2021 10:13 AM
9	Again OEMS making themselves known physically checking programs during instruction, and tracking success rates of the testing process.	9/30/2021 10:04 AM
10	Pull away from NREMT their policy are killing Ems in Virgina	9/30/2021 8:44 AM
11	there is nothing wrong with requiring more, always over treat. The state can maintain it's requirements and still fulfill National requirements.	9/30/2021 8:41 AM
12	Require an independent testing of skills by someone other than the instructor or assists. IE if a college is conducting the class, then someone not affiliated with the college verifies.	9/30/2021 8:25 AM
13	Higher accountability is required and enforced to assure all instructors continue to meet the standards.	9/30/2021 8:19 AM
14	I do not have a solution, I just fear that students will be released into the career with minimal experience	9/30/2021 8:17 AM
15	Not certain	9/30/2021 8:07 AM
16	I dont agree with them sun setting the psychomotor exams. That being said, I think that schools should have to implement a formal testing of their own at the end of the program to verify competence.	9/30/2021 8:07 AM
17	no	9/29/2021 5:24 PM

Survey of Virginia Licensed EMS Agencies

EMT Student Field Ride Time & Psychomotor Competency

Virginia Office of EMS

October 2021

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 adopt due to COVID-19. Responses to the survey are intended to help inform priorities, practices, and policies in the months and years to come.

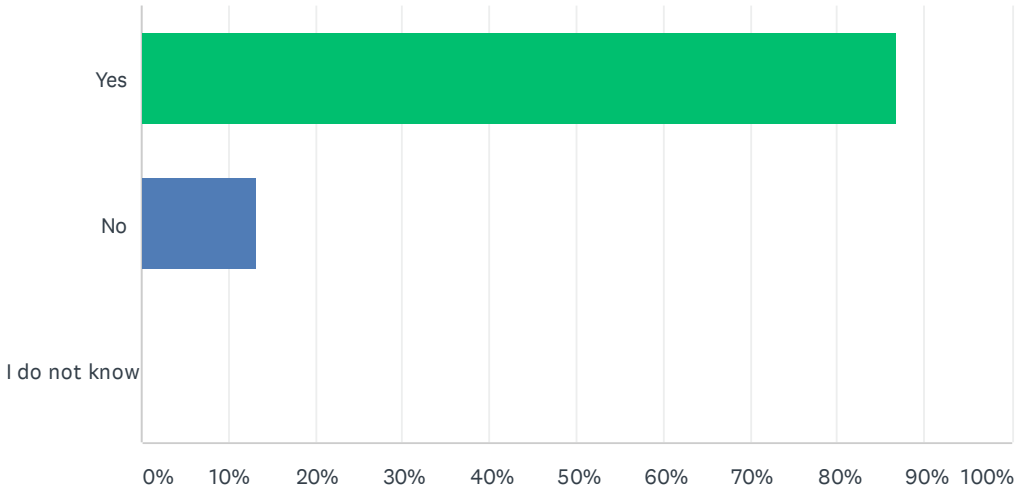
Although no survey can illuminate all there is to know about these two subjects, this 5-minute "pulse survey" is an important first step toward understanding more about these topics.

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?

