EMS Education & Examinations Rule Task Force September 22, 2010 Oxford Suites 1426 S. Entertainment Ave., Boise, Idaho

<u>TASK FORCE MEMBER ATTENDEES:</u> Mary Anne Pace, Curtis Sandy, John Lewis, Tom McLean, Rod Piller, Mark Zandhuisen, Janis Nelsen, Gordy Kokx, Lynette Sharp, Dean Philbrick,

EMS Bureau Staff: Wayne Denny, Justin Clemons, Marc Essary, Russ Pierson, Diana Hone, Season Woods

<u>Visitors:</u> Dr. George Hatch, CoAEMSP Executive Director; Dexter Hunt, CWI, Center for Workforce Development; Kathleen Pollard, CWI

Introductions

Mary Anne Pace opened the meeting at 9:03 with introductions.

Tom McLean moved to accept the August 25, 2010, minutes as presented. John Lewis seconded.

CoAEMSP ACCREDITATION

The Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoAEMSP) Executive Director, Dr. George Hatch, explained their processes for evaluation, inspection, recommendation for accreditation and the evolution of these processes. Currently accreditation is only for paramedic programs. After January 1, 2013, a paramedic candidate must graduate from a CoAEMSP accredited program in order to be eligible for National Registry of Emergency Medical Technicians (NREMT) testing. States have the option of using the NREMT certification exam or some other examination. Accreditation is the process most allied health programs use.

Some of the issues and questions raised or discussed:

- If Idaho continues using the NREMT exam, which will require accreditation for paramedics, how will this effect reciprocity for a paramedic coming in from a state that does not require an accredited program?
- Cost. What about smaller units that don't have the resources?
 - o Be creative. Those that really want to do it will find a way.
 - o CoAEMSP is very supportive and helpful in working with ideas.
 - o There are many helpful resources available on-line.
- Is the quality worth the cost?
 - o John Lewis from BYU-Idaho: A department would have to ask themselves how much they are going to teach to determine if it is financially viable rather than going through a program that is already accredited and is teaching more than once a year. It is a big undertaking. It really did improve their program. The same principles learned from the paramedic accreditation process are now being used in their basic EMT and fire classes as well. Therefore, 200 students a year are benefiting from the difference in the education process.
- Evaluation surveys help instructors improve
- Self assessment helps identify shortcomings
 - o How to maintain the level of service rather than just ramping up every five (5) years to regain accreditation?
 - o Elevate quality and continuity

- Distance learning / partnering with other entities to pool resources
 - o Because of the distance, you have to make sure students get hands on experience
 - Medical director must be involved
 - o Someone has to be ready to step in if satellite site goes down.
 - o NREMT mobile testing in Idaho is an example of Idaho being creative in meeting needs.
 - o The technology exists. How you partner on a state level or locally is up to you.
- Portability
- Community Paramedics as the trend for the future
 - o Many places are allowing paramedics to work from Critical Care Hospitals
 - o Talked a lot about EMS/paramedics
 - As a profession
 - Their role in society
 - The possibility of paramedics becoming midlevel providers in "Obamacare"

Tom McLean asked Dr. Hatch to name five (5) elements from the accreditation process that would have the greatest effect to help improve the quality of education and student outcomes if implemented at the lower levels. Dr. Hatch responded that he felt:

- 1. There is a direct correlation to the amount of education the faculty has. He felt it is more important to be an education delivery expert than knowing the content.
- 2. Medical Director involvement
- 3. Curriculum Instructor's background, familiarity with subject. Must do lesson plans.
- 4. Resources equipment available to student can't be antiquated. Need to know the basic fundamental principles that underlie equipment.
- 5. Faculty has to have continuing education to update basic knowledge and skills.

