Credible Education
through Accreditation

CoAEMSP

EST 1978

Voluntary AEMT Accreditation: Process & Pathway

Disclosure

We have no actual or potential conflicts of interest in relation to this presentation.

Topics

1. Background Information

2. Survey Results
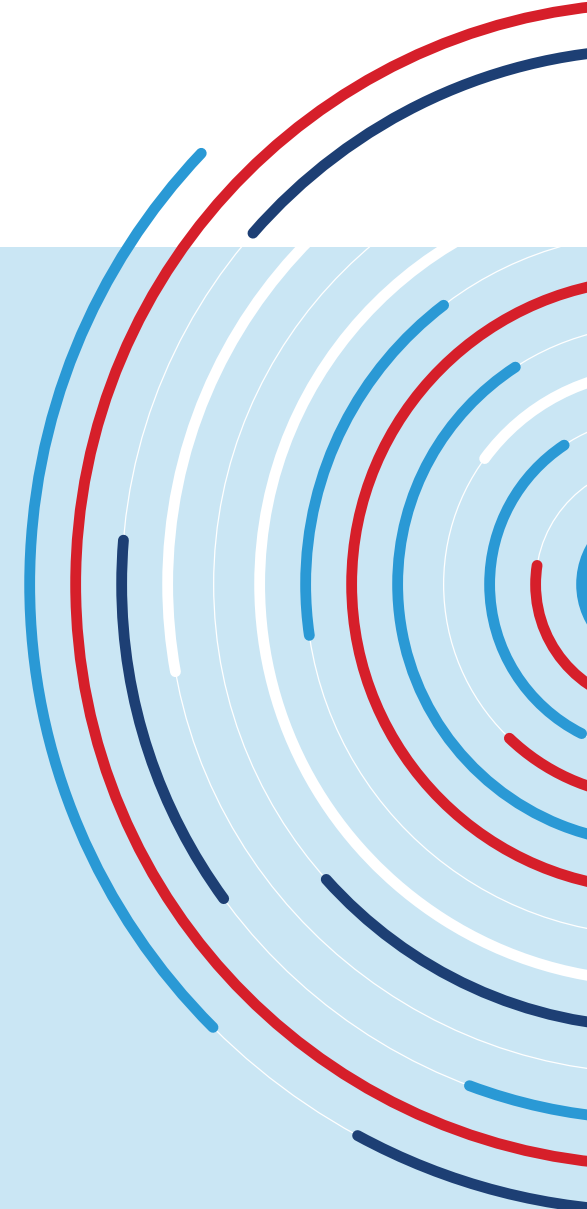
3. Operational Plans

4. Fees

5. Q&A

Informal Audience Poll

Background Information
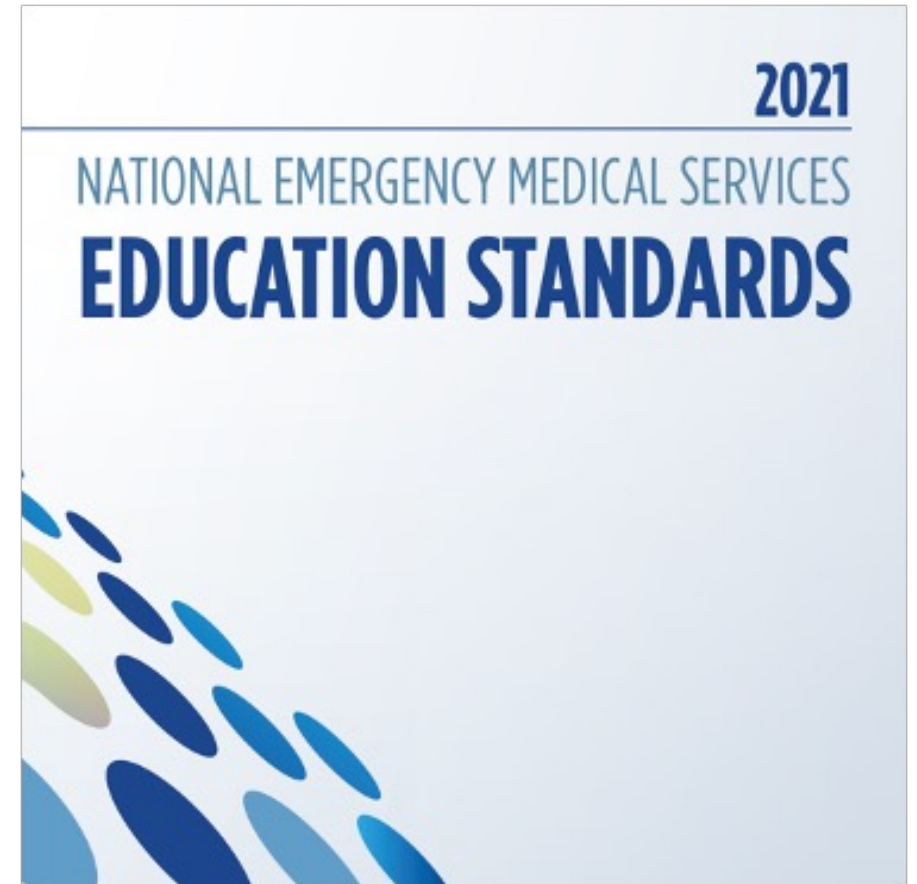
How and why did we get here?

