

Education Coordinator/ALS Coordinator Update February 22, 2022 Virginia Beach, Virginia



Housekeeping Items

Please:

- Silence cell phones.
- Withhold the urge to visit Facebook, Instagram, Amazon.
- Use tobacco products, smoking, vaping, etc. is only permitted in designated locations.









Office of Emergency Medical Services





Mailing Address

1041 Technology Park Drive Glen Allen, VA 20359 Main Phone: 804.888.9100

Main Fax: 804.371.3108



Office of Emergancy Medical Services Adam Harrell Associate Director ommunity Health & echnical Resources Regional State Offices Ron Passmore

VIRGINIA DEPARTMENT

Protecting You and Your Environment

OEMS Help Desk

Crystal Cuffley is our Help Desk Technician

- Improved customer service, a friendly voice, less wait time
- Knowledge of OEMS specific systems
- Phone: 804-888-9102
- Email: OEMS-AppSupport@vdh.virginia.gov





We're always here for you

Debbie Akers

deborah.t.akers@vdh.virginia.gov

Chad Blosser

chad.blosser@vdh.virginia.gov



Norma Howard

norma.howard@vdh.virginia.gov

Tracie Jones

tracie.jones@vdh.virginia.gov

Toni Twyman

• toni.twyman@vdh.virginia.gov

Crystal Cuffley

crystal.cuffley@vdh.virginia.gov



Testing Your Knowledge

Kahooty



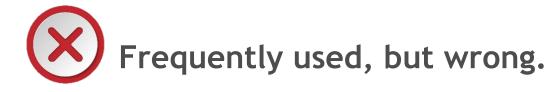


Anyone joining the medical field will need to learn basic medical terminology.

The importance of medical terminology cannot be understated because it allows all healthcare workers to communicate in a universal language.

The following are some frequently used, but incorrect terms used in Virginia's EMS system.







Ambulance driver

EMS provider





Frequently used, but wrong.



Correct term.

- Boo, boo bus.
- Band-Aid Wagon

Ambulance





Frequently used, but wrong.



Correct term.

- EMT-B
- "I'm a basic"

- EMT
- Emergency Medical Technician





Frequently used, but wrong.



Correct term

- First Responder
- FR

- Emergency Medical Responder
- EMR





Frequently used, but wrong.



• EMT-A

Advanced EMT





Frequently used, but wrong.



- |-99
- Intermediate-99

Intermediate





Frequently used, but wrong.



NREMT-P

- National Registry
 Paramedic
- NRP





Frequently used, but wrong.



Medic

Paramedic





Frequently used, but wrong.



- OMD
- PCD
- Medical Director

EMS Physician





National Registry of EMTs Update

NREMT Elimination of ALS Psychomotor Testing

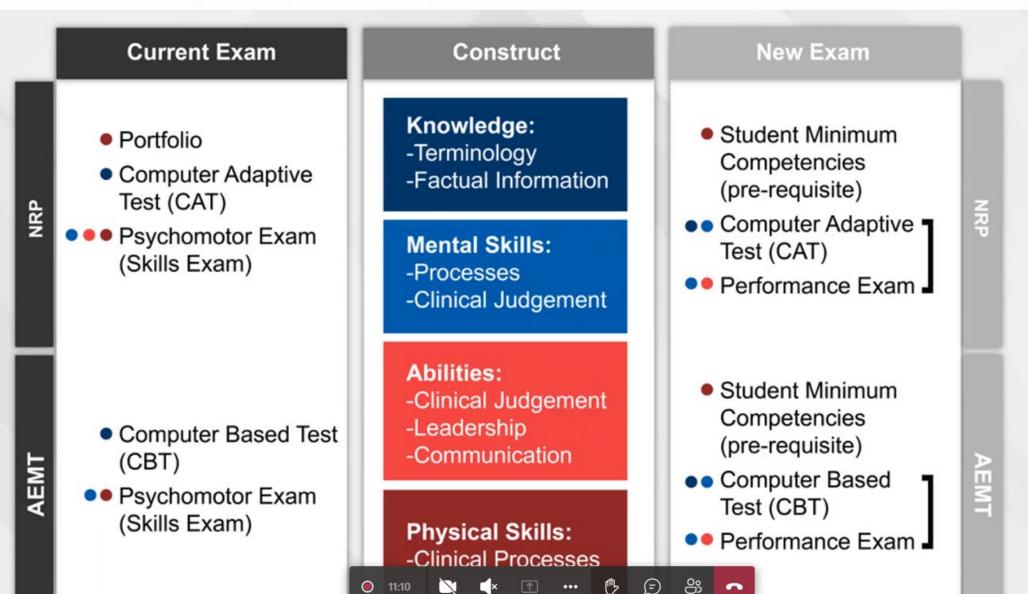
ALS Psychomotor Testing Schedule for Virginia

Date	Location	Contact Information
July 10, 2021	Associates in Emergency Care	Shaun Marini
	Manassas	301-703-8187
	Registration Cut-off Date: June 11, 2021	shaunmarini@aecare911.org
	Paramedic	
August 13, 2021	Rappahannock Community College	Ellen Vest
	Glenns	(804) 758-6777
	Registration Cut-off Date: July 15, 2021	ellen.vest@verizon.net
	Paramedic	
August 14, 2021	Rappahannock Community College	Ellen Vest
	Glenns	(804) 758-6777
	Registration Cut-off Date: July 16, 2021	ellen.vest@verizon.net
	Advanced EMT	
August 21, 2021	Associates in Emergency Care	Shaun Marini
	Manassas	301-703-8187
	Registration Cut-off Date: July 23, 2021	shaunmarini@aecare911.org
	Advanced EMT	
September 11, 2021	Central Virginia Community College	Jason Ferguson
	Lynchburg	434-907-9864
	Registration Cut-off Date: August 13, 2021	fergusonj@cvcc.vccs.edu
	Advanced EMT	
September 18, 2021	ECPI University	Nick Klimenko
	ļ.,	757 070 0400



