Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
July 10, 2013
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	**Holly Frost**	Warren Short	Cathy Cockrell
Kathy Eubank	**Tom Nevetral**	Greg Neiman	Jason Ambrose
William Ferguson		Debbie Akers	Marcia Pescitani
Dr. Robin Foster			
Mike Garnett			
Dr. Charles Lane			
Rick McClure			
Stephen Rea			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:33 am.	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (**Attached**)	**Motion By Rick Mclure** **Second by Steve Rassmussen** **Unanimously approved**
IV. Approval of Minutes	The Committee reviewed the minutes of the April 10, 2013 Quarterly Meeting (**Attachment: A**)	**Motion by: Steve Rassmussen** **To approve the July 11, 2012 Minutes f the TCC** **Seconded by: Rick McClure** **Unanimously Approved.**
V. Reports of Committee Members	A. Officer Reports a. Thank you to the sub-committee members for all their work B. Reports of Committee Members 1. Chair Report – a number of issues to address today. Have struggled in the past with the representative groups to this committee so will be addressing today. 2. Medical Direction: Dr. Charles Lane – not present 3. OMD Workgroup meeting tomorrow C. Office of EMS 1. BLS Training Specialist – Greg Neiman	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	a. Greg Neiman passed the VEMSES exam and is now an Education Coordinator b. EC Institute i. June 8-12, 2013 in conjunction with VAVRS in Blacksburg. Had 15 candidates and one person was given Conditional. ii. Next EC Psychomotor Exam is scheduled for early August 17, 2013 iii. Next Institute is scheduled for September c. Updates i. The DED Division has gone back on the road for 2013. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm d. VEMSES testing i. Proceeding along. No real change in pass rates. Multiple-guess EMT questions continue to be the weakest area. ii. Still planning to roll out new essay sets soon. 2. ALS Training Specialist – Warren Short 3. Accreditation/Funding a. Accreditation Report (**Attachment: B**) b. EMS Training Fund (**Attachment: C**) 4. Certification Testing – Peter Brown a. Psychomotor Testing i. Have completed a year and it all appears to be going well b. Same-day retesting primarily being done in the Western Are c. Two new examiners i. Lisa Davis ii. Nakia James d. Requests for Evaluator Training i. Planning to update the training material. Do we need a committee? ii. Tom Nevetral work group should include Test Reps and Council Coordinators 5. Division of Educational Development – Warren Short a. Policy T-116 (**Attachment: D)** i. Question from Steve Rea about possibly lowering the number from 15 to 10. ii. Tom Nevetral expressed some concern about accredited programs with even smaller numbers. b. Working on the OMD component of the Portal, shooting for a November roll-out. Will provide a lot of information to the Medical Directors c. Web-based Enrollment i. Webinars beginning in August. All EC's will receive e-mails about the Web Enrollment process for Certification Programs. Will be provided at different times to accommodate as many folks as possible.	**Tom Nevetral will chair the workgroup.** **Stephen Rea will chair a workgroup**