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

NATIONAL EMS SCOPE OF PRACTICE MODEL 2019

The National Highway Traffic Safety Administration

Education

Credentialing

Certification

Licensure

EMS
Scope of Practice

NHTSA
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
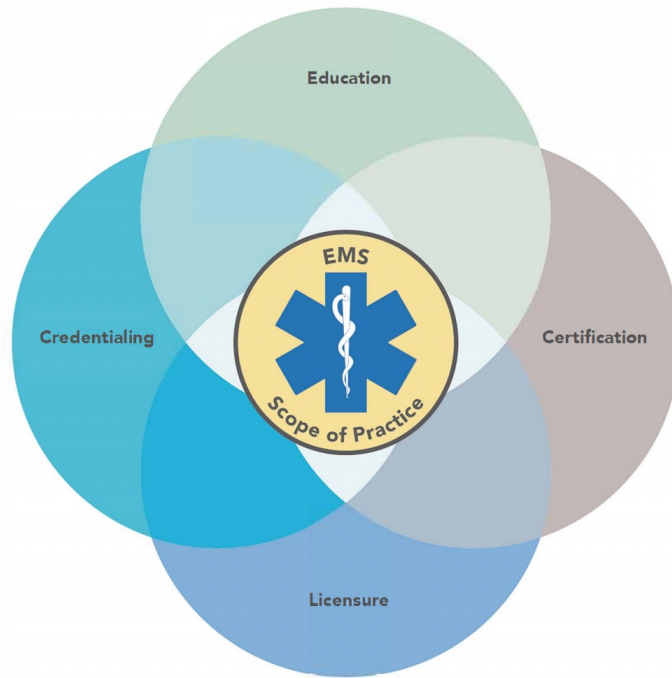
The expert panel considered the evidence related to the value of National EMS Program Accreditation toward student and patient outcomes and encourages collaboration among stakeholder groups for full implementation of national EMS program accreditation at the AEMT level by 2025 (p. 7).

Through the use of collegial evaluation practices and the identification of recognized routines for establishing sound EMS education programs, program accreditation is expected to promote clinical and educational excellence by ensuring the availability of adequate resources and services for educators and their students (p. 19).
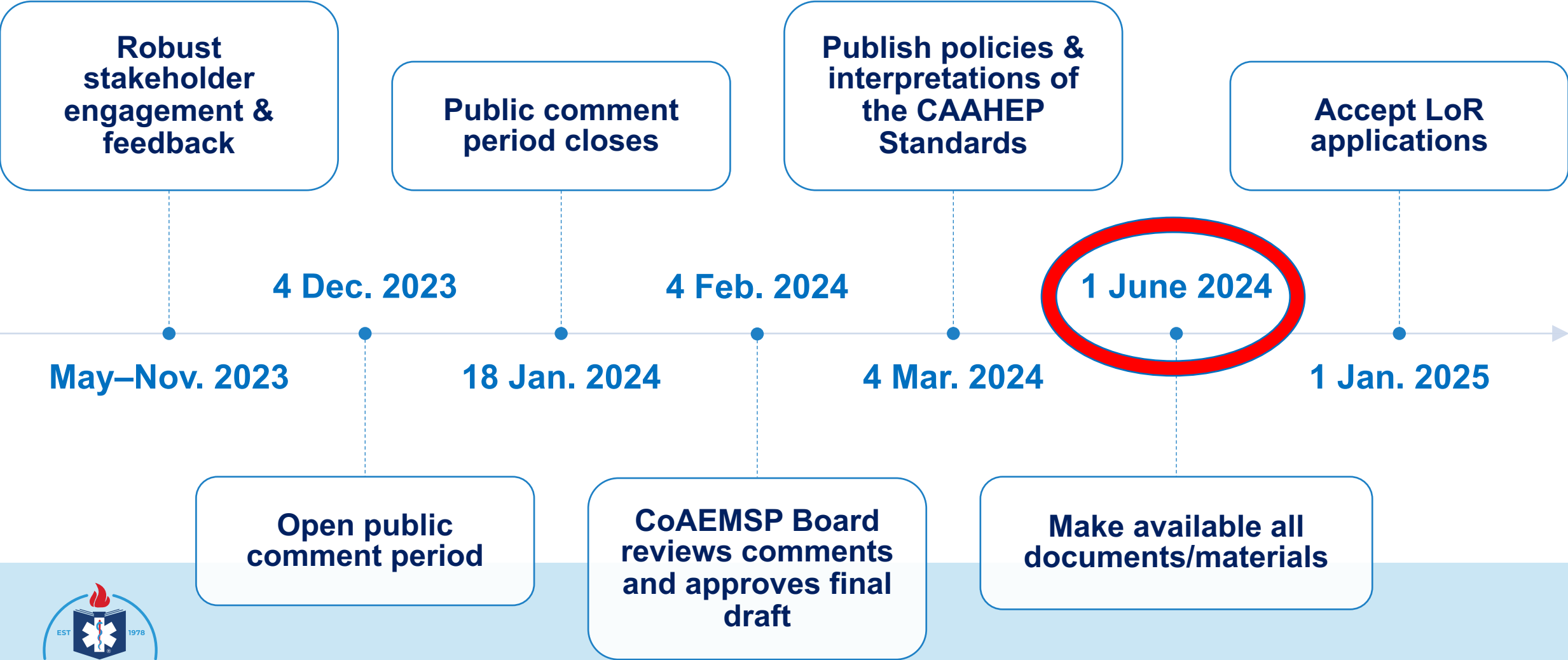
2021
NATIONAL EMERGENCY MEDICAL SERVICES
EDUCATION STANDARDS

CoAEMSP Strategic Initiative

*"Expand accreditation services with the implementation of voluntary AEMT accreditation."* (November 2022)

Commission on Accreditation of Allied Health Education Programs (CAAHEP) will launch programmatic accreditation at the AEMT level by January 1, 2025, and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) will provide the accreditation services.

