

## Lessons Learned by Paramedic Programs:

### Early Takeaways from COVID-19

May 28, 2020

*How are Paramedic programs responding to COVID-19? What lessons are being learned? The CoAEMSP leadership facilitated an interactive session on lessons learned by Paramedic programs and early takeaways. Program's shared lessons learned and heard what other programs are doing.*

*Following are notes captured from the Chat and Question & Answer windows.*

#### **Resources mentioned during the session**

*The CoAEMSP is not responsible for the material on these pages.*

- **EMS Educators Google Groups**, to request access to it, visit [https://docs.google.com/forms/d/e/1FAIpQLScsNU3EIXWFgHReEytbbCXORbWxQigWez\\_ZgC62L4bchHU2Pg/viewform](https://docs.google.com/forms/d/e/1FAIpQLScsNU3EIXWFgHReEytbbCXORbWxQigWez_ZgC62L4bchHU2Pg/viewform)
- **NAEMSE EMS Program Management Resources - COVID-19 Action Plans**  
[www.naemse.org/page/Program\\_Management\\_Resources](http://www.naemse.org/page/Program_Management_Resources)
- **Pennsylvania bulletin for best practices** has released a bulletin for best practices in teaching EMS programs, allowing us to resume on campus operations. May be worth referencing if you do not have such guidelines:  
<http://pehsc.org/wp-content/uploads/2014/05/EMSIB-2020-22-Guidance-to-EMS-Educational-Entities.pdf>
- **Instructional Paramedic videos**  
<https://www.youtube.com/user/WCTCEMS>

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Best Practice: Our program has been using WebEx for several years, and we love it. There are challenges, sure, but sometimes being able to be creative is refreshing. How can we do this differently, that meets the objective and the needs of the student? I would encourage you to be willing to try. If it doesn't work, that's ok. The student knows that you tried your best. Back up and try something else.

#### Individual Responses:

- Beyond the OOH scenario, you can do the entire practical via Zoom. The students set-up their own trauma manikin.
  - Our faculty and medical directors are conducting Zoom Scenarios with the students. Similar to the Oral scenarios from the NREMT
  - In addition to Zoom based scenarios, which we learned how to run through, we're also using ReelDX scenarios to replace clinical contacts. Students love it.
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Best Practice: How much time are you all spending in Zoom classes throughout the course of a week? I feel I really start losing the attention of my students after an hour or so.

Individual Responses:

- We were keeping small group sessions to no more than two hours. We have kept our lectures happening during the same time frame as if we were in class. We give breaks every hour in those lecture sessions.
- 1-hour max, two to three days a week
- We did lecture 6 hours Thursdays as well as breakout room tabletop scenarios for 4 hours on Fridays.
- We are doing two hours, three days/week. Zoom is by far the best platform in our experience, and we require cameras on so we can see and communicate with students. The only exception is for students who have connectivity issues.
- I agree. An hour is max, but honestly you have to change it up every 20 minutes or so...break into groups Zoom wise or something else. An hour is stretching it IMHO.
- We are investigating a unique delivery mode classification called Real Time Virtual at the college as the synchronous version of virtual delivery is really a new mode. I think they will address the best practices within this exploration and pilot.
- We were doing 60-90 minutes 2 days a week which is so hard when we took that down from 4 hours a day twice a week.
- Student feedback to the Zoom lessons has been overwhelmingly positive.
- We are investigating a unique delivery mode classification called Real Time Virtual at the college as the synchronous version of virtual delivery is really a new mode. I think they will address the best practices within this exploration and pilot (Valencia College).
- 90-120 minutes but it is not all lecture - many discussion questions / scenarios to break it up. We not only have positive feedback to the online classes but are also seeing some students who were borderline academically, now showing improvement academically. That was a surprise.
- I do mixed method approach, a lot of flipped education assignments with two weekly Zoom sessions to wrap and cap it up, rather than just doing Zoom lectures which are long and tiring.
- I try to do small groups of students. Depending on the topic - of course. Otherwise the average meeting lasts about an hour. After that, just like in the real classroom, they need a break.
- 4 hours, 2 times a week and every other Saturday
- 90-minute sessions, 2 days per week
- For what it's worth, we've been running EMT scenarios via Zoom through remote labs in our instructor's homes. The students LOVE it and it will be something that we continue doing after quarantine ends. We have 6 students with 2 instructors.

