

Education Coordinator Update

Williamsburg, Virginia | October 4, 2024



Office of Emergency Medical Services

Division of Accreditation, Certification & Education

Housekeeping Rules

Silence/mute electronic devices.

Withhold the urge to visit Facebook, Instagram, Amazon.

Use tobacco products, smoking, vaping, etc. is only permitted in designated locations.

Breaks will be taken, but if nature calls, please feel free to step out.

If there's a fire walk calmly to the nearest exits, which you will see all around the room.

Consultants

Fitch & Associates completed their report on the Office of EMS and the report is now available on Virginia Town Hall.

https://townhall.virginia.gov



VDH Audit

VDH Internal Audit completed their report on the Office of EMS and the report is now available on Virginia Town Hall.

https://townhall.virginia.gov



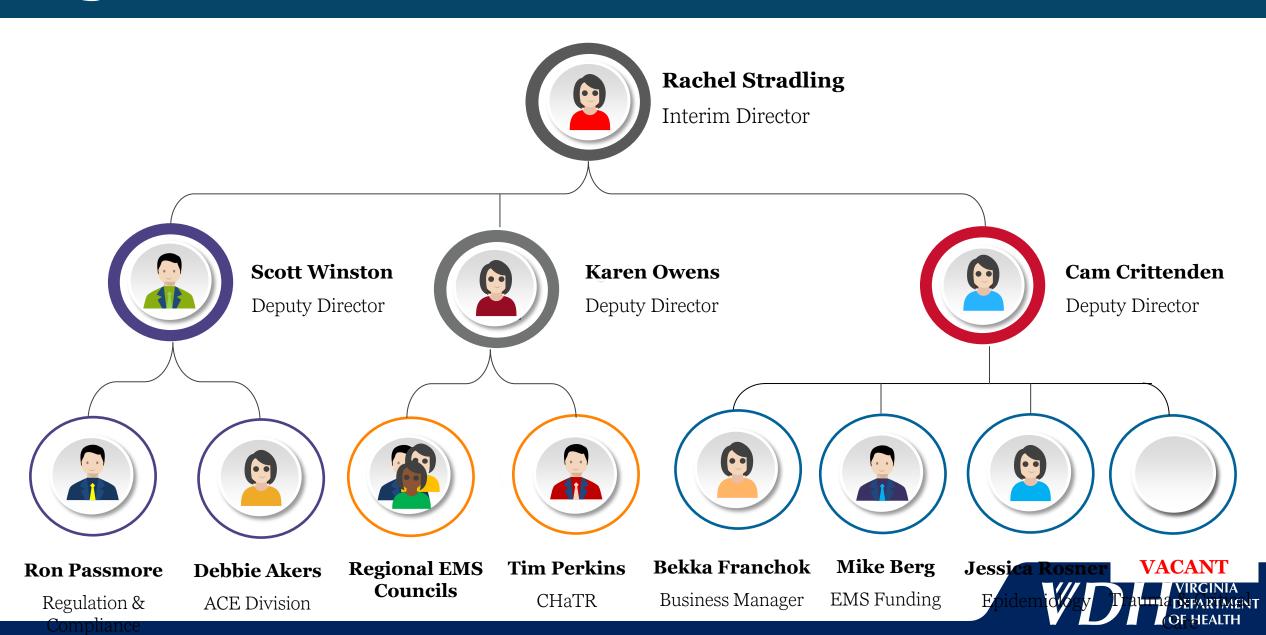
JLARC Study

The study team will evaluate how effectively the agency organizes and manages its programs; evaluate the adequacy of the agency's staffing; assess the adequacy of its financial management practices, including its management of the many federal grants it relies on; and evaluate the adequacy of the agency's information technology systems.

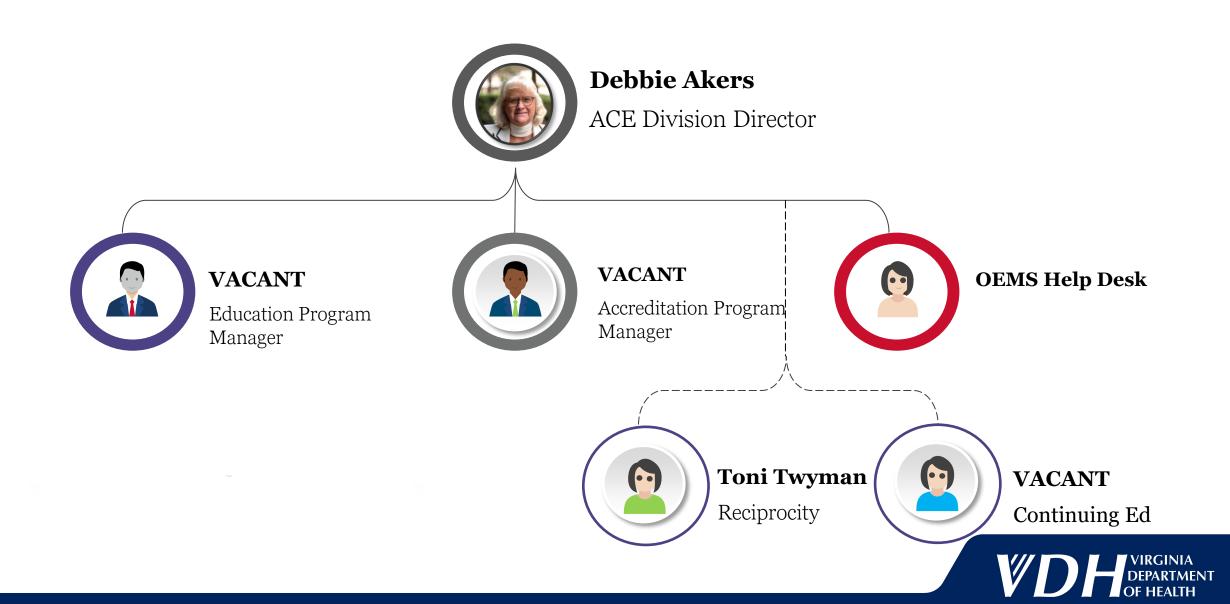
Report Due: November 2024



Organizational Chart



ACE Division Org Chart



EMS Portal HelpDesk

Changes @ the HelpDesk

- □ There are now 3 (make that 2 as of October 9th) people answering HelpDesk tickets and calls.
- ☐ Even faster response times
- □ HelpDesk tickets and calls are NOT answered on weekends and designated holidays.



Please Send Your Providers to the Help Desk



Phone: 804-888-9102



OEMS-AppSupport@vdh.virginia.gov

Contact Us

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Emergency Operations Division Update





Mass Casualty Incident Management I & II

Virginia Office of Emergency Medical Services

Division of Emergency Operations



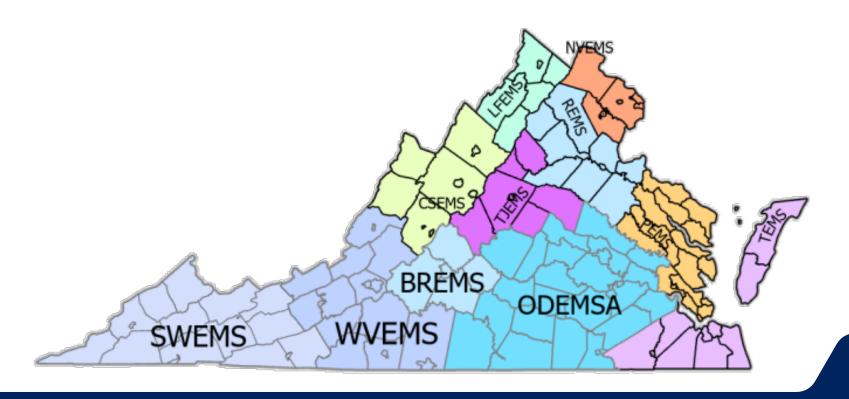
MCIM Training Program Manager

Sam Burnette

- samuel.burnette@vdh.virginia.gov
- eopstraining@vdh.virginia.gov



Please refer to your Regional EMS Council MCI Plan for any specific information related to mass casualty incident events





Two MCIM Courses Offered in Virginia

MCIM Module I - Awareness

- ☐ Locating/Accounting for Patients
- ☐ Conducting Patient
 Triage
- ☐ Completing Agency
 Triage Tag

MCIM Module II - Operations

- ☐ Treatment/Transport☐ Decisions
- Managing Resources
 - Providers/Personnel
 - Equipment
 - Units



MCIM I Course Objectives

Define Mass Casualty Incident (MCI)

Define the three goals of mass casualty incident management

Define the three objectives of mass casualty incident management

Describe initial response actions at a mass casualty incident

Understand the START and SALT methods of pre-hospital patient triage

Understand the components and purpose of a Commonwealth of Virginia approved pre-hospital triage tag.



MCIM I Skill Objectives

Demonstrate the ability to correctly triage simulated patients using the START triage method.

Demonstrate the ability to correctly triage simulated patients using the SALT triage method.

Demonstrate the ability to correctly complete a Virginia approved prehospital triage tag.



MCIM II Course Objectives

Identify key roles in the Medical Branch / Group at an MCI event

Describe the duties and responsibilities of Triage, Treatment, and Transport Units

Describe the duties and responsibilities of the various positions within the Triage, Treatment, and Transport Units

MCIM II Skill Objectives

Complete mass casualty incident management forms

Manage triage, treatment, and transport of simulated patients from the scene of an MCI to definitive care



EC Requirements for Initial EMT Courses

- ■Deliver MCIM I Awareness Level
- □ Contact Sam to get access to MCIM I materials on Moodle





MCIM I Class Requirements

You will need:

- Minimum of (5) students
- Maximum of (30) students
- Copy of your agency's triage tags for each student
- Simulated patient cards or patients
- Triage tape





Cheyenne Dalton

as evidence of satisfactory completion of the

MASS CASUALTY INCIDENT MANAGEMENT MODULE I & MODULE II

program requirements as prescribed by the Virginia Department of Health - Office of Emergency Medical Services.

In testimony where of this certificate is awarded this 23rd day of August 2022

<u> Goog 2 Brown</u>

Gary Brown, Director Office of Emergency Medical Services



Course Number: 220823-590-43M

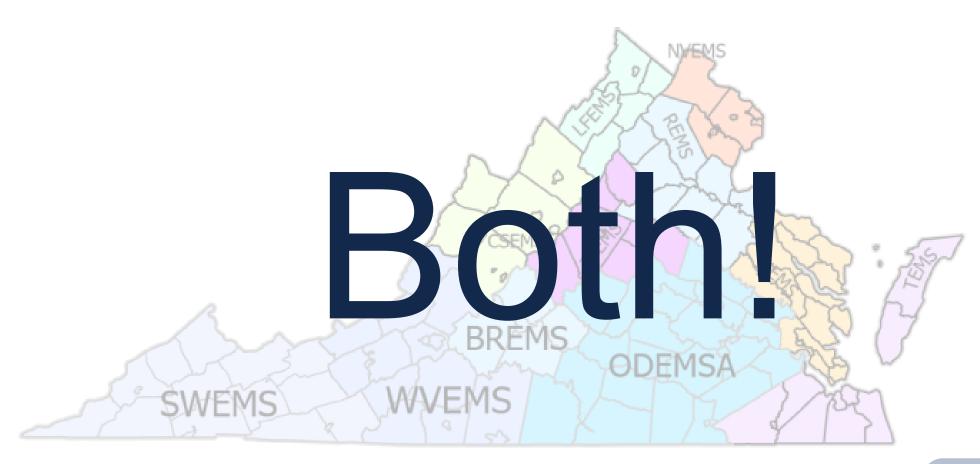


Sam Burnette, Emergency Services Coordinator Division of Emergency Operations





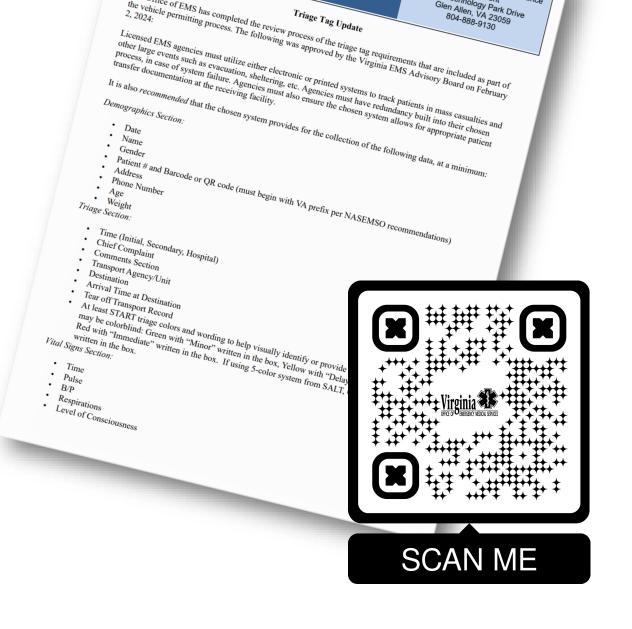
Which System Do I Use: START of SALT





Triage Tags---whew!!