ALS Exams: Current & New







ALS Exam Redesign – The Performance Examination

- Scenario based with a series questions pertaining to the scenario
- ✓ Assesses clinical judgment, communications, leadership
- ✓ The testing model for this performance examination is used by others in the testing/certification industry
- Examples of the performance examination will be available prior to full implementation





ALS Exam Redesign

- ✓ Psychomotor Exam will retire by mid-2023 and be replaced with a computer-based Performance Examination
- ✓ AEMT is now 2:15 with 135 items; will be ~3:00 and ~170 items
- ✓ Paramedic is now 2:30 with 80-150 items; will be ~3:30+ and 130-190 items (NOTE: THESE ARE PRELIMINARY TIMES & ITEM RANGES)
- ✓ Once fully implemented, the new computer exam will be longer and breaks will likely be added
- ✓ Current Portfolio requirement will be replaced by Student Minimum Competencies for both Paramedic & AEMT



ALS Exam Redesign

- ✓ When the new performance exam fully initiates, the requirement of the psychomotor exam for National Registry certification stops
- ✓ The current psychomotor exam will be available for candidates who are in the middle of the testing process for a period of at least one to two-years
- ✓ For states that require a psychomotor examination, the National Registry will continue to make the psychomotor exam materials available, even though it will NOT be a requirement for national certification



ALS Exam Redesign TIMELINE

- ✓ Performance Examination items will start to appear on the ALS computer exams sometime between April and June, 2022
- ✓ Performance Examination has a planned full implementation by April-June, 2023
- ✓ AEMT: ~3:00 and ~170 items on a CBT
- ✓ Paramedic: ~3:30+ and 130-190 items on a CAT



ALS Exam Redesign Collaboration

- ✓ ALS Exam Redesign Expert Panel (20+ people from the EMS industry) are working with staff and the Board to represent the needs of the EMS community as we progress with the implementation of the new exam
- ✓ CoAEMSP and NREMT collaboration to re-create the Student Minimum Competencies for Paramedic
- ✓ NASEMSO and NREMT collaboration to create Student Minimum Competencies for AEMT
- ✓ You the EMS Educator community!!!

New Exam

- Student Minimum Competencies (pre-requisite)
- Computer Adaptive Test (CAT)
- Performance Exam -

- Student Minimum Competencies (pre-requisite)
- Computer Based Test (CBT)
- Performance Exam



丟

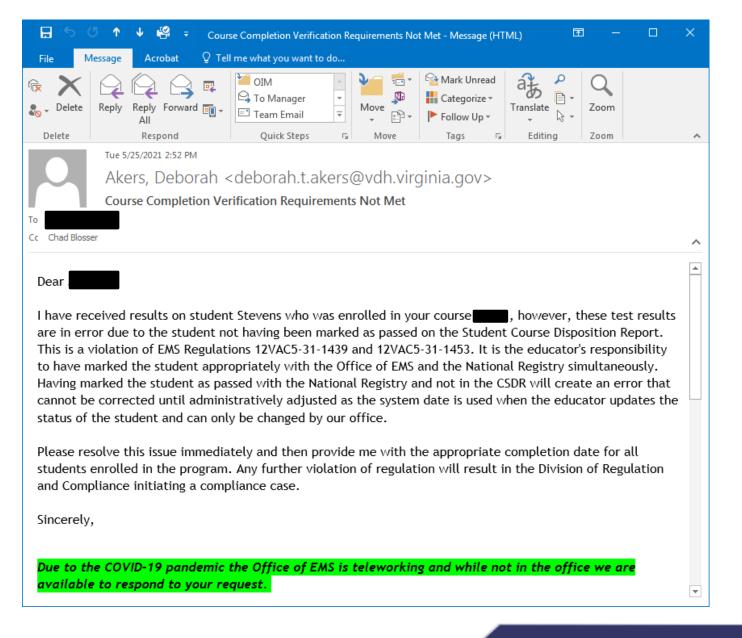
Phased implementation starting in 2022 with FULL implementation by April-June(-ish), 2023

AEMI

National Registry

We are experiencing huge issues with Virginia and National Registry completions.

Failure to comply with policy risks the certification of students with National Registry and Virginia.





Online Enrollment for Foreign Nationals



Foreign nationals are required to complete:

- Foreign national's must reach out to Debbie Akers with a copy of the foreign national's Visa for further guidance.
- The US State Department may be involved.
- OEMS will assign a fictitious SSN.

Upcoming Changes in 2022-23ish





VEMSES Retirement



Virginia Emergency Medical Services Education Standards



The Virginia EMS Education Standards (VEMSES) outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the Virginia Scope of Practice Formulary and Procedures. Although educational programs must adhere to the Standards, its format will allow diverse implementation methods to meet local needs and evolving educational practices. The less prescriptive format of the VEMSES will also allow for ongoing revision of content consistent with scientific evidence and community standards of care.

The Virginia EMS Education Standards are not a stand-alone document. EMS education programs will incorporate each element of the education system proposed in the National EMS Education Agenda.

These elements include: • National EMS Education Standards • National EMS Core Content • National EMS Scope of Practice • National EMS Education Standards • National EMS Certification • National EMS Program Accreditation

Fall 2022ish

- VEMSES will be retired
- MDC has approved transitioning to the new National EMS Education Standards (NEMSES) when they are released.
- A transition plan will be released by OEMS to ensure educational content corresponds with testing processes.

July 2012



Virginia Psychomotor Exam Changes (???????)