John Lewis stated that effective education does not depend on money. He referred the group to Dr. Laurence Lezotte's, "Correlates of Effective Schools." This is what it takes to make a successful program:

- 1. Instructional leadership medical directors, instructors
- 2. Clear and focused mission What are you there for? Are you a clinician? Is your focus strictly education?
- 3. Safe and orderly environment Equipment. Prepared instructor with lesson plan. Did everyone bring their books?
- 4. Climate of high expectations if you build it they will come. Cannot change rules/expectations mid stream.
- 5. Frequent monitoring of student progress Do we test and review every week? Is there somebody available to help them with problem areas?
- 6. Understand home problems take into account community norms such as BYU-I does not schedule any classes on Tuesday nights because that is Mutual night so many students would have a conflict.
- 7. Opportunity to learn and student time on task

Began discussion on focus questions Wayne Denny presented to help get consensus on concepts:

Programs

- Is EMS education delivered in a programmatic manner? Consensus yes (provision for frontier)
- Are non-approved programs allowed? NO (who is going to approve the programs, possibly EMSAC Education subcommittee with ad hoc members providing the education expertise that the Bureau does not possess)

- o If non-approved programs are allowed, how are they regulated?
- Are the requirements different for a volunteer based (no cost to student) EMS education program? *Minimum for everyone. Quality of education is the same but measuring the outcome may be different. BUT they have to pass the test.*
- Are Paramedic programs, ILS and BLS programs managed/regulated differently? No
- Are there Idaho specific requirements for Paramedic programs above the CoAEMSP requirements? *Yes some minimums. Need to be able to pull approval even if CoAEMSP accredited.*
- How are ILS and BLS programs accredited? We can't "accredit" so call "approved." Different criteria, same process.
- How often do ILS and BLS programs have to obtain reaccreditation-renewal? 3-5 years. Maybe longer with annual reporting. Per class rate rather than time frame, so catch problem quicker on high volume programs to prevent future students from suffering from poor quality program. Student survey/evaluation on instructor & program EMSAC subcommittee would see report card
- What are the reaccreditation requirements?
- Do we rely on BOE Rules for proprietary and post secondary schools or do we establish all requirements in EMS Rules? *Incorporate BOE rules by reference. Check on nonprofit/proprietary school possible conflict Tom brought up.*

Instructors

- What is required to obtain an Instructor credential?
- Are there different levels of Instructors?
- Are Instructors credentialed for life?
 - o If not, what are the requirements for maintenance of an EMS educator credential?
- Are the requirements the same for ALS/ILS and BLS educators?
- Are the Instructor requirements different through the different levels of courses?

Program Administrative Staff

- Are there requirements for program admin staff?
 - o If so, for which positions?
- What are the positions that are stated in Rule?
- What are the requirements for the various administrative positions?

Medical direction

- Are medical directors required for all levels of courses?
- What are the responsibilities of the medical director?

• Are the medical director responsibilities different at the various levels of programs?

Equipment

- Are equipment requirements stated in Rule?
- Are they different throughout the various levels?

Other ideas and topics discussed:

- Put resources on the web.
- Post "Volunteers Wanted" spot on website with a prescreening test so people can see if they might be interested.
- "Strategies of high-performing EMT-basic educational programs" by Greg Margolis of NREMT.
 - o NREMT has a lot of resources to help teachers teach better.
- How to not punish the programs that accept students who may not be as interested at the beginning, but are willing to work with them and give them a chance to get hooked sometime in the process.
- More discussion about community paramedicine
 - o Need to start getting this discussion going around the state. Perhaps at the next EMSAC meeting or CSI conference or Spring Fling.
 - o Nationally people are starting to explore new ways to use paramedics that may work in Idaho.
 - o This requires shattering much of what we do and know now to make some paradigm shifts.
 - o There is a lot of talk nationally about getting the higher level providers out into the rural areas.
 - o Dollars are still the problem. Perhaps the new healthcare policies may open more doors for community paramedicine with funding that isn't there now but may be in the future.

Next meeting: October 27, 2010 at Oxford Suites

Dean Philbrick moved and Gordy Kokx seconded adjournment at 4:30.