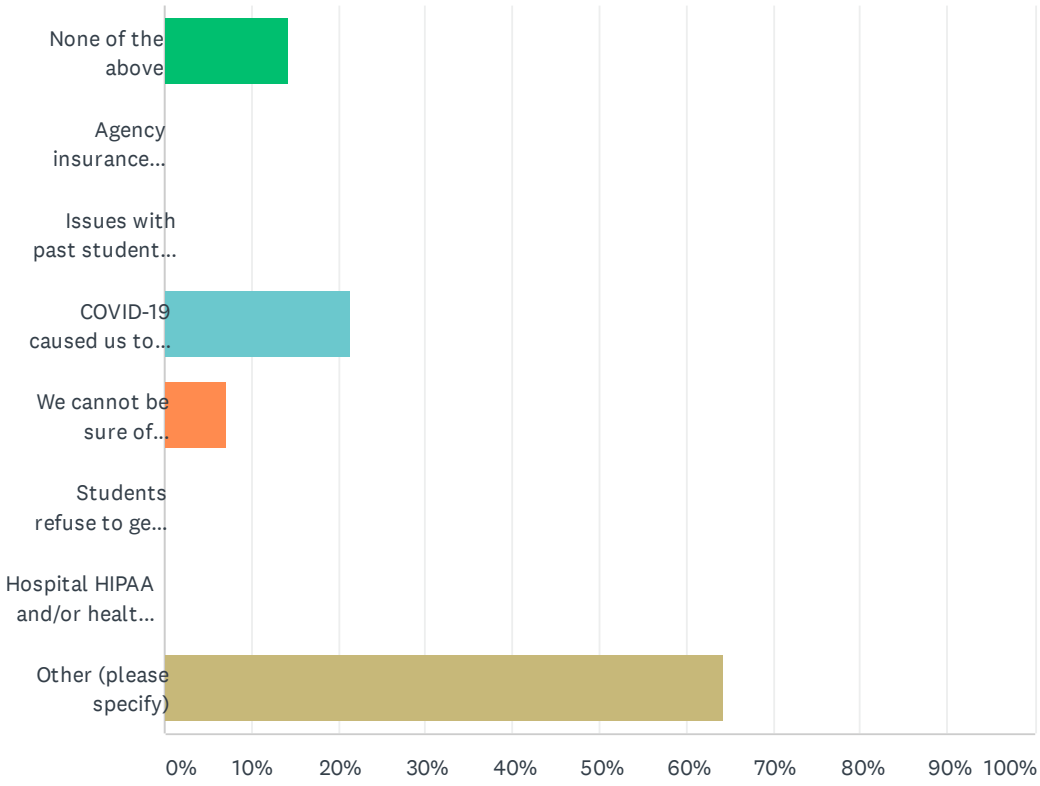
Answered: 99 Skipped: 0



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



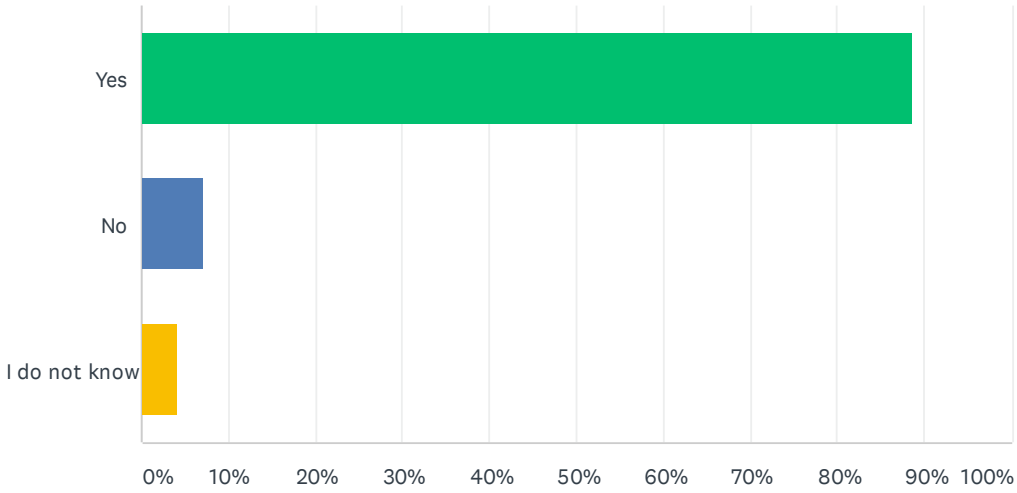
ANSWER CHOICES	RESPONSES	
None of the above	14.29%	2
Agency insurance reasons	0.00%	0
Issues with past student conduct/level of professionalism	0.00%	0
COVID-19 caused us to stop allowing students	21.43%	3
We cannot be sure of COVID-19 vaccination status of students	7.14%	1
Students refuse to get the 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

