Florida Fire Chiefs' Association
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April 18, 2020

Dr. Scott A. Rivkees, M.D., State Surgeon General
4052 Bald Cypress Way
Tallahassee, FL 32399

Re: Paramedic Training Centers – Clinical Experience

Dr. Rivkees,

The Florida Fire Chiefs' Association has voiced concerns regarding the inability for current paramedic students to complete clinical time in the hospital or in the field because of the ongoing COVID-19 state of emergency. This is understandable; however, we feel that if this issue is left unaddressed, EMS provider agencies will begin to suffer greater paramedic shortages than we already have been experiencing.

Our ask is simple: Much like you have already allowed for nursing students, we respectfully request that current paramedic students be allowed to complete their clinical requirements/experience through 100 percent simulation. The Commission on Accreditation of Allied Health Education Programs (CAAHEP), in cooperation with the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), is employing a broader array of approaches, including simulation in determining competency in didactic, laboratory, clinical, field experience and capstone field internship. (See attached and https://coaemsp.org/)

In addition, the National Registry is open to changes in course completion requirement because of the impact on learning labs, practicums and clinical experience opportunities.

We have already held discussions with the DOH's EMS Bureau Chief, Steve McCoy and the State Medical Director, Dr. Scheppke. We received favorable feedback, but our understanding is that you are the ultimate decision maker regarding this issue.

Again, on behalf of the Florida Fire Chiefs' Association, we respectfully request your consideration, and inclusion, of a provision in the Surgeon Generals next public health order granting paramedic training centers to deviate from the current standard(s) and utilize clinical simulation in order to allow current paramedic students to graduate on time.

We thank you for your time and consideration.

Sincerely,

Wm. Ray Colburn

Wm. Ray Colburn, Fire Chief-Retired
Executive Director
Florida Fire Chiefs' Association

Cc: FFCA Board of Directors

FAQs | Updated Statement Regarding COVID-19 (Coronavirus)

April 5, 2020

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) understands that institutions, program directors, medical directors, faculty, and State Offices of EMS are working diligently to find ways to continue the education of students during this extraordinary time. The CoAEMSP continues to find alternative pathways to assure excellence in education while maintaining compliance with the CAAHEP Standards.

Effective April 5, 2020, Paramedic educational programs may employ a broader array of approaches, including simulation, in determining competency in didactic, laboratory, clinical, field experience, and capstone field internship.

This document will provide additional guidance on options to the programs.

> ***Note:*** *Programs should align with local, state, or federal directives during the public health emergency. The following guidelines are intended for current students to progress through the end of the program, not to substitute for newly started or classes just beginning, unless local hiring demands require new programs immediately.*
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> *Use sound judgement to protect the safety of faculty, students and their families. Programs should weigh the needs of graduates immediately, versus the safety of a waiting another month or two to return to a program in much better shape to achieve the mission of graduating entry level competent paramedics.*

As a program, may we reevaluate the minimum numbers of patient/skill contacts required to graduate?

Yes, the numbers can be adjusted in CoAEMSP's Appendix G. If modifications are made to the program's overall established minimum patient/skill requirements, documentation demonstrating (1) who was involved with the decision and (2) documentation of the change to the numbers, including (3) evidence of approval of the medical director and (4) endorsement by the advisory committee. The program is responsible to demonstrate and document entry-level competency for each student. The minimum competency may vary from student-to-student based on their completed evaluations in their psychomotor portfolio and accomplished competencies in the clinical, field experience, and capstone field internship.

May we substitute simulation and other evaluative methods for team leads, and what are the requirements in doing so?

Yes. Programs have the flexibility to substitute simulation, case studies, scenarios and other remote delivery methods of evaluating capstone internship competency for team leads. If you believe that substituting an alternative evaluation method for team leads is what is needed to be done, you need to have documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director and (3) endorsement by the advisory committee. The requirement is for the program director and the medical director to be able to sign off on the capstone field internship that your students are competent entry-level Paramedics.

When modifications are made to the numbers of patient/skill contacts, the program should coordinate with their state regulatory institution, including the State OEMS to ensure the program's candidates will be eligible for access to testing and licensure.

When incorporating simulation or other evaluation methods into the capstone field internship component, this is intended for students who have already completed a portion of the capstone field internship successfully and competently; however, are unable to fulfill the total number of required team leads. This is not intended for a student who has never performed as a paramedic student on an advanced life support unit in the prehospital environment. The first time your graduate is delivering advanced life support emergency care as a paramedic, should not be as a newly licensed/ certified paramedic. During simulation and alternative evaluation methods, the affective (emotional) component is not fully present, as students know it is not life or death during this type of evaluation. There is always room for error. No matter how realistic the evaluation method is, there is always some error and doubts when it comes to the re-creation of real-life scenarios and case studies.

If simulation can be used for team leads now, why not always?

As a nation, we are in a public health emergency. Flexibility is supported by state EMS directors, other stakeholders including directors of accredited paramedic educational programs, and aligns with emergency orders issued by state governors which allow greater flexibility in credentialing of emergency medical services professionals during the public health crisis. This guidance also aligns with the mission of CoAEMSP to advance the quality of EMS education through accreditation. In carrying out its mission, CoAEMSP in collaboration with its sponsors and other national EMS stakeholders seeks to support high quality and safe patient care through its standards, core values of commitment, leadership, accountability, quality, and respect.