There is no longer a requirement for agencies to purchase a specific, Office of EMS-approved tag to meet permitting requirements. If an agency chooses to utilize printed triage tags, they may purchase any commercially available tag that meets their needs or may purchase tags of their own design.





Summary

- EC can teach MCIM I, but cannot teach MCIM II unless they complete an MCIM TTT
- If you want your students to receive certificates of attendance, you must submit student registration forms and roster to MCIM Program Manager.
- Be familiar with and provide instruction on both START and SALT
- Train according to your regional/agency MCI plan





Questions?



National Registry Update



National Registry Fee Increase

The fees for National Registry cognitive exams effective July 1, 2024:

☐ EMR: \$88

□ EMT: \$104

☐ AEMT: \$144 now \$159

☐ Paramedic: \$160 now \$175





National Registry Recertification Fees

Recertification Fees Remain the Same in 2024

Increasing on October 1, 2025 (except EMR)

Recertification Level	2024 Fee	2025 Fee	Increase	Effective Date
EMR	\$18	\$21	\$3	4/1/26
EMT	\$25	\$29	\$4	10/1/25
AEMT	\$26	\$30	\$4	10/1/25
Paramedic	\$32	\$37	\$5	10/1/25



Recertification the Virginia way!



2025 Virginia Recertification Requirements

Virginia has adopted the new National Continued Competency Program (NCCP) model set forth by the National Registry of EMTs, with an effective date of October 1, 2023 for all certification levels. While maintaining the NCCP's framework, Virginia's approved plan provides customized details outlining standardized course equivalencies, credit allocations across topic domains, and maximum hours accepted for each course offering. Click here for more information.>>

Will be updated and posted by 10/09/2024





National Registry's New Continuing Education



CAPCE Continuing Education Codes

There are various types of continuing education (CE) delivery methods/modes. In order to clearly delineate between the different methods, CAPCE has created a label for each method.

- F1 F4
- F2 F5
- F3

The following slides help further define the different CAPCE codes and different methods of delivering continuing education.





F1: Live In-Person Continuing Education

Also considered "traditional" education. The only differentiating factor between F1 and F2 is whether or not the class you're attending is required every year to recertify.

- A good example of an F1 class would be an in-person class you attend that details a not new topic in EMS.
- It may be a class you attend at a conference or a workshop you sign up for that really interests you.



F2: Live In-Person Continuing Education (Continuous/Cyclical)

Is the course is required for you to recertify and maintain your certificate/license?

 A good example here would be CPR for the BLS Healthcare provider, or ACLS if you're an AEMT or Paramedic.



F3: Online Distributive Continuing Education

This is the most common type of CE you'll find on the web. These are individual courses that are accessible via websites that provide CE hours after you've successfully passed an exam at the conclusion of the course.

These courses can be written, audio, or video.

- Depending on your EMT level, the NREMT allows a certain portion of your CE hours to be F3 distributive.
- In Virginia, this would be:
 - 24-7 EMS Now
 - CareerCert
 - Lexipol EMS1 Academy
 - Prodigy

- Distance CME
- VectorSolutions
- FoamFrat
- FlightBridgeEd



F4: Adaptive Learning

A course or program where students' actions, performance and choices guide the direction of learning activities, including virtual programs using adaptive learning technology and patient simulations. Equivalent to classroom instruction which helps advance EMS education and CPR training.

Example: Resuscitation Quality Improvement RQI and Heartcode 2025



F5: Virtual Instructor-Led Training (VILT) Continuing Education

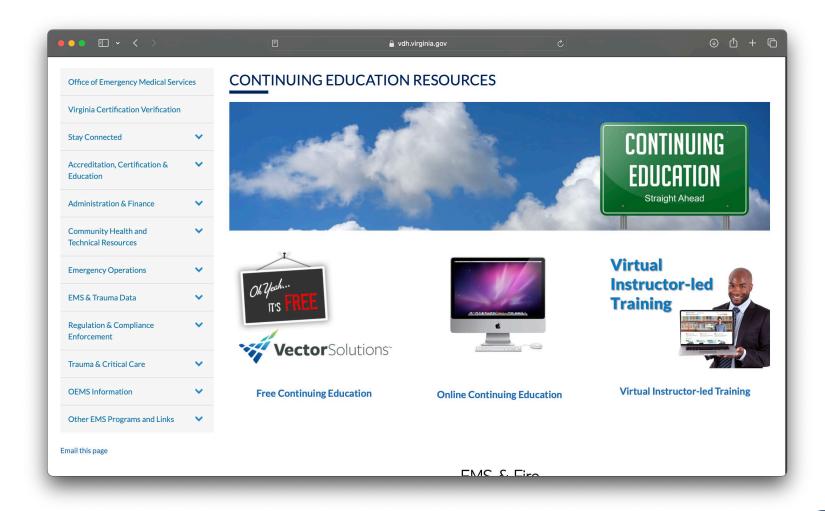
VILT continuing education courses are held on the web in a webinar-style environment. You are attending a course in real-time with an instructor at a scheduled time. Courses contain interactive polling questions which must be answered to show your proof of attendance.

There is a chat feature as well to interact with other attendees and ask questions throughout the class, share stories, and elaborate on learning objectives.

In Virginia, these programs must meet the requirements outlined in OEMS document <u>Delivering High-Quality Instruction Online</u>.



Online CE Resources for Providers!





Virginia Continuing Education Levels

Provider Levels

- Category 1 Required NCCR
 - NCCR National Continued Competency Requirements
- Category 2 'Flexible' LCCR/ICCR
 - LCCR Local Continued Competency Requirements
 - ICCR Individual Continued Competency Requirements
- Category 3 MI ELIMINATED H

Educator Levels

- Category 0 F (Education Coordinator Admin Hours)
- Category 6 F (Education Coordinator Teaching)
- Category 7 H (EC Candidate BLS Initial Training)
- Category 8 H (EC Candidate Other)



Refresher Programs



Virginia does not offer or recognize "*Refresher*" programs for continuing education.

Virginia offers continuing education programs which meet the needs of recertification for EMS providers in the Commonwealth and the National Registry.







National Registry



National Registry Requirements

Virginia continuing education (CE) requirements mirror those of National Registry allowing for easy recertification of a provider's National Registry and Virginia certifications.

BLS & ALS Recertification Requirements as of October2023

CE Requirements

- EMR 16 hours
- EMT 40 hours
- AEMT 50 hours
- Intermediate 55 hours
- Paramedic 60 hours





BLS Certified | Recertified

		Prior to Oc	tober 1, 2023	C	n or after Oc	tob
	NCCR Areas	Require	d Hours		Requir	ed H
		A EMR	B EMT		A EMR	
11	Airway, Respiration and Ventilation	1.0	1.5		1.5	
12	Cardiovascular	2.5	6.0		2.0	
13	Trauma	0.5	1.5		1.0	
14	Medical	3.0	6.0		2.5	
15	Operations	1.0	5.0		1.0	
	TOTAL NCCR HOURS	8	20		8*	İ
	LCCR/ICCR HOURS	8	20		8	Т
	TOTAL HOURS	16	40		16	

ALS Certified | Recertified

		Prior	to Octobe	er 1, 2023	C	On or after October 1, 2023				
	NCCR Areas	R	equired Hou	urs		Re	quired Hou	ırs		
		C AEMT	 Intermediate	E Paramedic		C AEMT				
16	Airway, Respiration and Ventilation	2.5	3.5	3.5		5.0	5.5	6.0		
17	Cardiovascular	7.0	7.5	8.5		6.0	6.5	7.0		
18	Trauma	3.0	3.0	3.0		4.0	4.5	5.0		
19	Medical	7.5	7.5	8.5		7.0	7.5	8.0		
20	Operations	5.0	6.5	6.5		3.0	4.0	4.0		
	TOTAL NCCR HOURS	25	28	30		25*	28	30*		
	LCCR/ICCR HOURS	25	28	30		25	28	30		
	TOTAL HOURS	50	55	60		50	55	60		
			•							

^{*} For those maintaining your Registry certification, pediatric content must constitute 10% of the National Component. Pediatric CE conte is not tracked as a separate area by the Virginia CE Reporting system. All CE topics which are considered pediatric will begin with a perfect of EDE.

Virginia Department of Health Office of Emergency Medical Services Revised: June 2024

.virginia.gov/emergency-medical-services/

Page 1 of 1



Category 1 (NCCR)

- Requires a "Qualified Instructor" to be present
- Content based on the objectives in the National EMS Education Standards (NEMSES)
- Where can you find these resources?





Category 2 (LCCR / ICCR)

- "Qualified Instructor" must be present
- EMS related topics





Online CE Resources













https://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/web-based-continuing-education/

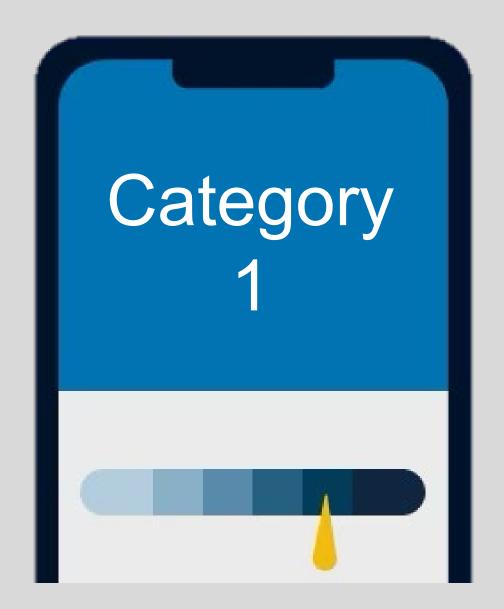




Category 1 Topics

- Airway, Respiration, Ventilation
- Cardiovascular
- Trauma
- Medical
- Operations

Specific examples of content that applies is coming up.

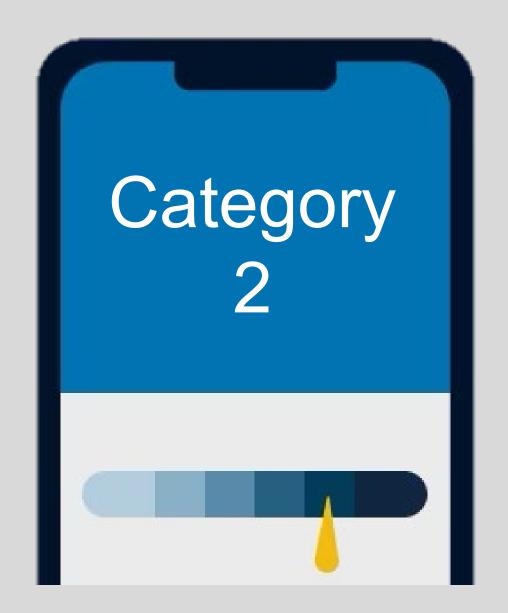




Category 2

- 8 hours for EMR
- 20 hours for EMT
- 25 hours for AEMT
- 27 hours for Intermediate
- 30 hours for Paramedic

Specific examples of content that applies is coming up.





NREMT Changes to Continuing Education



National Registry Has Changed Continuing Education

Continuing education requirements will be changing later this year as we prepare for the 2025 National Registry recertification cycle.

The National Continued Competency Program (NCCP) was constructed using methodology similar to that of the <u>American Board of Medical Specialties</u> requirements and streamlines the recertification process into three strategic categories

The National Continued Competency Program encourages Nationally Certified EMS personnel to pursue life-long education while also providing state and local agencies the freedom to customize continuing education to meet local operational needs.



National Component Requirements

The national component of the NCCP constitutes 50% of the total recertification requirements. Topics included in the national reflect current trends in evidence-based medicine, scope of practice changes and position papers from numerous associations involved with EMS research.

- Expiration dates through Sept. 30, 2025
 - Download the 2016 NCCP Model (PDF)
- Expiration dates on or after March 31, 2026
 - Download the 2025 NCCP Model (PDF)





Local Component Requirements



The local component constitutes 25% of the total recertification requirements. Specific topic requirements may be defined by your specific state, region or local agency. Examples of local content topics typically include state or local protocols, areas of specialization, or tasks that require additional focus based on QA/QI.

The local component allows national recertification requirements to be adapted to the needs of the state and local agencies. If your state, region, or local agency does not specify topics, the content is considered flexible.



Individual Component Requirements

The individual constitutes 25% of the recertification requirements. Registrants are free to take any state or CAPCE approved EMS-related education.