Timeline

Robust stakeholder engagement & feedback

Public comment period closes

Publish policies & interpretations of the CAAHEP Standards

Accept LoR applications

4 Dec. 2023

4 Feb. 2024

1 June 2024

May–Nov. 2023

18 Jan. 2024

4 Mar. 2024

1 Jan. 2025

Open public comment period

CoAEMSP Board reviews comments and approves final draft

Make available all documents/materials

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Survey Results

What have we heard from programs?
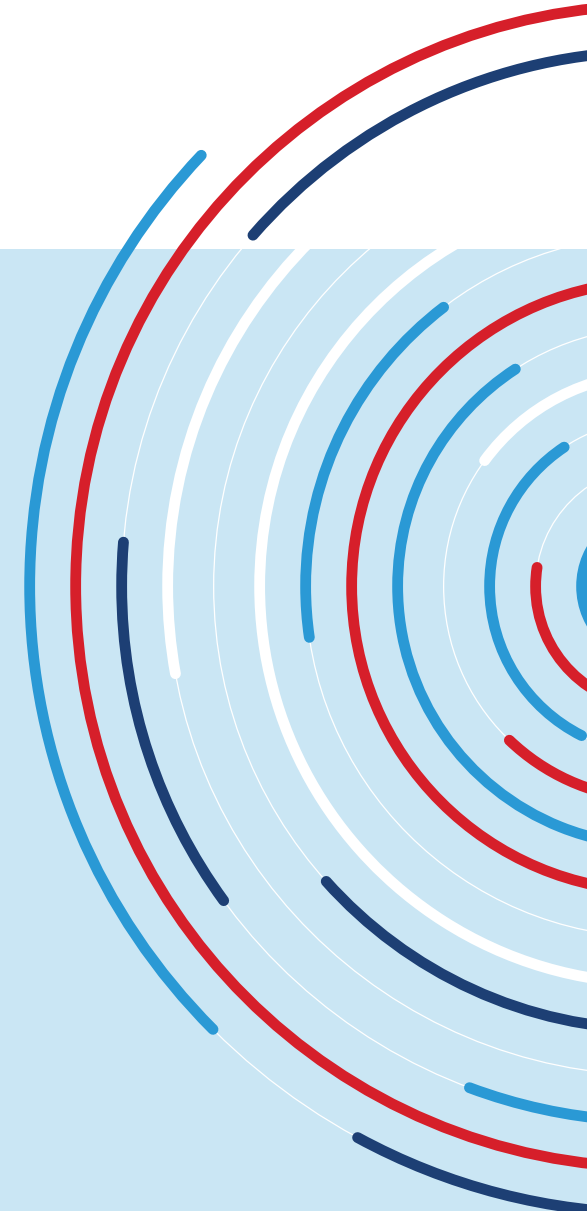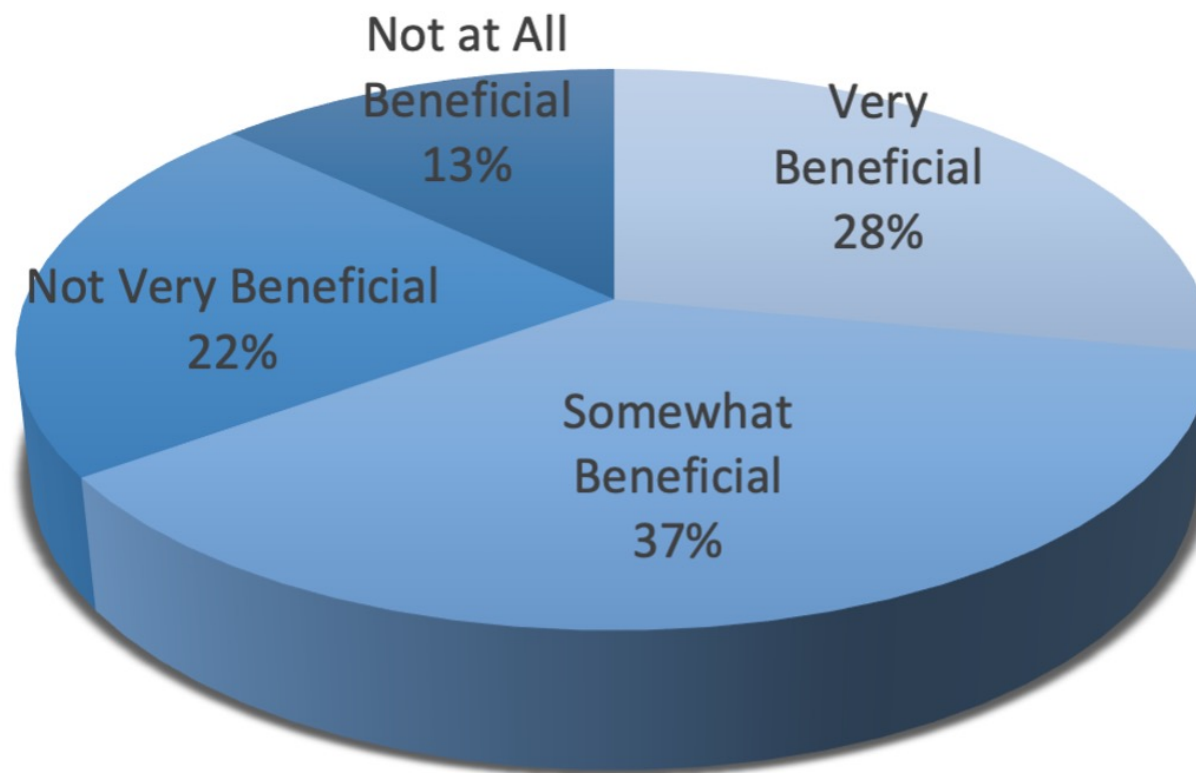
# Likeliness to seek voluntary AEMT accreditation.
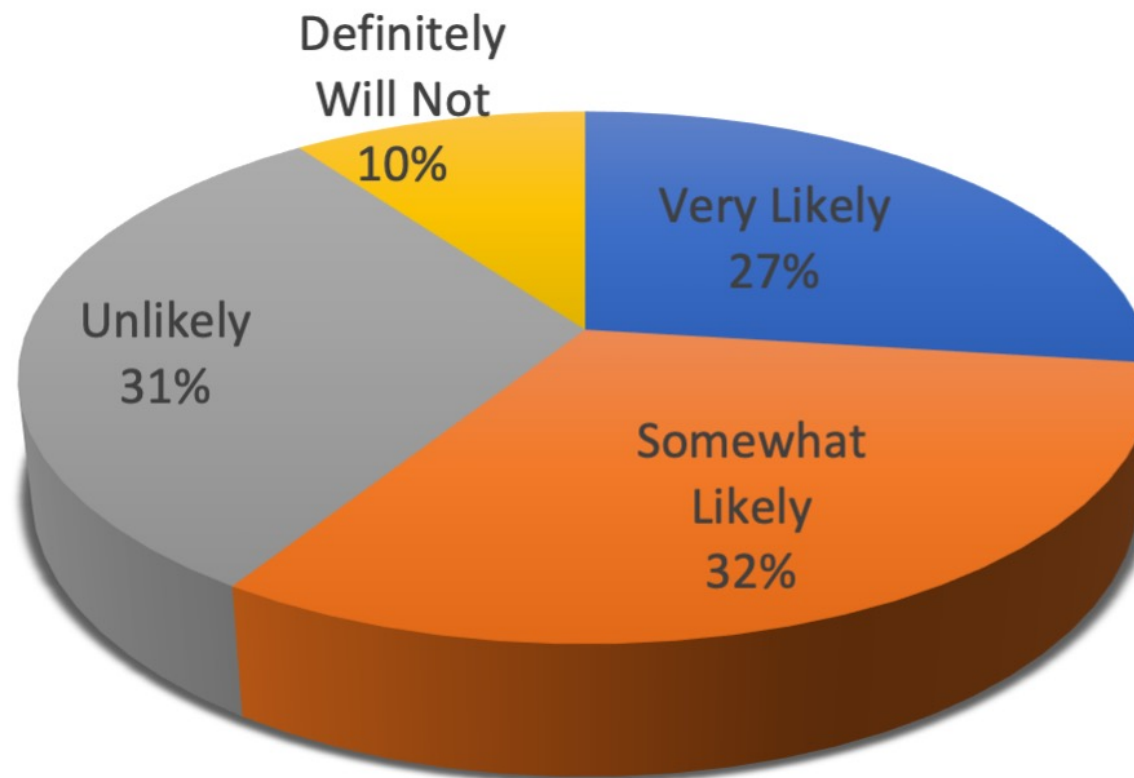
National Evaluation of Advanced EMT Certification Programs in the US