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	6. Regulation & Compliance – Scott Winston a. Interviews are being conducted today to fill the open Program Representative position in Northern Virginia. b. 2013 General Assembly items i. Elimination of the Waiver process for Recertification Process 1. Held up due to regulatory issues 2. OEMS is working on a fast-track process to change the Regulations 3. Hoping to complete the needed changes within 90 days ii. Removing the requirement for obtaining a signature of a Physician after medication and procedures 1. Held up due to change needed in Board of Pharmacy Regulations 2. Board of Pharmacy is going through an exempt action and hope to see the requirement removed within 60 days iii. Requirement of fingerprint FBI Criminal background check for new EMS volunteers/employees. 1. Delayed due to waiting on equipment needed to scan the fingerprints 2. Finalizing policies and procedures a. How to appeal if you feel information is inaccurate b. Need to provide information to the regions and agencies waiting on approval iv. Community Paramedicine Programs 1. Have been approached by a number of agencies interested in starting programs. 2. Fueled by the reduced Medicare reimbursement for readmission within 30 days 3. Notified that these programs may violate Home Healthcare Regulations. 4. Addressing some of the questions. 5. Expect it to be on the agenda for the next EMS Advisory Board DISCUSSION 7. Other Office Staff a. Gary Brown – No Report	
VII. Previous Business	A. HB1856 – Training Disparities, Delivery and Availability of Training 1. Workgroup has met once and projects have been assigned. 2. Looking to meet again by late August/Early September 3. Report due October 15th to the Commissioner	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	B. 2014 TCC composition (**Attachment: E**) Discussion	**Motion By: Holly Frost** **To address the composition of the Training and Certification Committee** **Seconded by Rick McClure** **Unanimously Approved as amended.**
VII. New Business	A. Testing time-limits: State vs NR – Tom Nevetral We have a number of students finish programs who never test. Should we consider a change in the testing timeline? Discussion B. EMT Best Practices – Tom Nevetral We have some programs that are doing great with high pass rates. Can we convene a group to look at best practices? Should we send out a survey? C. NR Test Statistics (**Attachment: F**) Document was reviewed D. ALS-Competency List – Workgroup Rick McClure (**Attachment: G**) a. Addendum A: The Use of High-Fidelity Simulation (**Attachment: H**) E. Enhanced/AEMT Recert CE Workgroup	**Billy Ferguson will chair the workgroup.** **Motion By Tom Nevetral** **To: Accept the new ALS Competency List for all programs that begin Fall 2013.** **Second by: Steve Rasmussen** **Unanimously Approved** **Motion By: Mike Garnett** **To: Approve the Addendum: A – The Use of High Fidelity Simulation** **Second by: Tom Nevetral** **Unanimously Approved** **Mike Garnett will chair the workgroup**
VIII. Public Comment	Tom Nevetral requested if GEMS programs may be considered for RSAF funding in the future. Warren Short reminded everyone that Holly is leaving her current position with NVCC but will continue some	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	involvement in EMS	
IX. Dates for 2013 Meetings	~~January 9, April 10~~, July 10, October 9	
X. Adjourn	Meeting adjourned at 1:10pm	

Training & Certification Committee
Wednesday, July 10, 2013 - 10:30 AM
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
Meeting Agenda

I. Welcome
II. Introductions
III. Approval of Agenda
IV. Approval of Minutes from April 10, 2013
V. Reports of Committee Members
- a. Officer Reports
- b. Reports of Committee Members
  - i. Chairman Report
  - ii. Medical Direction Committee - Dr. Charles Lane
  - iii. Committee Members
- c. Office of EMS
  - i. BLS Training Specialist - Greg Neiman, OEMS
  - ii. ALS Training Specialist – Warren Short, OEMS
  - iii. Funding and Accreditation – Warren Short, OEMS
  - iv. Certification Testing Coordinator – Peter Brown, OEMS
    1. Evaluator Training Workgroup – Peter Brown
  - v. Division of Educational Development (DED) - Warren Short, OEMS
  - vi. Regulation & Compliance – Michael Berg, OEMS
  - vii. Other Office Staff

VI. Previous Business-none
- a. HB1856 – Training Disparities, Delivery and Availability of Training
- b. 2014 TCC composition

VII. New Business
- a. Testing Time-limits State vs NR - Tom Nevetral
- b. EMT Best Practices – Tom Nevetral
- c. NR Test Stats
  - i. State Statistics Reports
- d. ALS Competency List - Workgroup
- e. Enhanced/AEMT Recert CE Sub-committee

VIII. Public Comment
IX. Dates for 2013 Quarterly Meetings
X. Adjourn

Attachment: A to the July 10, 2013 TCC Minutes

Approved April 10, 2013 Minutes of the TCC

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
April 10, 2013
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	**Holly Frost**	Warren Short	Cathy Cockrell
Kathy Eubank	**Tom Nevetral**	Greg Neiman	Jason Ambrose
William Ferguson		Debbie Akers	Marcia Pescitani
Dr. Robin Foster			
Mike Garnett			
Dr. Charles Lane			
Rick McClure			
Stephen Rea			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:30 am.	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (**Attached**)	**Motion By Rick** **Second by Steve**
IV. Approval of Minutes	The Committee reviewed the minutes of the July 11, 2012 Quarterly Meeting (**Attachment: A**)	**Motion by: Rick McClure** **To approve the July 11, 2012 Minutes f the TCC** **Seconded by: Kathy Eubank** **Unanimously Approved.**
V. Review of Discussions from January 9, 2013	The Committee reviewed the discussion from the January 9, 2013. (**Attachment: B**)	
VI. Reports of Committee Members	A. Officer Reports B. Reports of Committee Members 1. Chair Report – a number of issues to address today. Have struggled in the past with the representative groups to this committee so will be addressing today. 2. Medical Direction: Dr. Charles Lane – no report 3. Rick McClure – ALS Competency Sub Committee. Have met once and two webinar work sessions. Will be sending out a Survey to accredited programs in and outside the state.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Kathy Eubank – hearing concerns about the pass rates on National Registry Stephen Rea C. Office of EMS 1. BLS Training Specialist – Greg Neiman a. Institute i. January 2013 - Certified 8 new EC's and 5 new ALS-C's 1. We are finishing up all of the ALS-C applications we received prior to the regulations being promulgated in October. Have a few more folks in the pipeline ii. Next EC Psychomotor Exam is scheduled for early May iii. June Institute will be held in conjunction with the VAVRS Rescue College in Balcksburg, June 8-12, 2013 b. Updates i. The DED Division has gone back on the road for 2013. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. VEMSES testing i. Proceeding along. No real change in pass rates. Multiple-guess EMT questions continue to be the weakest area. ii. Still planning to roll out new essay sets soon. 2. ALS Training Specialist – Debbie Akers a. ALS-C Candidates b. National Registry i. Students are floundering, Instructors are not providing guidance on the National ii. Registry Testing process. iii. Warren will cover current test stats 3. Accreditation – Debbie Akers (**Attachment: C**) a. Have 1 stand-alone BLS Accredited Program b. 9 Paramedic Programs have added BLS c. 1 Intermediate has added BLS d. 1 new applicant for Intermediate e. Funding (**Attachment: D**) 4. Certification Testing – Warren Short/Peter Brown a. PEG has been posted b. Test sites still being conducted and are going well c. Will be posting 3 videos, d. revision of KED and Bleeding Wounds and Shock. In addition will be posting the EMSAT on the Testing process 5. Division of Educational Development – Warren Short	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	a. NR Stats (**Attachment: E**) (http://www.vdh.virginia.gov/OEMS/Files_Page/Training/EMTTestStats04-01-2013.pdf) b. National Registry Test Sites. Pearson Vue (**Attachment: F**) (http://www.vdh.virginia.gov/OEMS/Files_Page/Training/PearsonVUESites.pdf) i. Dr Lane asked about feedback to the OMD/PCD's. Warren advised that the OMD Portal is still in development. c. Recertification by CE has been approved through legislative change. i. Will go into effect on July 1, 2013. ii. April, May, June expirees must submit waivers or test iii. CE MUST be received by the last business day of the month or the provider will be in reentry. iv. Once you meet your CE will have a button to recert early (manual process) if nothing is done new card will be issued automatically at the beginning of expiration month. v. Coming up shortly, will have web-based enrollment. 1. A course pin will be generated to the Instructor. They will give the pin to the students and have them register vi. CTS 1. Office is working with the councils to see if we can assist with the process 6. Regulation & Compliance – Michael Berg – not present 7. Other Office Staff a. Gary Brown – No Report	
VII. Previous Business	None	
VII. New Business	A. State EMS Plan (**Attachment: G**) a. The Committee reviewed the changes that had been discussed during the workgroup session B. HB 1856 – (**Attachment: H**) a. Training Disparities, Delivery and Availability of Training (http://lis.virginia.gov/cgi-bin/legp604.exe?131+sum+HB1856) i. Warren Short discussed the House Bill as introduced by Delegate Orrock	**Motion by: Rick McClure** **To: Endorse the Strategic Plan as relates to TCC's role with the changes as noted.** **Second by Dr Lane** **Unanimously Approved** **TCC will form a workgroup comprised of Kathy Eubank, Mike Garnett, and Dr. Charles Lane, to report back in July.**

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	b. Development of BLS Template i. This issue is part of HB 1856 as well. Warren Short discussed this issue. This is already on MDC's radar with the Patient Care Guidelines Workgroup. There is an issue with communication. c. OMD Appeals Process i. Warren discussed this component of HB 1856 C. 2014 TCC composition (**Attachment: I**) a. Larry Oliver discussed the history behind the committee representative groups.	**Depending on MDC's need, Steve Rasmussen has volunteered to be a TCC representative.** **This issue is being addressed by MDC. Dr. Lane is the MDC representative. Stephen Rea has volunteered to assist as needed.** **The Committee was given a proposed structure for they review and consideration.**
VIII. Public Comment	None	
IX. Dates for 2013 Meetings	~~January 9, April 10~~, July 10, October 9	
X. Adjourn	Meeting adjourned at 1:07pm	

Training & Certification Committee
Wednesday, April 10, 2013
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
10:30 AM
Meeting Agenda

I. Welcome
II. Introductions
III. Approval of Agenda
IV. Approval of Minutes from July 11, 2012
V. Review of discussions from January 9, 2013 meeting
VI. Reports of Committee Members
- a. Officer Reports
- b. Reports of Committee Members
  - i. Chairman Report
  - ii. Medical Direction Committee - Dr. Charles Lane
  - iii. Others
- c. Office of EMS
  - i. BLS Training Specialist - Greg Neiman, OEMS
  - ii. ALS Training Specialist - Debbie Akers, OEMS
  - iii. Funding and Accreditation – Debbie Akers, OEMS
  - iv. Certification Testing Coordinator – Peter Brown, OEMS
  - v. Division of Educational Development (DED) - Warren Short, OEMS
  - vi. Regulation & Compliance – Michael Berg, OEMS
  - vii. Other Office Staff

VII. Previous Business-none
VIII. New Business
- **a. State EMS Plan**
- **b. HB1856 – Training Disparities, Delivery and Availability of Training**
- **c. Development of BLS Template**
- **d. OMD Appeals Process**
- **e. 2014 TCC composition**

IX. Public Comment
X. Dates for 2013 Quarterly Meetings
XI. Adjourn

Attachment: B to the July 10, 2013 TCC Minutes

Accreditation Report

Accredited Training Site Directory

As of July 9, 2013

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Accredited Paramedic[1] Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	No	4	National – Probation	CoAEMSP
Center for EMS Training[1]	74015		1	**Rejected by CAAHEP**	Expired
Central Virginia Community College	68006	Yes	--	National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	No	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	No	--	CoAEMSP - LOR	
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
American National University	77512	No	--	National – Initial	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College[2]	08908	No	1	State – Full	July 31, 2013
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	No	--	CoAEMSP - LOR	
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Tidewater Community College	81016	Yes	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	4	National – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- [1]The Center for EMS site visit was conducted in December, 2012. CAAHEP has rejected their accreditation packet and their letter of review is no longer in effect and they are no longer accredited as an ALS training center
- Lord Fairfax Community College, Rappahannock EMS Council and Prince William County have received their CoAEMSP Letter of Reviews and will have their accreditation visits scheduled within the next two years.
- [2]Patrick Henry Community College has submitted a Letter of Review but is on hold because of no current program director. State accreditation expires on July 31, 2013; therefore, no new ALS programs can be announced or started until the program director is hired and LOR is issued by CoAEMSP.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm

Accredited Intermediate[1] Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	No	--	State – Full	May 31, 2015
Danville Area Training Center	69009	No	--	State – Full	October 31, 2013
Dabney S. Lancaster Community College	00502	No	--	State – Full	July 31, 2017
Hampton Fire & EMS	83002	Yes	--	State – Full	February 28, 2017
James City County Fire Rescue	83002	No	--	State – Full	February 28, 2014
John Tyler Community College	04115	No	--	State – Full	April 30, 2017
Nicholas Klimenko and Associates	83008	Yes	1	State – Full	July 31, 2015
Norfolk Fire Department	71008	No	--	State – Full	July 31, 2016
Rappahannock Community College	11903	Yes	2	State – Full	July 31, 2016
Roanoke Regional Fire-EMS Training Center	77505	No	--	State – Full	January 31, 2015
UVA Prehospital Program	54008	No	--	State – Full	July 31, 2014
WVEMS – New River Valley Training Center	75004	No	--	State – Full	June 30, 2017

Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

Accredited EMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Navy Region Mid-Atlantic Fire EMS		--	State – Provisional	March 13, 2014
City of Virginia Beach Fire and EMS		**--**	State – Provisional	July 31, 2014

* Self study has been received from: Physicians Transport Service and the site visit is pending for August, 2013.

Attachment: C to the July 10, 2013 TCC Minutes

EMSTF Report

Emergency Medical Services Training Funds Summary

As of July 9, 2013

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

EMS Training Funds Summary of Expenditures

Fiscal Year 2012	Obligated $	Disbursed $
40 BLS Initial Course Funding	$784,836.00	$416,282.42
43 BLS CE Course Funding	$122,640.00	$43,898.75
44 ALS CE Course Funding	$273,840.00	$85,776.25
45 BLS Auxiliary Program	$94,000.00	$15,200.00
46 ALS Auxiliary Program	$332,000.00	$182,910.00
49 ALS Initial Course Funding	$1,342,350.00	$685,232.33
Total	**$2,949,666.00**	**$1,429,299.75**

Fiscal Year 2013	Obligated $	Disbursed $
19 Emergency Ops	$1,320.00	$675.00
40 BLS Initial Course Funding	$725,064.00	$321,748.26
43 BLS CE Course Funding	$120,120.00	$41,571.21
44 ALS CE Course Funding	$295,680.00	$64,627.50
45 BLS Auxiliary Program	$74,000.00	$12,520.00
46 ALS Auxiliary Program	$344,000.00	$133,380.00
49 ALS Initial Course Funding	$1,075,128.00	$430,585.06
Total	**$2,635,312.00**	**$1,005,107.03**

Fiscal Year 2014	Obligated $	Disbursed $
19 Emergency Ops	$120.00	$0.00
40 BLS Initial Course Funding	$47,124.00	$0.00
44 ALS/BLS CE Course Funding	$11,760.00	$0.00
45 BLS Auxiliary Program	$12,000.00	$0.00
46 ALS Auxiliary Program	$28,000.00	$0.00
49 ALS Initial Course Funding	$154,496.00	$0.00
Total	**$268,800.00**	**$0.00**

Attachment: D to the July 10, 2013 TCC Minutes

New TPAM Policy T-116

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-116**	Page: **1**	of: **1**
Title: **Administration of Written and Practical/Psychomotor Testing**		
Regulatory Authority: **12VAC5-31-1469**		
Date of Issue: **June 18, 2013**	Effective Date: **June 18, 2013**	

A. This policy establishes the process by which Certification Testing is administered in Virginia to assure standardized and consistent testing throughout the Commonwealth.

B. Virginia written and practical/psychomotor examinations are primarily conducted at Consolidated Test Sites (CTS) under OEMS contract with the regional EMS Councils.

C. Accredited EMT Programs in Virginia are authorized to conduct equivalent practical/psychomotor examinations for students enrolled in their respective programs. Test sites coordinated by an Accredited EMT Program are not considered CTS. They are specifically designed to allow the Accredited EMT program to provide testing opportunities for its students.

1. Practical Exam Testing must be in accordance with the process established in the Consolidated Test Site Manual (CTS) and VEMSES - Practical Exam Users Guide (V-PUG) and the policies in the TPAM. Where appropriate, the V-PUG may be used until it expires on December 31, 2013 for those testing under the National Standard Curriculum.

2. For EMT programs that ended after July 1, 2012, Psychomotor Exam Testing must be in accordance with the process established in the Psychomotor Examination Guide (PEG) and the policies in the TPAM.

3. The Accredited EMT Program must contact the OEMS Testing Coordinator at least one (1) month in advance of the date of the proposed examination to request an assigned test date. Approval of a requested test date is based upon the availability of an OEMS Test Examiner, among other factors.

a. Approved Test Sites must submit a complete and final test roster to the identified OEMS Certification Examiner no later than 10 days prior to the test date.

b. A minimum of 15 test eligible candidates, who are enrolled in the accredited program coordinating the test site, must be present to hold a Test Site coordinated by an Accredited EMT Program or the examination will be cancelled by the OEMS Test Examiner.

c. The EMT Accredited Program may not accept certification candidates from other accredited or non-accredited programs, and/or providers testing for recertification, reentry or challenges at their test site.

d. If the accredited program has 14 or less candidates enrolled, the program cannot coordinate an in-house exam and the students should be registered for a CTS.

Attachment: E to the July 10, 2013 TCC Minutes

TCC 2014 Committee Representation

Proposed Restructuring of the Training and Certification Committee for 2014

Organization Represented
1. EMS Advisory Board/Chair
2. EMS for Children
3. VAGEMSA
4. VAVRS
5. Regional EMS Council Executive Directors Group
6. ~~EMS Educational Institutions~~ VCCS Accredited Institution
7. ~~ALS Coordinator Work Group~~ Non-VCCS Accredited Program
8. ~~VENA~~ Education Coordinator
9. ~~Commercial Training Facilities~~ Education Coordinator
10. EMS Physician (MDC)
Member-at-large- Advisory Board appointments

Members are appointed on an annual basis.

^ ~~Two members at large to be selected as necessary to insure the committee has at least one certified EMT Instructor, one ALS coordinator, and one Endorsed EMS Physician.~~

Attachment: F to the July 10, 2013 TCC Minutes

NR Test Stats

TCC:

Here are the current statistics in regard to National Registry Testing:

Results sent to National Registry = 2,783

No test attempt to date = 780 of which 84% (656) have completed applications and 16% (124) have not completed their National Registry application. I am in constant email contact with this group attempting to assist them in setting up their account.

Those who have tested:

	Attempted	Passed	%	Failed	%
First	2,003	1,302	65%	701	35%
Second	237	110	46%	127	54%
Third	49	16	33%	33	67%
Fourth	7	2	29%	5	71%
Fifth	3	1	33%	2	67%
Sixth	0				

The above is reflective of the 'Under 18' test candidates that is not reflected when you pull our State report from National Registry. The statistics for the 'Under 18 group are as follows:

Results sent to National Registry = 252

No test attempt to date = 137 which is 54% of those eligible to test and should have pending applications although I cannot 100% confirm that however I do check the assessment application report weekly to make sure anyone who should have a completed application are not still on my 'pending approval' list.

	Attempted	Passed	%	Failed	%
First	115	54	47%	61	53%
Second	4	4	100%	0	0%
Third	0				
Fourth	0				
Fifth	0				
Sixth	0				

The National statistics for this same period are as follows:

Report Date:	7/9/2013 10:06:16 AM
Report Type:	National Report
Registration Level:	EMT-Basic / EMT
Course Completion Date:	3rd Quarter 2012 to 3rd Quarter 2013
Training Program:	All

View Legend | Printer-Friendly Version

Show All | Show Only Percentages | Show Only Numbers

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
54375	73% (39902 / 54375)	81% (43836 / 54375)	81% (43908 / 54375)	0% (1 / 54375)	19% (10466 / 54375)	0% (0 / 54375)

Let me know if I can provide any further information.

~~~~~~

Deborah "Debbie" T. Akers, NRP
ALS Training Specialist
Office of EMS
Virginia Department of Health
1041 Technology Park Drive
Glen Allen, VA 23059
~~~~~~

Attachment: G to the July 10, 2013 TCC Minutes

ALS Competency List

V
ision of Educational
1041 Technolo Drive
Glen All 23059
8 -9120

	Column A	Column B	Column C	Column D	Column E	Column F
1	**AREAS**	**EMT to AEMT**	**AEMT to I Bridge**	**EMT to INTERMEDIATE**	**I to P Bridge**	**EMT to PARAMEDIC**
2	**CLINICAL REQUIREMENTS:**					
3	Emergency Department[1]	12 hrs	6 hrs	12 hrs	12 hrs	24 hrs
4	Critical Care Area[2]	-	4 hrs	4 hrs	4 hrs	8 hrs
5	Pediatrics[3]	-	4 hrs	4 hrs	4 hrs	8 hrs
6	Labor & Delivery[4]	-	4 hrs	4 hrs	4 hrs	8 hrs
7	OR/Recovery	-	4 hrs	4 hrs	4 hrs	8 hrs
8	Other Clinical Settings[5]	prn	prn	prn	prn	prn
9	**TOTAL MINIMUM CLINICAL HOURS[6]**	**36 hrs**	**36 hrs**	**72 hrs**	**72 hrs**	**144 hrs**
10	ALS Medic Unit (Field Internship)	12 hrs	12 hrs	24 hrs	24 hrs	48 hrs
11	**TOTAL MINIMUM FIELD/CLINICAL**	**48 Hours**	**48 Hours**	**96 Hours**	**96 Hours**	**192 Hours**
12	**TOTAL PATIENT CONTACTS[6]**	**30**	**30**	**60**	**60**	**120**
13	**COMPETENCIES:**					
14	**Trauma Assessment, pediatric[7]**	**2**	**3**	**5**	**5**	**10**
15	**Trauma Assessment, adult**	**2**	**3**	**5**	**5**	**10**
16	**Trauma Assessment, geriatric**	**2**	**3**	**5**	**5**	**10**
17	**Medical Assessment, pediatric[7]**	**2**	**3**	**5**	**5**	**10**
18	**Medical Assessment, adult**	**2**	**3**	**5**	**5**	**10**
19	**Medical Assessment, geriatric**	**2**	**3**	**5**	**5**	**10**
20	**Cardiovascular distress[8]**	**5**	**5**	**10**	**10**	**20**
21	**Respiratory distress**	**5**	**5**	**10**	**10**	**20**
22	**Altered Mental Status**	**5**	**5**	**10**	**10**	**20**
23	**Obstetrics: delivery**	**-**	**-**	**-**	**2**	**2**
24	**Neonatal Assessment/care**	**-**	**-**	**-**	**2**	**2**
25	**Obstetrics Assessment**	**-**	**5**	**5**	**5**	**10**
26	**Med Administration**	**15**	**15**	**30**	**30**	**60**
27	**IV Access[9]**	**25**	**-**	**25**	**-**	**25**
28	**Airway Management[10]**	**20[8]**	**15[6]**	**25[10]**	**25[10]**	**50[20]**
29	**Ventilate Non-Intubated Patient[9, 11]**	**20**	**-**	**20**	**-**	**20**
30	**Endotracheal Intubation[12]**	**-**	**1 real Patient**	**1 real Patient**	**1 real Patient**	**1 real Patient**
31	**Team Leader on EMS Unit[13]**	**10 (6)**	**15 (8)**	**25 (15)**	**25 (15)**	**50 (30)**

[1] May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.
[2] CCU, ICU, CC xport team, Cath Lab, etc.
[3] PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.
[4] Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.
[5] Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients
[6] The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.
[7] The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.
[8] Cardiac Arrest, Chest pain/pressure, STEMI, dysrythmia, etc.
[9] Although students in bridge programs do not have minimums, the program must ensure continued skill competency.
[10] Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation" http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.
[11] Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.
[12] AEMT –I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.
[13] The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory. Programs may set higher minimums or add to this list.

Attachment: H to the July 10, 2013 TCC Minutes

"The Use of High Fidelity Simulation"

Virginia EMS Clinical Education Requirements

Addendum A: The Use of High Fidelity Patient Simulation

DRAFT: May 29, 2013

Background in Simulation

Simulated experiences provide the student with the opportunity to be involved in patient care experiences they may otherwise not experience in actual clinical settings (e.g., emergency childbirth, tension pneumothorax, VT requiring synchronized cardioversion)

These patient situations are low frequency, high impact events they may otherwise not experience. Simulation offers an avenue to assess clinical judgment and critical thinking without jeopardizing patient safety. A simulated experience allows students to critically analyze their own actions (or failure to act), reflect on their own skill sets and critique the clinical decisions of others. Simulation promotes active learning and participation, to enhance students' critical thinking skills. Educators can apply well-founded simulation approaches to help students in clinical rotations to attain educational goals.

Definitions:

Clinical simulation - An active event in which students are immersed into a realistic clinical environment or situation. During this authentic clinical experience learners are required to integrate and synthesize core concepts and apply appropriate interpersonal and psychomotor skills. Students must incorporate critical thinking and decision-making skills in the assessment and management of simulated sick and injured patients.

Fidelity - The degree to which a simulation and/or a simulation device accurately reproduces clinical and/or human parameters; realism.

Low-Fidelity (LF) Technologies – A device that does not respond to interventions or is unable to be altered in real time to create a response.

High-Fidelity (HF) Technologies – A device (manikin) with lifelike features, either whole body or partial body, which is able to respond to a learner's actions or interventions. Response of the manikin to the student's performance is computer-controlled by the instructor. High-Fidelity Patient Simulator (HFPS) sessions must be scenario-based with clear performance objectives. The simulation must be recorded (i.e. audio and video) and culminate with a formal audio/visual review and debriefing.

HF Manikin capabilities: Vital signs, ECG, advanced airway procedures, vascular access, lungs sounds, electrical therapies (i.e. synchronized & unsynchronized defibrillation, transcutaneous pacing)

Key Components in Simulation

Integral components of a simulated learning experience include:

1. The educator must be trained and comfortable using the HFPS.

2. Students must come into the simulated clinical environment prepared for the simulation with a basic knowledge of the material and dressed appropriately for the clinical experience. The student will be expected to actually perform, not verbalize, the required skills.

3. Learning occurs when the environment accurately reflects reality and both the student and educator are actively engaged.

4. Simulated patient experiences must include the following to be a successful teaching tool:

    - Comprise the simulation exercise, debriefing, and evaluation.
    - Have clearly stated objectives that are presented to the student prior to engaging in the simulation experience (See addendum B).
    - Student requirement to prepare for the simulation in the same manner as they would prepare for an EMS call (pre-dispatch equipment check, etc.)
    - An orientation to both the HFPS and simulation lab area.
    - Challenge the student to use problem solving and critical reasoning skills to assess and manage the situation.
    - The educator assumes the role of facilitator, providing cues when necessary, but is not an active participant in the simulation.
    - Both the educator and the student participate in an active debriefing. Facilitated by the educator, the debriefing should challenge the student to think critically about his/her practice and clinical judgment. The debriefing session should occur immediately after the simulation is completed so the thoughts and feelings of the learner are not forgotten and do not get distorted over time. Video/Audio recording of the simulation must be utilized as a tool to provide objective data for review.
    - Each simulation session should also include an evaluation of the overall experience by both the educator and student.

Rationale for Using High-Fidelity Simulation to meet EMS Clinical Requirements

Based on the information and research presented thus far, HFPS is best accomplished as part of the clinical component of an EMS educational program. Rationale for this includes:

1. For all students to be actively engaged in a HFPS scenario there must be a maximum of four students.
2. For the team of students to cohere and maximize the HFPS learning experience, more than one scenario must be worked at a time. Six to eight hour sessions, working 3 to 4 scenarios work best.
   NOTE: Manikin/scene prep, execution, debriefing / video review, and evaluation takes 1.5 to 2 hours per scenario.
3. The VEMSES hourly breakdown for course content is structured for the traditional use of LF skills training. The time and resource intensive nature of HFPS does not lend itself to be incorporated into a regular class session.

Standards and Guidelines for the use of HFPS as part of EMS Clinical Education

1. HFPS used to meet competency/assessment requirements must adhere to the standards set forth in this document.
2. No more than 20% of the required competencies may be through HFPS.
3. HFPS scenarios should involve high criticality patients. See Addendum C.
4. HFPS does not replace the minimum clinical hour requirements of the program level.
5. HFPS scenarios cannot be used in place of required team leader calls.

References

Billings, D.M., & Halstead, J.A. (2005). *Teaching in Nursing: A Guide for Faculty* (2nd ed.). Philadelphia: W.B. Saunders.

Jefferies, P.R. (Ed.) (2007). *Simulation in Nursing Education: From Conceptualization to Evaluation*. New York, NY: National League for Nursing.

Kyle, R. R., Murray, W.B. (Eds.) (2008). *Clinical Simulation: Operations, Engineering and Management.* Burlington, MA: Academic Press.

Morton, P.G. (1995). Creating a laboratory that simulates the critical care environment. *Critical Care Nurse*, *16*(6), 76-81.

Virginia State Simulation Alliance (2008). *Use of Clinical Simulation Experiences in Nursing Education: The Virginia State Simulation Alliance Position Statement* (Unpublished).

Virginia Board of Nursing (2009). Guidance Document # 90-24: The Use of Simulation in Nursing Education (Unpublished).

Addendum B: Example of HFPS Learning Objectives

Adult Cardiac Field Simulation leading to Cardiac Arrest

Simulation Objectives:
General:

1. Student will perform a physical assessment based on the information obtained in the patient history and understand the significance of its findings.

2. Student will demonstrate knowledge, skills and abilities consistent with those identified in the National and/or Virginia Scope of Practice.

3. Student demonstrates proper skill techniques and attempts these when the situation arises.

4. Student will demonstrate effective teamwork in the simulation center setting in care of the simulated patients.

5. Student will demonstrate the ability to obtain patient history appropriate to chief complaint on critical patients.

6. Student will demonstrate the ability to be responsible for patient management on critical patients while enroute to the hospital.

7. Student will demonstrate the ability to handle stressful situations effectively.

8. Student will demonstrate the ability to direct the team, delegating tasks appropriately.

Suggested Review: Adult patient assessment, ACLS algorithms, IV insertion and fluid management, medication administration, airway management and oxygen administration, use of cardiac monitor/ defibrillator, ACLS medications, cardiac rhythm recognition

Dispatch information: You are dispatched to a local apartment complex for an unresponsive person.

Addendum C: Examples of high criticality scenarios

Airway, Breathing and Cardiology o Provide ventilatory support for a patient o Attempt to resuscitate a patient in cardiac arrest o Provide care to a patient experiencing cardiovascular compromise o Provide post resuscitation care to a cardiac arrest patient
Medical Emergencies o Assess and provide care to a patient experiencing an allergic reaction o Assess a patient with possible overdose o Assess and provide care to a near-drowning patient
Trauma o Perform a rapid trauma assessment o Assess a patient with a head injury o Assess and provide care to a patient with a suspected spinal injury o Provide care to a patient with a chest injury o Provide care to a patient with an open abdominal injury o Provide care to a patient with shock/hypoperfusion o Assess and provide care to a patient with a burn injury
Obstetrics and Pediatrics o Assess and provide care to an infant or child with cardiac arrest o Assess and provide care to an infant or child with respiratory distress o Assess and provide care to an infant or child with trauma o Assess and provide care to an infant or child with shock/hypoperfusion o Assess and provide care to an obstetric patient o Provide care to a newborn o Provide care to a mother immediately following delivery of a newborn