There are no research studies specific to the use of alternative evaluation methods and simulation for paramedic team leads and if it is an equivalent substitute for live patients. The quality of technology is a tremendous asset; however, there is no substitute for real patients. Simulation and other alternative evaluation methods may be used as a substitute during this national emergency *through October 31, 2020*.

In reference to CoAEMSP Appendix G, may any of the numbers be less than 2?

Yes. It is clear that in the current national emergency, access to live patients in adequate numbers, proportionally distributed by age-range, chief complaint and interventions may simply not be available to you in your community. The adjustment of minimum competencies may be made to satisfy the requirements of these Standards for Paramedic educational programs *through October 31, 2020.*

The medical director and program director must ensure the entry-level competence of each graduate of the program in the cognitive, psychomotor, and affective domains and that any changes to program requirements must be documented in an Action Plan, including the program's action plan to determine student competency and the student's action plan documenting the student's progression of learning and achievement, including any final evaluations. Each student must be evaluated separately in achievement of entry-level competency. Therefore, based on the existing successful evaluations documented in the psychomotor competency portfolio, the minimums may vary from student-to-student based on his or her existing progress.

Is a student who is also employed and working with a paramedic preceptor, provided an affiliation agreement is in place, be utilized as part of their educational experiences?

Yes, providing the program director, medical director, the employer, and the employer's medical director approve this individualized learning plan. This flexibility will be acceptable through October 31, 2020. Please be aware that some states may not allow this as a legal practice. Check with your State Office of EMS to be sure this practice is acceptable.

With a modified teaching and learning approach, do I have flexibility to alter the sequencing of the curriculum?

Yes. Programs have the flexibility to alter the sequence of the curriculum. Simply put, the program can change the order of classroom, laboratory, clinical, field experience, and capstone field internship as needed based on your situation. It should be well planned and documented since it is outside of the normal sequence of educational delivery of the program.

Is it okay to utilize technology to deliver scenarios to students that count toward competencies?

Yes. Programs are encouraged to be creative and innovative. The program may use alternative evaluation methods to include scenarios, case studies, and simulation as well as the adjustment of minimum competencies to satisfy the requirements of the CAAHEP *Standards* for Paramedic educational programs ***through October 31, 2020.***

My institute has adopted a "Pass" or "No Pass" grading option. Is this permissible?

Yes, it is. Document the grading option and how the students were notified of the change in grading.

Is it possible for programs to determine competency based on student performance during field experience, at least in part, that occurred before the start of the capstone field internship phase?

The program director is responsible, in consultation with the sponsor/institution and with the approval of the program's medical director to decide when and how the student is competent. The CoAEMSP expects that the program will attest to the terminal competency of each graduate. Using all available resources and student assessments to make the determination of entry-level competency will be challenging and should be done with caution. Ultimately, graduates of the program will be delivering emergency medical care to the public and programs have a responsibility to advocate for quality patient care through credible education.

Is it to be interpreted that the traditional requirements of completing the hospital before ambulance clinicals has been amended to allow the student to obtain their competencies in any order, at any time, as necessary, pending approval by the advisory committee and medical director?

The program director, the medical director (in conjunction with your advisory committee) have flexibility to decide what would be the best way to provide opportunities to your students. You must take into account if your students will have access to clinical and capstone field internship sites and what you feel will meet the program's requirements.

If you believe that changing the sequence is what needs to be done, you need to have documentation demonstrating (1) who was involved with the decision and (2) evidence of approval of your medical director and (3) endorsement by the advisory committee. The goal is for you and the medical director to be able to sign off that your students are competent entry-level Paramedics.

What does the NREMT require for graduates of my program?

The NREMT information related to the COVID-19 pandemic can be found at www.nremt.org/rwd/public/document/covid-19. You are encouraged to continue to monitor their website for updates as well that may impact your decisions.

What materials do I need to send to the CoAEMSP at this point to ensure I am complying?

No materials specific to COVID-19 are due at this time. Like in all of health care, you should document, document, document! Once the pandemic has passed and the world returns to normal operation, further direction on when materials will be due to the CoAEMSP will be made known. For now, you should plan to use good judgement, document your plan and actions taken, and be prepared to demonstrate how your students met the CAAHEP *Standards* for entry-level competence.

When seeking endorsement by the program's advisory committee, may we do so using technology?

Yes. Under current Standards web-conferencing, conference calls and other technology may be utilized to engage the program's advisory committee. Documents and other materials may be distributed by email with electronic voting, if necessary.

Can a Program lower the number of total contact hours for a Paramedic educational program?

The CoAEMSP does not require or approve use of the total number of contact hours when evaluating a Paramedic program. Contact hours are approved by the program's institution, the state higher education and/or EMS authority as well as the institutional accreditor. Simply, the program should consult those resources before making changes. The CoAEMSP will not look for the number of contact hours of the program; ***the CoAEMSP requires the program to demonstrate the graduate is a competent entry-level Paramedic.***