Table 1: From 2019-2021, total students who attempted the AEMT Certification examination and their associated first and cumulative third pass rates (median, IQR).

Year	Students Attempting AEMT Certification	First Pass Success	Cumulative Third Pass Success
2019	4,680	56% (44.4, 71.4)	
2020	5,279	56% (42.9, 69.8)	
2021	6,462	55% (40.0, 69.2)	74% (62.5, 87.5)

Operational Plans

Defining the process to seek voluntary AEMT accreditation
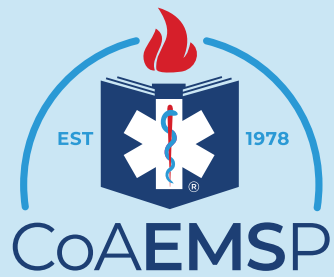
CoA**EMSP**

EST 1978

Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions
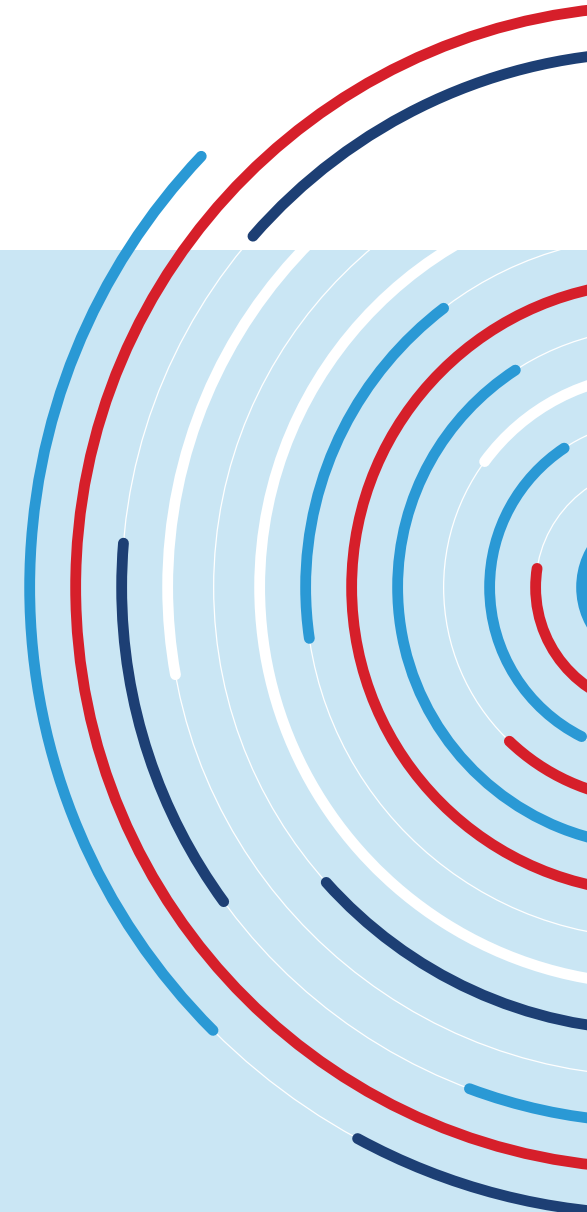
CoAEMSP INTERPRETATIONS OF THE