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

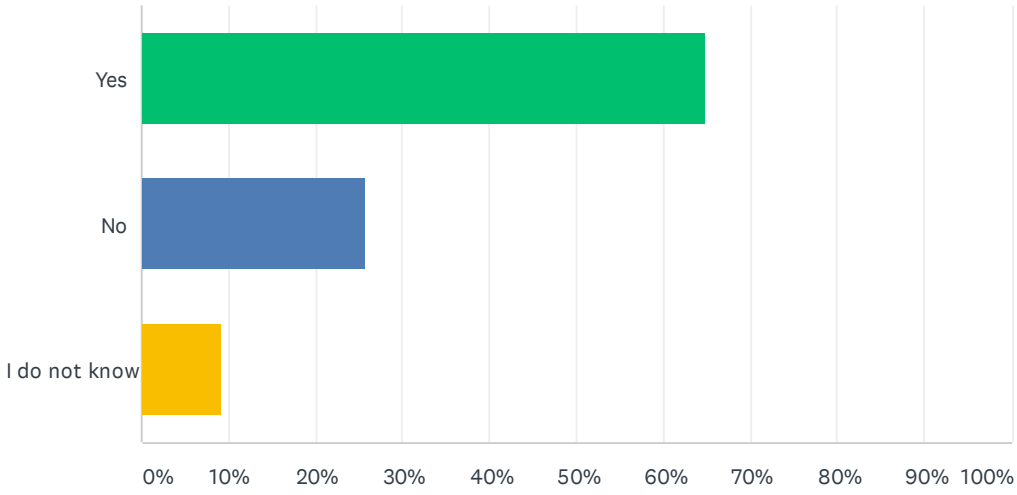
Q4 You answered no to the previous question. Can you elaborate as to why?

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?

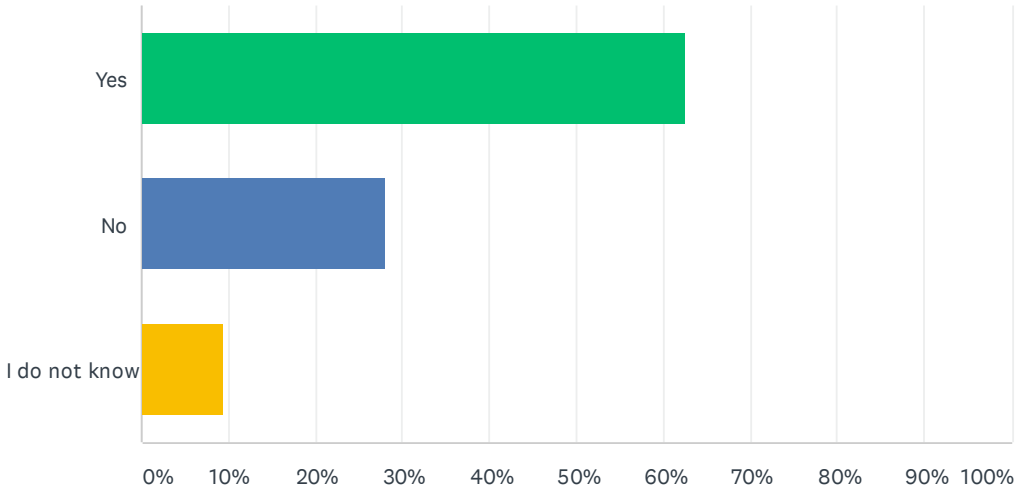
Answered: 25 Skipped: 74

#	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 diadactic 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

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 enviorments	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

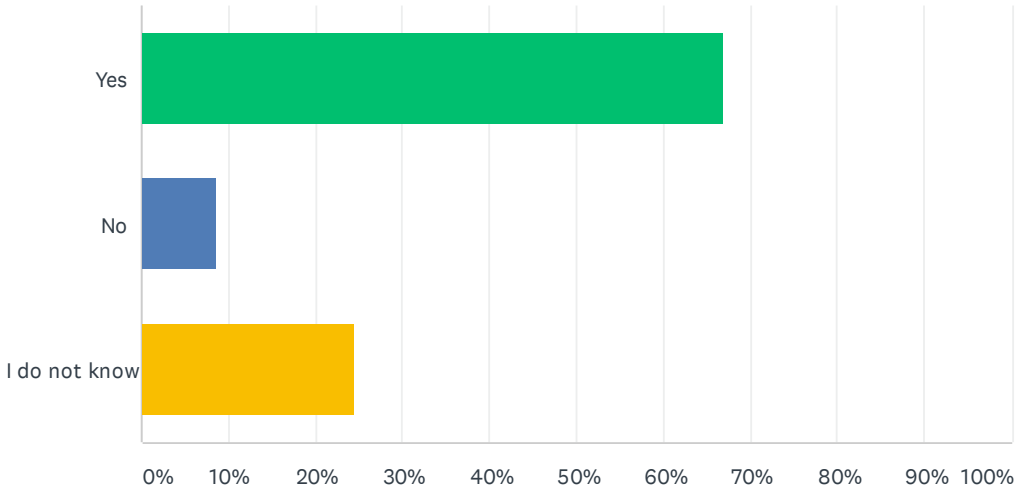
Q10 Do you have any additional comments on patient contact requirements for EMT students?

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

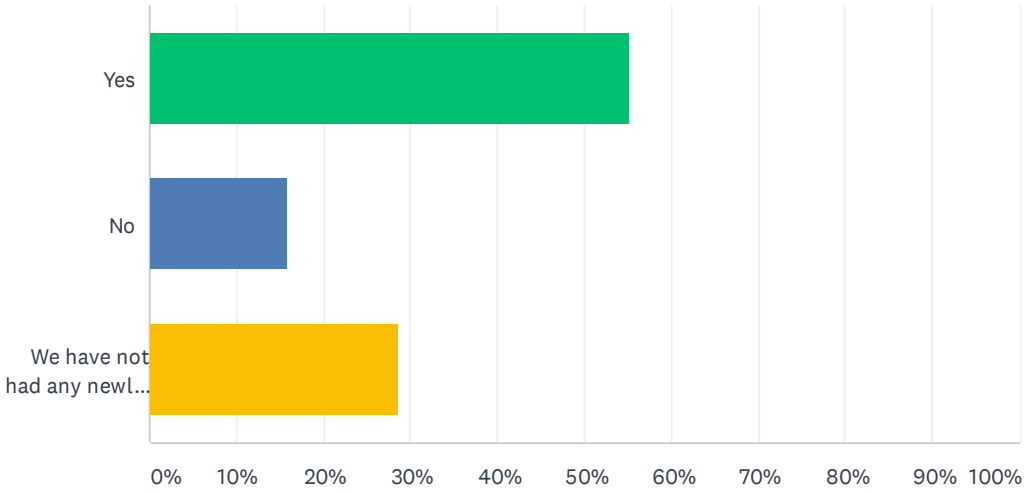
Q12 What concerns do you have about this new practice?

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

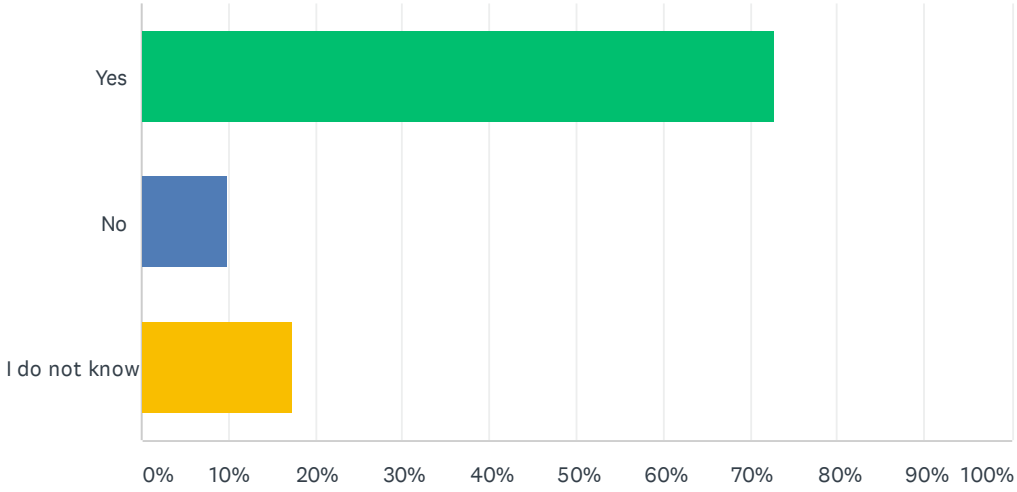
Q14 What caused you to answer no? Please describe any problems or deficiencies you have noticed.

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 expierence 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 guidlines. 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

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