

EMS Education Transition Workgroup
Minutes of October 26, 2011

Attendees: Wayne Misselbeck MD, Clement Roger, Donna Jacob, Andrea Ochs, Chris Bell, Scott Supernaw, Ed Sullivan, Sue Poirier, Bill Mapes, Tom Goddard, Jason Ziter, Lorraine Cochran, Kermit Hummel, Dale Porter, Scott Brinkman, Donna Sylva, Pat Malone, Marge Fish, Bernie Tolmie, Steve Salengo, Ray Walker, Bill Hathaway

Goals of this workgroup:

- Agree on content, length and delivery methods of transition courses
- Establish a target date for completion of the transitions

Necessity of the transitions:

- All VT EMS providers will need to transition to the new certification levels, per EMS Rule 6.4.

Timeline

- VT EMS will cease issuing certifications at the current levels starting with 2 recertification cycles after March 1, 2011.
 - o This is consistent with the timeline employed by the National Registry of EMTs. More information is available at the NREMT website.
 - o The group agreed that this timeline is generous enough
- The group recommended a flowchart to illustrate the process, timeline and requirements for transitioning to the new levels.

Estimated course lengths

- FRECA to EMR: Essential content = 7.9 hours; Supplemental content = 8 hours
- EMT-B to EMT: Essential content = 10.25 hours, Supplemental content = 3.25 hours
- I-03 to A-EMT: Essential content = 13 hours; Supplemental content = 3.3 hours
- EMT-P to Paramedic: Essential content = 13.1 hours; Supplemental content = 5 hours
- Supplemental content is not required – it is optional.
- Rather than setting a firm course length, the group recommended setting a range of hours for each course with a firm minimum number.

Course delivery

- Instructors will need to be transitioned first
 - o Plan to roll out the transition for instructors by the end of this year
 - o Can a current I-03 instructor transition others I-03's to the A-EMT level since the 2 levels are very close? What about at the B level?
- Should all courses be taught by an I/C, or can others be approved to teach them?
 - o Could EMR courses be taught by non-I/Cs since FRECA courses are now taught by non-I/Cs?
- Must these courses be delivered in a traditional classroom setting or could webinars be used?

Interim EMS Education Transition Work Group

Meeting Notes

October 26, 2011

- There was strong support in the group for on-demand online training
 - NREMT imposes a limit on how many hours can be on-line training, but if it's interactive it might be okay.
 - Online training needs to be downloadable to accommodate web access limitations
 - Incorporate lab sessions for face-to-face reinforcement of materials presented online and to work on psychomotor skills
 - A drawback of online training is that it allows for more distractions and may not be as effective as face-to-face/interactive training
- There was support in the group for using the current instruction model: an I/C is in charge, but instruction is often delivered by I/C-approved instructors
- A-EMT transition courses will include the new skills at the EMR and EMT levels
 - There may be a need for a special transition for I-90s and I-03s who opt to transition down to EMT
- The state should provide Powerpoint presentations for instructors to use
 - This task will need to be performed by a group of I/Cs in concert with medical direction; VTEMS staff does not have the resources at this time
- I/Cs already began work on the transition program at a workshop earlier this year. We should try to find those notes.

FRECA to EMT-B modules

- Can training received as part of the modules courses count toward transition training?
- The scope of practice for FRECAs with module certifications will drop to the FRECA level as of January 1, 2012 until they complete the FR to EMR transition.
 - VT EMS is willing to consider granting a limited variance if squads need a couple extra months to put on module courses to get FRECAs up to the EMT level.

Evaluation process

- There was lively discussion about the merits of requiring a written and practical exam
 - Align the testing with the skills and knowledge that will be tested for initial certification
 - Should the exam be a standardized test provided and scored by the state?
 - Passing an exam doesn't necessarily reflect mastery of the material; there should be more emphasis on skills
 - Skills are important, but ensuring understanding of the pathophysiology behind the skills is also important
 - Can instructors be given standardized criteria to assess and verify mastery of the skills and knowledge, in lieu of a state exam?
 - There should be a state written and practical exam at the advanced levels
 - Is VT EMS even allowed to give an exam for transitions – Act 142 prohibits recertification exams and transitions could reasonably be considered recertifications. Chris B. will consult the department's legal team.

Interim EMS Education Transition Work Group

Meeting Notes

October 26, 2011

- Transitioned A-EMTs are encouraged to take the NREMT's A-EMT certification exam
 - Low stakes: failure will not affect their VT A-EMT certification
 - VT EMS will cover the cost of the exam
 - Having a NRA-EMT certification means not having to renew a NREMT-B certification and meet VT's A-EMT recertification requirements
 - A-EMTs who have never held NREMT certification at any level are eligible for the NRA-EMT exam.

Credentialing/Recertification

- For recertification, NREMT will accept a VT-approved transition course in lieu of the standard refresher course
- EMS agencies and district medical advisors are responsible for getting EMS providers credentialed (competent) in the new certification levels
 - More feedback is needed from medical directors
 - Some have expressed concerns about the new skills included in the new levels
 - State medical director Wayne Misselbeck urged the group to come up with ideas for the state office to present to medical directors. If any are uncomfortable with the outcome, they have the authority to restrict skills and/or create their own competency review process

Protocols revisions

- Before any EMS provider can begin to function at the new levels, the Statewide EMS Protocols will need to be revised.

Next steps

- The group was given the following assignments
 - Bring this information to their districts, squads and medical advisors for feedback
 - Work with other I/Cs to discuss ideas for delivery methods
 - Do different levels merit different acceptable methods?
- Becca Webb offered to establish an online document sharing account so the group can work on this in advance of the next meeting
 - Sub-groups may be formed to focus on each level
- The next meeting will be scheduled for 3-4 weeks from now