CAAHEP 2023 *STANDARDS AND GUIDELINES*

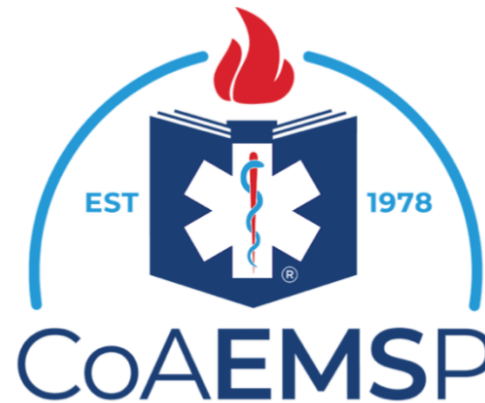for the Accreditation of Educational Programs in the EMS Professions

This companion document contains the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* with CoAEMSP interpretations adopted by CoAEMSP through policies. The interpretations are NOT part of the CAAHEP *Standards and Guidelines* document and are subject to change by CoAEMSP. Policy revisions may occur often, so this document should be reviewed frequently to ensure the most current version. Please refer to the Glossary for the definition of terms which is available at www.coaemsp.org/policies. Questions regarding the interpretations can be directed to CoAEMSP. [Standards interpretations first approved by CoAEMSP February 2024.]

CoAEMSP
Committee on Accreditation of Educational Programs
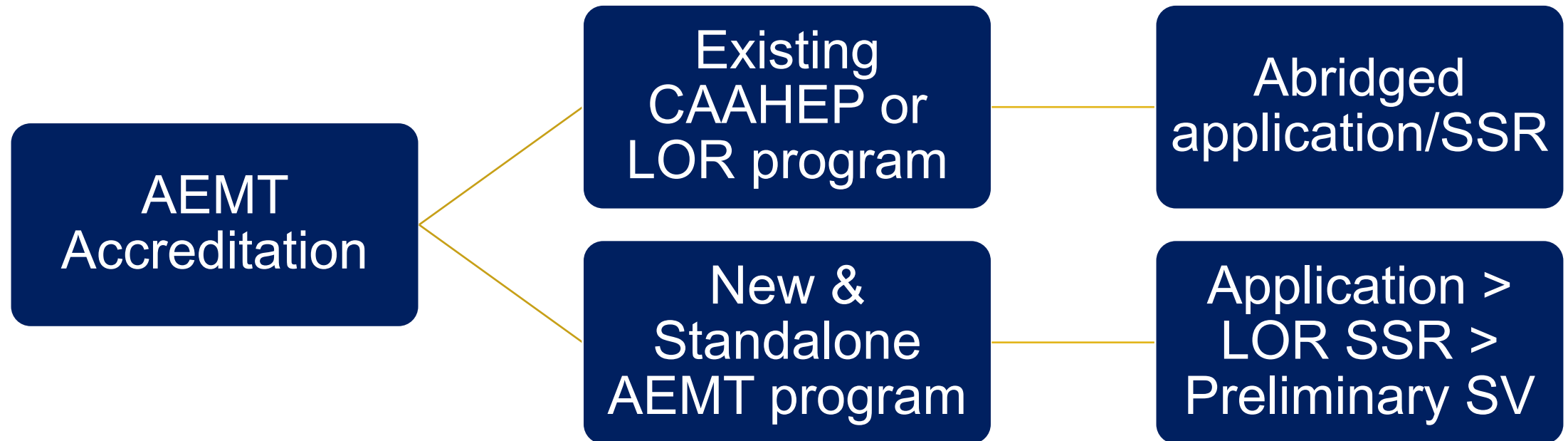for the Emergency Medical Services Professions

Policies & Procedures
for Programs

Approved by the CoAEMSP Board of Directors
November 3, 2023

CoAEMSP
Committee on Accreditation of Educational Programs
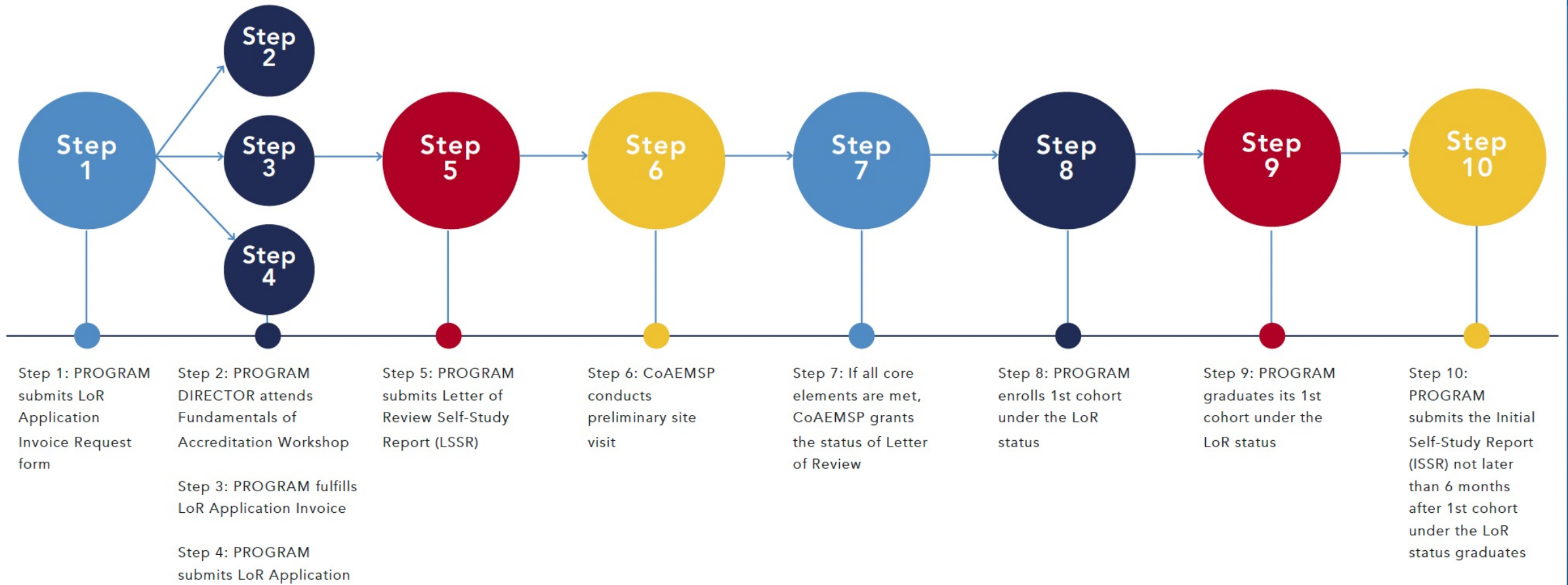for the Emergency Medical Services Professions

