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Actions

- Please mute your lines
- Please enter your full name and *provider* number into the chat box
- You will only receive credit if we have your complete information
- Type questions into the chat box—we will address them at the end if they are not covered in the presentation
Agenda

- New Program Admin Position
- New Program Location Requests
- Internship Preceptors
- Advisory Committee
- Clinical/Field Experience
- FERPA form
- GEMSIS Elite
- EMSEAC
Position Types

• OEMS Assigns:
  - EMS Education – Program Director
    - Must be one per program
    - Based on CoAEMSP or NREMT listed Program Director

• Program Assigns – can have more than one assigned per person and more than one person having the same position
  - EMS Education – Program Admin
  - EMS Education – Clinical Coordinator
  - EMS Education – Adjunct Instructor
  - EMS Education – Course Coordinator
  - EMS Education – Lead Instructor
Program Director – ONE per program

• Responsibilities The program director must be responsible for all aspects of the program, including, but not limited to:
  o The administration, organization, and supervision of the educational program,
  o The continuous quality review and improvement of the educational program,
  o Long range planning and ongoing development of the program,
  o The effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program,
  o Cooperative involvement with the medical director,
  o The orientation/training and supervision of clinical and field internship preceptors
  o The effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.
Program Admin

- Responsibilities: To serve as an assistant to the Program Director. The program Director will be ultimately responsible for the program and course delivery.
- Admin will be able to:
  - Submit course request
  - Add clinical contracts
- Will NOT be able to:
  - Add Medical Director
  - Add personnel
New Programs or Satellites

- Any new initial education programs starting a program or existing programs creating a satellite location must first contact the Regional Training Coordinator in the region in which the location will be to start the approval process.
- The RTC will need the name of the program, the physical address, the name of the Program Director, and the course levels being requested.
- All programs must have a site inspection completed.
- This is not an expedient process; the process can take a month or more.
Site Inspections

- Site inspections will be completed on all new programs or satellite locations.
- This will include a review of all required documents, including:
  - Program Director qualifications
  - Medical Director Qualifications
  - Minimum Equipment list
  - Clinical Contracts
  - Handbook
  - Syllabus
  - Preceptor Training
  - Evidence of an advisory committee
Preceptor Training

• Should at a minimum include;
  o Education about the scope of practice for each level student being precepted
  o Education about the roles and responsibilities of the preceptor to perform evaluations and grading assessments to students
  o Affective domain
  o Conflict resolution
  o Professional ethics

• We are working on objective for preceptor training with EMSEAC-More to come!
Timeline

• By 12/1/2020:
  o All Instructional Personnel added to Program Roster

• By 12/15/2020:
  o All EMS Initial Education Programs have Medical Director forms completed
    □ Must upload to LMS through the Medical Director application and submit application
  o All field/clinical contracts added to LMS (forms completed and documents uploaded)
  o All new courses (that start on or after 12/15/2020) must be requested in LMS

• By 1/1/2021:
  o All existing courses (that will finish on or after 1/1/2021) must be entered into LMS, and once approved, will have the course number changed to be the existing course number
Internship Preceptors

• Any Instructor/Coordinator applicants completing an internship must be:
  o Licensed in good standing as a healthcare provider in Georgia with active practice for a minimum of two (2) years.
  o Licensed in good standing as an EMS Instructor Coordinator or equivalent at or above the level of the intern for at least two (2) years.
  o Must be a course coordinator or program director of a Department approved initial education sponsor.
  o Coordination of a minimum of three (3) Department approved initial education courses, one of which must be within the last three (3) years, with at least one of the courses at or above the level of the intern applicant.
  o For EMS I/C Paramedic interns, the preceptor must be the Program Director for a CoAEMSP accredited program and Department approved initial education sponsor.

• All I/C Paramedic candidates MUST complete the final requirements of the internship with a CoAEMSP approved Program Director. This preceptor must be the one to complete the competency verification form
Advisory Committee

- Programs must have an advisory committee, which is representative of at least each of the communities of interest to include the:
  - Program Director
  - Medical Director
  - At least one Course Coordinator
  - At least one former student
  - At least one current student
  - At least one EMS agency employer (should be multiple)
  - A hospital representative
  - A public community member (recommended)
  - The RTC must be invited
Advisory Committee

• Must meet at least annually

• Functions:
  o Assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains
  o Monitors needs and expectations and ensures program responsiveness to change
  o Review and endorse the program required minimum numbers of patient contacts
Advisory Committee Meetings

• Agenda Items – Review the following:
  o Program goals
  o Outcomes for the classes in the last year and make recommendations to the program.
  o Minimum competency requirements, including team lead
  o Achievement of goals
  o Analysis of the goals
  o Action plan, and results of action where appropriate
  o Annual report and other objective data that supports program evaluation.