Current State

- Three (3) stations—10 minutes each
- Typically one (1) evaluator
- Rote memorization, no critical thinking
- Memorization of check sheets
- Too much subjectivity
- Evaluators not keeping up with current emergency medicine techniques
- Defined evaluator training program which has 11 different variations

Future State

- Two (2) integrated scenarios—15 minutes each
- Three (3) evaluators per station
- Real-life scenarios using Virginia VPHIB call data
- Critical thinking, not rote memorization
- Validate provider's ability to manage a call from dispatch to arrival at the hospital.
- On-site training of evaluators with specialized guidance documents tied to each scenario



EC Requirements and Mentorship Changes (2023ish)

Current State

- Teaching hours based on previous education and teaching certifications.
 - 10 administrative hours required
 - 50% of remaining hours required in EMT programs
 - Remainder of hours can be in BLS, ALS or CE programs
 - NREMT EMT certification exam must be passed
- Allowed to serve as an EC mentor immediately after completing Institute

Future State

- The TCC sub-committee reviewing the Education Coordinator certification program will be looking into making several changes.
 - Changes to EMT initial course hour requirements
 - Developing a Mentor Guide to assist mentors with the process.
 - Potential limitations on serving as a mentor immediately after completing the Institute.



Mass Casualty Incident Management I & II



MCIM I/II Update

- New (additional) triage information for MCIM I/II
- After update, an invitation from Karen Owens or Sam Burnette will be forthcoming with DropBox link



Mass Casualty Incident Module 1

Mass Casualty Incident Module 1 (MICM I)

Expected to be taught in initial EMT education program

Available online via Drop Box

Invitation email from Drop Box by Karen Owens



Contacts for Emergency Operations Instructors

Karen Owens

Emergency Operations Division Manager

Karen.Owens@vdh.virginia.gov

Phone: (804) 888-9155

Sam Burnette

Emergency Services Coordinator

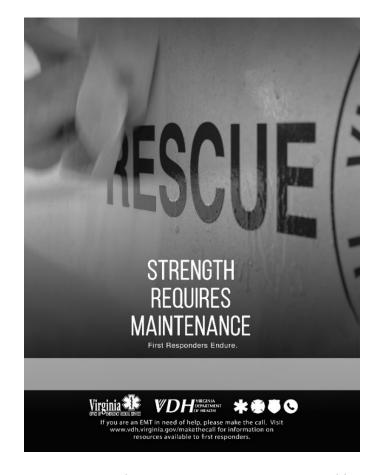
Samuel.Burnette@vdh.virginia.gov

Phone: (804) 888-9156

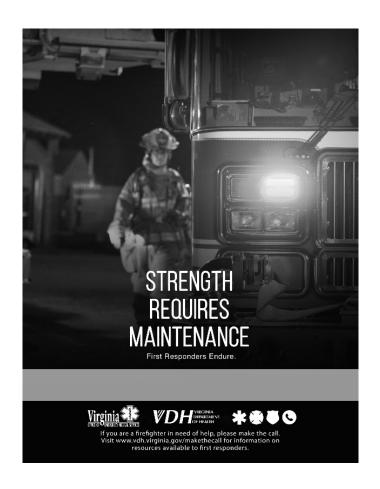
http://www.vdh.virginia.gov/emergency-medical-services/emergency-operations/emergency-operations-training/



Make the Call







http://www.vdh.virginia.gov/MakeTheCall



Continuing Education



CAPCE Continuing Education Codes

There are various types of continuing education (CE) materials out there and in order labeled as F1, F2, F3, F4 and F5.

The following slides help further define the different CAPCE codes and different types of continuing education that exist.



F1: Live In-Person Continuing Education

Also considered "traditional" education. The only differentiating factor between F1 and F2 is whether or not the class you're attending is required every year to recertify.

- A good example of an F1 class would be an in-person class you attend that details a not new topic in EMS.
- It may be a class you attend at a conference or a workshop you sign up for that really interests you.



F2: Live In-Person Continuing Education (Continuous/Cyclical)

Is the course is required for you to recertify and maintain your certificate/license?

 A good example here would be CPR for the BLS Healthcare provider, or ACLS if you're an AEMT or Paramedic.



F3: Online Distributive Continuing Education

This is the most common type of CE you'll find on the web. These are individual courses that are accessible via websites that provide CE hours after you've successfully passed an exam at the conclusion of the course. These courses can be written, audio, or video.

- Depending on your EMT level, the NREMT allows a certain portion of your CE hours to be F3 distributive.
- In Virginia, this would be:
 - 24-7 EMS Now
 - Lexipol EMS 1 Academy
 - CareerCert

- Distance CME
- VectorSolutions



F4: Adaptive Learning

A course or program where students' actions, performance and choices guide the direction of learning activities, including virtual programs using adaptive learning technology and patient simulations. Equivalent to classroom instruction which helps advance EMS education and CPR training.

Example: Resuscitation Quality Improvement RQI and Heartcode 2025



F5: Virtual Instructor-Led Training (VILT) Continuing Education

VILT continuing education courses are held on the web in a webinar-style environment. You are attending a course in real-time with an instructor at a scheduled time. Courses contain interactive polling questions which must be answered to show your proof of attendance.

There is a chat feature as well to interact with other attendees and ask questions throughout the class, share stories, and elaborate on learning objectives.

• In Virginia, these programs must meet the requirements outlined in OEMS document Delivering High-Quality Instruction Online.



Reporting Routine Continuing Education (CE)

Virginia certified Education Coordinators are required by regulation to submit continuing education (CE) records in a format approved by the Office of EMS within 15 days of the student's attendance.

There is one approved format:

• Electronic submission of CE records making use of the CE Scanner Application 4.0.



Test Your Knowledge

- 1. Who can award Comparable Credit for Continuing Education (CE) earned outside of Virginia?
- 2. Who can award CE for college/university transcripts presented by EMS providers?
- 3. Who can award credit for certificates presented by Virginia EMS providers using a Virginia approved 3rd Party CE Vendor?
- 4. Who is permitted to "double dip" continuing education hours?



EMS Education Standards

Released on November 22,2021



Clinical Requirements

None required at this level The student must demonstrate The student must demonstrate Hospital/Clinical the ability to perform an adequate the ability to perform an adequate Experience assessment and implement an assessment and implement an adequate treatment plan. adequate treatment plan. - These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, on a standardized patient or in an alternative clinical environment when clinical access is not available.



Field Experience and Course Length Recommendations

National EMS Education Standards

Back to Table of Contents >

Educational Infrastructur

	EMR	EMT	AEMT	Paramedic
Field Experience	None required at this level	The student should participate in and document patient contacts in a field experience in an ambulance, mobile health care experience, or simulated environment when ambulance experience is not available as approved by the medical director and program director. This may occur in an ambulance, ambulance experience, or simulated environment when ambulance experiences are not available.	The student must participate in and document both patient contacts and team leadership roles in a field experience approved by the medical director and program director.	Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www. coaemsp.org) ¹
Course Length	 Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 48 didactic and laboratory clock hours to cover the material. 	Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 150 clock hours including the four integrated phases of education	Instructors may use a variety of formats to deliver content including but not limited to: Independent student preparation Synchronous or asynchronous instruction Face-to-face instruction Pre- or co-requisites Course length should be based on competency, not hours Consensus opinion is that students should need a minimum of 200 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover the material	

Virginia Scope of Practice

How will the new Education Standards impact the Virginia Scope of Practice



Practice Maximums

1	1 2 3			6
Α	В	С	D	Е
PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT
	Specific tasks in this document shall refer to the Virginia Edu	ıcation Standards.		
AIRWAY TECHNIQUES				
Airway Adjuncts				
	Oropharyngeal Airway		•	•
	Nasopharyngeal Airway		•	•
Airway Maneuvers				
	Head tilt jaw thrust		•	•
	Jaw thrust		•	•
	Chin lift		•	•
	Cricoid Pressure		•	•
	Management of existing Tracheostomy			•
Alternate Airway Devices		_		
	Non Visualized Airway Devices			
		Supraglottic		•



Practice Maximum - Continued

Diagnostic Procedures		
Blood chemistry analysis		
Capnography		
Pulmonary function measurement		
Pulse Oximetry		•
Ultrasonography		



Scope of Practice - ALS

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	Р
	Specific tasks in this document shall refer to	the Virginia Education Standards.					
AIRWAY TECHNIQUES							
Airway Adjuncts							
	Oropharyngeal Airway		•	•	•	•	•
	Nasopharyngeal Airway		•	•	•	•	•
Airway Maneuvers							
,	Head tilt jaw thrust		•	•	•	•	•
	Jaw thrust		•	•	•	•	•
	Chin lift		•	•	•	•	•
	Cricoid Pressure		•	•	•	•	•
	Management of existing Tracheostomy			•	•	•	•
Alternate Airway Devices							
	Non Visualized Airway Devices						
		Supraglottic		•	•	•	•
0: "							
Cricothyrotomy	N. II						
	Needle						•
	Surgical	Includes percutaneous techniques					•
Obstructed Airway Clearar	nce						
	Manual		•	•	•	•	•
	Visualize Upper-airway				•	•	•
Intubation							
IIItubation	Orotracheal - Over Age 12					•	•
	Nasotracheal						
	Pediatric - Age 12 and under						
	Drug assisted intubation (DAI) all ages						
	Drug assisted intubation (DAI) all ages	Drug facilitated intubation (DFI)					
		Specified as outside of SOP at all levels by MDC					
		Delayed sequence intubation (DSI)					•
		Rapid sequence intubation (RSI)					
	Confirmation procedures	Napiu sequence intubation (RSI)		•	•	•	
	Commination procedures						
** Endotracheal intubati	ion is prohibited for all levels except Intermediate and I	Paramedic					
Oxygen Delivery Systems							
	Nasal Cannula		•	•	•	•	•



Reciprocity, Legal Recognition & Challenges



Current state vs. Old State

Electronic Application



Paper-based Application



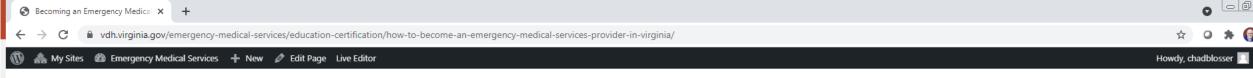


How to Obtain VA EMS Certifications

- Take a Virginia EMS Educational Program
- Obtain reciprocity via National Registry
- Obtain legal recognition
- Challenge







Virginia Department of Health > Emergency Medical Services > Accreditation, Certification & Education > Becoming an Emergency Medical Services Provider in Virginia



Office of Emergency Medical Services

BECOMING AN EMERGENCY MEDICAL SERVICES PROVIDER IN VIRGINIA

This page is designed to provide information to those seeking to become an emergency medical services provider in Virginia. If you encounter any difficulties viewing information on this page, or have any questions, comments or suggestions related to information on this page, please send an email to Chad Blosser. We appreciate your feedback.

What does an EMT do?

EMTs are health care professionals who work on ambulances to respond to 911 calls. Emergency calls can range from life threatening issues, such as cardiac arrests or gun shot wounds, to minor complaints, such as sore throats or sprained ankles. These calls bring EMTs to a wide variety of locations, including patients' homes, businesses, and even out on the street. Once on scene with the patient, EMTs efficiently treat any life-threatening issues, such as difficulty breathing or major bleeding.

In rural areas, EMTs are a crucial link between the hospital and a widely distributed population. In urban areas, EMTs act in concert with police and firefighters to coordinate life-saving care with major hospital centers.

How do EMTs interact with other health professions workers?

In the field, EMTs work closely with firefighters and police. Firefighters are wonderful assets to EMTs as they assist with difficult extractions on the scene of motor vehicle collisions and can also provide medical care to the patient should the EMS unit require additional assistance. Once the team has arrived at the hospital, EMTs interact directly with nurses and emergency medical physicians to transfer patient care. EMTs provide doctors and nurses with vital background information on the patient by relaying pertinent history and physical exam findings.