New Program without any CoAEMSP/CAAHEP Status

CoAEMSP LETTER OF REVIEW PROCESS

Step 1: PROGRAM submits LoR Application Invoice Request form

Step 2: PROGRAM DIRECTOR attends Fundamentals of Accreditation Workshop

Step 3: PROGRAM fulfills LoR Application Invoice

Step 4: PROGRAM submits LoR Application

Step 5: PROGRAM submits Letter of Review Self-Study Report (LSSR)

Step 6: CoAEMSP conducts preliminary site visit

Step 7: If all core elements are met, CoAEMSP grants the status of Letter of Review

Step 8: PROGRAM enrolls 1st cohort under the LoR status

Step 9: PROGRAM graduates its 1st cohort under the LoR status

Step 10: PROGRAM submits the Initial Self-Study Report (ISSR) not later than 6 months after 1st cohort under the LoR status graduates
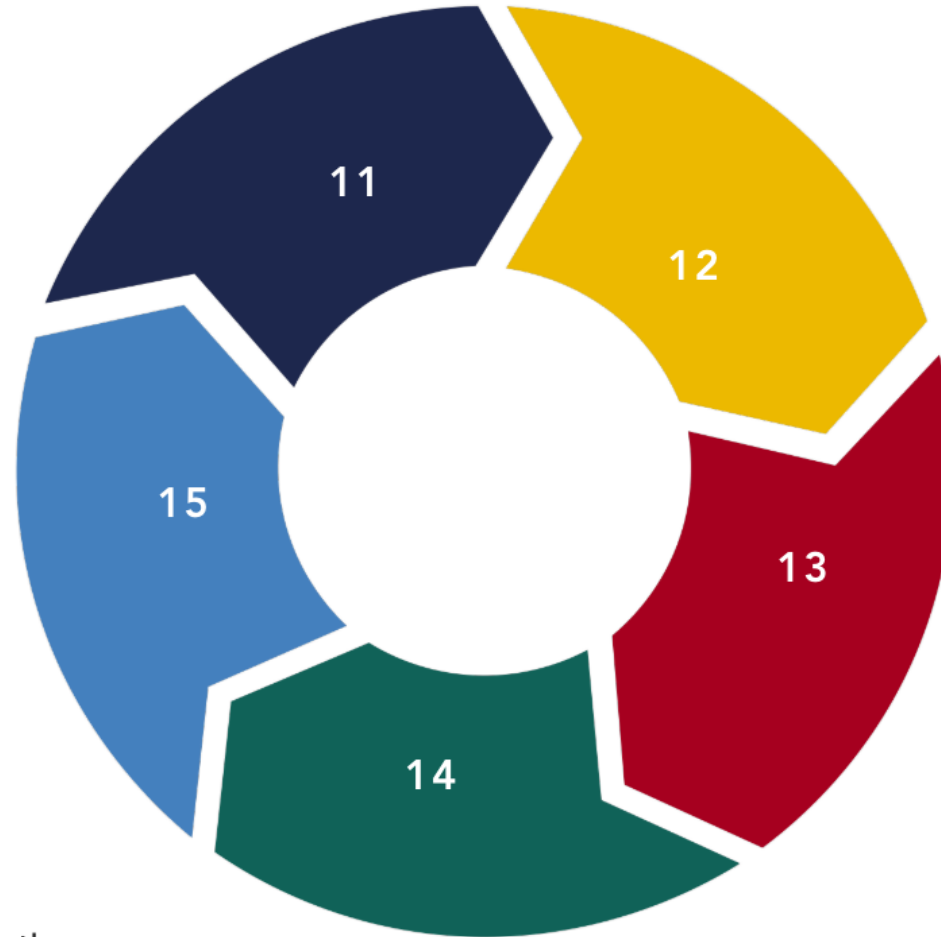
Existing Program – Abridged Process

Existing Program

Paramedic Program Abridged AEMT LoR Application/LSSR
Sponsor Information

Sponsor Name: [   ]

Sponsor Address: [   ]

City: [   ]   State: [   ]   Zip: [   ]

Paramedic Program Information

Is the Paramedic program offered at the sponsor address listed above?   **Please Select** ▼

CoAEMSP Paramedic
Program Number: [   ]   (the 60xxxx number assigned by CoAEMSP)

Paramedic
Program Name: [   ]

AEMT Program Information

AEMT Invoice Number: [   ]   (the 2xxxx LoR App number assigned by CoAEMSP)

AEMT Program Name: [   ]

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

EST 1978

Existing Program Highlights

- Sponsorship

- Articulation Agreement

- State Approval

- Minimal Goal Statement

- Advisory Committee (AEMT student/graduate)

- Personnel (if different)

- Student Minimum Competencies

- AEMT Courses and Syllabi

- Prerequisites (if any)

- Affiliation Agreements (if different)

Pathway to College Credit

Advisory Committee

- Existing programs adding AEMT do **<u>not</u>** need to have a separate AEMT advisory committee

- Add a currently enrolled AEMT student

- Add an AEMT graduate of program

Program Director Education Requirements

For AEMT programs that applied for accreditation prior to January 1, 2030, where the then Program Director, who has remained continuously in that position with the same program, did not possess an Associate's degree, must be currently enrolled and making continual satisfactory academic progress towards an Associate's degree (in any major). Progress toward that degree must be reported in the form of an official transcript sent directly from the college to CoAEMSP once per year by the deadline designated by CoAEMSP. Failure to report, or to make satisfactory academic progress, may result in probationary accreditation. Failure to meet the requirements of this section by programs on probationary accreditation may result in withdrawal of accreditation.

