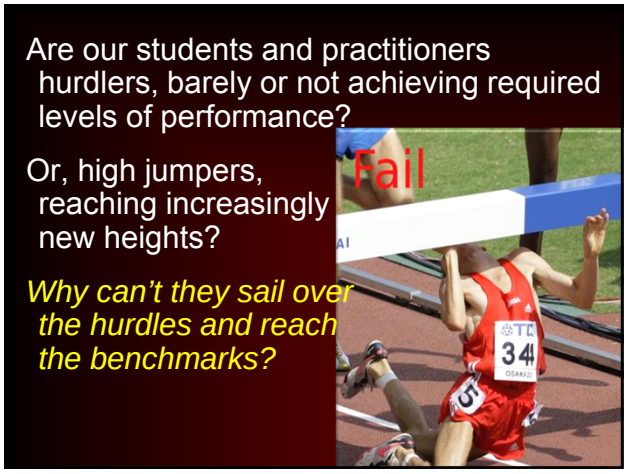
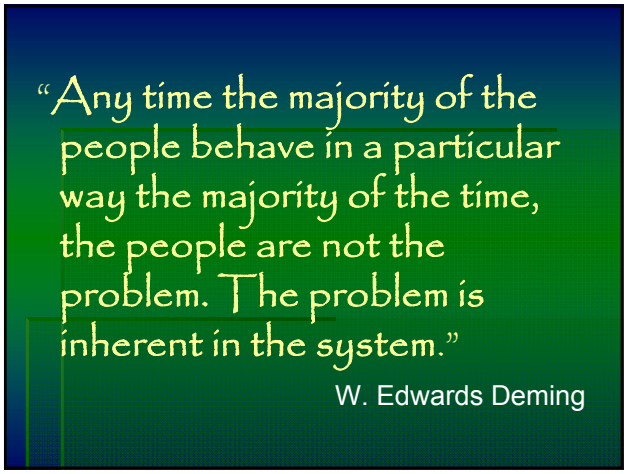
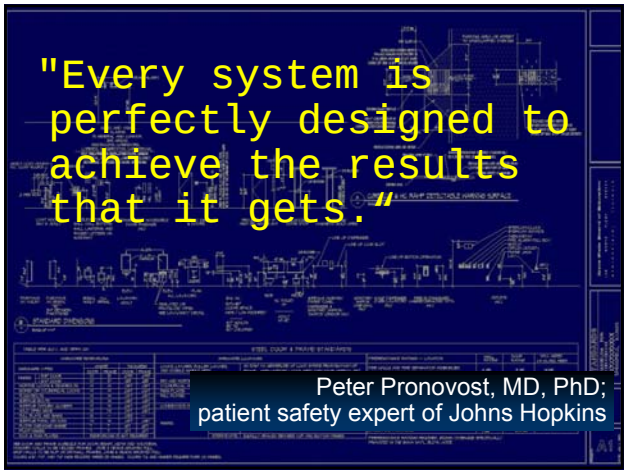

III EMS Summit 2018
Educational landscape
Connie J. Mattera
EMS Administrative Director, NWC EMSS
Chair, III EMS Education Committee
Worth1000.com

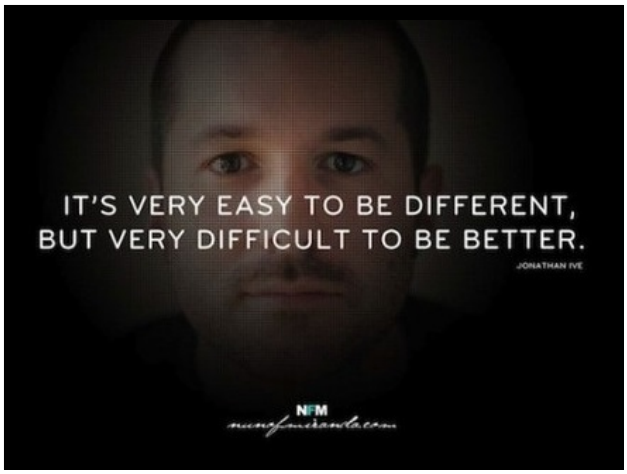

My happy place!

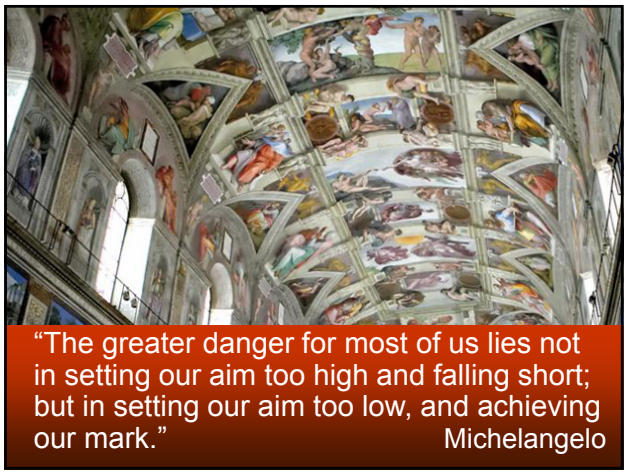

We live & work in a VUCA world
Volatility
Uncertainty
Complexity
Ambiguity
HIT
ACA
ACOs
Accountable Care Organizations
Patient Centered Medical Homes
Ambulatory Care
Physician Engagement
Health Literacy
Improvement
Bundled Payment
Behavioral Health
Transformation
Value
Readmissions
Bundled Care
Quality
Teamwork


Are our students and practitioners hurdlers, barely or not achieving required levels of performance?
Or, high jumpers, reaching increasingly new heights?
Why can't they sail over the hurdles and reach the benchmarks?
Fail


"Any time the majority of the people behave in a particular way the majority of the time, the people are not the problem. The problem is inherent in the system."
W. Edwards Deming


"Every system is perfectly designed to achieve the results that it gets."
Peter Pronovost, MD, PhD;
patient safety expert of Johns Hopkins

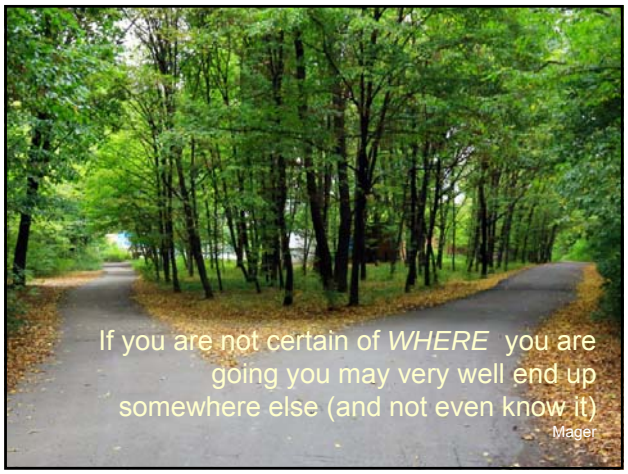

IT'S VERY EASY TO BE DIFFERENT,
BUT VERY DIFFICULT TO BE BETTER.
JONATHAN IVE


"The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark." Michelangelo


TESLA

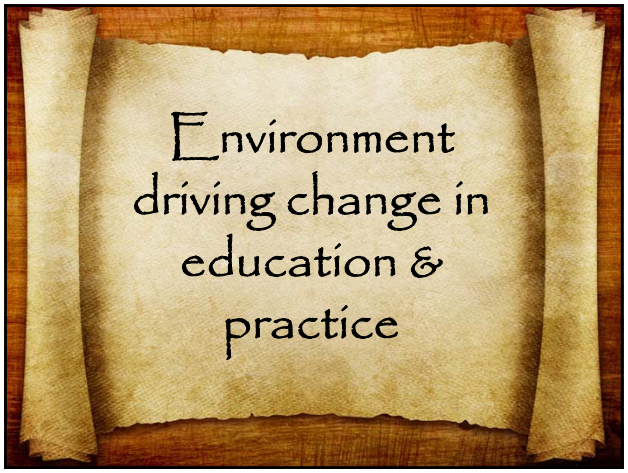

Harvard Business Review
The Radical Innovation Playbook
How to engineer breakthrough ideas
PAGE 73

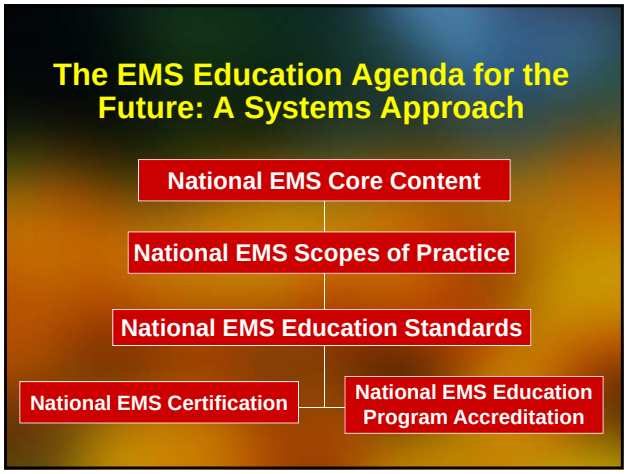

Illinois Department of PUBLIC HEALTH
Division of EMS & Highway Safety
5 Year Strategic Plan
September 2010
EXPIRED



Content

- Environment driving change in education & practice
- Aligning with national Education Standards; move to universal accreditation
- Defining instructional outcomes; domains of learning; expected competencies of professional education
- Scopes of practice; educator resources
- Learning contracts; lesson plans; competency affirmation; outcome reports
- Lead instructors; NAEMSE courses
- Testing and measurement: creating valid tests; NREMT or state exam options





EMS 2050 AGENDA
Envision the Future

EMS Agenda 2050 is a collaborative and inclusive two-year project to create a bold plan for the next several decades. EMS Agenda 2050 will solicit feedback from members of the EMS community to write a new Agenda for the Future that envisions innovative possibilities to advance EMS systems.

History

Twenty years ago, pioneers and leaders in the EMS indus
and evidence-based systems in the *EMS Agenda for the*
worked tirelessly to fulfill the vision set out in that landma

What's Happening Now

Throughout 2017 and 2018, the EMS community will wor
the future of EMS. Community members, stakeholder org
encouraged to get involved in writing a new Agenda for th
the next thirty years of EMS system advancement.

EMS 2050 AGENDA
Envision the Future
Straw Man Document Version 2.0
January 2018

TABLE OF CONTENTS

EMSAgenda2050.org

Straw Man • 2

What else is driving changes in the State planning?

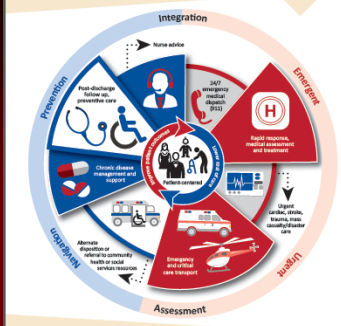
EMS 3.0 Summit

Tuesday, April 10, 2018 (full-day program with luncheon) – Hilton Crystal City, Arlington, Virginia

Learn strategies to navigate healthcare change. Integrated, value-based patient care is the cornerstone of our evolving healthcare system. To thrive, EMS agencies must expand their services to provide the full spectrum of out-of-hospital patient care – emergent, urgent and preventive.

This year's Summit will present "profiles in courage" case studies of EMS agencies that have expanded their services. Lessons learned including best practices, as well as pitfalls and challenges, will be discussed. Hear directly from EMS leaders who have made the 3.0 model work for their agencies and communities.

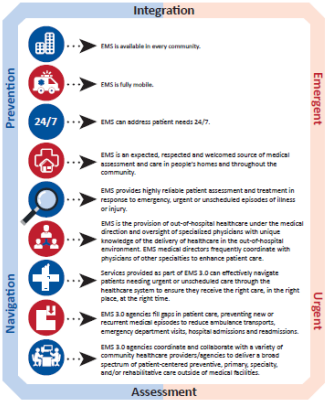
EMS 3.0



EMS is uniquely positioned to support our nation's healthcare transformation by assessing and navigating patients to the right care, in the right place, at the right time. EMS 3.0 can help our nation achieve its healthcare goals.

NAEMT

EMS 3.0 can help transform our nation's healthcare system by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare expenditures. Here's how:



National EMS Scope of Practice Model Revision Project

Expert Panel

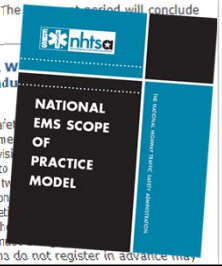
Request for Feedback!

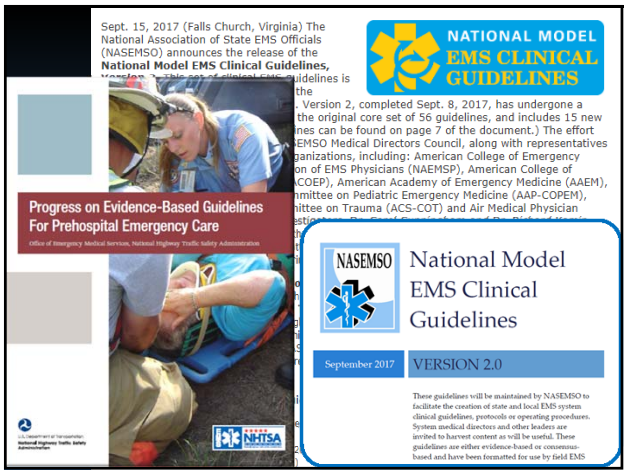
- **NASEMSO Press Release**: Request for Comments on Revised Portions in the 2007 National EMS Scope of Practice Model (12/12/17)
- **Download**: National EMS Scope of Practice Model Revision, Draft 2 (12/12/17)
- **Submit Comments**: Feedback should be submitted online. The [illegible] will conclude at **5:00 p.m. EST on Feb. 10, 2018.**

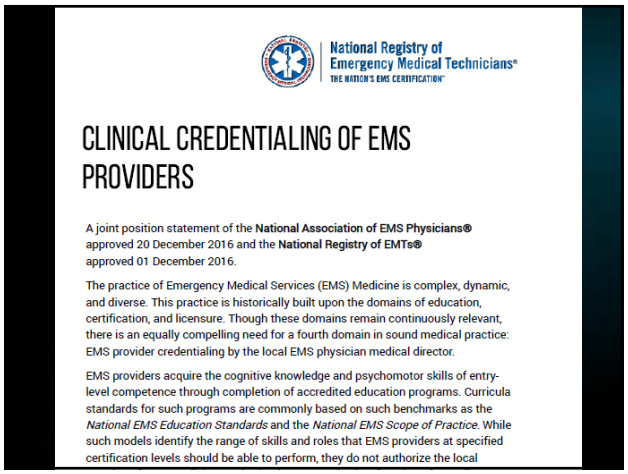
NATIONAL EMS SCOPE OF PRACTICE MODEL REVISION 2018

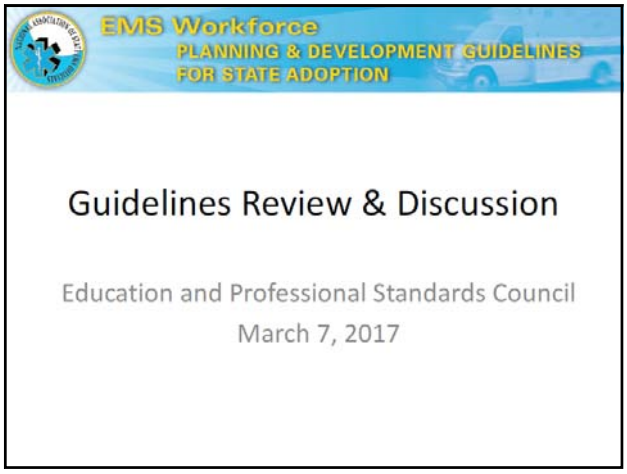
NHTSA to host March meeting at DOT Headquarters, W[illegible] findings of a systematic review of literature and condu[illegible] the National EMS Scope of Practice Model (SoPM)

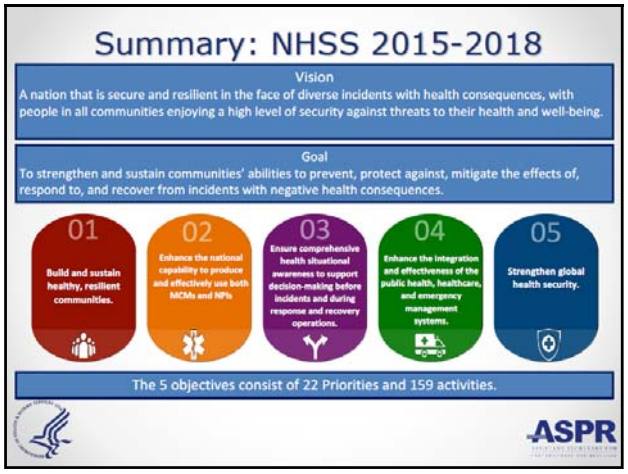
(02/06/18) On Mar. 5-6, 2018, the National Highway Traffic Sa[illegible] host a meeting at DOT Headquarters in Washington, DC. This me[illegible] person gathering of the subject matter expert panel for the revis[illegible] Scope of Practice Model ("Model"). The goal of this meeting is to [illegible] systematic review of the literature, public input gathered from tw[illegible] and conduct discussions on revising the Model. More information [illegible] www.emsscopeofpractice.org. Time will be set aside in the meet[illegible] registered attendees. Due to space limitations, attendance at th[illegible] participants and those who register in advance. All attendees m[illegible] identification to gain admittance to the DOT Building. Those who do not register in advance may



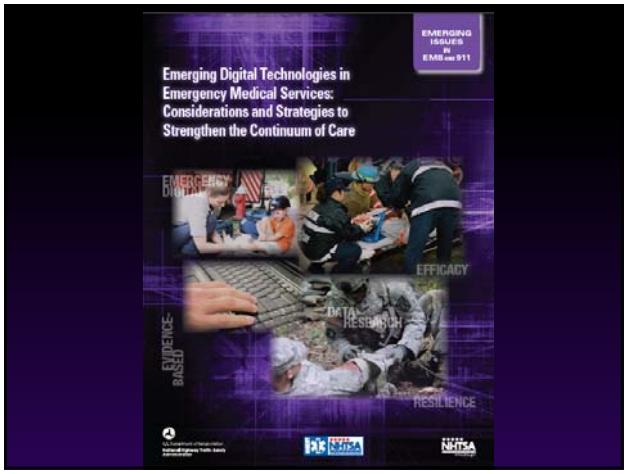




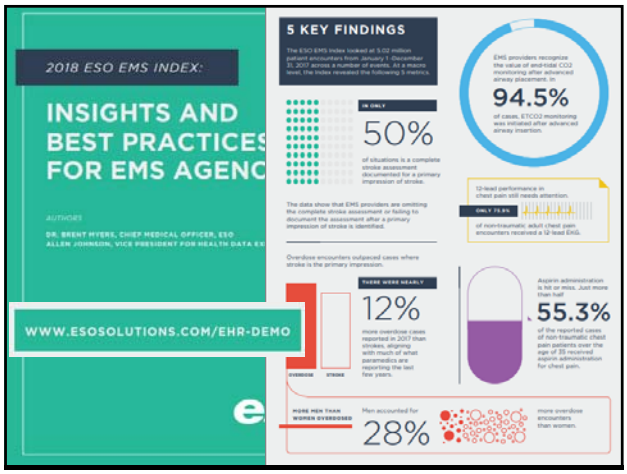


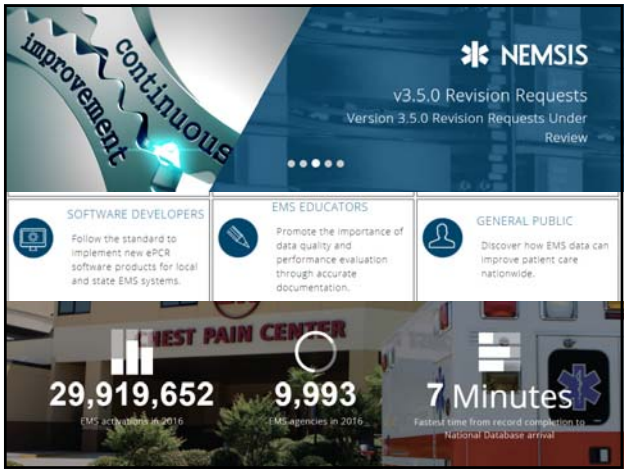


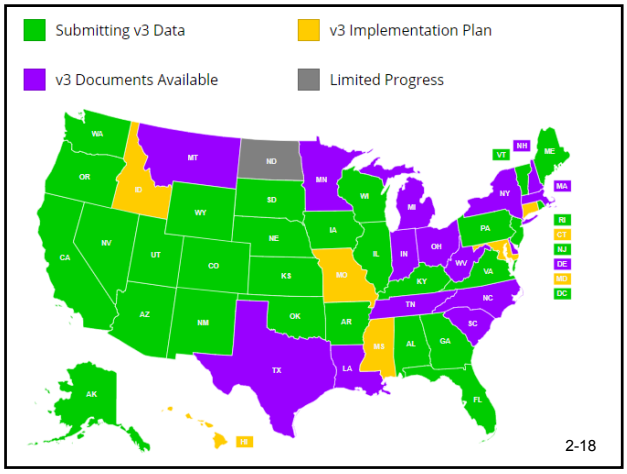
The speed of technology expansion is exponential – moving faster than ever before in the history of mankind. Replacing generations of progress in months, weeks, and days.




www.ems.gov
Beyond
EMS Data Collection:
Envisioning an
Information-Driven Future for
Emergency Medical Services


2018 ESO EMS INDEX:
INSIGHTS AND
BEST PRACTICES
FOR EMS AGENC
5 KEY FINDINGS
50%
94.5%
12%
55.3%
28%
WWW.ESOSOLUTIONS.COM/EHR-DEMO


Continuous improvement
NEMSIS
v3.5.0 Revision Requests
Version 3.5.0 Revision Requests Under Review
SOFTWARE DEVELOPERS
EMS EDUCATORS
GENERAL PUBLIC
29,919,652
9,993
7 Minutes

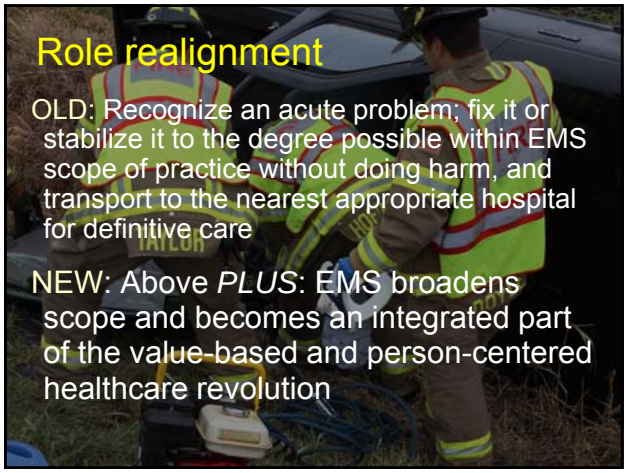

Submitting v3 Data
v3 Implementation Plan
v3 Documents Available
Limited Progress
2-18


Paramedic roles evolving
Advances in technology, costs, reimbursement, value-based care, need for integration, trends in patient populations (increasing # elderly) are rapidly driving change


What does this add up to?
More HOME Less HOSPITAL
Paramedics are key links to bridge hospital and out-of-hospital care transitions

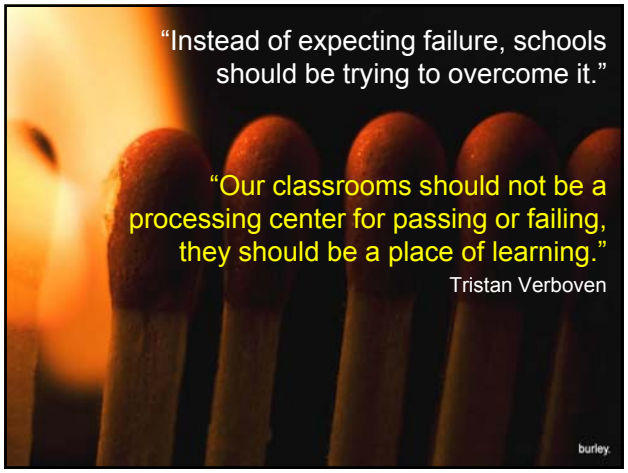
How are we preparing for this?

Coordinate care for all persons using multi-disciplinary teams including Mobile Integrated Healthcare (MIH) and Community Paramedics (CPs)



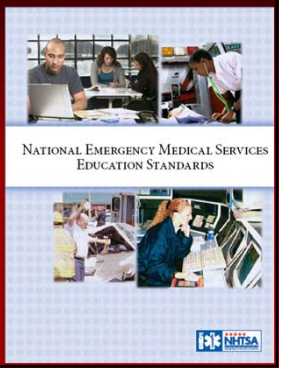
The Ill EMS Education committee promises to proactively explore trends of the future & work with stakeholders to focus on providing forward-thinking solutions by:

- Creating a knowledge hub via collaborative planning so we do the right things at the right level with hardwired roles and responsibilities with built-in accountability for key stakeholders.
- Inviting input & participation from EMS educators at all levels.
- Providing EMS education thought leadership.
- Providing high quality educational resources so we effectively navigate through change.
- Providing structures that encourage alignment with national guidelines and discourage outlier/counterproductive behavior.



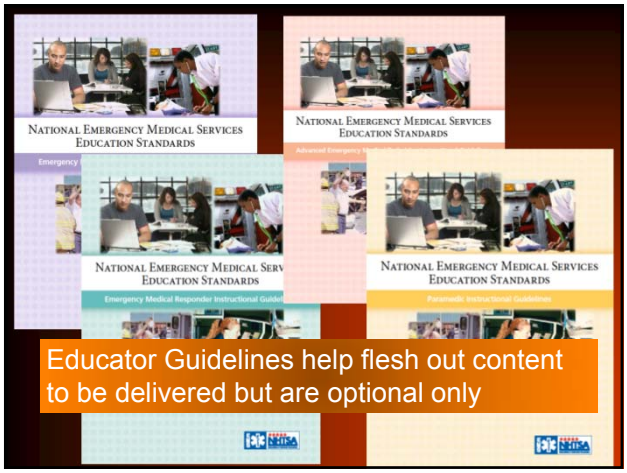
National Education Standards (2009)

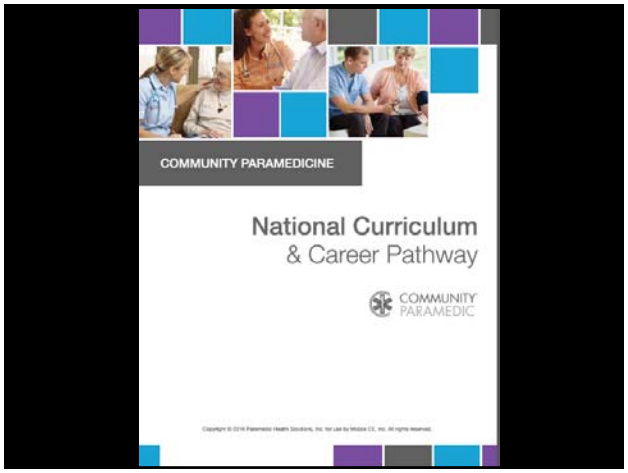
- Pre- or co-requisites
- Guide program personnel in making decisions about material to cover
- Provides minimal terminal objectives for each level
- Clinical/field requirements



National EMS Education Standards provide topics to include w/o specifics to be taught – curriculum design left to local program: (www.ems.gov)

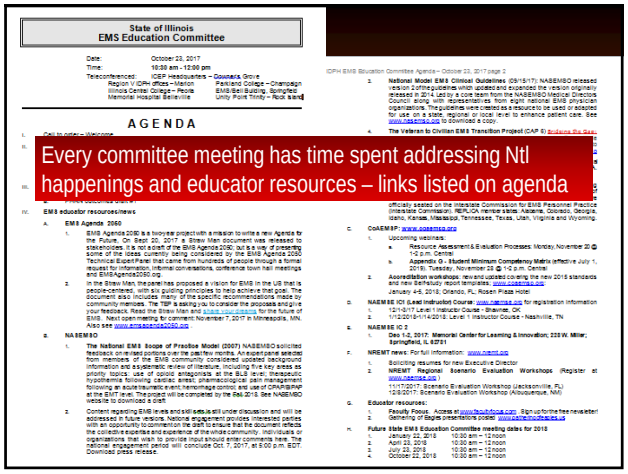
	EMR	EMT	AEMT	Paramedic
Neurology	Simple depth, simple breadth Anatomy, presentations, and management of • Decreased level of responsiveness • Seizure • Stroke	EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Stroke/transient ischemic attack • Seizure • Status epilepticus • Headache	EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Seizure	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth • Stroke/intracranial hemorrhage/transient ischemic attack • Seizure • Status epilepticus • Headache Fundamental depth, foundational breadth • Dementia • Neoplasms • Demyelinating disorders • Parkinson's disease • Cranial nerve disorders • Movement disorders





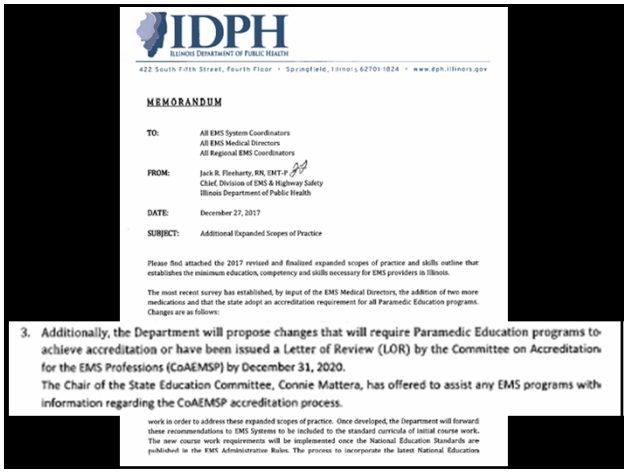
2010 Ill EMS Strategic Plan Sections on education – what have we accomplished?

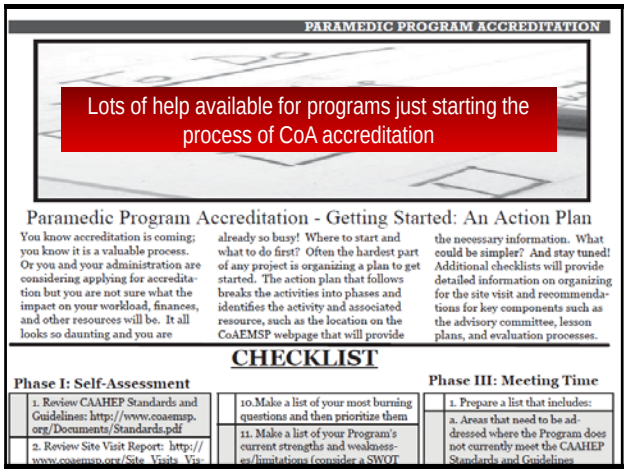
- Work with the EMS Advisory Council's Education Subcommittee to review current literature for best practices across the emergency health care spectrum and replicate and evaluate these practices.
- Adopt the National EMS Scope of Practice Models for all levels of EMS to serve as the minimum foundation for educational programs.
- Require each program to measure competency in cognitive, psychomotor, and affective domains utilizing written examinations, site-specific practical examinations, and evaluating the behaviors specified in the National Education Standards.
- Work with the EMS Advisory Council's Education Subcommittee to develop an EMS Educator mentoring and an auditing program for current educators.

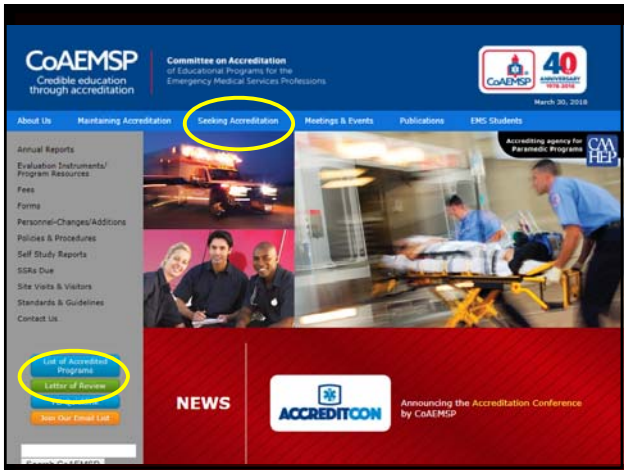


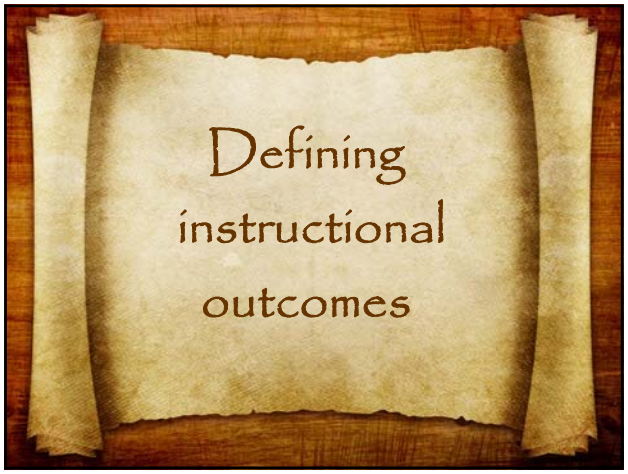

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES
Credible education is accredited
Higher Learning Commission
North Central Association
CoAEMSP


Accreditation evaluates programs relative to standards and guidelines developed by national communities of interest
Entry level competence assured by curricula standards, national accreditation, and testing
Assuring Academic Quality in the 21st Century:
Self-Regulation in a New Era
ACE


IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
MEMORANDUM
TO: All EMS System Coordinators
All EMS Medical Directors
All Regional EMS Coordinators
FROM: Jack R. Fleeharty, RN, EMT-P
Chief, Division of EMS & Highway Safety
Illinois Department of Public Health
DATE: December 27, 2017
SUBJECT: Additional Expanded Scopes of Practice
3. Additionally, the Department will propose changes that will require Paramedic Education programs to achieve accreditation or have been issued a Letter of Review (LOR) by the Committee on Accreditation for the EMS Professions (CoAEMSP) by December 31, 2020.
The Chair of the State Education Committee, Connie Mattera, has offered to assist any EMS programs with information regarding the CoAEMSP accreditation process.


PARAMEDIC PROGRAM ACCREDITATION
Lots of help available for programs just starting the process of CoA accreditation
Paramedic Program Accreditation - Getting Started: An Action Plan
CHECKLIST
Phase I: Self-Assessment
Phase III: Meeting Time


CoAEMSP
Credible education through accreditation
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions
About Us
Maintaining Accreditation
Seeking Accreditation
Meetings & Events
Publications
EMS Students
NEWS
ACCREDITCON
Announcing the Accreditation Conference by CoAEMSP


Defining
instructional
outcomes

Outcome-based education Bridge to developing:

- Lifelong learners
- Knowledgeable persons with deep understanding
- Complex thinkers
- Creative persons
- Active investigators
- Effective communicators
- Reflective and self-directed learners

Determine program outcomes based on standards and map to curriculum

Instruction not aligned with standards, learning outcomes, and assessments creates an achievement gap

Curriculum guides become well-intended fiction if instructors freelance

Discrepancy between intended curriculum & implemented curriculum = *curricular chaos*

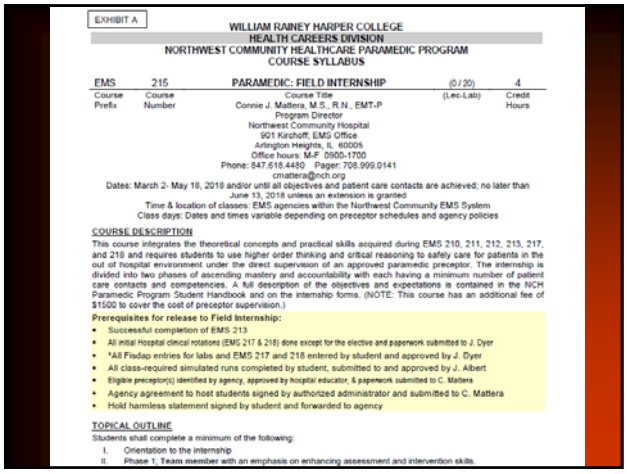


EXHIBIT A

WILLIAM RAINEY HARPER COLLEGE
HEALTH CAREERS DIVISION
NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM
COURSE SYLLABUS

EMS	215	PARAMEDIC: FIELD INTERNSHIP	(0 / 20)	4
Course Prefix	Course Number	Course Title	(Lec-Lab)	Credit Hours

Connie J. Mattera, M.S., R.N., EMT-P
Program Director
Northwest Community Hospital
901 Kirchoff, EMS Office
Arlington Heights, IL 60005
Office hours: M-F 0900-1700
Phone: 847.618.4480 Pager: 708.999.0141
cmattera@nch.org

Dates: March 2- May 18, 2018 and/or until all objectives and patient care contacts are achieved; no later than June 13, 2018 unless an extension is granted
Time & location of classes: EMS agencies within the Northwest Community EMS System
Class days: Dates and times variable depending on preceptor schedules and agency policies

COURSE DESCRIPTION

This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking and critical reasoning to safely care for patients in the out of hospital environment under the direct supervision of an approved paramedic preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies. A full description of the objectives and expectations is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE: This course has an additional fee of $1500 to cover the cost of preceptor supervision.)

Prerequisites for release to Field Internship:

- Successful completion of EMS 213
- All initial Hospital clinical rotations (EMS 217 & 218) done except for the elective and paperwork submitted to J. Dyer
- *All Fledap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to C. Mattera
- Agency agreement to host students signed by authorized administrator and submitted to C. Mattera
- Hold harmless statement signed by student and forwarded to agency

TOPICAL OUTLINE

Students shall complete a minimum of the following:

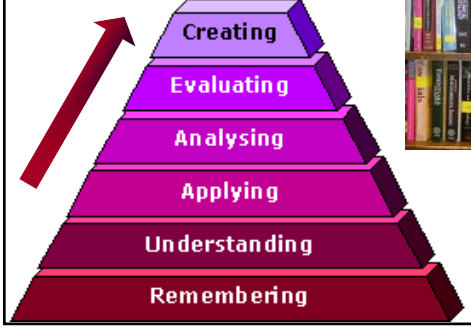
I. Orientation to the internship
II. Phase 1: Team member with an emphasis on enhancing assessment and intervention skills.

Outcome points for EMS Education:

Graduates have achieved the competency in all three domains of learning required for practice that ensures the delivery of safe, timely, efficient, effective, equitable, compassionate and person-centered care to serve the health care needs of the population.

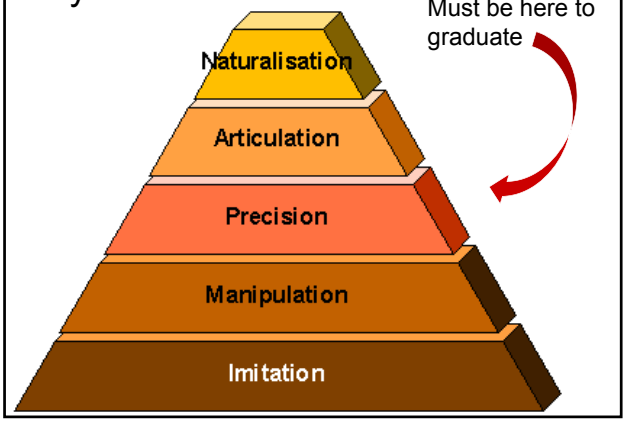
Must show competency in 3 domains of learning

Cognitive domain



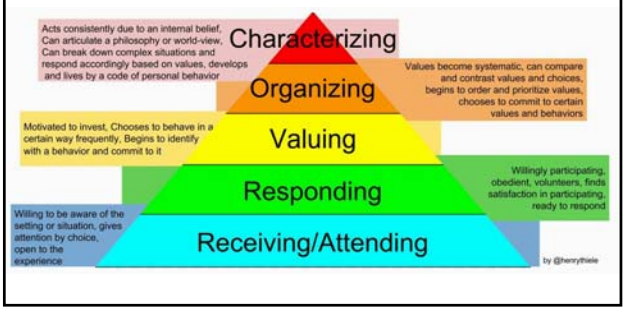
Psychomotor domain

Must be here to graduate



Affective domain

Our goal



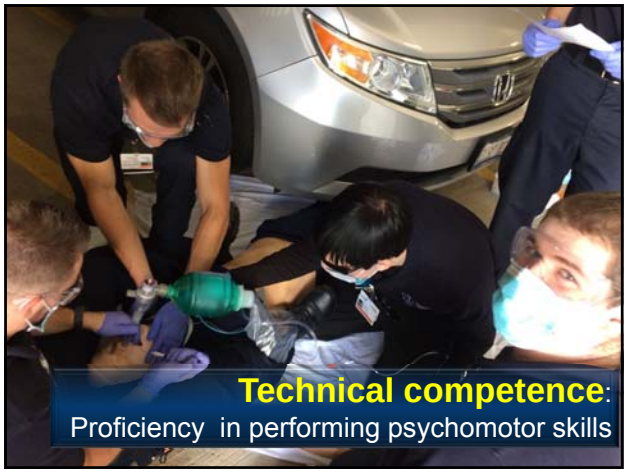
Non-cognitive factors in education

Students must reframe failure as a learning experience rather than a label; learn from their failures to change their study strategy

They must learn metacognition – learn how to learn - and develop self-awareness; discover how they best take in, process, retain, retrieve and use information on the road to proficiency

Expected outcomes of professional education

Conceptual competence:
Ability to understand theoretical foundations of the profession

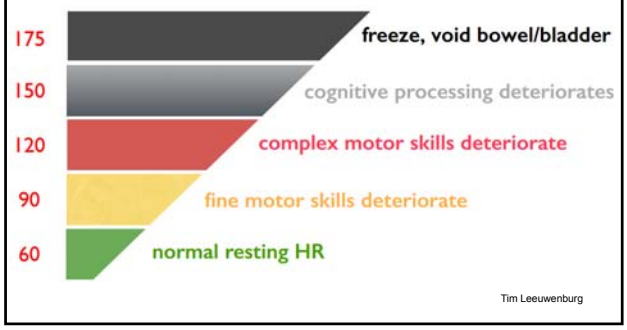


Technical competence:
Proficiency in performing psychomotor skills

Under duress

We do not rise to our expectations
We fall to the level of our preparation & training

Effects of SNS surge and cognitive load during stress



Don't practice until you get it right, practice until you can't get it wrong.

Contextual competence:

Understand how EMS practice fits within greater whole of healthcare continuum

Ability to use conceptual and technical skills in right context, avoiding technical imperative

Integrative competence

Ability to take all other competencies and put them together to meld theory and practice

Adaptive competence: Ability to change with evolutions in EMS or in the care of one patient based on changing clinical presentations

Challenge for us all due to constant pace of change~

Failure to adapt can have some serious consequences!

Teamwork and diplomacy

EMS is a team sport!

Must work well with others to achieve common goals

Team leader role crucial part of internship

Puts team success above own interest

Respect for all team members

Use the following scale and enter the letters I, R, P or NR in the corresponding box.

Must map curriculum to outcomes

I = Introduce (The outcome is **occasionally** touched on and **minim**
R = Reinforce (The outcome is **substantially** addressed in course
P = Practice (There are multiple opportunities for **practicing** and **applying** the knowledge and skills framed by this outcome)
NR = not relevant

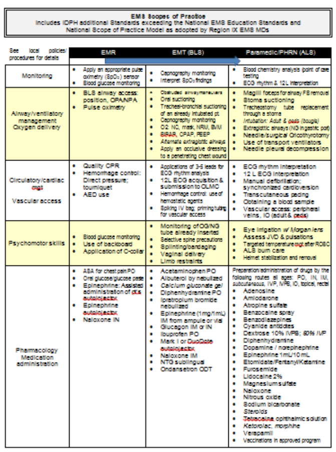
Upon completion of the program, a PM graduate will consistently demonstrate entry-level competency for each of the following without critical error:

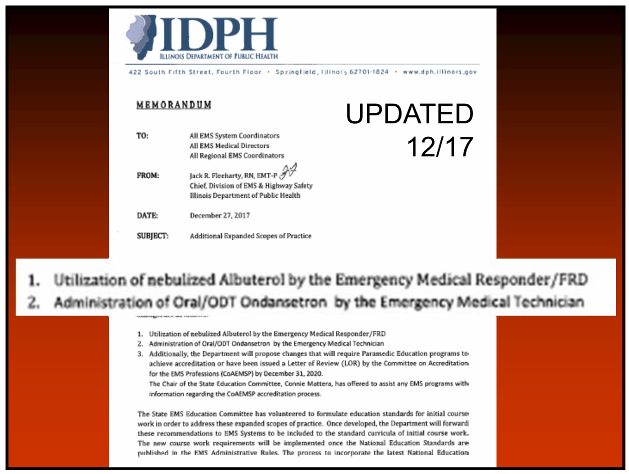
PROGRAM OUTCOMES: *Students will be able to...*	EMS 210	EMS 211	EMS 217	EMS 212	EMS 213	EMS 218	EMS 215	EMS 216
Assess scene safety and demonstrate effective situational awareness.	I	R	R	R	R	R	P	NR
Appropriately gain patient access using a variety of tools and techniques.	NR	NR	NR	NR	NR	NR	P	NR
Perform assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate pt care priorities and coordinate their efforts with those of other agencies and practitioners.	I	R	P	R	R	P	P	P
Communicate effectively orally and in writing with a sense of purpose and audience.	I	R	P	R	R	P	P	P
Establish rapport with patients and significant others to meet emotional as well as physical needs.	I	R	P	R	R	P	P	R
Provide care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.	I	R	R	R	R	R	P	R
Use quantitative and scientific reasoning to solve problems effectively.	I	R	R	R	R	R	P	P
Think critically and apply these skills appropriately and in various situations.	I	R	R	R	R	R	P	P
Be technologically literate and thoroughly and accurately document an electronic patient care report using ImageTrend software per System policy.	I	R	NR	R	R	NR	P	R
Maintain ambulance inventories per the System Drug and Supply list and prepare equipment and supplies before and after each call.	NR	NR	NR	NR	NR	NR	P	NR
Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.	I	R/P	R/P	R/P	R/P	R/P	R/P	R/P

2010 Ill EMS Strategic Plan

- Work with the EMS Advisory Council's Education Subcommittee to review current literature for best practices across the emergency health care spectrum and replicate and evaluate these practices.
- Adopt the National EMS Scope of Practice Models for all levels of EMS to serve as the minimum foundation for educational programs.
- Require each program to measure competency in cognitive, psychomotor, and affective domains utilizing written examinations, site-specific practical examinations, and evaluating the behaviors specified in the National Education Standards.
- Work with the EMS Advisory Council's Education Subcommittee to develop an EMS Educator mentoring and an auditing program for current educators.

EMS Scopes of Practice for Illinois issued by IDPH 5/16 based on EMS MD input





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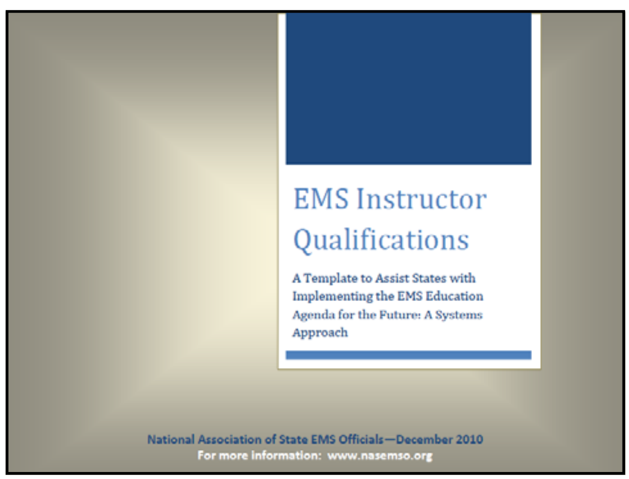
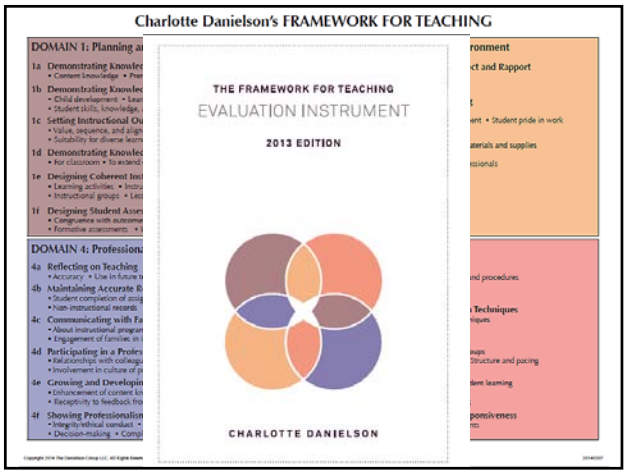
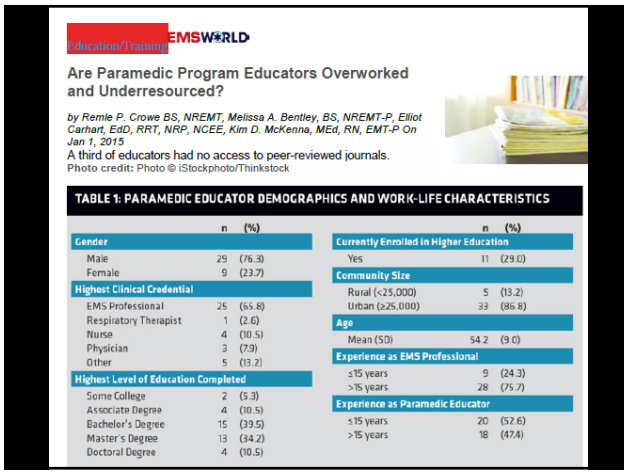
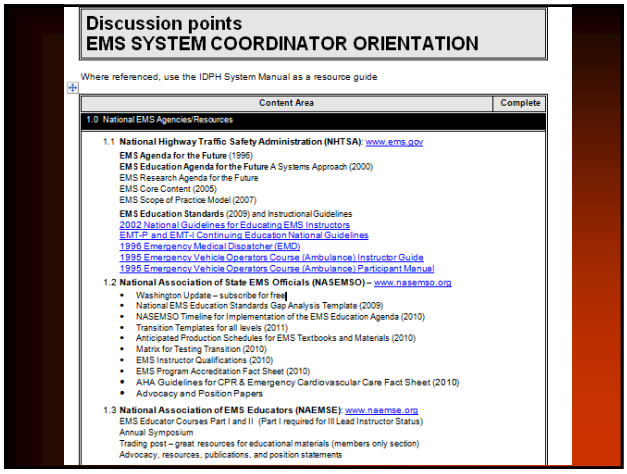


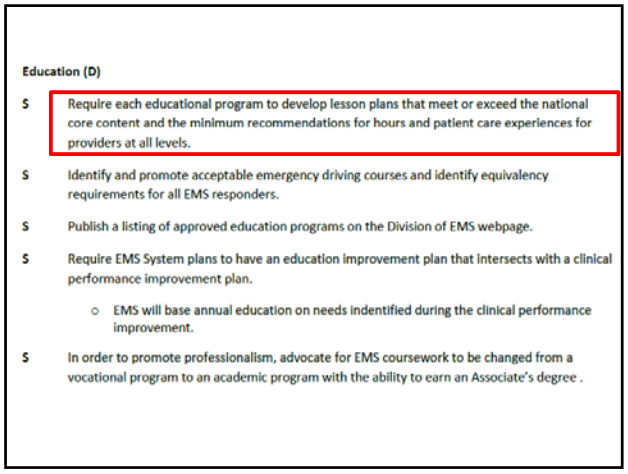


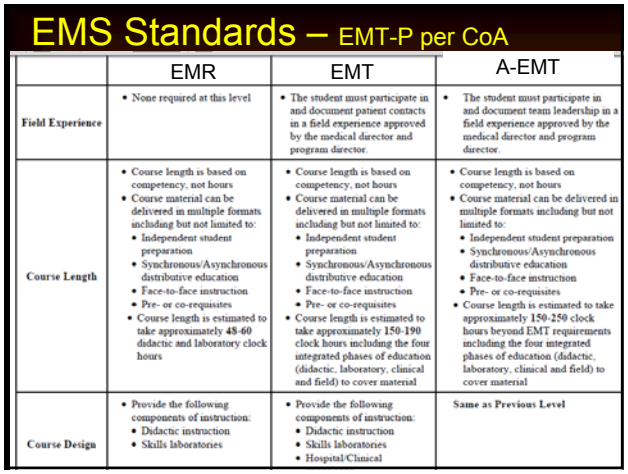


	n	(%)
Gender		
Male	29	(76.3)
Female	9	(23.7)
Highest Clinical Credential		
EMS Professional	25	(65.8)
Respiratory Therapist	1	(2.6)
Nurse	4	(10.5)
Physician	3	(7.9)
Other	5	(13.2)
Highest Level of Education Completed		
Some College	2	(5.3)
Associate Degree	4	(10.5)
Bachelor's Degree	15	(39.5)
Master's Degree	13	(34.2)
Doctoral Degree	4	(10.5)

	n	(%)
Currently Enrolled in Higher Education		
Yes	11	(29.0)
Community Size		
Rural (<25,000)	5	(13.2)
Urban (≥25,000)	33	(86.8)
Age		
Mean (SD)	54.2	(9.0)
Experience as EMS Professional		
≤15 years	9	(24.3)
>15 years	28	(75.7)
Experience as Paramedic Educator		
≤15 years	20	(52.6)
>15 years	18	(47.4)







	EMR	EMT	A-EMT
Field Experience	• None required at this level	• The student must participate in and document patient contacts in a field experience approved by the medical director and program director.	• The student must participate in and document team leadership in a field experience approved by the medical director and program director.
Course Length	• Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately **45-60** didactic and laboratory clock hours	• Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately **150-190** clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material	• Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately **150-250** clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material
Course Design	• Provide the following components of instruction: • Didactic instruction • Skills laboratories	• Provide the following components of instruction: • Didactic instruction • Skills laboratories • Hospital/Clinical	**Same as Previous Level**

Educational programs

EMT: 150-190 hours
Paramedic:
> 1200 hrs
ECRN (~40 hrs)
TNS (~80 hrs)
EMR (48 hrs)

Education (D)

- Require each educational program to develop lesson plans that meet or exceed the national core content and the minimum recommendations for hours and patient care experiences for providers at all levels.
- Identify and promote acceptable emergency driving courses and identify equivalency requirements for all EMS responders.
- Publish a listing of approved education programs on the Division of EMS webpage.
- Require EMS System plans to have an education improvement plan that intersects with a clinical performance improvement plan.
  - EMS will base annual education on needs indentified during the clinical performance improvement.
- In order to promote professionalism, advocate for EMS coursework to be changed from a vocational program to an academic program with the ability to earn an Associate's degree .

Maintain & expand core knowledge & professional skills based on needs assessment
New, novel, tied to standards & QI

Use student-centered activities

NWC EMSS CE Instructor Lesson Plan: April 2018

Topic: ACS, ECG/12 L interpretation, and dysrhythmia mgt	Intended learners: PMs, PHRNs, ECRNS
Class facilitators: In-station educators	Time allotment: 2 hours

Analysis: (Needs assessment)

- Current literature, expert opinion, and national guidelines establish benchmarks for high performing EMS and hospital practice that identify EMS assessments, interventions and reporting plus advocate for rapid activation of cardiac alerts to minimize EMS to perfusion time as pivotal in achieving optimal patient outcomes with the goal of limiting cardiac damage and preserving function and quality of life. This includes identifying a person who is experiencing ACS and accurately interpreting cardiac rhythms and 12 Lead ECGs for evidence of ischemia or infarction. Optimal care also includes rapid deployment to the cath lab with none or minimal time in the ED if there is evidence of STEMI from the EMS 12 L tracing.
- Discussion with system members, review of patient records, and NWC EMSS PBPI data reveal that we have opportunity with respect to recognizing anginal equivalents, obtaining diagnostic quality 12 L tracings without artifact, reliably transmitting those tracings to appropriate persons prior to EMS arrival at the hospital and having the hospitals act on the cardiac alert in a timely manner to consistently meet EMS to perfusion targets; understanding and executing the appropriate use of NTG and dysrhythmia management; accurately interpreting and documenting cardiac rhythms and 12 L ECG findings without relying on the machine interpretation; and repeating 12 L ECGs.

Participant prerequisites: Licensure as an EMS practitioner with ALS privileges or ECRN. Full understanding of NWC EMSS SOPs that address ACS and specific dysrhythmia management; competency in ECG rhythm and 12 L interpretation; and competency in acquiring 12L ECG tracings per System procedure manual.

National EMS Education Standards being addressed:

Epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of (complex depth, comprehensive breadth): Acute coronary syndrome, angina pectoris, myocardial infarction, and cardiac rhythm disturbances.

Clinical behavior and judgment: Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient; formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology; relate assessment findings to underlying pathological and physiological changes in the patient's condition; integrate and synthesize the multiple determinants of health and clinical care.

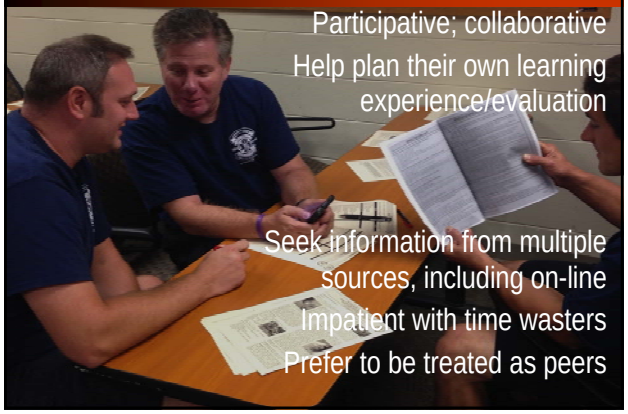
Psychomotor skills: Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state / local Scopes of Practice for their level of licensure: Assessment; ECG interpretation; 12-lead interpretation.

NCCR—National Continued Competency Requirements
Broad Topics—Sub Topics—Time in Hours

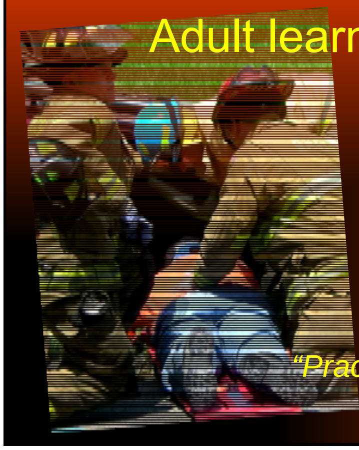
Broad Topics	Sub Topics	EMR Time in hours	EMT Time in hours	AEMT Time in hours	NRP Time in hours
ARV**	Ventilation	0.5	1	2	2
	Capnography	--	--	--	1
	Oxygenation	0.5	0.5	0.5	0.5
	Total ARV Hours	1	1.5	2.5	3.5
Cardiology	Post-Resuscitation	0.5	0.5	0.5	0.5
	VADs	--	0.5	0.5	0.5
	Stroke	0.5	1	1	1.5
	Cardiac Arrest	0.5	2	2	2
	Pediatric Cardiac Arrest	1	2	2	2.5
	CHF	--	--	--	0.5
	ACS	--	--	1	1
	Total Cardiology Hours	2.5	6	7	8.5
Trauma	Trauma Triage	--	0.5	1	1
	CNS Injury	0.5	0.5	1	1
	Hemorrhage Control	--	0.5	0.5	0.5
	Fluid Resuscitation	--	--	0.5	0.5
	Total Trauma Hours	0.5	1.5	3	3
Medical	Special HC Needs	--	1.5	1	2
	OB Emergencies	0.5	0.5	0.5	0.5
	Infectious Disease	0.25	0.5	0.5	0.5
	Medication Delivery	--	--	1	1
	Pain Management	--	0.5	1	1
	Psychiatric	0.25	0.5	1	1
	Toxicological/Opioids	0.5	0.5	0.5	0.5
	Neurological/Seizures	0.5	0.5	0.5	0.5
	Endocrine/Diabetes	0.5	1	1	1
	Immunological	0.5	0.5	0.5	0.5
	Total Medical Hours	3	6	7.5	8.5
Operations	At-Risk Populations	--	0.5	0.5	1
	Ambulance Safety	--	0.5	0.5	0.5
	Field Triage	0.5	0.5	0.5	1
	Hygiene/Vaccinations	0.25	0.5	0.5	0.5
	Culture of Safety	0.25	0.5	0.5	0.5
	Pediatric Transport	--	0.5	0.5	0.5
	Crew Resource Mgmt	--	1	1	1
	Research	--	0.5	0.5	1
	Evidence Based Guidelines	--	0.5	0.5	0.5
	Total Operations Hours	1	5	5	6.5
	TOTAL Hours	8	20	25	30

**ARV=Airway, Respirations, Ventilations

Adult learner characteristics



Participative; collaborative
Help plan their own learning experience/evaluation
Seek information from multiple sources, including on-line
Impatient with time wasters
Prefer to be treated as peers

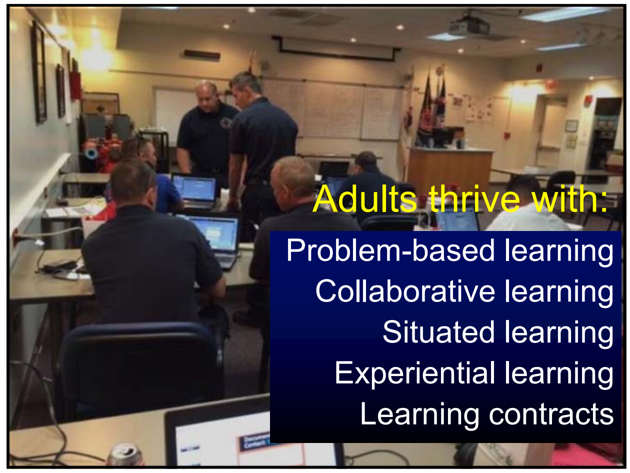


Adult learners

Learning must be embedded in authenticity

Theory must have real world application

"Practice like we play"!



Adults thrive with:

Problem-based learning
Collaborative learning
Situated learning
Experiential learning
Learning contracts

Learning contracts (Knowles)

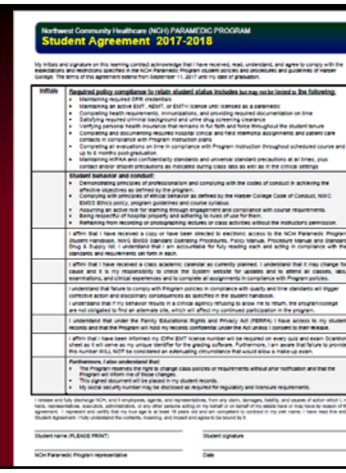
Building blocks to contract learning

- Syllabus communicates goals, objectives and outcome competencies to students & preceptors
- Objectives mapped to methods, materials, and outcome measures
- Students/preceptors sign agreements
- Achievement is evaluated & documented
- Validated by Terminal Competency forms
- Outcomes measured to determine if contracts fulfilled desired results

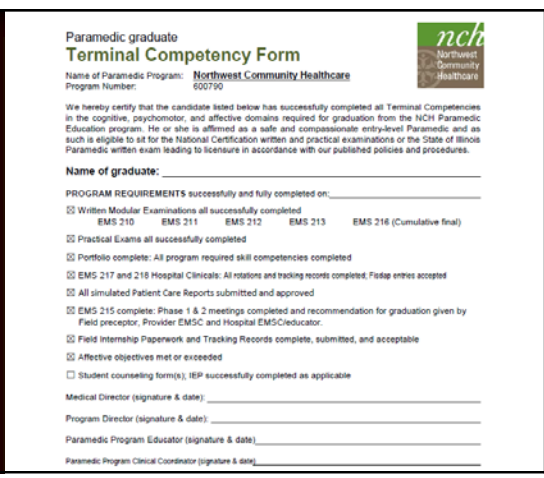
Learning contracts

Purpose

Specifies layers of rights, obligations, deliverables, expectations, consents and agreements



Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM
Student Agreement 2017-2018



Paramedic graduate
Terminal Competency Form

Name of Paramedic Program: Northwest Community Healthcare
Program Number: 600790

We hereby certify that the candidate listed below has successfully completed all Terminal Competencies in the cognitive, psychomotor, and affective domains required for graduation from the NCH Paramedic Education program. He or she is affirmed as a safe and compassionate entry-level Paramedic and as such is eligible to sit for the National Certification written and practical examinations or the State of Illinois Paramedic written exam leading to licensure in accordance with our published policies and procedures.

Name of graduate: ______________________

PROGRAM REQUIREMENTS successfully and fully completed on: ______________

☒ Written Modular Examinations all successfully completed
EMS 210 EMS 211 EMS 212 EMS 213 EMS 216 (Cumulative final)

☒ Practical Exams all successfully completed

☒ Portfolio complete: All program required skill competencies completed

☒ EMS 217 and 218 Hospital Clinicals: All rotations and tracking records completed; Fisdap entries accepted

☒ All simulated Patient Care Reports submitted and approved

☒ EMS 215 complete: Phase 1 & 2 meetings completed and recommendation for graduation given by Field preceptor, Provider EMSC and Hospital EMSC/educator.

☒ Field Internship Paperwork and Tracking Records complete, submitted, and acceptable

☒ Affective objectives met or exceeded

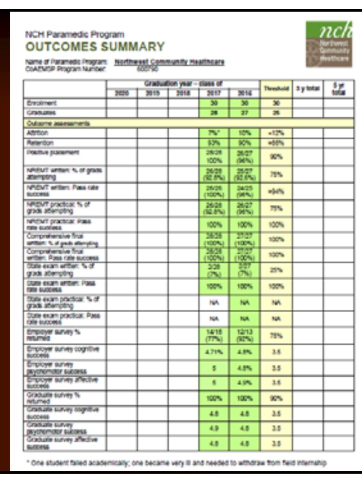
☐ Student counseling form(s); IEP successfully completed as applicable

Medical Director (signature & date): ______________

Program Director (signature & date): ______________

Paramedic Program Educator (signature & date) ______________

Paramedic Program Clinical Coordinator (signature & date) ______________



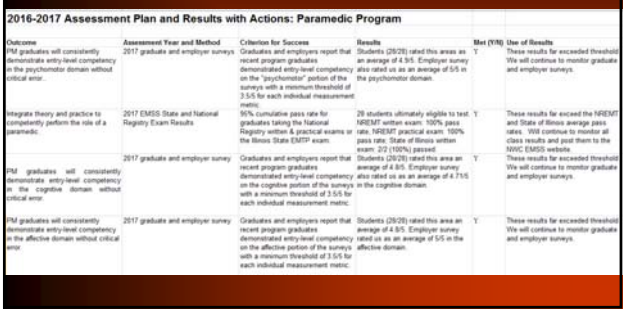
NCH Paramedic Program
OUTCOMES SUMMARY

Name of Paramedic Program: Northwest Community Healthcare
CoAEMSP Program Number: 600790

	Graduation year – class of 2020	2019	2018	2017	2016	Threshold	3 y total	5 yr total
Enrollment				30	30	30		
Graduates				28	27	25		
Outcome assessments								
Attrition				7%*	10%	[illegible]		
Retention				93%	90%	[illegible]		
Positive placement				28/28 100%	26/27 (96%)	90%		
NREMT written: % of grads attempting				26/28 (92.8%)	25/27 (92.6%)	75%		
NREMT written: Pass rate success				26/26 (100%)	24/25 (96%)	[illegible]		
NREMT practical: % of grads attempting				26/28 (92.8%)	26/27 (96%)	75%		
NREMT practical: Pass rate success				100%	100%	100%		
Comprehensive final written: % of grads attempting				28/28 (100%)	27/27 (100%)	100%		
Comprehensive final written: Pass rate success				28/28 (100%)	27/27 (100%)	100%		
State exam written: % of grads attempting				2/28 (7%)	2/27 (7%)	25%		
State exam written: Pass rate success				100%	100%	100%		
State exam practical: % of grads attempting				NA	NA	NA		
State exam practical: Pass rate success				NA	NA	NA		
Employer survey % returned				14/18 (77%)	12/13 (92%)	75%		
Employer survey cognitive success				4.71%	4.8%	3.5		
Employer survey psychomotor success				5	4.8%	3.5		
Employer survey affective success				5	4.9%	3.5		
Graduate survey % returned				100%	100%	90%		
Graduate survey cognitive success				4.8	4.8	3.5		
Graduate survey psychomotor success				4.9	4.8	3.5		
Graduate survey affective success				4.8	4.8	3.5		

* One student failed academically; one became very ill and needed to withdraw from field internship

Once outcome data collected, create and post action plans for each domain of learning



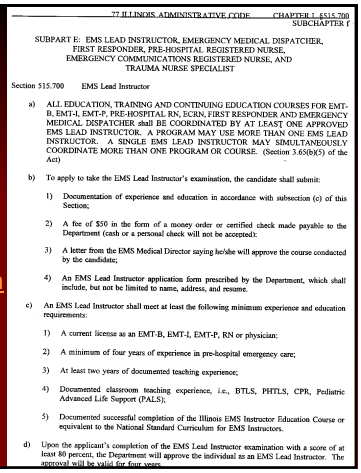
2016-2017 Assessment Plan and Results with Actions: Paramedic Program

Outcome	Assessment Year and Method	Criterion for Success	Results	Met (Y/N)	Use of Results
PM graduates will consistently demonstrate entry-level competency in the psychomotor domain without critical error.	2017 graduate and employer surveys	Graduates and employers report that recent program graduates demonstrated entry-level competency on the "psychomotor" portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (26/28) rated this areas as an average of 4.9/5. Employer survey also rated us as an average of 5/5 in the psychomotor domain.	Y	These results far exceeded threshold. We will continue to monitor graduate and employer surveys.
Integrate theory and practice to competently perform the role of a paramedic	2017 EMSS State and National Registry Exam Results	95% cumulative pass rate for graduates taking the National Registry written & practical exams or the Illinois State EMTP exam.	29 students ultimately eligible to test. NREMT written exam: 100% pass rate. NREMT practical exam: 100% pass rate. State of Illinois written exam: 2/2 (100%) passed.	Y	These results far exceed the NREMT and State of Illinois average pass rates. Will continue to monitor all class results and post them to the NWC EMSS website.
PM graduates will consistently demonstrate entry-level competency in the cognitive domain without critical error.	2017 graduate and employer survey	Graduates and employers report that recent program graduates demonstrated entry-level competency on the cognitive portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (26/28) rated this area an average of 4.8/5. Employer survey also rated us as an average of 4.7/5 in the cognitive domain.	Y	These results far exceeded threshold. We will continue to monitor graduate and employer surveys.
PM graduates will consistently demonstrate entry-level competency in the affective domain without critical error.	2017 graduate and employer survey	Graduates and employers report that recent program graduates demonstrated entry-level competency on the affective portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (26/28) rated this area an average of 4.8/5. Employer survey rated us as an average of 5/5 in the affective domain.	Y	These results far exceeded threshold. We will continue to monitor graduate and employer surveys.

Program Directors & Lead Instructors

Lead instructor provisions in EMS Rules and Regulations section 515.700

http://www.ilga.gov/commission/jcar/admincode/077/07700515sections.html



77 ILLINOIS ADMINISTRATIVE CODE CHAPTER I: EMS 515.700
SUBCHAPTER f

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section 515.700 EMS Lead Instructor

a) ALL EDUCATION, TRAINING AND CONTINUING EDUCATION COURSES FOR EMT-B, EMT-I, EMT-P, PRE-HOSPITAL RN, ECRN, FIRST RESPONDER AND EMERGENCY MEDICAL DISPATCHER shall BE COORDINATED BY AT LEAST ONE APPROVED EMS LEAD INSTRUCTOR. A PROGRAM MAY USE MORE THAN ONE EMS LEAD INSTRUCTOR. A SINGLE EMS LEAD INSTRUCTOR MAY SIMULTANEOUSLY COORDINATE MORE THAN ONE PROGRAM OR COURSE. (Section 3.65(b)(5) of the Act)

b) To apply to take the EMS Lead Instructor's examination, the candidate shall submit:

1) Documentation of experience and education in accordance with subsection (c) of this Section;

2) A fee of $50 in the form of a money order or certified check made payable to the Department (cash or a personal check will not be accepted);

3) A letter from the EMS Medical Director saying he/she will approve the course conducted by the candidate;

4) An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to name, address, and resume.

c) An EMS Lead Instructor shall meet at least the following minimum experience and education requirements:

1) A current license as an EMT-B, EMT-I, EMT-P, RN or physician;

2) A minimum of four years of experience in pre-hospital emergency care;

3) At least two years of documented teaching experience;

4) Documented classroom teaching experience, i.e., BTLS, PHTLS, CPR, Pediatric Advanced Life Support (PALS);

5) Documented successful completion of the Illinois EMS Instructor Education Course or equivalent to the National Standard Curriculum for EMS Instructors.

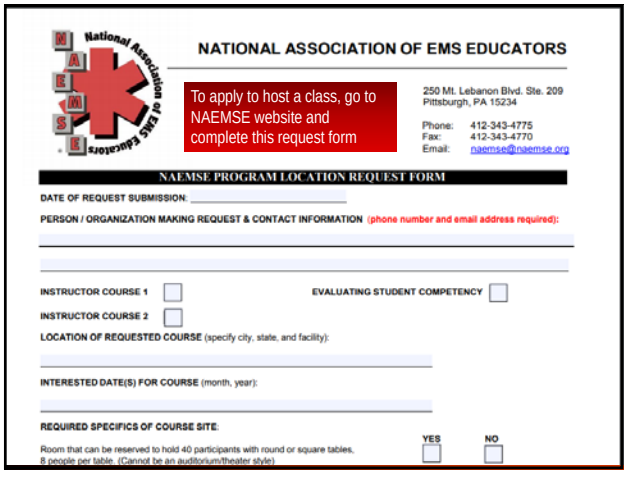
d) Upon the applicant's completion of the EMS Lead Instructor examination with a score of at least 80 percent, the Department will approve the individual as an EMS Lead Instructor. The approval will be valid for four years.

LI Course & testing

NAEMSE Instructor I (IC1) course accepted by IDPH as state course required in EMS Rules

NAEMSE IC1 exam qualifies for Illinois LI exam

Minimum score 80% required for IL



NATIONAL ASSOCIATION OF EMS EDUCATORS

To apply to host a class, go to NAEMSE website and complete this request form

250 Mt. Lebanon Blvd. Ste. 209
Pittsburgh, PA 15234

Phone: 412-343-4775
Fax: 412-343-4770
Email: naemse@naemse.org

NAEMSE PROGRAM LOCATION REQUEST FORM

DATE OF REQUEST SUBMISSION: _____

PERSON / ORGANIZATION MAKING REQUEST & CONTACT INFORMATION (phone number and email address required):

INSTRUCTOR COURSE 1 ☐ EVALUATING STUDENT COMPETENCY ☐

INSTRUCTOR COURSE 2 ☐

LOCATION OF REQUESTED COURSE (specify city, state, and facility):

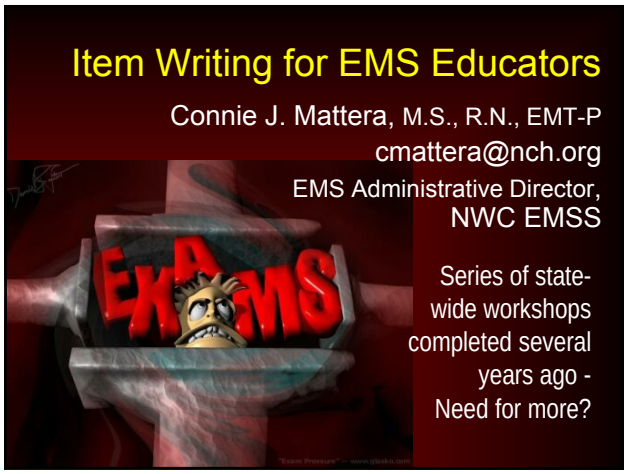
INTERESTED DATE(S) FOR COURSE (month, year):

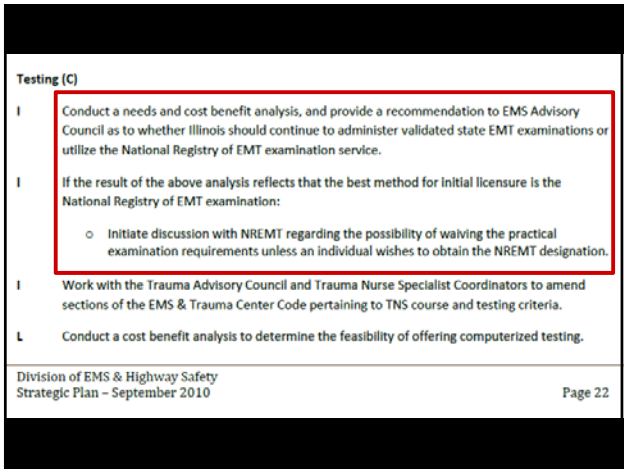
REQUIRED SPECIFICS OF COURSE SITE:

Room that can be reserved to hold 40 participants with round or square tables, 8 people per table. (Cannot be an auditorium/theater style) YES ☐ NO ☐

2010 Ill EMS Strategic Plan

- Work with the EMS Advisory Council's Education Subcommittee to review current literature for best practices across the emergency health care spectrum and replicate and evaluate these practices.
- Adopt the National EMS Scope of Practice Models for all levels of EMS to serve as the minimum foundation for educational programs.
- Require each program to measure competency in cognitive, psychomotor, and affective domains utilizing written examinations, site-specific practical examinations, and evaluating the behaviors specified in the National Education Standards.
- Work with the EMS Advisory Council's Education Subcommittee to develop an EMS Educator mentoring and an auditing program for current educators.

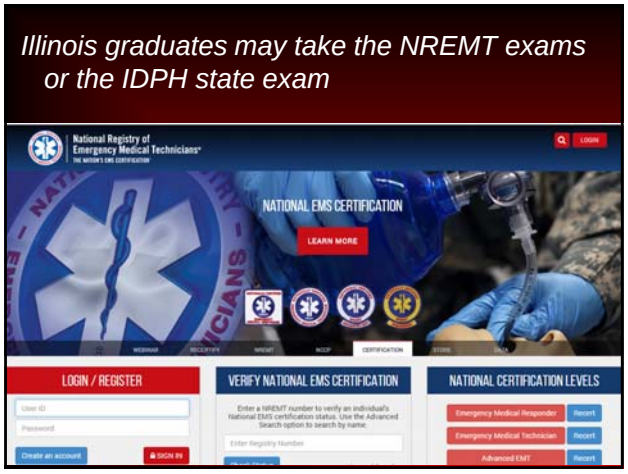


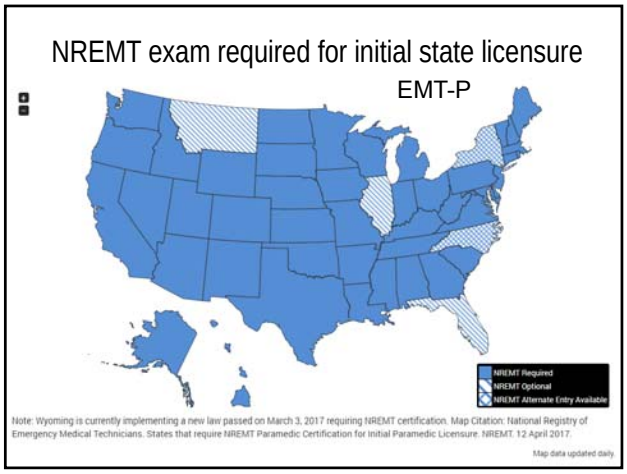


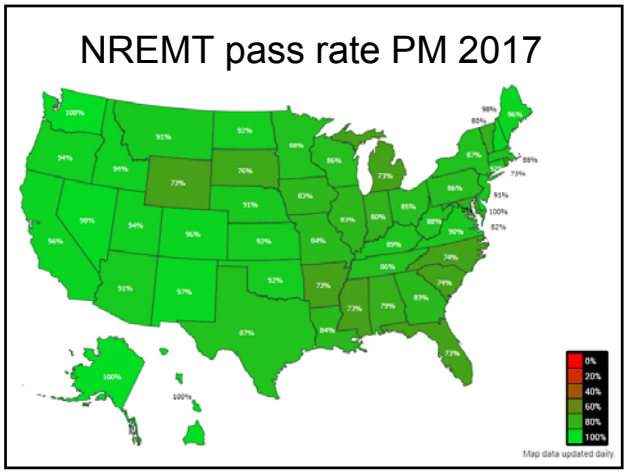
Testing (C)

- Conduct a needs and cost benefit analysis, and provide a recommendation to EMS Advisory Council as to whether Illinois should continue to administer validated state EMT examinations or utilize the National Registry of EMT examination service.
- If the result of the above analysis reflects that the best method for initial licensure is the National Registry of EMT examination:
  - Initiate discussion with NREMT regarding the possibility of waiving the practical examination requirements unless an individual wishes to obtain the NREMT designation.
- Work with the Trauma Advisory Council and Trauma Nurse Specialist Coordinators to amend sections of the EMS & Trauma Center Code pertaining to TNS course and testing criteria.
- Conduct a cost benefit analysis to determine the feasibility of offering computerized testing.

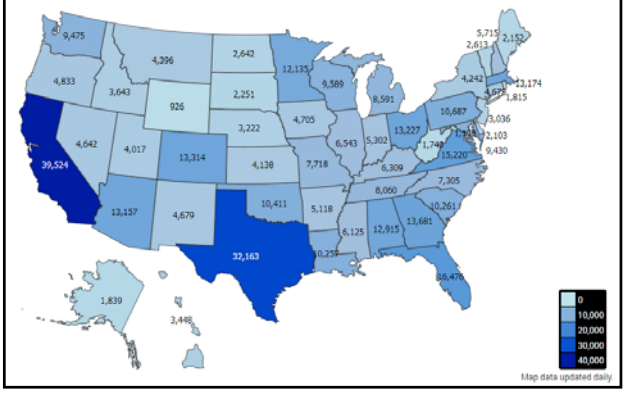
Division of EMS & Highway Safety
Strategic Plan – September 2010 Page 22







NREMT personnel by state



NREMT EXAMINATIONS UPDATE

Amanda Broussard, B.Ed, NRP
Director of Examinations and Operations

Drew Dawson will be here June 7th – EMS Forum

2010 Ill EMS Strategic Plan

Education (D)

- Require each educational program to develop lesson plans that meet or exceed the national core content and the minimum recommendations for hours and patient care experiences for providers at all levels.
- Identify and promote acceptable emergency driving courses and identify equivalency requirements for all EMS responders.
- Publish a listing of approved education programs on the Division of EMS webpage.
- Require EMS System plans to have an education improvement plan that intersects with a clinical performance improvement plan.
  - EMS will base annual education on needs indentified during the clinical performance improvement.
- In order to promote professionalism, advocate for EMS coursework to be changed from a vocational program to an academic program with the ability to earn an Associate's degree .

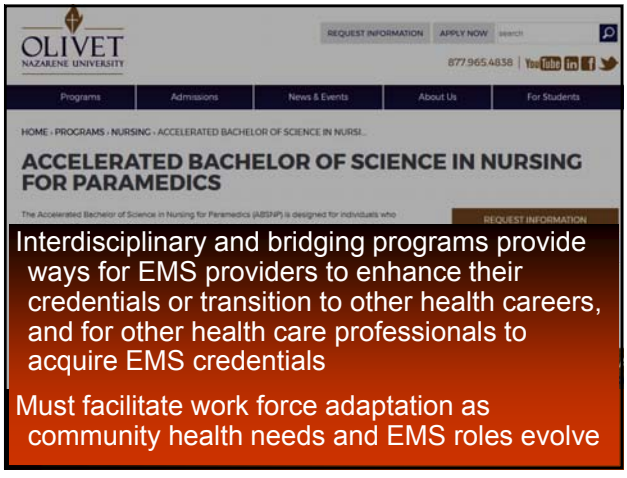
In addition to EMS 110 and PM certificate coursework:

Required general education and support courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:

A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

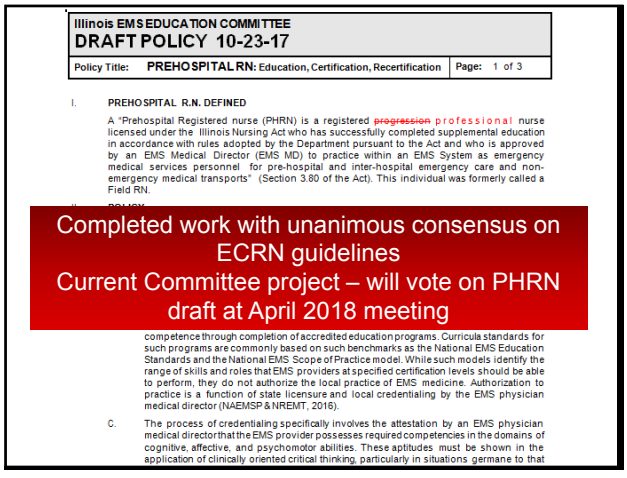
BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives1		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101+	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3
Total credit hours for AAS degree		70

1Electives: BIO 130, CHM 100, HSC 104, or HSC 213
+ This course meets World Cultures and Diversity graduation requirement.



Interdisciplinary and bridging programs provide ways for EMS providers to enhance their credentials or transition to other health careers, and for other health care professionals to acquire EMS credentials

Must facilitate work force adaptation as community health needs and EMS roles evolve



Illinois EMS EDUCATION COMMITTEE
DRAFT POLICY 10-23-17

Policy Title: PREHOSPITAL RN: Education, Certification, Recertification | Page: 1 of 3

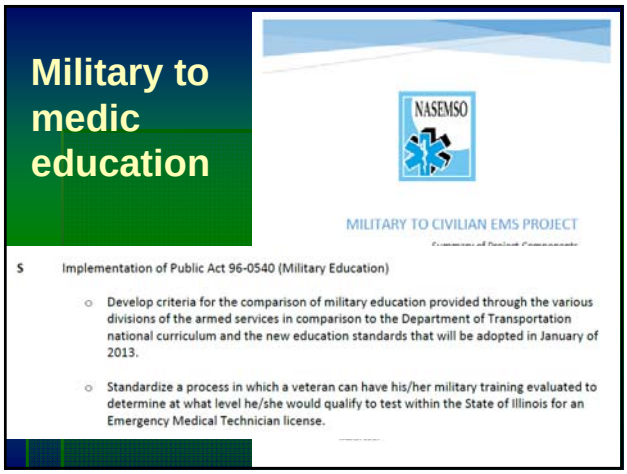
I. PREHOSPITAL R.N. DEFINED

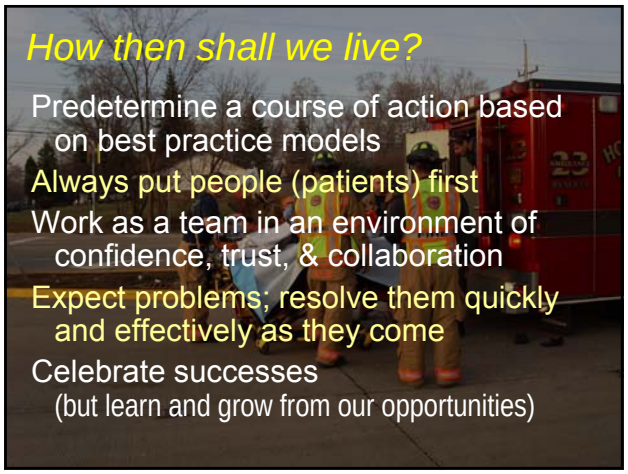
A "Prehospital Registered nurse (PHRN) is a registered ~~progressive~~ professional nurse licensed under the Illinois Nursing Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to the Act and who is approved by an EMS Medical Director (EMS MD) to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports" (Section 3.80 of the Act). This individual was formerly called a Field RN.

Completed work with unanimous consensus on ECRN guidelines
Current Committee project – will vote on PHRN draft at April 2018 meeting

competence through completion of accredited education programs. Curricula standards for such programs are commonly based on such benchmarks as the National EMS Education Standards and the National EMS Scope of Practice model. While such models identify the range of skills and roles that EMS providers at specified certification levels should be able to perform, they do not authorize the local practice of EMS medicine. Authorization to practice is a function of state licensure and local credentialing by the EMS physician medical director (NAEMSP & NREMT, 2016).

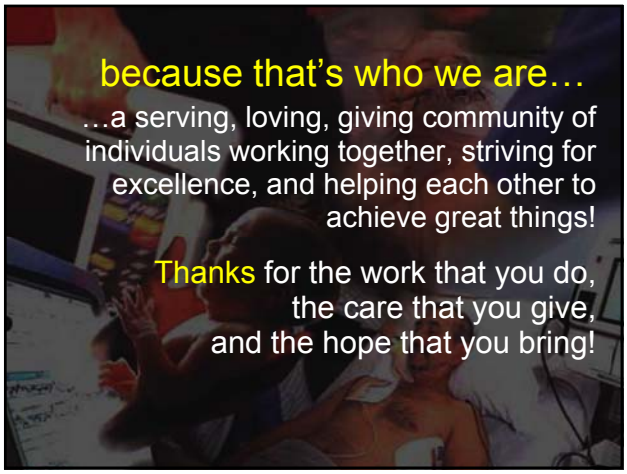
C. The process of credentialing specifically involves the attestation by an EMS physician medical director that the EMS provider possesses required competencies in the domains of cognitive, affective, and psychomotor abilities. These aptitudes must be shown in the application of clinically oriented critical thinking, particularly in situations germane to that


Military to medic education
NASEMSO
MILITARY TO CIVILIAN EMS PROJECT
Implementation of Public Act 96-0540 (Military Education)
Develop criteria for the comparison of military education provided through the various divisions of the armed services in comparison to the Department of Transportation national curriculum and the new education standards that will be adopted in January of 2013.
Standardize a process in which a veteran can have his/her military training evaluated to determine at what level he/she would qualify to test within the State of Illinois for an Emergency Medical Technician license.


How then shall we live?
Predetermine a course of action based on best practice models
Always put people (patients) first
Work as a team in an environment of confidence, trust, & collaboration
Expect problems; resolve them quickly and effectively as they come
Celebrate successes
(but learn and grow from our opportunities)


Live to bring a glimmer of heaven to earth in your selfless acts of service.


Service is love made visible.
Friendship is love made personal.
Kindness is love made tangible.
Giving is love made believable.


because that's who we are…
…a serving, loving, giving community of individuals working together, striving for excellence, and helping each other to achieve great things!
Thanks for the work that you do, the care that you give, and the hope that you bring!


cmattera@nch.org
www.nwcemss.org
Questions?
Comments?
Concerns?
Suggestions?
Send me a note (e-mail)