EMS Licensure Course Approval Process

Purpose

The purpose of this policy is to define the roles, responsibilities and procedures for the State of Vermont Department of Health (VDH) Emergency Medical Services (EMS) Instructor Coordinator (IC), and Senior Instructor (SIC) and the process of EMS Licensure Course Approvals.

Licensed EMS Instructor/Coordinators and EMS Senior Instructors are responsible for conducting each course in accordance with National Educational Standards and State policy. Ultimately, the course coordinators and instructors are preparing each student for entry level proficiency as an EMS practitioner along with eligibility for certification and state licensure. The information within this guide is provided to support instructors in preparing and conducting EMS courses within the State of Vermont while providing information on becoming a licensed EMS Instructor.

Introduction

Educational Standards

The State of Vermont requires that Emergency Medical Services (EMS) personnel adhere to the strictest standards of quality as it relates to education, training, testing, and service. To obtain an EMS License, individuals requesting Vermont Licensure or Certification are required to complete an educational program approved by the Department. The EMS Office currently approves educational courses at the following levels:

- Vermont Emergency First Responder (VEFR)- Refer to VEFR curriculum guidelines.
- Emergency Medical Responder (EMR) – Click here for the National Standards for EMR.
- Emergency Medical Technician (EMT) – Click here for the National Standards for EMT.
- Advanced EMT (AEMT) – Click here for the National Standards for A-EMT.
- Paramedic – Click here for the National Standards for Paramedic.

The EMS Office currently approves initial instructor educational courses at the following levels:

- Licensed Skills Instructor (LSI)
- Instructor Coordinator (IC)
- Senior Instructor Coordinator (SIC)

National Registry

The National Registry of Emergency Medical Technicians (NREMT) serves as the *Nation's Emergency Medical Services Certification* organization for EMR and above. The mission of the NREMT has always been centered on protecting the public and advancing the EMS profession. The National Registry's

mission is to provide a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers, and to maintain a registry of certification status. Click here for the NREMT website

The National EMS Education Standards define the minimum entry-level educational competencies for each level of EMS personnel for the EMR, EMT, AEMT, and Paramedic levels. Click here for the National EMS Scope of Practice Model. The Vermont Emergency First Responder minimum educational standard is based on the AHA first aid, CPR and AED certifications and first responder safety.

Instructor Expectations

Ensure completion of course goal to prepare competent entry-level EMS providers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Ensure completion of course objectives consistent with National Highway Traffic Safety Administration (NHTSA) National Education Standards.

Ensure completion of academic standards and policies and procedures set by the coordinator's educational program as approved by the Department.

Conducting Initial EMS Training Courses

Training courses leading to VEFR or national certification for emergency medical personnel may be offered by an EMS district, an EMS service, a medical facility or educational institution. Each individual course must be approved in advance by the Department. For a course to be approved, it must meet all of the following:

- Be reviewed by the EMS district board. The Department shall consider the comments and recommendations of the district board in determining whether the course meets the necessary requirements.
- Physician medical oversight must be obtained for each course for the purpose of ensuring medical accuracy of the course content.
- All courses required for EMS licensure shall be coordinated by a person certified at or above the level of the course and licensed by the Department as an EMS Instructor.
- Paramedic program/courses shall meet all of the national accreditation requirements by the Commission on Accreditation of Allied Health Education Programs (CAAHEP's) Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). In the event of a course/program that is being offered for the first time, CoAEMSP has implemented a Letter of Review (LoR) process, which will be the official designation that a paramedic program is in the "becoming accredited" process. Programs/courses that have not completed the national accreditation process must present an active LoR as a condition of course approval by the Department.
- EMR, EMT, Advanced EMT, and Paramedic courses must be conducted within the course

objectives and operational requirements approved by the Department with a minimum of the National EMS Education Standards for training at that level.

Submitting for Course Approval

Initial Course- VEFR, EMR, EMT, AEMT, Paramedic (see the next section "Initial Course – Competency-based EMR/EMT" for a competency-based EMR or EMT course application eligible to waive a third-party psychomotor examination)

The completed EMS course approval request, including all required sponsorships and approvals from the course medical advisor and district board must be submitted to the EMS Office at least 2 weeks prior to the course start date.