At least nine (9) semester hours, or equivalent per CALENDAR year.

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

SMC - Ages

CoAEMSP Student Minimum Competency (SMC)	Exposure in Laboratory, Hospital/Clinical, Field Experience, and Capstone Field Internship Total simulated and live patient exposures during the laboratory, clinical/hospital, and field phase of the AEMT course.	Total	Minimum Recommendations by Age* (*included in the total)
Pediatric patients with pathologies or complaints	10% (5 exposures)	5	Neonate to Adolescent (birth to 18 years)
Adult	30% - 60% (15-30 exposures)	15 - 30	(19 to 65 years of age)
Geriatric	30% - 60% (15-30 exposures)	15 - 30	(older than 65 years of age)
Sum of the three age groups:	50	50	(19 to 65 years of age)

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

EST 1978

SMC – Conditions (1)

CoAEMSP Student Minimum Competency by Pathology or Complaint	Live Exposure vs. Simulation	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance. Percentages are based on the 50 minimum exposures (live and simulated)	Total
Trauma	Live Exposure	10% - 15% (5-8 exposures)	5 - 8
Psychiatric/ Behavioral	Live Exposure	10% - 15% (5-8 exposures)	5 - 8
Uncomplicated and complicated obstetric delivery** (e.g., Should include normal and complicated obstetric deliveries such as breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)	Simulation permissible, based on competency determined by the Program Director and Medical Director	5% (3 exposures)	3
Distressed neonate (birth to 30 days)	Simulation permissible, based on competency determined by the Program Director and Medical Director	5% (3 exposures)	3

SMC – Conditions (2)

Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	**Live Exposure**	**10% - 15%** **(5-8 exposures)**	5 - 8
Cardiac arrest	**Simulation permissible, based on competency determined by the Program Director and Medical Director**	**5% - 10%** **(5-8 exposures)**	5 - 8
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	**Live Exposure**	**10% - 15%** **(5-8 exposures)**	5 - 8
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	**Live Exposure**	**10% - 15%** **(5-8 exposures)**	5 - 8
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)	**Live Exposure**	**10% - 15%** **(5-8 exposures)**	5 - 8
Sum of the Pathologies/Complaints:		**50**	**50**

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

SMC – Skills

CoAEMSP Recommended Motor Skills Assessed and Success	Minimum Successful Motor Skills Assessed on *Patients during the Laboratory,* Clinical, Field Experience or Capstone Field Internship* ***Simulation permitted for skills with asterisk**	Totals	Cumulative Motor Skill Success Rate* *Competency assessed on patients during the Laboratory, Clinical or Field Experience, or Capstone Field Internship
Venous blood sampling	4*	4	
Establiching intravenous access	20	20	**Report Success Rate**
Administer IV bolus medication	10*	10	**Report Success Rate**
Administer IM injection	2*	2	
Intranasal medication	2*	2	
Establishing intravenous access	2*	2	
Introosseous medication	2*	2	
Performing PPV with BVM	10*	10	
Perform endotracheal suctioning	2*	2	
Inserting supraglottic airway	10*	10	**Report Success Rate**
Defibrillation: Automated and semi-automated	2*	2	
Performing chest compressions	2*	2	
End-tidal CO_2 monitoring and interpretation of waveform capnography	10*	10	**Report Success Rate**
Totals:	**78**	**78**	

SMC – Field Experience/Capstone Field Internship

AEMT	
Student Minimum Competency **Table 4** **Field Experience / Capstone Field Internship**	
Field Experience * Percentages are based on the 50 minimum exposures	**Capstone Field Internship** * Percentages are based on the 50 minimum exposures
Conducts competent assessment and management of prehospital patients with assistance while **TEAM LEADER** *or* **TEAM MEMBER**	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as **TEAM LEADER** with minimal to no assistance
10% - 20% (5-10 exposures)*	**10% - 20% (5-10 exposures)***

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Resource Assessment Surveys (RAS/RAM)

Program Resource Survey Completed By Program Personnel

Name of Program sponsor (School):

Paramedic Program Number: [____] (the 600xxx number assigned by CoAEMSP)   Date: [____]

The purpose of this survey instrument is to evaluate our Program resources. The data will aid the Program in ongoing planning, appropriate change, and development of action plans to address deficiencies. Unless specified, all sections should be completed by **program faculty**, **Medical Director(s)**, and **Advisory Committee** members.

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you do not know about a particular area, please check N/A. If you are not able to evaluate a particular area, please check N/A.

N = No   Y = Yes   N/A = not able to evaluate

I. Program Faculty (completed by Medical Directors & Advisory Committee members)

A. Faculty effectively…
1. keep the Advisory Committee informed of program status and changes. .... ☐N ☐Y ☐N/A
2. respond to changes in needs and expectations of communities of interest ...... ☐N ☐Y ☐N/A
3. foster positive relations with hospitals and field internships agencies .... ☐N ☐Y ☐N/A
4. encourage student participation in professional activities............................... ☐N ☐Y ☐N/A

Comments: [____]