Remember This Date October 1, 2023

BLS CE Changes – Ended Effective Sept. 30, 2023 2016 Model 2025 Model

		Prior to Oc	tober 1, 2023
	NCCR Areas	Require	d Hours
		A EMR	B EMT
11	Airway, Respiration and Ventilation	1.0	1.5
12	Cardiovascular	2.5	6.0
13	Trauma	0.5	1.5
14	Medical	3.0	6.0
15	Operations	1.0	5.0
	TOTAL NCCR HOURS	8	20
	LCCR/ICCR HOURS	8	20
	TOTAL HOURS	16	40

Require	d Hours
Α	В
EMR	EMT
1.5	4.0
2.0	5.0
1.0	3.0
2.5	6.0
1.0	2.0
8*	20*
8	20
16	40

On or after October 1, 2023

ALS CE Changes – Effective October 1, 2023 2016 Model 2025 Model

Prior to Uctober 1, 2023	r to October 1, 2023
--------------------------	----------------------

On or after October 1, 2023

	NCCR Areas	R	equired Hou	ırs
		C AEMT	 Intermediate	E Paramedic
16	Airway, Respiration and Ventilation	2.5	3.5	3.5
17	Cardiovascular	7.0	7.5	8.5
18	Trauma	3.0	3.0	3.0
19	Medical	7.5	7.5	8.5
20	Operations	5.0	6.5	6.5
	TOTAL NCCR HOURS	25	28	30
	LCCR/ICCR HOURS	25	28	30
	TOTAL HOURS	50	55	60

quired Hou	ırs
 Intermediate	E Paramedic
5.5	6.0
6.5	7.0
4.5	5.0
7.5	8.0
4.0	4.0
28	30*
28	30
55	60
	5.5 6.5 4.5 7.5 4.0



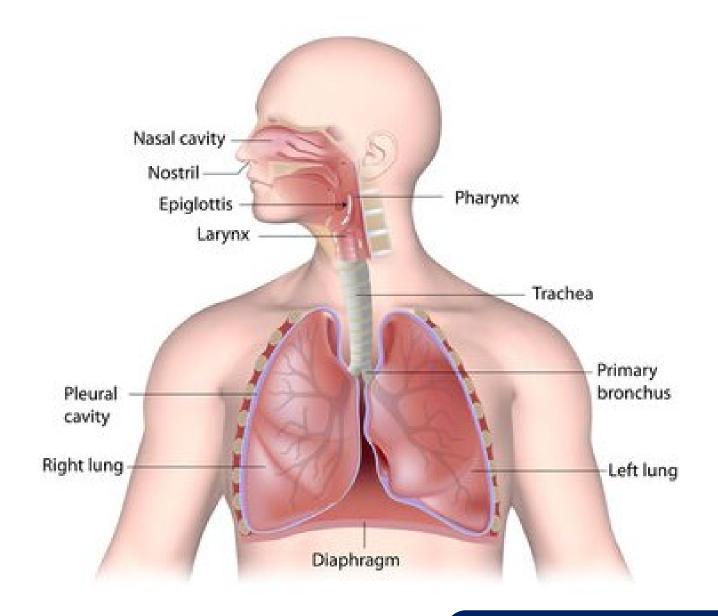
Awarding CE for Internet Based Training Certificates



Changes in CE Area Classification with NREMT

Airway

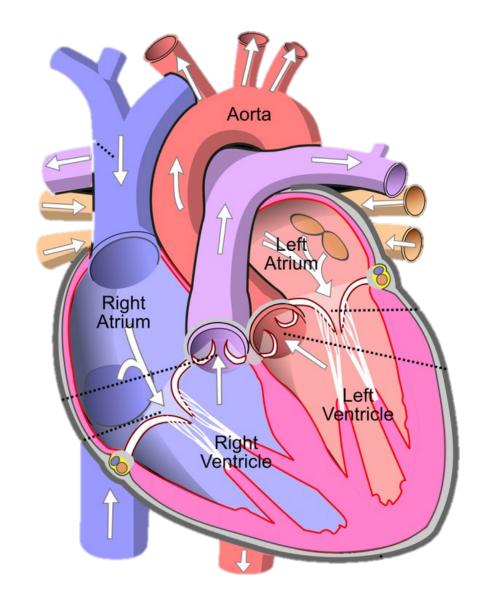
- Ventilation
- Oxygenation
- Capnography
- Airway Structure





Cardiovascular

- Cardiac Arrest
- Post Resuscitation Care
- LVADS's
- Congestive Heart Failure
- Stroke
- Acute Coronary Syndrome
- Pediatric Cardiac Arrest
- Rate Disturbances





Trauma



- Fluid Resuscitation
- CNS Injury
- Trauma Triage
- Hemorrhage Control



Medical

- Special Healthcare Needs
- OB Emergencies
- Medical Delivery
- Pain Management
- Behavioral Emergencies
- Endocrine Emergencies
- Immunological Emergencies
- Infectious Diseases
- Toxological Emergencies
- Neurological Emergencies (Seizures)



Operations

- Ambulance Safety
- Field Triage (MCI & Disasters)
- EMS Provider Hygiene, Safety
 & Vaccinations
- Evidence Based Guidelines
- At Risk Populations
- Pediatric Transport
- Cultural Safety
- Crew Resource Management
- EMS Research



Standardized Course Guide

Standardized Course Guide - NCCP Model 2025 - National Component



NCCR	National Component Requirement by Level	Airway	Cardiology	Trauma	Medical	Operations	Total National Component Credits
NREMR	Emergency Medical Responder	1.5	2	1	2.5	1	8
NREMT	Emergency Medical Technician	4	5	3	6	2	20
NRAEMT	Advanced Emergency Medical Technician	5	6	4	7	3	25
NRP	Paramedic	6	7	5	8	4	30

Note: Total credits required in the NCCP 2025 Model (National + Local + Individual) vary by level. EMR = 16, EMT = 40, AEMT = 50, Paramedic = 60



Cardiology

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	u must have a	t least 10% o	f your total c	redits in pedia	atric content
	Cardiology	Airway	Cardiology	Trauma	Medical	Operations	Course Max.Credit
CPR- HCP	CPR - Healthcare Professional	✓	✓		✓		4
ACLS	Advanced Cardiac Life Support	✓	✓	✓	✓		10
ALS	Advanced Life Support	✓	✓	✓	✓		10

Note: A ✓ indicates that the course can be assigned under that broad topic domain in the application.



Medical

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	u must have a	it least 10% o	of your total c	redits in pedi	atric content
	Medical						
AMLS	Advanced Medical Life Support	✓	✓	✓	✓	✓	16
EMPACT	Emergency Medical Patients: Assessment, Care and Transport	✓	✓	✓	✓	✓	16
ABLS	Advanced Burn Life Support	✓		✓	✓		7
ASLS	Advanced Stroke Life Support	√	√	✓	✓		8
ENLS	Emergency Neurological Life Support	✓	✓	✓	✓		15

Note: A ✓ indicates that the course can be assigned under that broad topic domain in the application.



Special Populations

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	u must have a	nt least 10% o	of your total o	redits in pedi	atric content
	Special Populations						
PALS	Pediatric Advanced Life Support	✓	✓		✓		12
APLS	Advanced Pediatric Life Support	✓	✓	✓	✓		14
PEARS	Pediatric Emergency, Recognition and Stabilization	✓	✓	✓	✓		8
NRP	Neonatal Resuscitation Program	✓	✓		✓		8
PEPP	Pediatric Education for Prehospital Professionals	✓	✓	✓	✓		12
EPC	Emergency Pediatric Course	✓	✓	✓	✓		16
GEMS	Geriatric Education for EMS	✓	✓	✓	✓		8

Note: A ✓ indicates that the course can be assigned under that broad topic domain in the application.



Special Populations

Acronyms	Full Course Name of Standardized Course Equivalence	Note: Yo	ou must have a	t least 10% o	f your total c	redits in pedi	atric content
	Trauma						
ITLS	International Trauma Life Support	✓	✓	✓	✓	✓	16
PHTLS	Prehospital Trauma Life Support	✓	✓	\checkmark	✓	✓	16
TCCC	Tactical Casualty Combat Care	✓	✓	✓	✓	✓	N/A
	*Tactical Casualty Combat Care - MP (Military Personnel)	✓	✓	\checkmark	✓	✓	16
	*Tactical Casualty Combat Care -CMC (Corpsman)	✓	✓	✓	✓	✓	63
	*Tactical Casualty Combat Care - CLS (Combat Lifesaver)	✓	✓	✓	✓	✓	40
	*Tactical Casualty Combat Care - ASM (All Service Members)	✓	✓	✓	✓	✓	7
TECC	Tactical Emergency Combat Care (Civilian)	✓	✓	✓	✓	✓	16
ATLS	Advanced Trauma Life Support	✓	✓	✓	✓	✓	16

Note: A ✓ indicates that the course can be assigned under that broad topic domain in the application.



Operations

Acronyms	Full Course Name of Standardized Course Equivalence	Note: You must have at least 10% of your total credits in pediatric content					
Operations							10
EMS Safety	EMS Safety					✓	8
EVOC	Emergency Vehicle Operator Course / Safety Course					✓	8
TIMS	Traffic Incident Management					✓	4
HAZMAT	HAZMAT				✓	✓	N/A
	*Hazardous Materials Technician				✓	✓	20
	*Hazardous Materials Operations				✓	✓	20
	*Hazardous Materials Awareness				✓	✓	8
	*All Hazards Disaster Life Support				✓	✓	8
BDLS	Basic Disaster Life Support			✓	✓	✓	7.5
ADLS	Advanced Disaster Life Support			✓	✓	✓	15
IS 100	An Introduction to the Incident Command System, ICS 100				✓	✓	2
IS 200	An Introduction to the National Incident Management System				✓	✓	4
IS 300	ICS 300: Intermediate Incident Command System for Expanding Incidents				✓	✓	21
	ICS 400: Advanced Incident Command System for Command and General				✓	✓	15
IS 400	Staff-Complex Incidents				V	V	15
IS 700	IS-700.B: An Introduction to the National Incident Management System				✓	✓	4
IS 800	IS-800.D: National Response Framework, An Introduction				✓	✓	3

Note: A ✓ indicates that the course can be assigned under that broad topic domain in the application.



ITLS	Internation
PHTLS	Prehospita
TCCC	Tactical (
	*Tactical
TECC	Tactical E
ATLS	Advanced
EMS Safety	EMS Safe
EVOC	Emergenc
TIMS	Traffic Inc
HAZMAT	* HAZM/
	*Hazardoı *Hazardoı
	*Hazardo
	*All Haza
BDLS	Basic Disa
ADLS	Advanced
IS 100	An Introd
IS 200	An Introd
IS 300	ICS 300: 1
IS 400	ICS 400: A
IS 700	IS-700.B:
IS 800	IS-800.D:
* OEMS does no	ot issue Co



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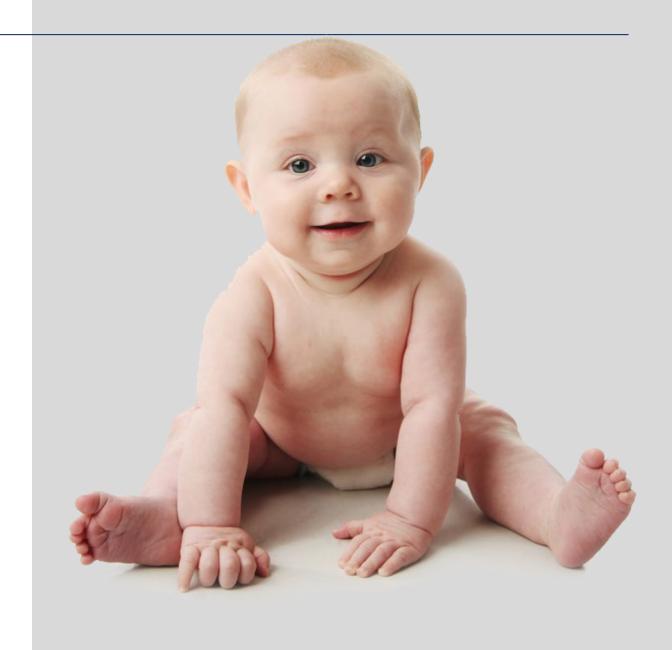


Approved by TCC and endorsed by MDC

Virginia Auxiliary Course CE Credit Breakdown (Alphabetical by Abbreviation/Acronym/Name)													
TOPIC	TOPIC CREDIT HOURS (MAXIMUM)												
	ABLS	AC	CLS	ADLS	AHDR	AM	1LS	A P L S	AS	SLS	АТ	LS	BDLS
Total Hours Awarded	7	10	5	15	8	16	8	1 4	8	4	16	8	7.5
NCCR (Category 1)	Initial	Initial	Refresher	Initial	Initial	Initial	Refresher	Initial	Initial	Refresher	Initial	Refresher	Initial
Airway, Respiration & Ventilation	1	2	1	Į.		3.5	1.5	I	1	0.5	2	1	<u> </u>
Pediatric	1	ŀ		1			-	2	-	-	1	0.5	
Cardiology	-	5	2.5	-		3	1.5	E	2	1	2	1	!
Pediatric	-	ŀ	·	-		ŀ	·	5	ŀ	-	I	ŧ	H
<u>Trauma</u>	2	1	0.5	4		1.5	0.5	I	1	0.5	5	2.5	2
<u>Pediatric</u>	1	ŀ	ŀ	2		ŀ	·	2	-	-	1	0.5	1
Medical	1.5	2	1	2	2	4.5	3	I	4	2	2	1	1
Pediatric	0.5	ŀ	ŀ	-	ŀ	ŀ	ŀ	5	ŀ	-	ŧ	-	-
Operations	-	ı	I	5	4	3.5	1.5	ı	Ē	=	2	1	2.5
Pediatric			ŀ	2	2	-	-	-	-	-	1	0.5	1