• NOTE: Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation.
Advisory Committee

- There must be an Advisory Committee roster indicating the communities of interest that the members represent.
- The Advisory Committee meetings must have Minutes reflecting the attendees, and meaningful discussion and actions during the meeting.
Benefits of an Advisory Committee

- External validation of program:
  - Recommendations
  - Goals
  - Outcomes
  - Curriculum
National Education Standards – Program Evaluation

- Provide evaluation of program instructional effectiveness
- Provide evaluation of organizational and administrative effectiveness of program
Clinical/Field Contracts

• All programs must have clinical/field contracts in place for ANY sites that they send students to
• Programs that have an “in-house” program and allow their students to complete field time at the agency must have a letter of support from the Authorized Agent and the Program Director
• The clinical resources must ensure exposure to, and assessment and management of patients applicable to the level of the course being taught
From the New Education Standards
Hospital/Clinical Experience

• EMR:
  o None required at this level

• EMT:
  o The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan.
    □ These can be performed in an emergency department, ambulance, clinic, nursing home, doctor’s office, etc., or on standardized patients when clinical settings are not available.

• AEMT:
  o The student must demonstrate the ability to perform an adequate assessment and implement an adequate treatment plan.

• Paramedic:
  o See CoAEMSP Standards
From the New Education Standards
Field Experience

• **EMR:**
  o None required at this level.

• **EMT:**
  o The student should participate in and document patient contacts in a field experience approved by the medical director and program director.
    □ This should occur in an ambulance or simulated ambulance experience, when ambulance internships are not available.

• **AEMT:**
  o 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.

• **Paramedic:**
  o See CoAEMSP Standards
FERPA

• A valid and signed FERPA form must be completed for each student for each course
• The form must be uploaded to the course LMS profile
• It is recommended that the program also retain a copy
• This does not supersede a program’s FERPA form
• This form is to ensure the protection of the program in providing the OEMS with student’s academic records
GEMSIS Elite

- All programs must require that students complete some of their pre-hospital care reports (PCR) in GEMSIS Elite
- Programs must have a GEMSIS Elite account for the education program
- Reports completed in the education program account will not be linked to live data
- This will be phased in throughout 2021 due to the amount of programs—More information to come
EMSEAC

- Courses/Content for the OEMS Classroom
  - Mandatory educational content for Medic and Instructor recert cycles
    - Ensure CEUs meet requirements of evidence-based and practice analysis
    - Prescribe what training should be mandatory
  - EMS Initial Education Program Site Review Standards (based on CoA)
  - EMS Initial Education Program Accountability/Performance Standards
  - Georgia specific content that will supplement the National EMS Education Standards (like GEMSIS training, training on Georgia systems of care, etc.)
  - Validation of a FERPA form
  - Validation of program designation standards and site visits/inspections
  - Validation of required equipment for initial education programs
  - Selection of NREMT Representatives
  - EMT psychomotor exam requirements (who can coordinate, how exam request should be made)
NREMT Provisional

- We are hearing that many of the NREMT provisionally certified, and provisionally licensed medics are having difficulty passing the psychomotor exams
- These individuals could have been out of school for months at this point
- We recommend that all programs that have provisionally certified/licensed individuals to bring them back in for lab days prior to testing
Handbook/Syllabus

• Programs should have and submit a handbook and or a syllabus for each course
• Some programs may have one or the other
• Must include:
  o Course Name
  o Course Dates
  o Grading scale
  o Attendance policy
  o Testing and Evaluation Policy
  o Lab/Skill Requirements
  o Clinical/Field Requirements
Handbook/Syllabus

• Handbooks often contain more detailed information such as;
  o Dress codes
  o Course descriptions
  o Clinical/Field Descriptions
Annual Reports

• Sometime in 2021 we will begin implementing and requiring annual reports to be submitted for all programs
• These will look much like the CoAEMSP annual reports
• Will include information such as pass rates, attrition and retention rates
• Plan of action for any deficiencies found
• This will allow a program to annually evaluate themselves, identify areas of improvement and increase program success.
Course Copy

- Allows us to copy an identical course for you
- You must have already submitted the original course and have it approved
- You may then submit a course copy request in which you will tell us which course you would like to copy
Continuing Education

- CE must have a separate location than the initial education location
- Initial Education locations may also have a CE location
- These two are separate locations and separate requests
Adding Documents

- Some are placing the Medical Director agreement forms and the clinical contracts into the course request
- These must be uploaded into the appropriate application from the program agency
- The schedule, handbook, syllabi must be uploaded to the course request
Do You Know?

- Do you know your programs *most recent*:
  - Pass rate
  - Attrition/Retention rate
  - Employment rate
- For the past 3 years, do you know your programs most recent:
  - Pass rate
  - Attrition/Retention rate
  - Employment rate
- If those numbers are not at least 70%, do you have a plan to improve them?
  - What is the plan?
  - Has it been reviewed by the Program Director, Program Medical Director and the Advisory Committee
Questions

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