II. Medical Director (completed by Program Faculty & Advisory Committee members)

A. Reviews and approves educational content for appropriateness and accuracy .... ☐N ☐Y ☐N/A
B. Reviews and approves required number of patient contacts and procedures......... ☐N ☐Y ☐N/A
C. Reviews and approves instruments and processes used to evaluate students....... ☐N ☐Y ☐N/A
D. Reviews the progress of each student throughout the program .... ☐N ☐Y ☐N/A
E. Ensures the competence of each graduate………………………………………… ☐N ☐Y ☐N/A
F. Engages in cooperative involvement with the program director………………… ☐N ☐Y ☐N/A
G. Ensures educational interaction of physicians with students ……………………. ☐N ☐Y ☐N/A

Comments: [____]

III. Support Personnel

A. Clerical support is adequate to meet program needs .... ☐N ☐Y ☐N/A
B. Admissions personnel are adequate to meet program needs .... ☐N ☐Y ☐N/A
C. Personnel are adequate to assist with financial obligation issues.......................... ☐N ☐Y ☐N/A
D. Staff/faculty provide adequate and timely academic advising as needed. .... ☐N ☐Y ☐N/A

Comments: [____]

Program Resource Survey Completed By Students

Name of Program sponsor (School):   **Enrolled**

Paramedic Program Number: [____] (the 600xxx number assigned by CoAEMSP)   Date: [____]

The purpose of this survey instrument is to evaluate the Program resources of your school. The data will aid the Program in ongoing program improvement.

INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you are not able to evaluate a particular area, please check N/A.

N = No   Y = Yes   N/A = not able to evaluate

I. Program Faculty

A. Faculty effectively…
1. facilitate learning and interact with students in the classroom. .... ☐N ☐Y ☐N/A
2. facilitate learning and interact with students in the laboratory. .... ☐N ☐Y ☐N/A
3. provide supervision/coordination in the hospital clinical setting. .... ☐N ☐Y ☐N/A
4. provide supervision/coordination in the field internship. .... ☐N ☐Y ☐N/A

B. The number of faculty is adequate…
1. for classroom instruction. .... ☐N ☐Y ☐N/A
2. for laboratory instruction. .... ☐N ☐Y ☐N/A
C. Faculty effectively communicate and support student learning............................ ☐N ☐Y ☐N/A
D. Faculty assist me with my academic needs. .... ☐N ☐Y ☐N/A

Comments: [____]

II. Medical Director

A. I know who the program Medical Director is .... ☐N ☐Y ☐N/A
B. The Medical Director interacts with students.. ☐N ☐Y ☐N/A

Comments: [____]

III. Support Personnel

A. Learning assistance is available as requested .... ☐N ☐Y ☐N/A
B. Admissions personnel provide adequate assistance as needed .... ☐N ☐Y ☐N/A
C. Staff/faculty provide adequate and timely academic advising as needed. .... ☐N ☐Y ☐N/A

Comments: [____]

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Graduate & Employer Surveys

- Graduates and Employers receive surveys 6-12 months after graduating

- Helps to inform program on the transition from student to the employee environment

- Shared with EMS MD and advisory committee to help program determine any potential need of change/enhancement

- Standardized format provided to programs with multiple options for distribution

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

CoAEMSP

CAAHEP

2022   Annual Report

CoAEMSP Letter of Review (LoR) / CAAHEP Accredited (Initial and Continuing) programs must complete the CoAEMSP Annual Report for Paramedic level students/graduates ONLY and submit THIS Excel annual report template which represents all cohorts that have graduated in 2022. No PDF or paper copy versions of this report will be accepted.

**~ Remember ~
The filing deadline is May 15, 2024**

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Fees – Letter of Review

	AEMT	Adding AEMT to Paramedic
CoAEMSP Letter of Review (LoR)	$3500	$1750
LoR Application Evaluation	900	–
LSSR Evaluation	1250	–
Abridged LoR Application/LSSR Evaluation	–	1075
Preliminary Site Visit[1] (1 site visitor/1 day)	1350	675

Fees – Initial & Continuing

CAAHEP Initial and Continuing Accreditation		
Domestic	$4500	$625
I/CSSR Evaluation	1250	625
Site Visit[2,3] (2 site visitors/2 days)	3250	–
International	$6250	$5625
I/CSSR Evaluation	1250	625
Site Visit	5000 + actual costs	5000 + actual costs

CoAEMSP
EST 1978
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Fees – Annual Fee

Annual Fee		
Domestic	$2200	$500 + 2200*
International	4500	1000 + 4500*

CoAEMSP is proud to offer AEMT accreditation services nationwide as part of our work to foster a unified national EMS system of exceptional quality through accreditation.

Value of Accreditation

- Public, patient, and student protection

- Ensures minimum resources available to support educational programming

- External verification, review, & validation that is peer-driven

- Professional competence

- Portability through standardization

CoAEMSP

Search CoAEMSP

Credible Education
through Accreditation

Voluntary AEMT Accreditation

CoAEMSP will begin accepting applications for Advanced Emergency Medical Technician (AEMT) *voluntary* programmatic accreditation on January 1, 2025. CoAEMSP provides accrediting services on behalf of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the only nationally recognized accreditation organization for paramedic and AEMT education.

Interested AEMT Program Directors Can Start Learning About the Accreditation Process Now

✔ Seeking Accreditation: What You Need To Know

✔ CAAHEP Standards & Guidelines include the detailed AEMT curriculum competencies that begin on page 18

✔ CoAEMSP Interpretations of the CAAHEP Standards and Guidelines

✔ RESOURCES

NAME ⌃	LAST MODIFIED	DOWNLOAD
PDF AEMT Frequently Asked Questions (May 2023)	NOV-2023	DOWNLOAD
PDF AEMT Student Minimum Competency (SMC)	AUG-2023	DOWNLOAD

CoAEMSP
Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions

Top 3 Takeaways

[1]

National stakeholders through Scope of Practice (2019) & Education Standards (2021) recommend AEMT accreditation.

[2]

AEMT Accreditation is Voluntary.

[3]

Pathways for both existing CAAHEP and LOR programs and standalone AEMT programs.

CoAEMSP

EST 1978

Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions