State of Illinois

EMS Education Committee

January 2012

Illinois will be adopting the new National EMS Education Standards by January 1, 2013 and also the new National EMS Scopes of Practice model. Please see the attached letter from Jack Fleeharty (IDPH EMS Chief) that was forwarded last summer as a point of reference.

Current Levels of Licensure	New Levels
First Responder	Emergency Medical Responder (EMR)
EMT-Basic (EMT-B)	Emergency Medical Technician (EMT)
Does not currently exist	Advanced EMT (AEMT)
EMT-Paramedic (EMT-P)	Paramedic

The final determination as to what actions will be taken regarding EMT-Is has not yet been made. Existing EMT-Is will be recognized until December 31, 2017.

We are using roughly the same timeline set forth by the National Registry of EMTs for entry level programs, so our graduates are appropriately prepared to take either the State or National Registry exams. I am also attaching the National Registry correspondence on their transition requirements for those of you who have Nationally Registered EMTs or paramedics.

The National Education Standards gap analysis (attached), sets forth the following changes for **Entry Level Classes**

Licensure level	# class hours		Caveats about course length
	Old DOT	New	
EMR	40	48-60	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 Suggestions for EMTs and PMs are estimates based on the four integrated phases of education (didactic, lab, clinical, & field experience).
EMT	110	150-190	
Paramedic	950	1000-1300	

Hospital Clinical Experience	
EMR	None required
EMT	ED observations for a period of time sufficient to gain an appreciation for the continuum of care. **Pt care contacts required: 10 patient assessments.** These contacts can be obtained in an ED, ambulance, clinic, nursing home, doctor's office, etc. or on standardized simulated patients if clinical settings are not available.
Paramedic	Students must have access to adequate numbers of pts, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of EMS professional for which training is being offered. Hospital clinical experiences must include OR, recovery room, ICU, CCU, OB, peds, and ED and include an adequate number of peds, OB, psych, and geriatric patients. The program must set and require minimum numbers of pt contacts for each listed category. Those minimum numbers must be reviewed an approved by the EMS MD and the Advisory Committee with documented endorsement of those numbers. The tracking documentation must the show those minimums and that EACH student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. While the specific units may provide the types of patients to meet the objectives, there are likely creative activities that can provide the necessary type of patient encounters. The location of the experiences is at the discretion of the program. Live patient encounters must occur; however,

appropriate simulations can be integrated into the educational process to provide practice opportunities for low volume procedures and ensure competency prior to exposure to a patient.

Over 75% of all accredited paramedic programs use Fisdap (www.fisdap.net) for their patient care contact logging. Their suggested numbers of patient care contacts are listed below:

Assessments	**Number**
Adult (18-64 yrs)	25
Geriatric (65 or older)	30
Peds (0-17 yrs)	30
Trauma patients (5 multi-system)	40
Cardiac-related complaints	15
Respiratory-related complaints (adult)	10
Respiratory-related complaints (peds)	8
GI related complaints	20
Altered mental status/syncope	20
Behavioral (intoxicated/OD/Psych)	20
OB (observe at least 1 vaginal delivery)	10

Skills

Medication administration	15
Ventilate non-intubated pt/O_2 delivery	20
Intubations (live or recently deceased)	5
Venous access (successful)	25

Leadership

Team leader calls	15 (5 ALS)

Field Internship Experience	
EMR	None required
EMT	"Students must participate in and document patient contacts in a field experience approved by the medical director and program director." It does not define what the field experience must be nor how long the experience must last.
Paramedic	The field internship site must allow students to assess and manage patients in the prehospital environment where he/she will progress to the role of Team Leader. The number of team leads is established by the program and accomplished by EACH student. The number of team leads is established and analyzed by the program through the evaluation system. The program must show that the timing and sequencing of the team leads occur as a capstone experience and in relation to the didactic and clinical phases so as to provide an appropriate experience to demonstrate competence.

So that leaves us with the question – *how to update all our current EMTs and paramedics?*

While the National Registry is requiring state-approved transition courses, the National Association of State EMS Officials (NASEMSO) elected to allow each state to determine if specific courses or CE hours would be necessary. IDPH has indicated that each EMS System is most knowledgeable about the needs of their personnel and can determine the length and content of their transition process.

What must be taught?

Suggested topics and time frames have been compiled by NASEMSO (see attached). Times for the EMT transition ranges from 10.25 hours for essential content to an additional 3.25 hours if you include the supplemental material. The NWC EMSS has elected to create seven**,** 2 hour CE modules that will cover the essential and supplemental recommendations set forth by NASEMSO and allow qualified educators to teach the content within their EMS agencies. We will also conduct two classes a month at the Resource hospital for those who elect not to teach the modules internally. I am attaching our schedule and topic distribution just as an FYI if anyone would like to see an example of a possible model. The recommended hours are only a small percentage of the CE hours an EMT would need to accomplish for relicensure. Hopefully, each System can use creative processes to incorporate updates into their CE offerings so all are transitioned to the new content in a reasonable time period so we stay within the national models.

Also attached are the transition templates from NASEMSO for the EMT-I to AEMT and EMT-I to paramedic for your use just in case you have not seen these.

As a group of EMS Coordinators/educators, we have agreed to include affirmation that a paramedic has been updated to the new standards in Letters of Good Standing/verification. We can discuss how this could look during Monday's meeting.

After looking at what is really required to transition existing personnel, it is not nearly as daunting as originally expected. Hopefully, this will ease a lot of anxiety for those who need to lead the transition as well as those who need to get the education. I'm looking forward to Monday's conversation about how we can share resources to help make this happen for everyone as seamlessly as possible.

EMT CE Transition Class Topics for the NWC EMSS	NASEMSO Essential Time (min)	NASEMSO Supplemental time (min)	NWC EMSS Total Time (min)
Module 1			**120**
EMS Systems	15		
Research	5		
Public Health		5	
Workforce safety and wellness		10	
Scene size-up	5		
Primary assessment	20		
History taking	30		
Secondary assessment	15		
Monitoring devices	15		
Reassessment	5		
Module 2			**120**
Respiratory pathophysiology		30	
Airway management	30		
Respiration	30		
Artificial ventilation	15		
Respiratory failure and shock	15		
Module 3			**120**
Medical Overview		5	
Neurology	15		
Abdominal and Gastrointestinal disorders	30		
Immunology		10	
Infectious diseases	10		
Endocrine disorders	10		
Psychiatric	15		
Toxicology		5	
Hematology	5		
Genitourinary / Renal		15	
Module 4			**120**
Cardiovascular pathophysiology		15	
Cardiovascular A & P, and emergencies	60		
Respiratory A&P, assessment, and conditions	45		
Module 5			**120**
Trauma overview	30	15	
Chest trauma	30		
Abdominal and Genitourinary Trauma	15		
Head, Facial, Neck and Spine Trauma	10		
Air medical		10	
Multiple Casualty Incidents	10		
Module 6			**120**
Nervous System Trauma	45		
Special Considerations in Trauma	45		
Principles of safely operating a ground ambulance	10		
Mass Casualty Incidents due to terrorism and disaster	20		
Module 7			**120**
Obstetrics	10		
Geriatrics		30	
Medication administration		5	
Emergency medications		10	
Medical Legal / Ethics	30		
Patients with Special Challenges		20	
Therapeutic communications	15		