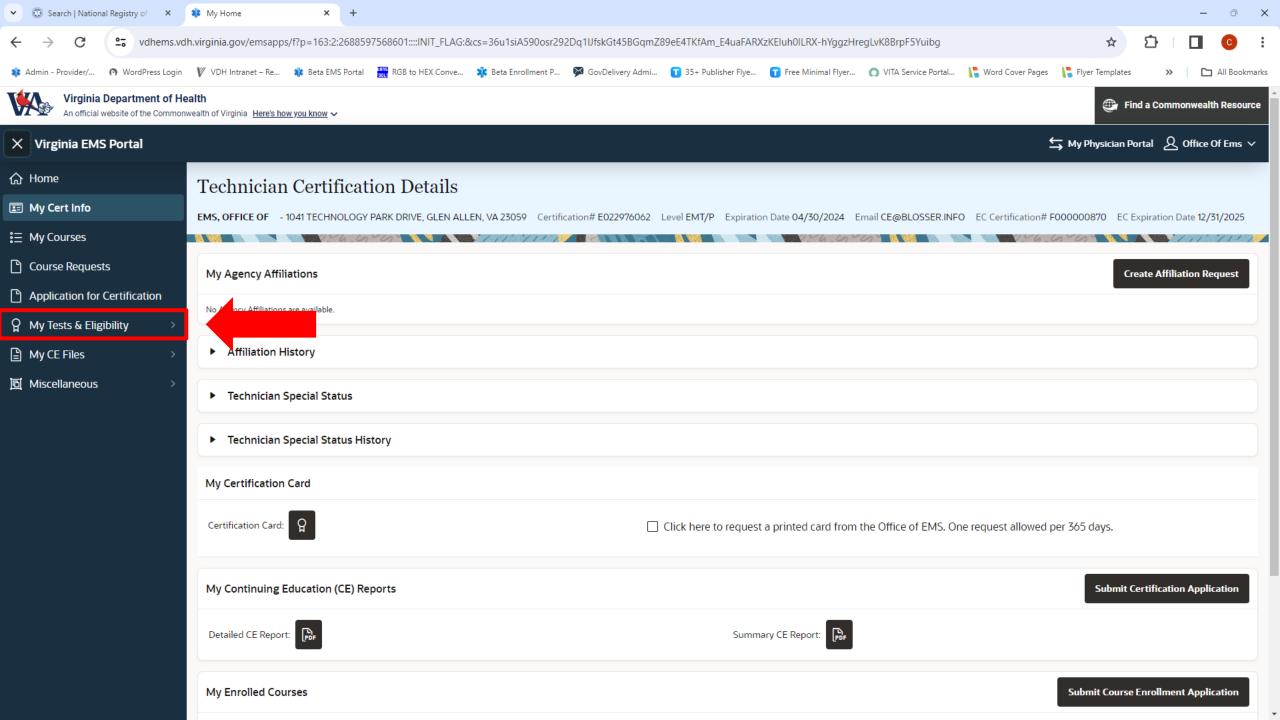
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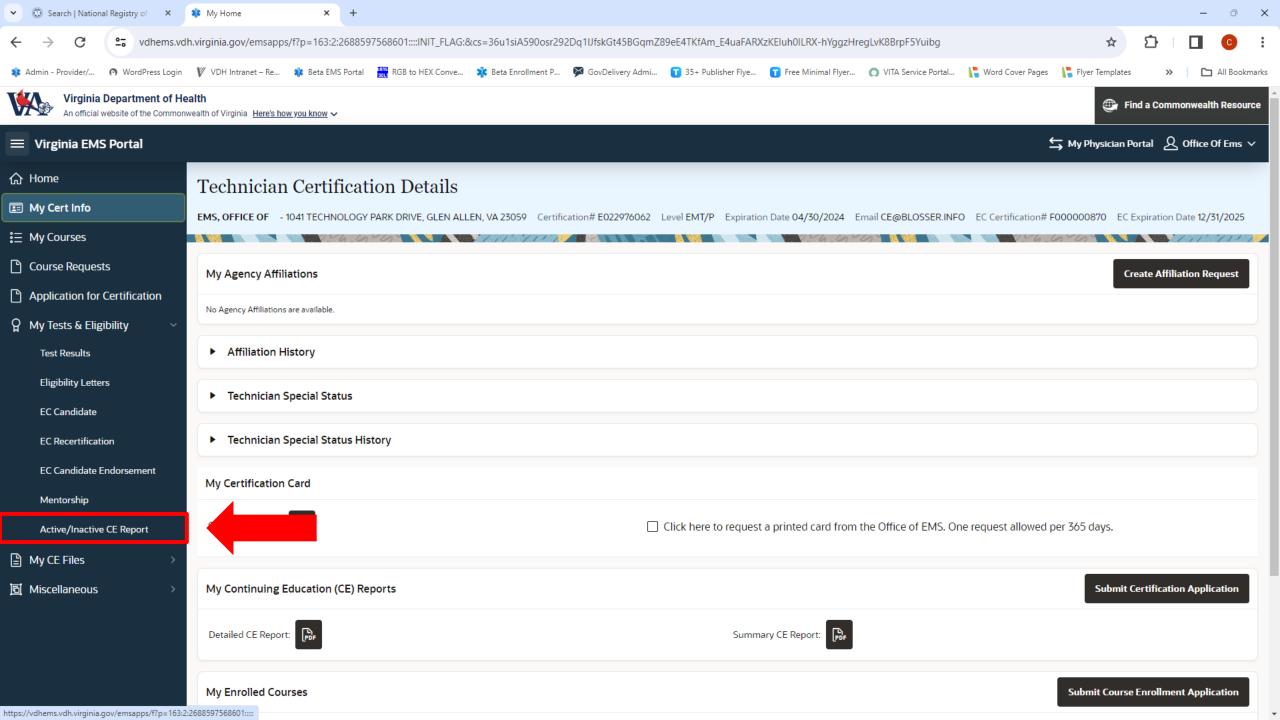


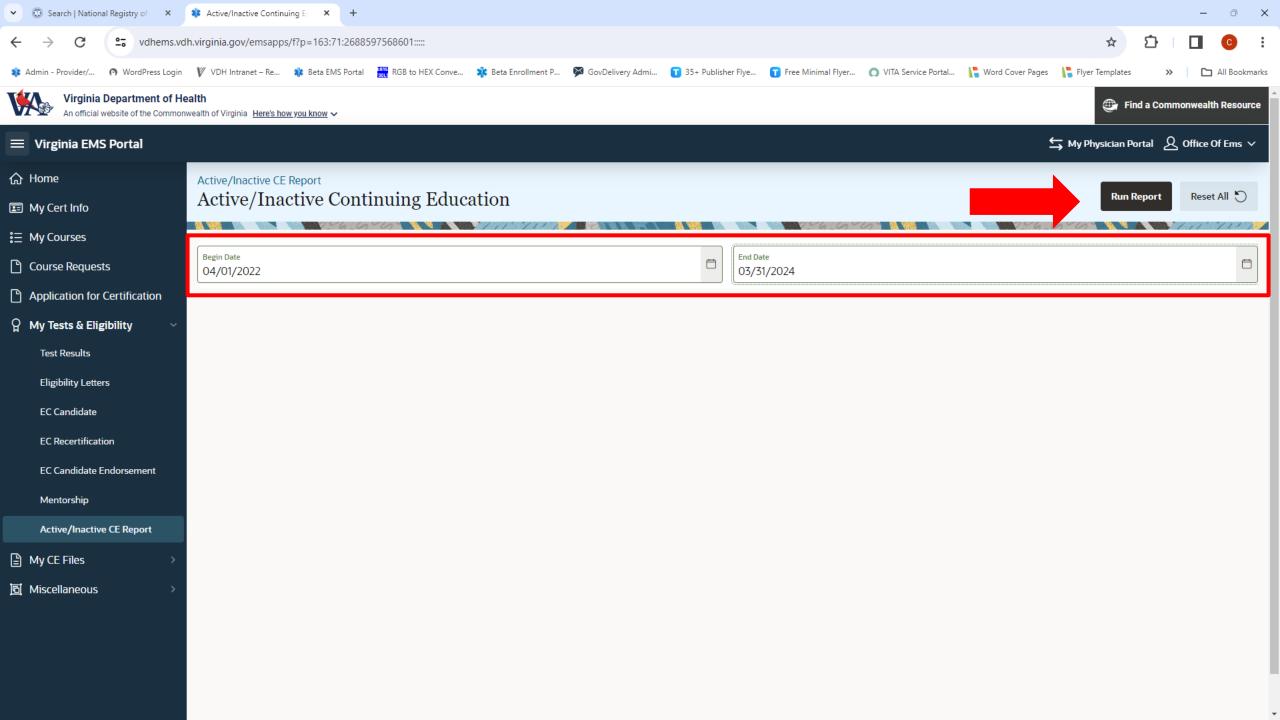


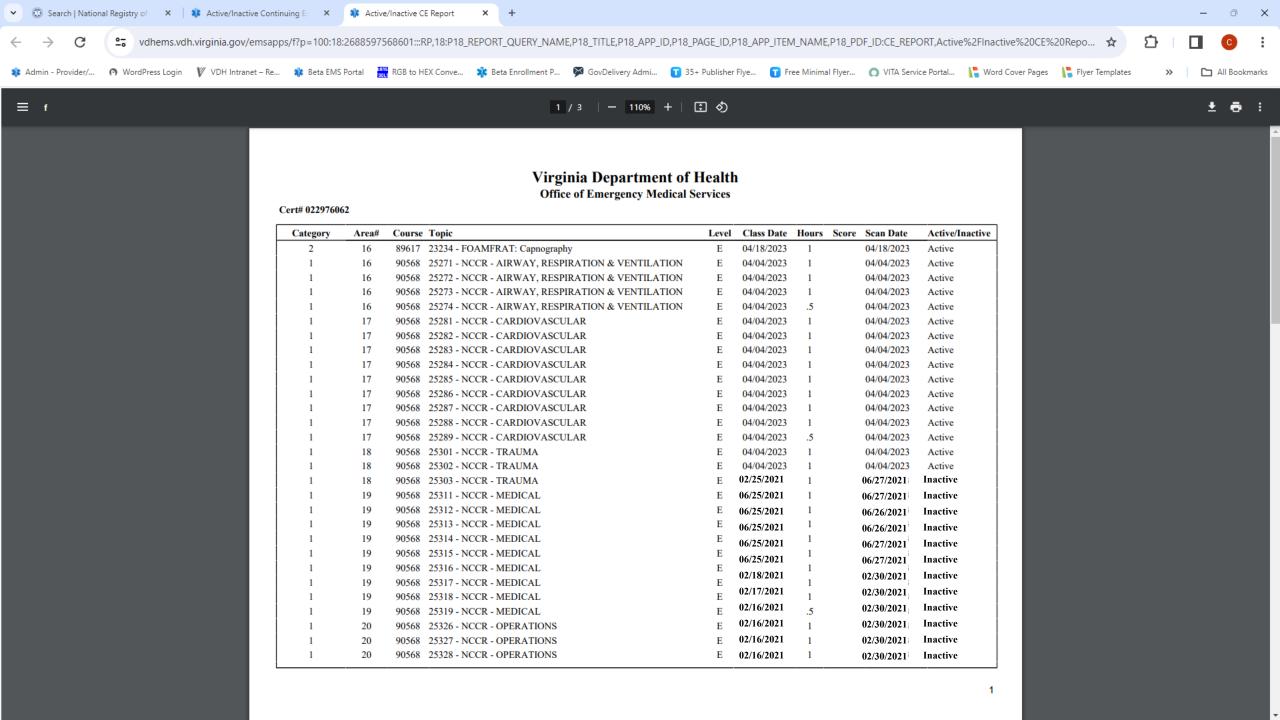
Active / Inactive CE Report











ALS Coordinator Re-endorsement

- Complete TR-31 ALS Coordinator Application
- Submit application to all Regional EMS Councils where you intend to hold courses
- Obtain EMS Physician Signature if Regional EMS Council is not handling the physician signature endorsement
- Submit to the ACE Division at a minimum a month before your expiration date





Questions?