Click on the following button which best describes you:

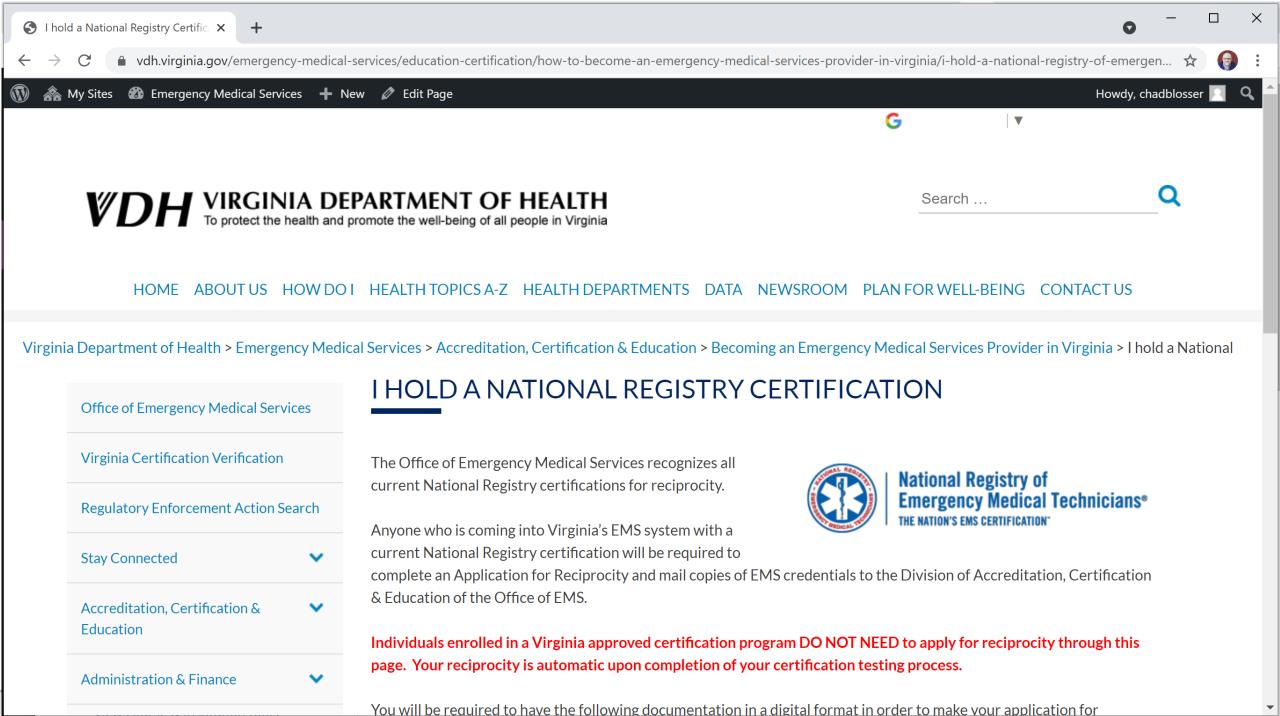
I hold a National Registry certification