All EMS courses require State approval prior to the start of the course.

All licensure and certification courses require Medical Advisor content oversight and district approval.

For information on navigating the LIGHTS platform, see the LIGHTS User Guide at https://www.healthvermont.gov/emergency/ems/lights-training-references For additional resource see the IC Course PPT "Course Testing and License Administration" video on the Vector LMS under the Instructor credential.

Initial Course – Competency- based EMR/EMT (EMR/EMT programs including portfolios demonstrating student formative and summative proficiency as part of the program design in place of third-party psychomotor examination)

The competency-based option for initial EMR or EMT education must adhere to the NHTSA National EMS Educational Standards and best practice standards set by the National Registry of Emergency Medical Technicians and the State of Vermont.

Each student's portfolio is tracked by the program throughout the formative and summative phases of EMT (EMR) education. Each student must demonstrate documented competency in a broad spectrum of the necessary skills and as an overall entry level provider to qualify for successful course completion. The complete portfolio becomes a part of the student's permanent education file and is required for waiver of the Department-approved third-party psychomotor examination for NREMT EMR and EMT certification and State of Vermont licensure.

Instructor Eligibility Requirements

Qualified courses must:

Be coordinated by a licensed EMS Senior Instructor

Have demonstrated a successful competency-based program design including all Program assessments for, at a minimum, one full course cycle and supported by a Department-approved NREMT/third-party psychomotor exam

Submit a completed *competency-based course* approval request

*A competency-based course application must include the following:

- Course Syllabus
- Course Schedule
- Student Handbook
- Program Competency Design that demonstrates the program's ability to meet minimum standards.
- The program must adequately demonstrate how student progress will be tracked, how assessments will be conducted and explain the process for the formative and summative phases of EMT (EMR) education.
- A list of primary and secondary instructors for the didactic and hands-on/lab sessions of the course
- Acknowledgement and acceptance of a minimum of two (2) site visits by an EMS office official or designee to review student portfolios and at least one (1) lab class visit.
- Description of the program's quality assurance and quality improvement program.
- Acknowledgement that students will be required to take a third-party Department-approved psychomotor examination if the program fails to demonstrate and document student progressive proficiency or fails to follow the submitted approved program design.

***See appendix A for portfolio guidance**

Course Medical Advisor

All EMS courses eligible for licensure and certification must have medical advisor oversight.
The course medical advisor is a local physician with emergency medical experience who acts as the ultimate medical authority regarding course content, procedures, and protocols.
The course medical advisor and course coordinator work closely together in the preparation and presentation of the program.

During the program the medical advisor will be responsible for reviewing the quality of care rendered by the student. The course medical advisor or a designee is responsible for verifying student competence in the cognitive, affective, and psychomotor domains.

State approval

When the EMS Office approves the course, the Instructor will receive an email notification from LIGHTS with the course number, Please confirm that the information you entered is still correct.
Any changes to the approved syllabus and or timeline of the course need to be approved by the Department.

The Department should be notified within 3 business days of the following:

- Program Design Change
- Adjustments to the course schedule that extend or shorten the approved course by three (3) scheduled class periods.
- Primary Instructor Changes

References

National Highway Traffic Safety Administration (2009) *National Emergency Medical Services Standards* (DOT HS 811 077A) Washington, DC: Government Printing Office.

National Registry of Emergency Medical technicians. National Registry of Emergency Medical Technicians. (n.d.). Retrieved June 13, 2022, from https://nremt.org/

Appendix A
Portfolio Guidelines

The State of Vermont requires that Emergency Medical Services (EMS) adhere to the guidance and best practice standards as determined by the National Registry of Emergency Medical Technicians and the NHTSA National EMS Educational Standards. The Department developed this document to provide guidance on the expectations for programs implementing an EMT (EMR) Psychomotor competency portfolio evaluation as part of their educational program. For students seeking NREMT EMT (EMR) certification and State of Vermont EMS licensure, the complete portfolio is required to evaluate student competency in place of a third party/NREMT psychomotor examination.

