



"To Inspire excellent in EMS Education & Lifelong Learning Within the Global Community"

Position Paper

National Association of EMS Educators (NAEMSE)

Topic: Accreditation of Paramedic Program revised Standards and Guidelines

Walt Stoy Ph.D. and Connie J. Mattera, MS, RN, EMT-P for the National Association of EMS Educators, Strategic Relations & Advocacy Committee

Standards and Guidelines history and revised criteria content reviewed and confirmed as accurate by CoAEMSP.

NAEMSE Position Statement

NAEMSE supports the most recent changes identified in the Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. For nearly four decades, CoAEMSP has been the conduit for EMS educational programs to obtain Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation for their paramedic programs. These most recent additions continue to position EMS educational programs to strive for and achieve best practice; evidence-based models of excellence in program planning, delivery, and evaluation.

The original Standards document was published in 1978. Since that time, it has been revised four times. The fourth and most recent modification took place in 2015. In 12 areas of the document there are 18 additional criteria. It should be noted that items were also deleted from the document. This position paper only speaks to the additional elements.

It is important to note CoAEMSP has created and recently published a document comparing the 2005 to the 2015 CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. There are very few changes in the 10 years since the last revisions. These modifications are changes to assist in the clarity of the information.

Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions

Sponsorship – Sponsoring Institution

For a distance education program, the location of program is the mailing address of the sponsor.

Self-explicating and NAEMSE supports this guideline modification.

Program Goals - Program Goals and Outcomes

The Advisory Committee should have significant representation and input from non-program personnel. Advisory committee meetings may include participation by synchronous electronic means.

NAEMSE position: We support this guideline provision. *It is vitally important to assure that an unbiased relationship is established and maintained with the Advisory Committee. The committee should have strong representation from individuals with multi-disciplinary backgrounds from outside of the program to give the broadest and most informed scope of input and direction. The committee should use technology to facilitate remote access to meetings whenever necessary to allow full participation within the extent of existing resources.*

NAEMSE strongly supports the desire for inclusion and participation of Committee members in providing direction, support and oversight to ensure that the program achieves the goals and objectives as they are identified and approved. Particular input and feedback should be sought from current and former students of the program as representatives to the Advisory Committee.

Program Goals - Minimum Expectations

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

NAEMSE Position: We support this guideline provision and encourage all EMS educational programs to formulate goals that not only meet, but exceed (as appropriate) those specified in the various National Educational Standard documents based on local needs and planning. Paramedic program personnel should work with the Advisory Committee to assure that goals and objectives are defined for all three domains of learning and individual student achievement is measured, trended, and documented.

Resources – Personnel – Program Director – Qualifications

Program Directors should have a minimum of a Master's degree.

NAEMSE Position: We support this guideline requirement as it mirrors the standards of other allied health professions and will advance the careers and improve the preparedness of EMS educators to lead and direct effective educational programs. Current Program Directors who do not yet have graduate degrees should start exploring advanced study options that will best enhance their ability to competently perform the current and anticipated future duties required of their position. The preferred focus of study for a Paramedic Program Director may include, but not be limited to a Master's degree in EMS, Education, Business Administration, or Health Services Administration with program content in Administration and Supervision; Curriculum and Instruction; Teaching, Learning, and Assessment; Technology in Education; etc.

For most programs, the program director should be a full-time position.

NAEMSE Position: We support this guideline provision. This requirement should allow Program Directors (PD) sufficient time to ensure that a quality educational program is provided and student achievement is appropriately measured, supported, and documented. The PD should be positioned to devote time to professional development and mentoring to increase the likelihood of their students' success. In addition, all program directors (full time or part time) should seek to engage as fully as possible in the broader EMS education, research, and publications, communities of interest at the local, regional, state, national, and/or international levels based on their interests, abilities, and resources.

Resources – Personnel – Medical Director – Responsibilities

Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

NAEMSE Position: We support this provision. The Medical Director and Program Director should be fully informed if an unplanned adverse event or violation of student or program policy occurs and be engaged in defining plans for service recovery, student and/or faculty remediation, corrective coaching, risk abatement, disciplinary action, or dismissal from the program. The Medical Director should work in conjunction with the Program Director and service(s) medical directors to assure that all standards are met.

The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.

NAEMSE position: We support this guideline requirement with the following caveat: The proportion of time devoted to each of these areas need not be equal; however, effective engagement should occur in all aspects of the program. Technology to assist with this work should be explored, vetted, and provided to the program as resources allow and reports of outcomes provided to CoAEMSP so others would benefit.

Resources – Personnel – Associate Medical Director – Qualifications

For a distance education program, the location of program is the mailing address of the sponsor

Self-explicating and NAEMSE supports this guideline modification. NAEMSE also supports the position of CoAEMSP regarding the Assistant Medical Director who is required for the out of state locations when students are engaged if the program Medical Director is not licensed in that state.

Resources – Personnel – Faculty / Instructional Staff – Qualifications

For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the program director. The faculty member should be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

NAEMSE Position: We support this guideline provision with the following caveats: *The availability of additional instructional personnel is most likely dependent on the size of the program and resources in terms of staffing and funding. At this time it would appear that no clear data is available to definitively determine ideal ratios of faculty members and students. This is an opportunity to gather and analyze data from current programs. It can be argued that nursing is not a higher level of education depending on Associate or Baccalaureate degree programs, but rather different in terms of scope of practice. Programs should be required to inform CoAEMSP of what “higher levels of professional training” are being considered. Finally, data on staffing plans, key performance indicators, scope of work, and cost of personnel should be acquired, aggregated and disseminated to those positioned to analyze and report the findings to determine the targeted number of FTEs for the benefit of growth in the program.*

Resources – Personnel – Lead Instructor – Responsibilities

The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.

NAMESE Position: We support this guideline provision with the following caveat: *Paramedic lead instructors must be qualified and competent to perform their duties as assigned. Ideally they should have a history of effective teaching experience within a Paramedic or AEMT course. However, other instructional experience and documented competence in appropriate healthcare-related domains would most likely meet this requirement as long as the individual was able to demonstrate full knowledge of the national EMS Education Standards and content. Some programs have multiple educational offerings resulting in multiple lead instructors. It is most likely program dependent whether coordination of didactic, lab, clinical and field components occurs at various levels throughout all the programs currently accredited and local justification of staffing plans and personnel duties should be considered.*

Resources – Personnel – Lead Instructor – Qualifications

Lead Instructors should have a Bachelor's degree.

NAEMSE Position: We support this guideline provision. *The degree should be from a reputable nationally accredited institution. Ideally, the focus of study should be a degree that includes major coursework in adult education principles. NAEMSE recognizes that the intent is to assure those in these positions have a higher level of education than those they are instructing. However, just like in all areas of higher education, the specific degrees that would meet this requirement will most likely vary and should be determined as acceptable by the local program.*

The Lead Instructor role may also include providing leadership for course coordination and supervision of adjunct faculty/instructors.

NAEMSE Position: We support this guideline provision. *The Program's organization chart should clearly represent lines of authority and spans of influence and control. This should also be addressed in the hierarchy of classroom management.*

The program director may serve as the lead instructor.

NAEMSE Position: We support this guideline provision. *In many smaller programs, and in the case of temporary staff openings in any program, one person assuming dual roles is customary and acceptable. As EMS Program expansion occurs into broader scopes of (specialty) practice or perhaps multiple and/or higher degrees, the division of these duties assigned to multiple leaders will become increasingly important to achieve program goals.*

Resources – Curriculum

Further pre-requisites and/or co-requisites should be required to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics).

NAEMSE Position: We support this guideline provision. *As these are determined and implemented, they should be shared with CoAEMSP to be aggregated into a common data base. This information should be shared with all appropriate organizations working with CoAEMSP to evaluate their ability to suggest changes to the curricula as well as pre-requisites and/or co-requisites. In time, a more comprehensive statement of required (pre-requisites and/or co-requisites) classes to take part in paramedic education could be provided to the EMS community.*

AEMT is based on competency, but may be typically 150-250 hours beyond EMT, which is 150-190 hours, and may be taught separately or combined.

NAEMSE has no position or comment regarding this guideline matter.

Student and Graduate Evaluation/Assessment – Outcomes – Outcomes Assessment

“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

NAMESE Position: We support this guideline provision. *This can be achieved predominantly by looking at two aspects to begin the process – those employed in EMS or a related healthcare field and those that are not employed in healthcare. A major limitation to this requirement is the difficulty in getting former graduates to respond to post-class surveys or to inform programs as to their employment status. However, pursuing this data is desirable. For those not “directly” employed in the EMS profession, a stratified list of areas to which graduates appear to migrate might be established. NAEMSE desires to know more regarding the career paths of EMS Program graduates to better prepare them during their tenure as students.*

“National credentialing examinations” are those accredited by the Institute for Credentialing Excellence.

Self-explicating and NAEMSE supports this modification.

Fair Practices – Publications and Disclosure

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g., through a website or electronic or printed documents).

December 7, 2016

Final

NAMESE Position: We support this standard provision. In addition, this data must be shared with individuals and organizations as requested. It must be reviewed for accuracy and kept current.

Summary

Regarding all the areas modified above, it is of utmost importance that data must be collected, collated, evaluated and disseminated relative to all aspects of EMS programming. As EMS education continues to evolve, we must be positioned to re-design and re-develop standards, content, methods, evaluation strategies, and communication tools based upon evidence and industry best practice models. We support this approach to the current and future processes that shall be required for Program accreditation.

NAEMSE is highly supportive of the efforts of CoAEMSP and CAAHEP to assure quality education for paramedic students. We look forward to continued success in sustaining standards that position the EMS domain to achieve value-based, quality care for the populations we serve.

Again, NAEMSE recognizes that these modifications are “housekeeping” changes provided to assist in the clarification of the guidelines. NAEMSE supports these modifications and looks forward to additional insight concerning how national programmatic accreditation shall continue to assist in affording a quality educational experience to those in paramedic educational programming across the nation.

About the authors:

Walt Alan Stoy, Ph.D., EMT-P Professor and Director, Emergency Medicine Program, School of Health and Rehabilitation Sciences, University of Pittsburgh

Connie Mattera, MS, RN, EMT-P, EMS Administrative Director and System Coordinator, Northwest Community EMS System, Northwest Community Healthcare, Arlington Heights, Illinois; and Northwest Community Healthcare Paramedic and EMT Program Director, affiliated with Harper College, Palatine, Illinois.