Clinical Judgement Domain







AEMT & Paramedic Exam Updates



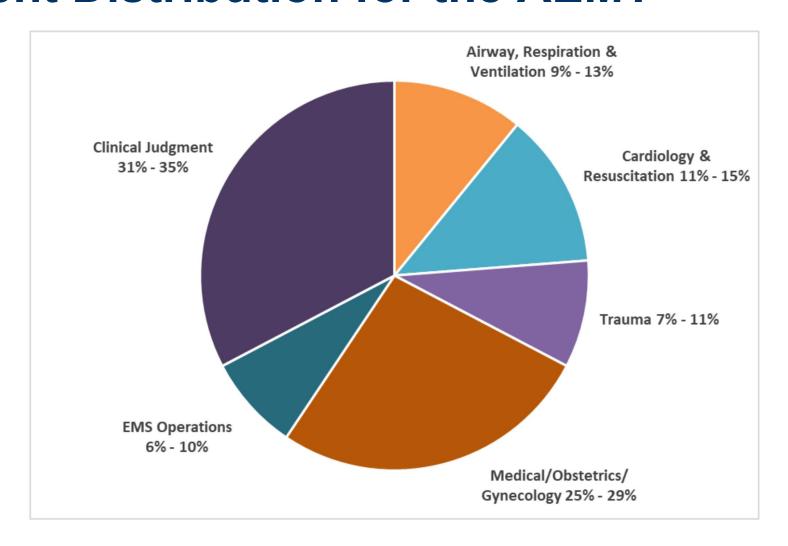
Content for AEMT Exams

The 2019 National EMS Practice Analysis evaluated clinical impressions for the five areas, or "domains," described above. These five domains are collectively referred to as the "cognitive domains":

- 1. Airway, Respiration, & Ventilation
- 2. Cardiology & Resuscitation
- 3. Trauma
- 4. Medical, Obstetrics & Gynecology
- 5. EMS Operations



Content Distribution for the AEMT







Computer-Based Linear Testing

- ☐ The AEMT examination is administered as a fixed-length linear computer-based test (CBT).
- ☐ The same number of items are administered to all candidates, although the items are not identical.
- ☐ Candidates select their answer and can change it prior to advancing to the next item.
- ☐ After the answer is submitted, candidates are unable to return to the item to modify their answer.

- Candidates are encouraged to answer each item to the best of their ability before submitting their answer.
- All items left unanswered at the completion of the examination, which would only occur if the candidate does not complete the examination in the allotted time, are scored as incorrect.



Advanced EMT Exam Details

Examination Length

- ☐ The examination is administered in Pearson VUE testing centers.
- ☐ Consists of:
 - 100 scored items
 - 35 unscored pilot items
 - These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move forward.
- □3 hours

Item Types

Certification Examination includes a variety of item types. All items are scored dichotomously; that is, candidates receive full credit for a correct response. No credit is provided for a partially correct response.

These item types are described below:

- Multiple Choice: Candidates must select one correct response out of four possible options.
- Multiple Response: Candidates must select two or three correct responses out of five or six possible options.
- Build List: Candidates must position several presented options into the order specified in the item instructions.



Item Types (cont)

Additional item types include:

- Drag-and-Drop: Candidates must position several presented options into certain categories, classifications, or other identifiers as specified in the item instructions.
- Options Box: Candidates must classify, categorize, or identify several options presented in a table based on certain specified criteria.
- Graphical: Candidates must use information provided in graphical form to answer the item. Examples of the graphics presented include charts, capnography rhythm strips, images, and pictures. Graphics may be included in any of the above item types.
- Scenario-Based: Candidates answer multiple questions based on information contained in a "scenario" or reading passage. Scenario-based items may be any of the above types.



Scenario Based Item

ocenano based item

En Route Scene Post Scene

The patient (60 kilograms) is sitting awake in a dental suite. The patient says: "Just leave me alone now! Get away from me." The office staff states that the patient reported feeling weak upon arrival for the appointment, and then became confused. The patient had been instructed to start fasting at midnight for a dental procedure today.

The patient has a history of seizures, diabetes, hyperlipidemia, and recently, dental pain. Medications include insulin that is being administered by an automated external pump, carbamazepine, hydrocodone/acetaminophen, and atorvastatin. The patient has no allergies to medications.

The patient's skin is diaphoretic, and there are no signs of trauma. The patient obeys motor commands and moves all extremities. The patient cannot give their name, location, or the date. The eyes are open, and the pupils are 5 mm and reactive. Breath sounds are clear bilaterally. The vital signs are BP 156/90, P 124, R 10, SpO $_2$ 95% on room air, and T 98°F (37°C). The blood glucose level is 47 mg/dL. The EtCO $_2$ is 40 mmHg.

Scene

Which of the following findings most strongly suggest a differential diagnosis of a diabetic emergency? Select the two answer options that are correct.

- ☐ A. End tidal carbon dioxide value
- □ B. Medical history
- □ C. Mental status
- □ D. Respiratory rate
- □ E. Pulse oximetry



Drag and Drop

Scene Based on the patient findings, what is the most probable medical emergency, and what is the most appropriate treatment for that emergency? Move the most probable emergency into the Answer Area, and then move the most appropriate treatment into the Answer Area. 0 0 0 0 0 Medical emergencies **Answer Area** Opioid overdose Most probable medical emergency Hypoglycemia Most appropriate treatment Hypoxia **Treatments** Administering a dextrose solution Administering intranasal naloxone Administering high-flow oxygen

Build a List

What conditions are likely to explain the patient's continued signs and symptoms despite appropriate treatment? Move each option into the Answer Area to order the conditions from the most likely to least likely explanations of the continued signs and symptoms. Options Answer Area Most likely (1) to least likely (3) explanations Seizure Diabetic emergency Respiratory distress



Options Box

Post Scene

Suppose the AEMT performs a reassessment. Which of the potential changes to the patient's presentation listed below would indicate that the patient's condition is improving, and which changes would indicate the patient's condition is worsening? Select two changes that would indicate that the condition is improving and select two changes that would indicate the condition is worsening.

0 0 0 0 0

Answer Area

	Condition improving (select 2 options only)	Condition worsening (select 2 options only)
Heart rate increases to 140	0	0
Patient starts to follow commands	0	0
Skin becomes dry	0	0
Tonic-clonic activity is observed	0	0

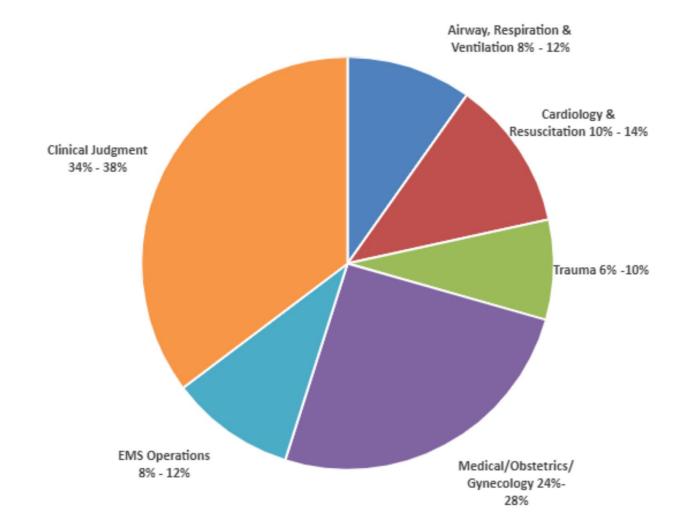
Content for Paramedic Exams

The 2019 National EMS Practice Analysis evaluated clinical impressions for the five areas, or "domains," described above. These five domains are collectively referred to as the "cognitive domains":

- 1. Airway, Respiration, & Ventilation
- 2. Cardiology & Resuscitation
- 3. Trauma
- 4. Medical, Obstetrics & Gynecology
- 5. EMS Operations



Content Distribution for Paramedic







Computerized Adaptive Testing

- ☐ Computerized Adaptive Testing (CAT):
 The Paramedic Certification Examination is administered through a CAT format.
- ☐ After an initial set of items, the computer will begin to administer items that are targeted at or above the candidate's estimated level of ability.
- Because the computer delivers items that are more aligned with the candidate's level of understanding, it can determine candidate proficiency in a fewer number of items in many cases.
- ☐ If the computer can make a pass/fail determination in the minimum number of items with 95% confidence, the test administration will end.

- Examination Length: Candidates have 3.5 hours to complete the Paramedic Certification Examination. The examination is administered in Pearson VUE testing centers. Candidates will be required to answer a minimum of 110 items.
- Unscored Content: The examination includes 20 unscored pilot items. These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move 6 forward on a future examination as a scored item. These items are not identified and will not affect a candidate's score.



Paramedic Exam Details

Examination Length

- ☐ The examination is administered in Pearson VUE testing centers.
- ☐ Consists of:
 - scored items
 - Minimum of 110 questions and maximum of 150
 - 20 unscored pilot items
 - These items are included in the examination for purposes of collecting data to determine if the quality of the question meets the requirements to move forward as a scored item.
- □ 3.5 hours

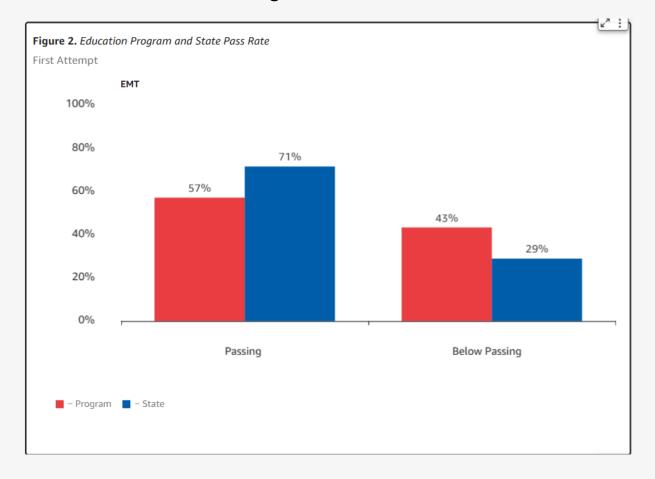


The 16th Percentile

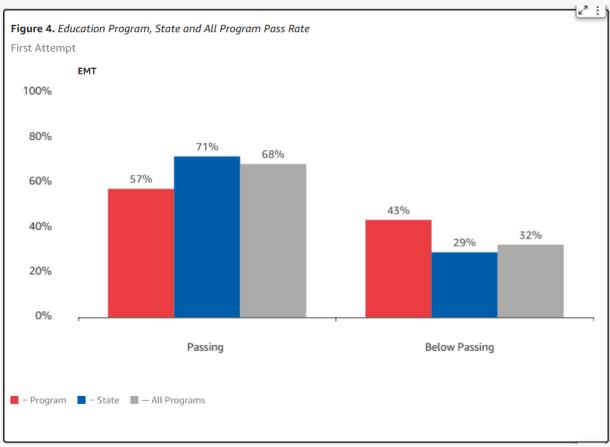


First Attempt Pass Rate

Program vs. State

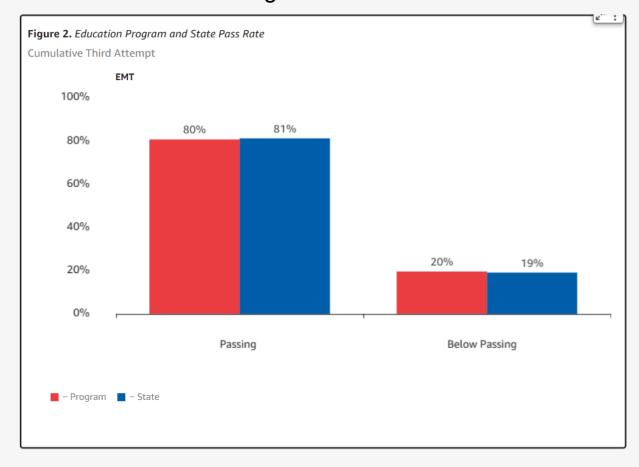


Program vs. State vs. National

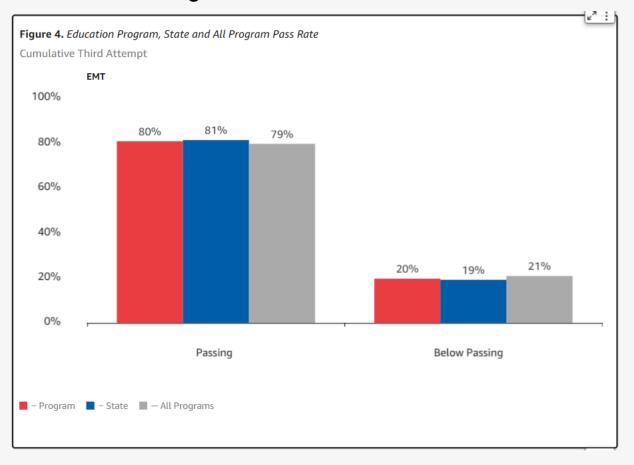


Third Attempt Pass Rate

Program vs. State

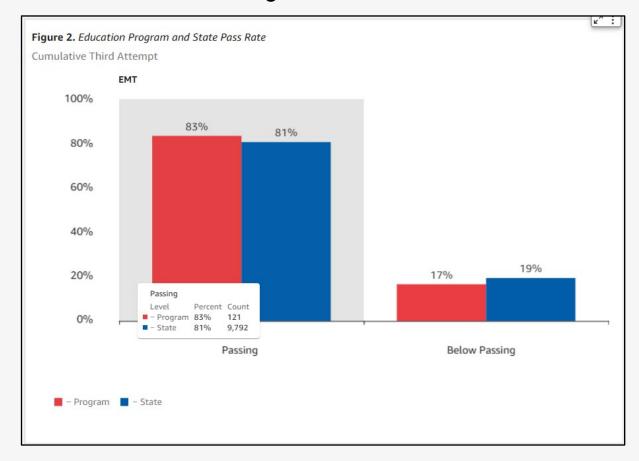


Program vs. State vs. National

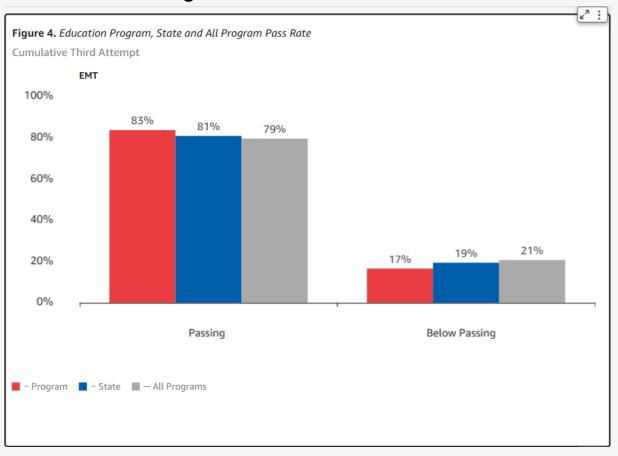


16% Percentile Measurement – 3 years, 3 attempts

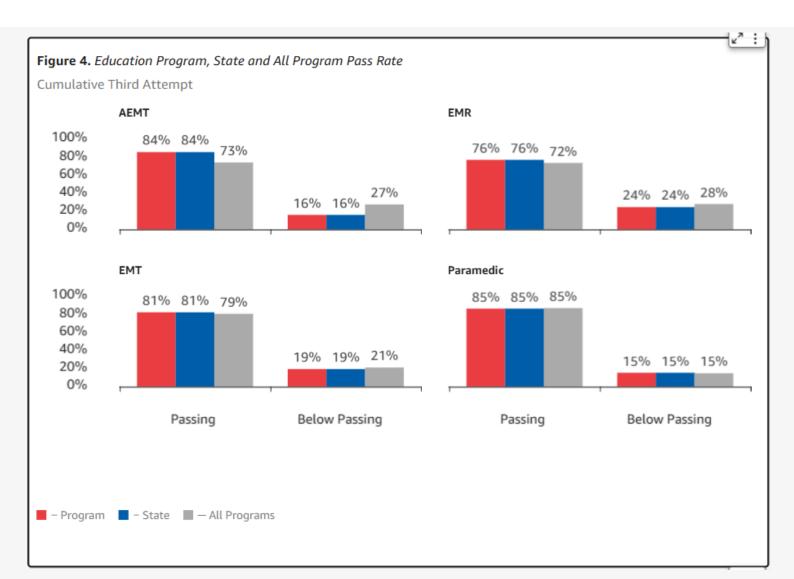
Program vs. State



Program vs. State vs. National



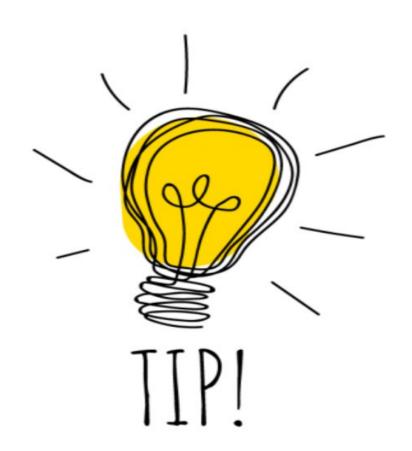
Virginia's Pass Rates – CY23 Cumulative 3rd Attempt



Pro tip!

If you want to ensure you never end up below the 16th percentile, then don't mark students as "Pass" if you are not confident in their ability to pass the National Registry cognitive exam.

This is 100% under your control.







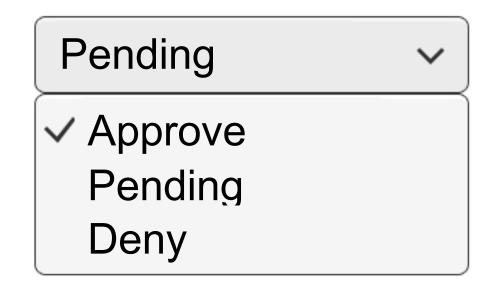
Approving Enrollment Applications



12VAC5-31-1431. Student course enrollment.

Over the past year, the ACE Division staff have experienced an increase in the number of EC's who either:

- do not have have their students enroll in their initial certification programs, or,
- who are not approving student enrollments in the EMS Portal per regulations.





Regulation in Question

12VAC5-31-1431. Student course enrollment.

For courses leading to certification at a new or higher level, the EMT instructor, ALS coordinator, or EMS education coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.

- 1. These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS no later than five business days following the first meeting of the course.
- 2. Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.

Statutory Authority

§ § 32.1-12 and 32.1-111.4 of the Code of Virginia.



Policy Change

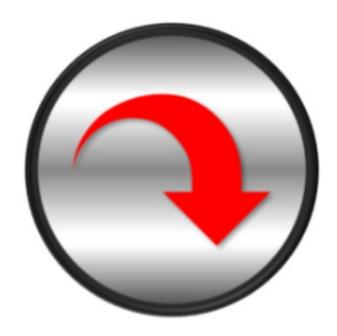
The following policy went into effect on January 1, 2024.

 Any student who has not submitted their enrollment application within five business days will be required to submit a variance requesting they be allowed to enroll in your course with a valid explanation as to why this was not completed within the required five business days.









Request for Variance

The following policy is now in effect:

 Any student who has not submitted their enrollment application within five business days will be required to submit a variance requesting they be allowed to enroll in your course with a valid explanation as to why this was not completed within the required five business days.

30-days to Approve Enrollments

As of January 1, 2024, the only enrollments that may be accepted during business days 6-30 are those where the student was late enrolling in the course.

In this case, the Education Coordinator has <u>five</u> <u>business days</u> following the receipt of the late enrollment to accept the student into your class.

For anyone enrolling outside of the 30-day enrollment window, the Educator shall contact Debbie Akers to have the enrollment approved. Violations of this policy will result in an administrative action email from the ACE Division. Any further violations will result in an investigation by the Division of Regulation and Compliance.







Marking BLS Students as Pass in the EMS Portal



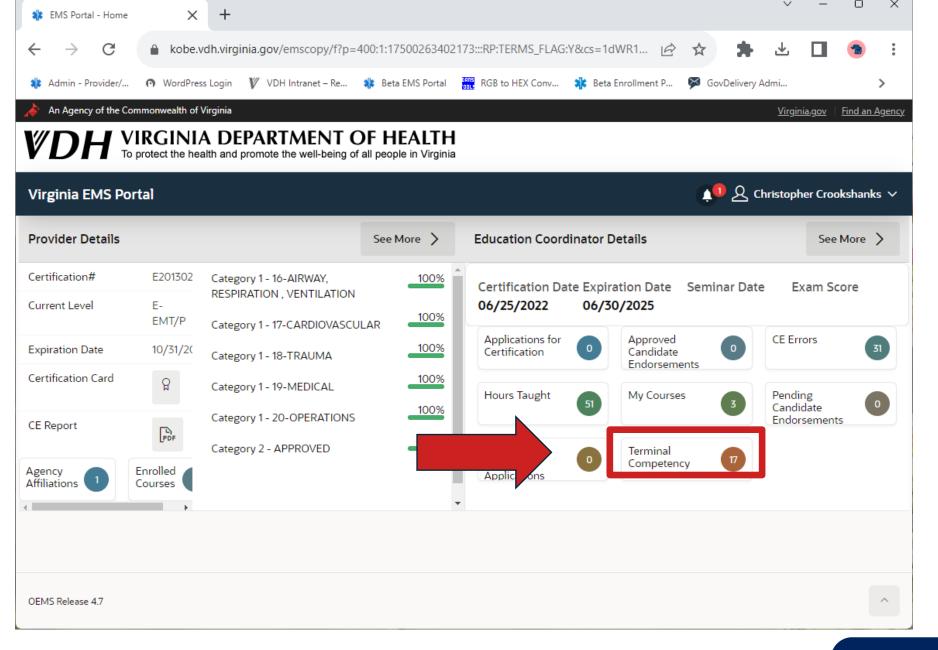
Marking Student Completions

We cannot place enough emphasis on the fact that you are:

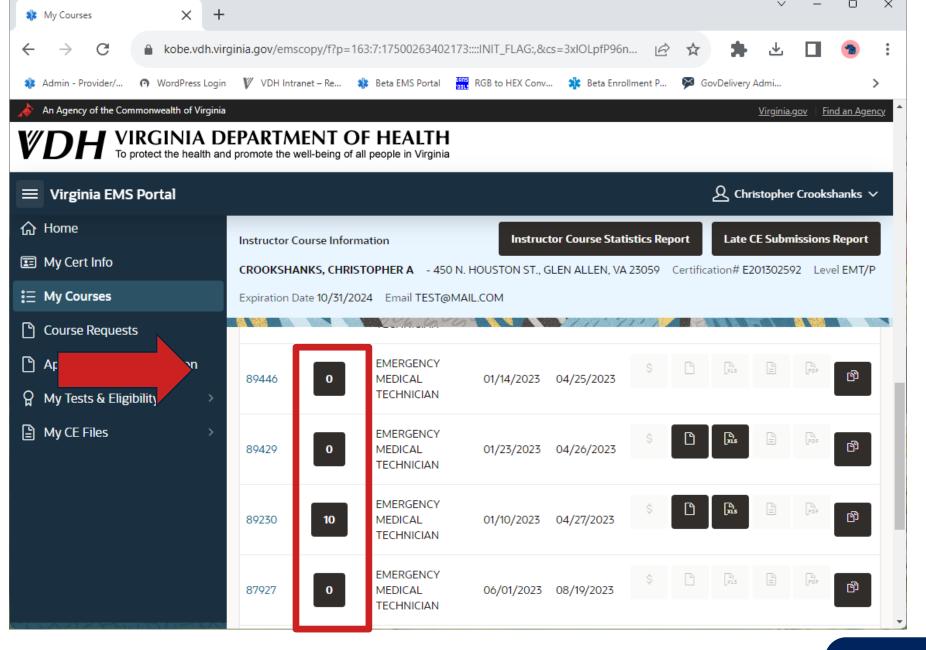
FAI

- REQUIRED to have your students enroll in your initial certification courses, and;
- REQUIRED to mark your students' disposition at the end date of your course.