Each student's portfolio is tracked by the program throughout the formative and summative phases of EMT (EMR) education. Each student's portfolio must show demonstrated competency in a broad spectrum of necessary skills, and as an overall entry level provider, to qualify for successful course completion.

The portfolio evaluation employs Skills Lab instruments and Scenario Lab instruments. Skills Lab instruments measure the student's progress toward competency on discreet skills; the Scenario Lab instruments assess the student's ability to combine those skills with critical thinking. Individual programs should decide how to show competence for each student in each skill prior to performing the skills within a scenario.

Skills Lab Documentation:

The formative Skills Lab instruments, as implemented by the Program must represent a broad spectrum of skills that, when combined, form an adequate representative sample of the necessary skill domain of an EMT as determined by the standards set by the NREMT and the EMS Office of the Vermont Department of Health.

Student Evaluation:

The program must document skill practice outcomes, successful and unsuccessful. Students should review the formative Skills Lab instrument documentation and use it to help improve skill performance. Observation of the student's performance can take many forms within the skills laboratory. It is acceptable for peers to validate students' performance on some skills, but only after the peer student has demonstrated the ability to consistently perform the skill within acceptable standards. When this type of evaluation and documentation is being accomplished, faculty must be present and observe the peer-reviewed activity. Students must not conduct peer-evaluations without knowledgeable faculty being present. These instruments should guide a knowledgeable student who received a quality demonstration; they should not be designed for self-teaching and evaluation. There should be sufficient validation of the developmental process of achieving skill competency.

It is not realistic to practice all skills on live patients. The use of simulation provides educational programs with a method to approximate a realistic patient presentation. Simulation can take on many forms throughout EMS education, ranging from the simple to the very complex. Some simulation allows for easy skill performance, while others require more complex skill performance. High-fidelity patient simulators can mimic many presentations of the sick and injured. The best use of simulation is determined by the faculty within the available resources of the educational program. When using simulation, it is important to make it as realistic as possible.

The program must retain this documentation as part of the student psychomotor portfolio. Progression of knowledge and skills is part of the program and students' quality assurance. Constructive feedback regarding errors in the delivery of skills is part of the learning process. In addition, correct repetition of a standard leads to the appropriate automatic performance of a skill. Automation of these discrete skills becomes increasingly important as students transition to scenarios and actual patient care. Maintaining a student portfolio containing documentation of their performance using formative Skills Lab instruments is vital for providing evidence of skill acquisition and psychomotor competency.

Scenario Lab Documentation

Scenario Lab instruments evaluate scenario-type practice in the laboratory setting where the student is expected to demonstrate performance within the context of an EMS call. This experience is critical in the development of overall student proficiency as a EMS provider. The scenario simulation should be as realistic as possible within the given constraints of the program (space resources, equipment, etc.). The Scenario Lab instruments should be used to score both formative and summative Team Leader and Team Member performances as determined by the approved Program guidelines.

At a minimum, a student's file should include formative and summative Scenario Lab evaluations of pediatric, adult, and geriatric patients that are tracked in their portfolio. These evaluations should cover the following scenario topic areas:

- Respiratory Distress/Failure
- Chest Pain
- Cardiac Arrest
- Stroke
- Overdose
- Abdominal Pain
- Allergic Reaction/Anaphylaxis
- Diabetic Emergencies
- Behavior Emergencies
- Seizures
- OB/GYN
- Blunt Trauma

- Penetrating Trauma
- Burns
- Hemorrhage

Summative Evaluation of Skills

Entry-level competency is not mistake-free. Students who are entry-level competent must be able to *consistently* demonstrate and correctly complete 90% of the steps in a formative instrument. If a student does not reach the 90% threshold during a summative evaluation, feedback should be provided, and the student should repeat the skill evaluation attempt as determined by the approved program guidelines.

Not every student will reach the minimum competency standard with the same number of performances. Some need more, others less. Accomplishing a complex skill to competency one time is insufficient evidence of the automation necessary to deliver that skill in an emergency care situation. It is important that every student is given quality instruction and appropriate time to reach the level of competency before it is determined that the student cannot obtain the level of competency required. Students unable to reach the required level of competency should not progress to successful program completion.