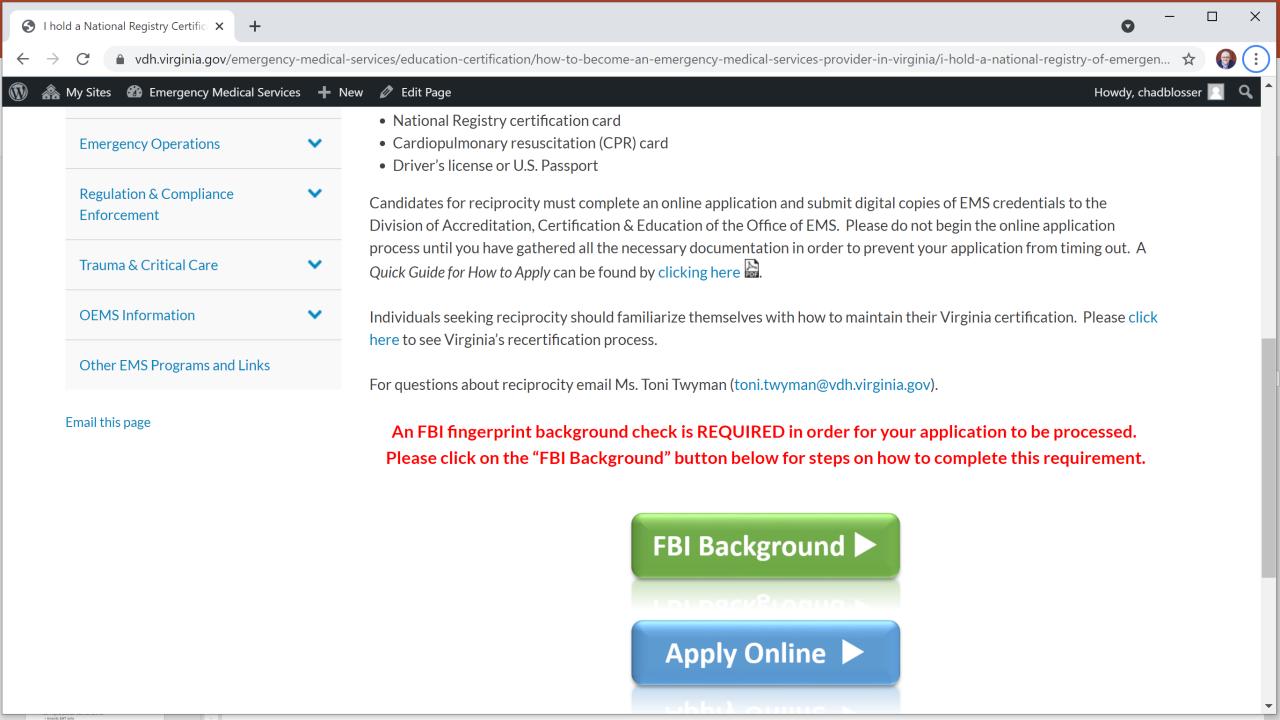
I hold certification from another state

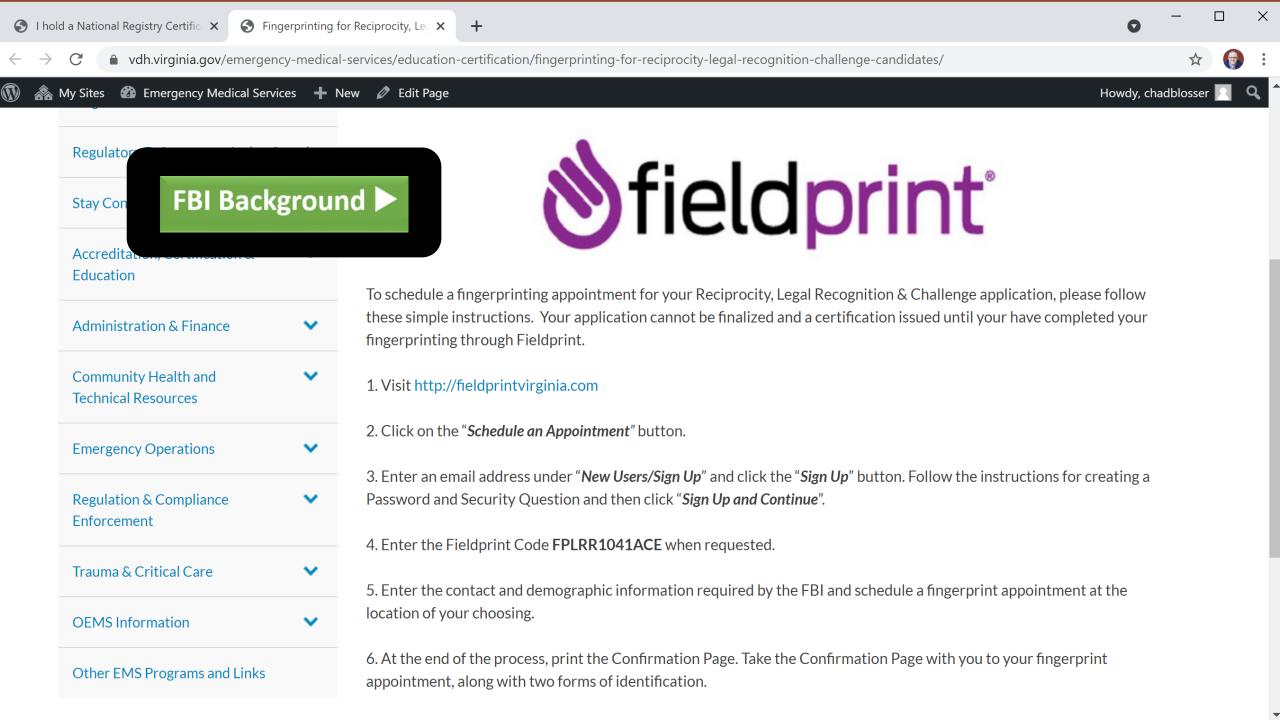
I'm new and hold no EMS certifications

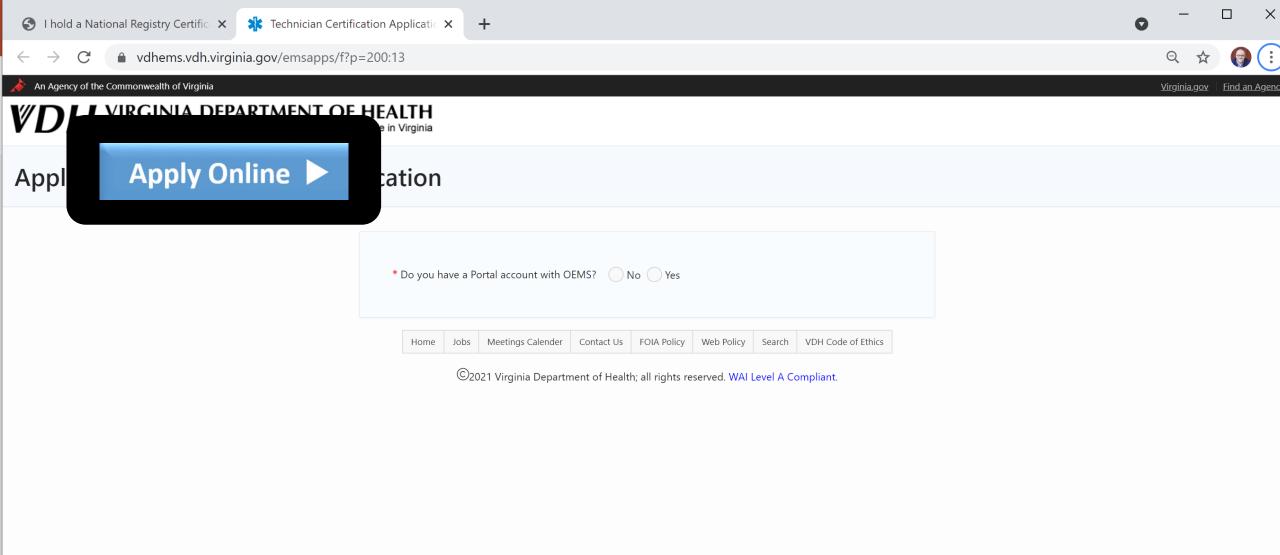
I am a licensed RN, NP, PA, DO or MD

If at any point you have questions or require assistance, feel free to reach out to Ms. Toni Twyman (toni.twyman@vdh.virginia.gov).





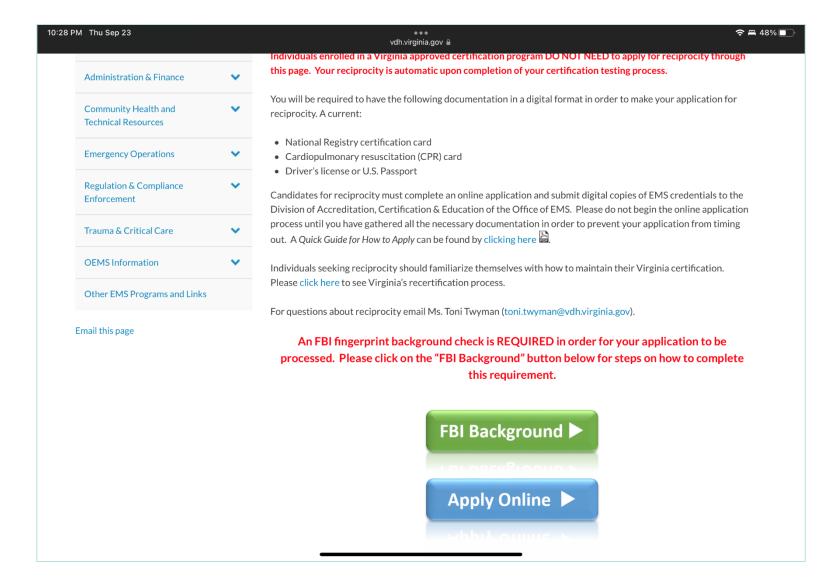




Reciprocity

Issued to:

Non-Virginia
 provider possessing
 a National Registry
 certification.





Legal Recognition

Legal Recognition:

- Non-Virginia provider does not have a National Registry certification.
 - Awards EMT only
 - Certification is good for 1 year or the expiration of the certification card from another state used to issue Virginia certification, whichever is less.
 - Full certification requires completing required CE hours, gaining eligibility, taking the National Registry Cognitive Exam and the Virginia Psychomotor Exam. Cost of the exam is at the expense of the applicant
- Re-entry
- Once you start the legal recognition process, you must complete it, even if you were to obtain National Registry certification.



Challenge

Challenge:

- Applicant is RN, NP, PA, MD, etc. (see policy)
- Awards EMT only

MUST complete within 1 year:

- Enrollment form and submit credentials to OEMS
- CE requirements for that level
- NR cognitive exam cost of which is borne by the provider
- State psychomotor exam cost of which is borne by the provider







Blackboard +Learn



Blackboard Specifics



- Integrated with the Virginia EMS Portal
 - Automatic user account creations & affiliations
 - Automatic user account updates
 - Automatic reporting of CE completions
- The system went live on September 7, 2021

Access URL: <u>www.virginiaems.training</u>



Professional Training



- Blackboard professional educators will conduct education sessions as follows:
 - Day One
 - Getting Started with BB Learn
 - Date: Tuesday, February 1, 2022
 - Time: 10 AM to noon EST
 - Presenting Dynamic Content
 - Date: Tuesday, February 1, 2022
 - Time: 1 PM to 3 PM EST



Professional Training



- Blackboard professional educators will conduct education sessions as follows:
 - Day Two
 - Designing Engaging Discussions
 - Date: Wednesday, February 2, 2022
 - Time: 10 AM to noon EST
 - Master the Grade Center / Gradebook
 - Date: Wednesday, February 2, 2022
 - Time: 1 PM to 3 PM EST



Initial Certification Programs



Certified Education Coordinators (EC) can request a blank Blackboard course for use with any OEMS announced and approved initial certification program. The following requirements exist in order for this to take place.

The EC shall:

- have an OEMS approved initial certification program
- make an <u>online request for a Blackboard course</u>
- follow OEMS procedures for student enrollment
- follow OEMS requirements for Blackboard Gradebook/Completion status



Continuing Education (CE) Programs



Certified Education Coordinators (EC) can request a blank Blackboard course for use with any OEMS announced and approved CE program. The following requirements exist in order for this to take place.

The EC shall:

- have an OEMS approved CE program must be Custom CE Program
- make an <u>online request for a Blackboard course</u>
- follow OEMS procedures for student enrollment
- follow OEMS requirements for Blackboard Gradebook/Completion status



Continuing Education Programs



- Considered F3 Online Distributive Continuing Education by the National Registry and OEMS
- Asynchronous education is permitted in Virginia so long as the educator/agency is making use of an LMS with approval from OEMS of each courses' content.
 - Requires educator/agency to submit an agreement to OEMS acknowledging the requirements for F3 Online Distributive Education programs.
 - Comply with the Policies and Guidelines for Using Blackboard



Continuing Education Programs (cont)



- F3 Online Distributive Continuing Education shall:
 - Be SCORM 1.2 compliant
 - Not permit scrubbing of videos FW
 - BW scrubbing is permitted
 - || pausing is permitted
 - Have clearly stated and attainable educational goals
 - Utilizes quality instructional materials and appropriate technology that enable and enrich student learning



Continuing Education Programs (cont)



- F3 Online Distributive Continuing Education shall (cont):
 - Provides for high-degree of interaction between teacher, learners, parents, and among learners themselves
 - Meets requirements of state and/or national standards, including applicable end of course assessments
 - One 10 question quiz selected randomly from a pool of 20 questions per each academic hour of education.
 - Meets requirements of copyright and fair use
 - Is designed to accommodate different learning styles





ALS Coordinator Recertification



ALS-C Recertification Reminders

- Maintain provider certification
- Attend at least 1 update per certification cycle (2 years)
- Complete re-endorsement application (TR-31)
- Obtain EMS physician recommendation signature
- Obtain Regional EMS Council Executive Director signature for every council region you will be offering classes in.
- Email to Chad BEFORE your ALS-C expiration date