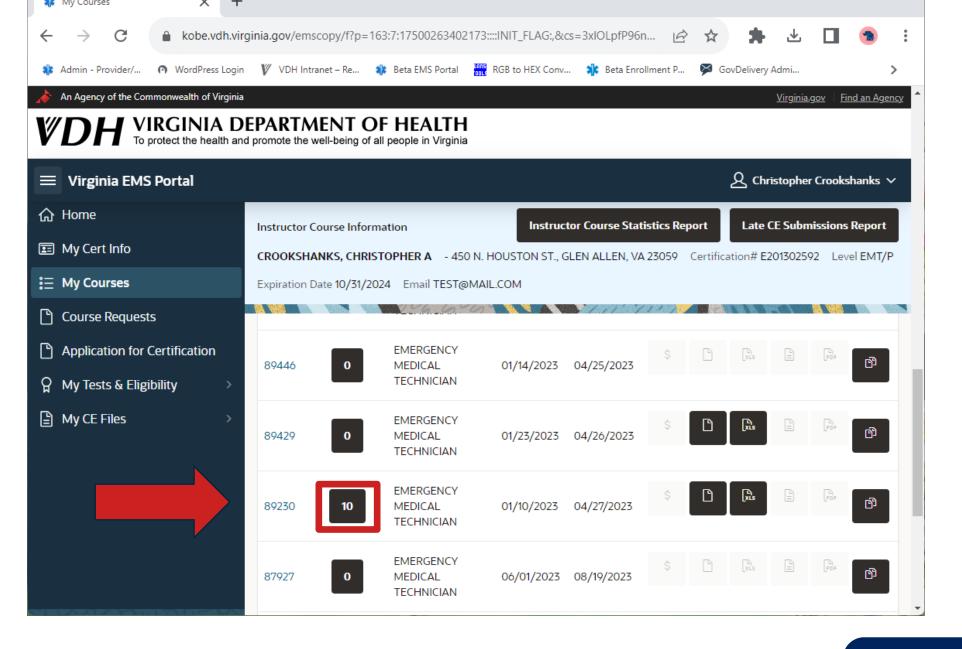




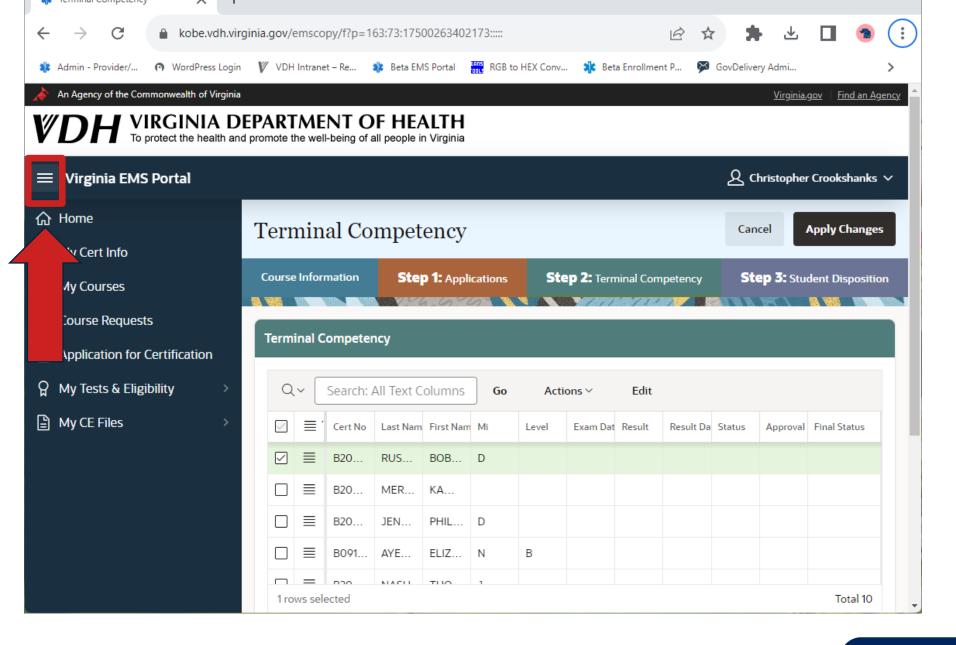




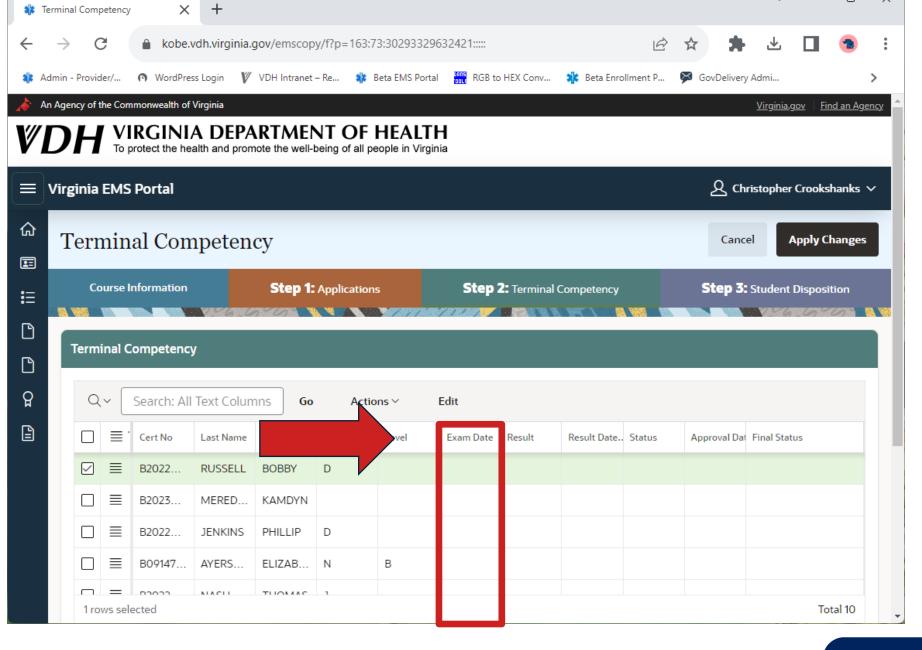




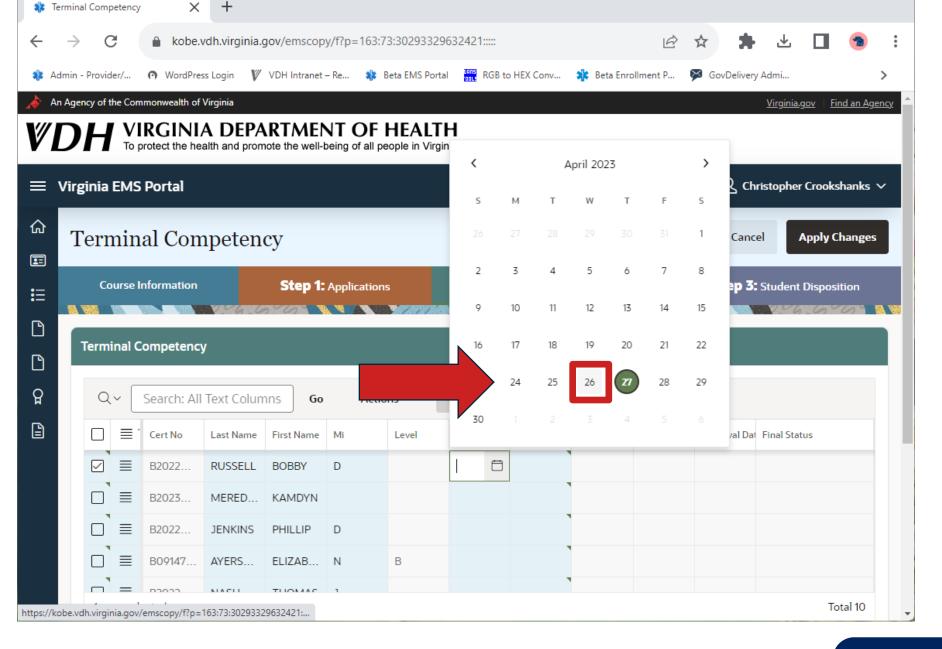




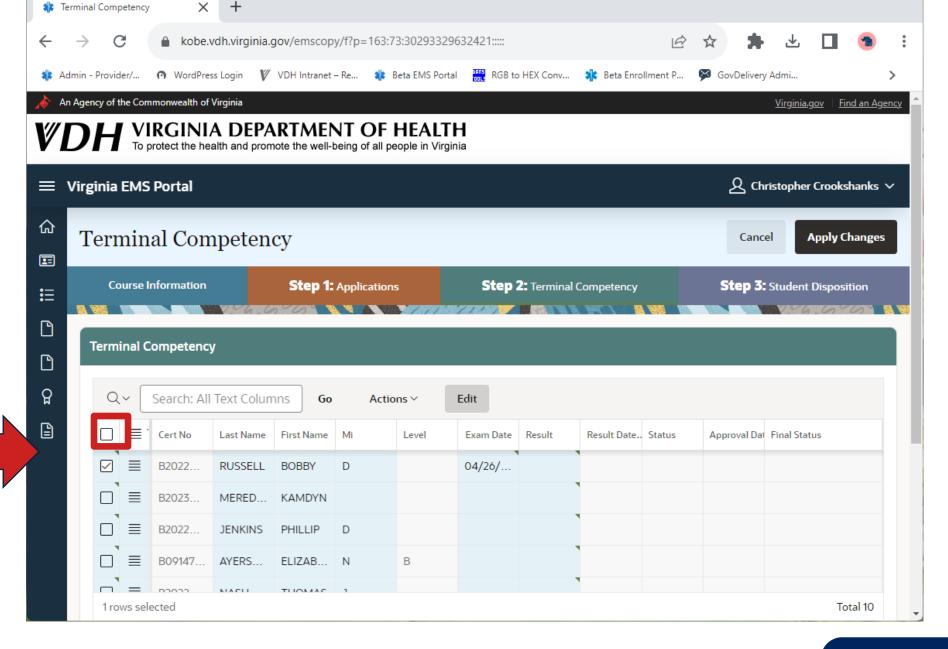




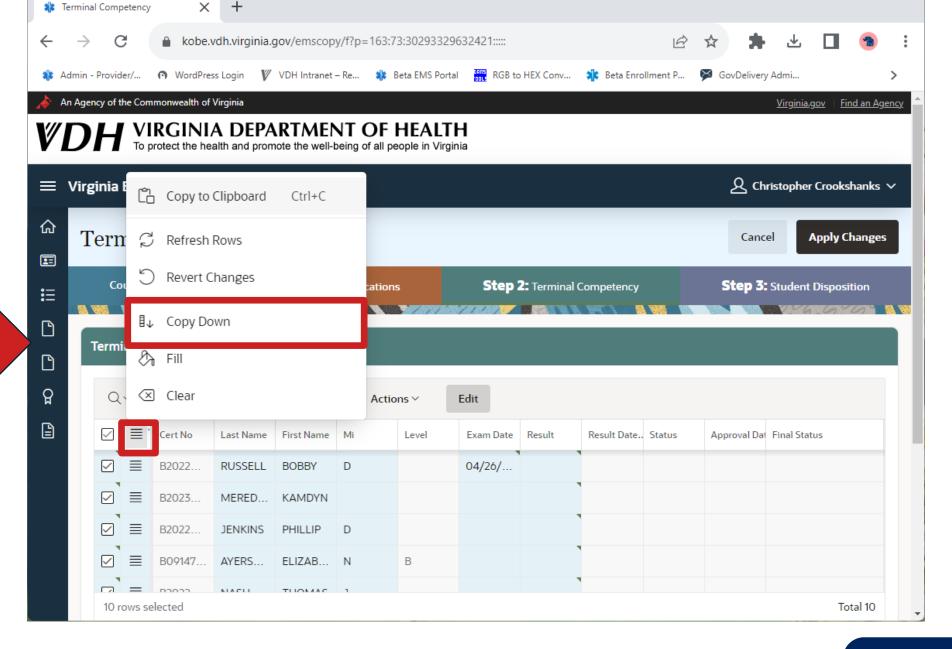




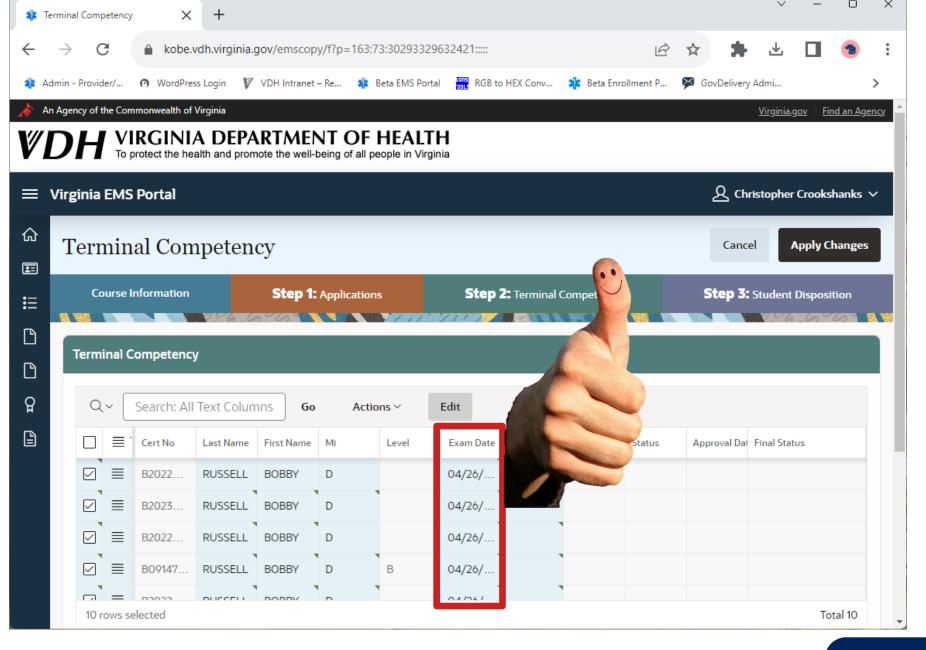




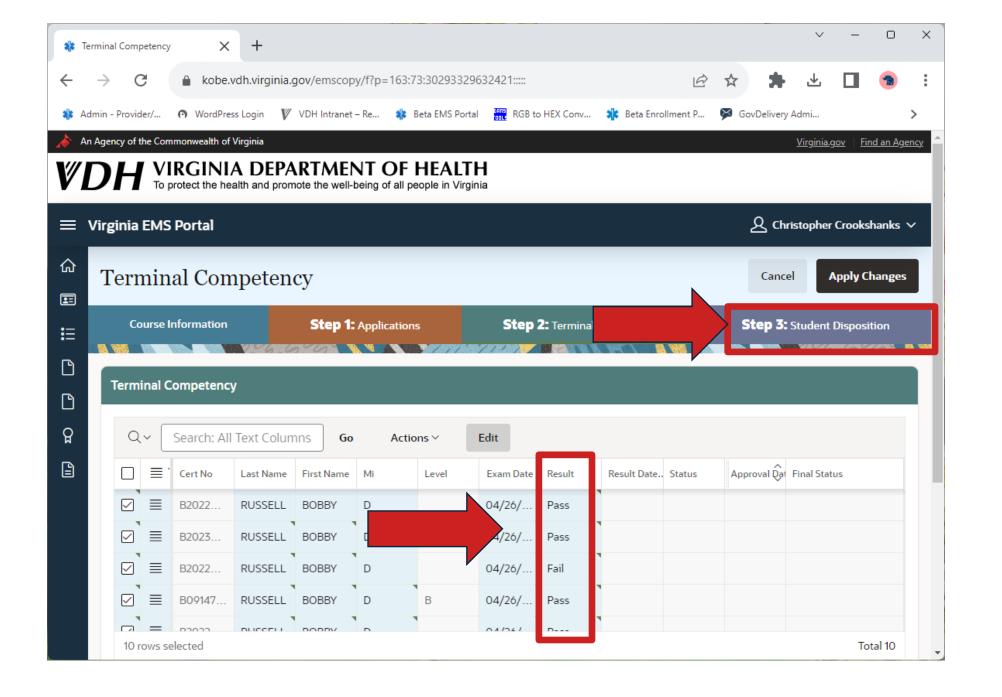


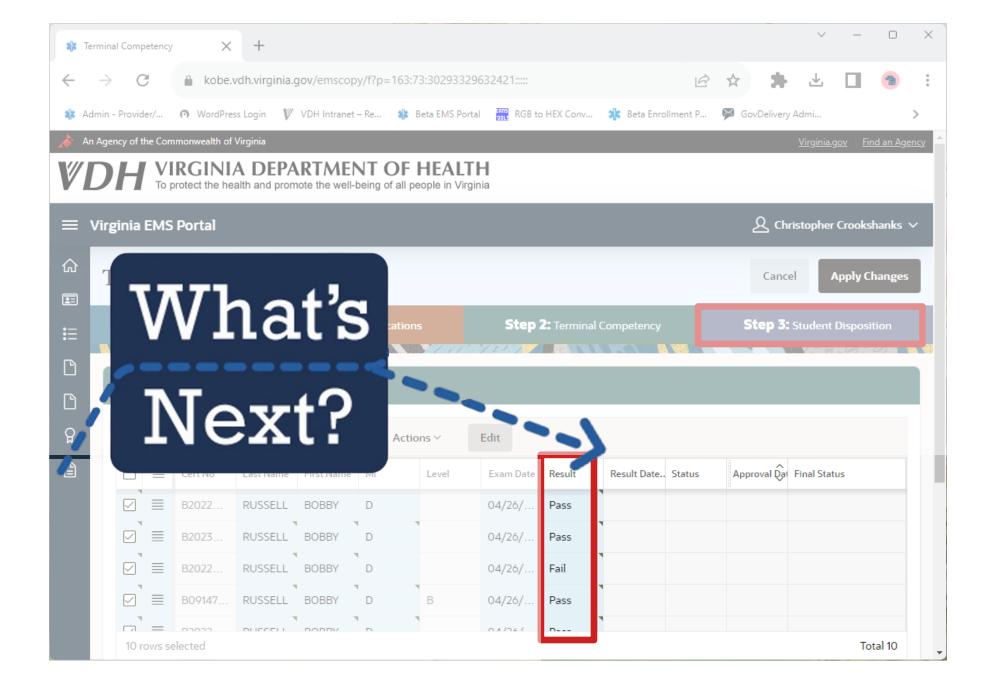




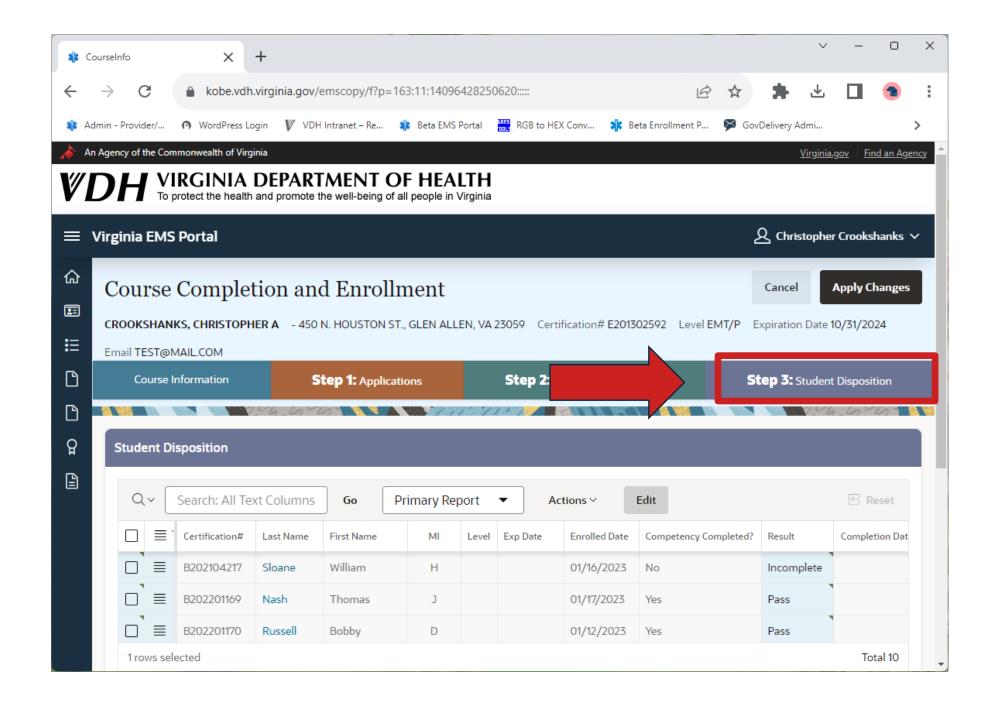


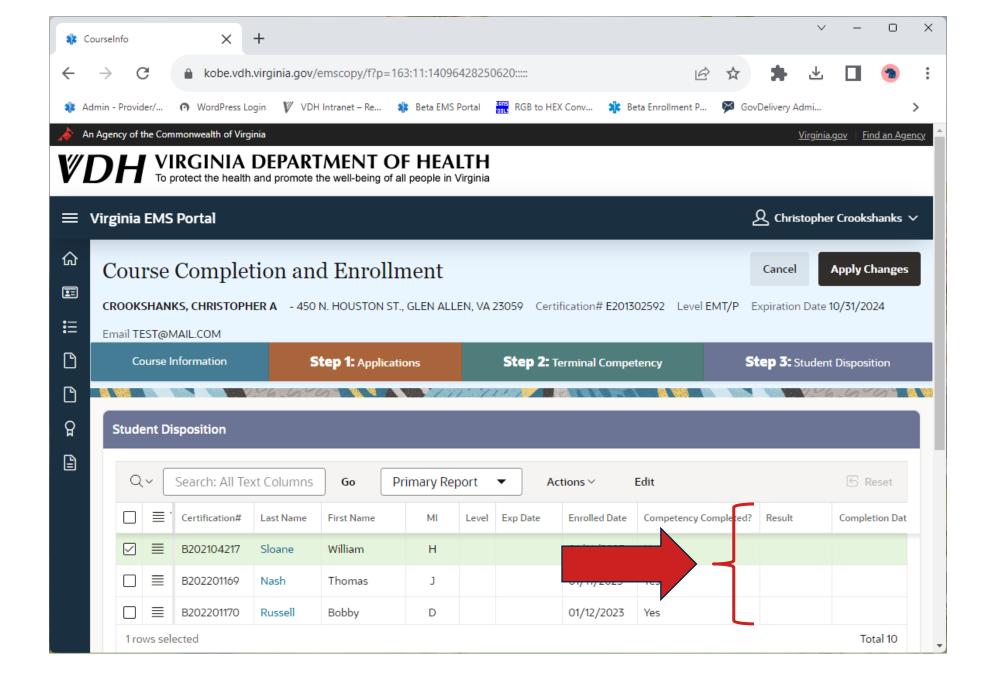


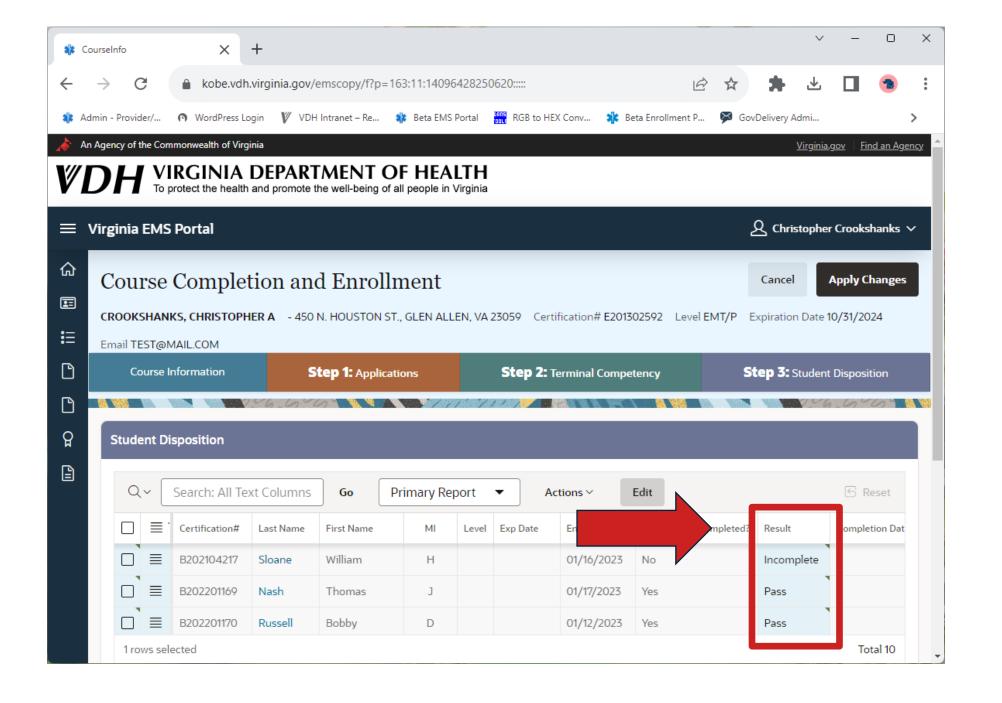


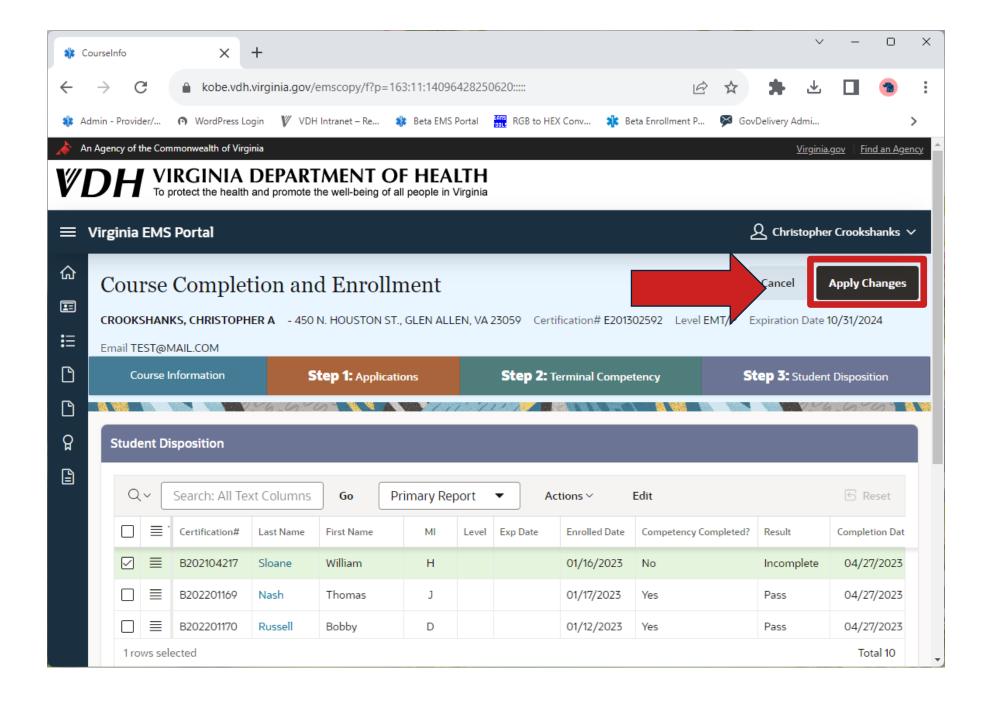












Marking Course Completions







Students on Field Rotations

- https://www.vdh.virginia.gov/content/uploads/sites/23/2022/02/EMS-Student-Eligibility-in-Virginia-2-10-22.pdf
- 12VAC5-31-1170 Provision of care by students
- 12VAC5-31-1423 Course Announcement Requirements
- Violation of this policy may result in:
 - Individual being subject to enforcement action for practicing above their scope of practice
 - Agency being subject to enforcement action





Questions?

Maintaining Your Education Coordinator

Maintain provider certification

Teach a *minimum* of 50 hours per certification cycle (3 years)

Attend a *minimum* of 1 update per certification cycle (3 years)

Re-endorsement by EMS Physician (online) (valid for 180 days)

Complete recertification quiz (online)

- If it expires re-entry is 2 years
- Certification is <u>not</u> tied to provider expiration



THANKYOU