Education Coordinator Recertification



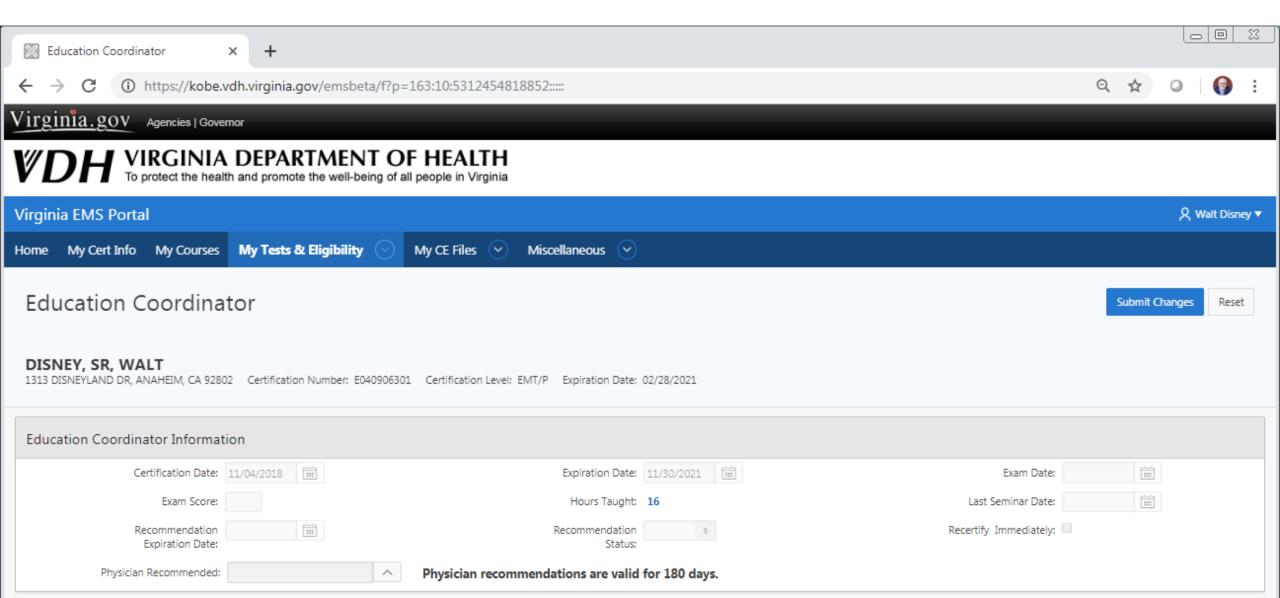
EC Recertification Reminders

- Maintain provider certification
- Teach at least 50 hours of Category 1 CE or initial education
- Attend at least 1 update per certification cycle (3 years)
- Complete online recertification quiz (open resource)
- Obtain EMS physician recommendation (EMS Portal)

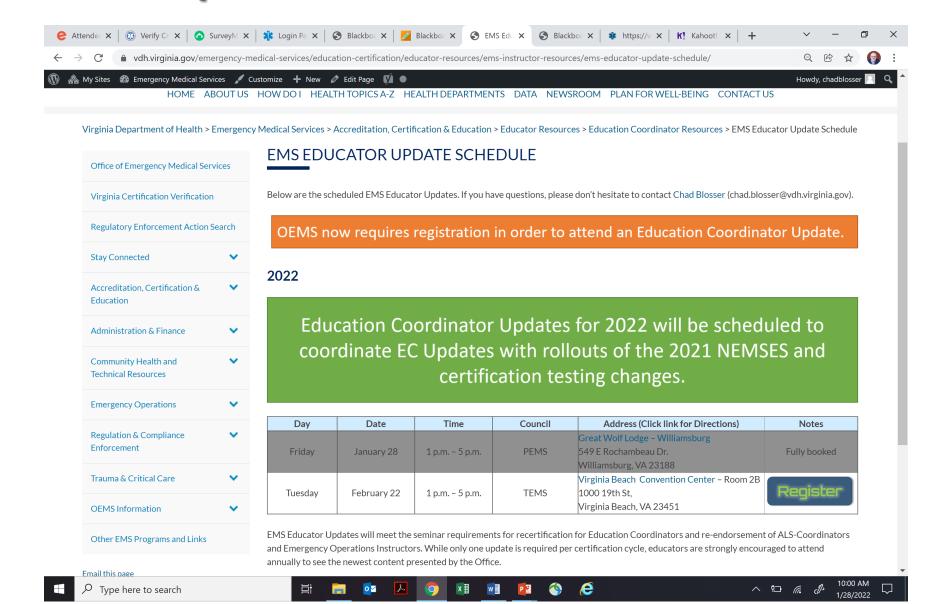
http://www.vdh.virginia.gov/emergency-medical-services/ems-educationcoordinator-recertification-requirements/



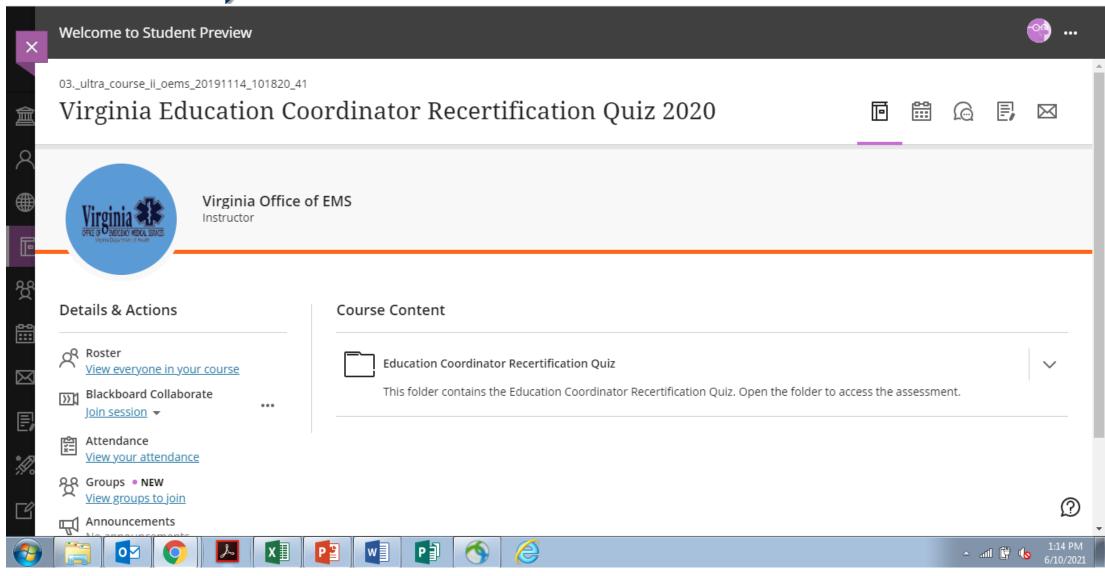
EC Recertification Menu



Educator Update Schedule



Recertification Exam on Blackboard (Open Resource)



Questions?