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Best Practice: I was able to voice-over and record my lectures using screen-cast-o-matic. The students seemed to like this because they could pause and rewind me for traditional lectures. We were just entering cardiology when this all happened. Then I did two Zoom sessions a week to apply the content.

Individual Responses:

- A lot of my students expressed that they liked the idea to listen, rewind, and listen again to lectures too.
  - Yes, I think we will keep these moving forward, and increase classroom time for application of content
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**Best Practice:** It was mentioned at one of our state meetings by our state regulatory oversight agency that clinical sites will probably not be available for EMS students for at least a year (and, if clinical experiences do become available again, they will not look like they did before COVID). We need to seriously explore labs and simulations as complete (100%) replacements for clinical, field, and other preceptor experiences for quite some time. We were kicked out by all clinical and field sites and no one has indicated any willingness to accept students any time soon.

**Individual Responses:**

- We are in the same situation. Clinical time completion has really been the biggest problem. We have work arounds for all the other stuff, but it's hard!
  - Same here, ... Labs and lectures we are good. Stations are starting to open up, but the hospitals are not playing in the sandbox nicely with us...
  - I believe it's going to be a long road. I really worry about the next cohort starting in the fall and their clinical time, if we are still trying to clear out the past group.
  - For State of Ohio, six feet separation, mask, gloves and no more than 10 in a classroom.
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**Best Practice:** We developed a comprehensive return to lab plan that involves movement, capacity, PPE, and infection control/prevention. It was evaluated and approved by the university, the only program on campus to do so.

**Individual Responses:**

- My program is one of two in the entire college that can bring students back to campus for skills check-off. We had to go through training, PPE, cleaning requirements. We have been distancing and limiting the number of students in skills per session.
  - We have been working with our state agency to pilot a return to offering psychomotor exams. We are planning to use the same safety guidelines that are in place for our new campus labs. We are currently limiting to groups of 10 candidates at per session due to our state's restrictions to a limit of 10 for any gatherings. The state appears to be opening up to larger groups in phase 2 reopening in June. N95s are hard to acquire, so we are only requiring face coverings at a minimum of cloth masks, another stronger is encouraged.
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**Best Practice:** We have found that breaking the cohort into smaller groups and doing no more than an hour of virtual simulation/critical thinking has been really working for our students. It also appearing to be more impactful learning that is taking place.

**Individual Responses:**

- We are limited with less than 9 students per classroom.
  - We are being allowed to do some lab/skill activities in June, but all other course work is still OL for the whole summer semester.
  - In a low ratio of students to staff of 4:1.
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**Best Practice:** Nursing Programs are only doing full simulation under limited orders that are actually set to expire soon. We will all be in the same boat of needing F2F experiences very soon. Guidelines that are "least restrictive" that are evidence based and support safe entry-level practitioners may be the best option for this "long term" short-term need.

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Best Practice: We have piloted our college return to campus, being the first to return to completed required labs. I am happy to share what we are using in case it may assist any of you in moving forward.  
Robert Muller – [rmuller2@ccbcmd.edu](mailto:rmuller2@ccbcmd.edu)

Individual Responses:

- Agree. We have initiated what our college system calls "limited labs" following CDC guidelines. I am also happy to share our documentation.  
Rick Ellis – [rellis@centralgatech.edu](mailto:rellis@centralgatech.edu)
  - We've started returning as well. Two days in, some bumps, but so far, so good. Also created a plan which had to be approved by school admin.
  - Is everyone also doing screening for faculty and students daily?
    - We are, yes. Temperature screening, physical distancing, masks, small groups, etc.
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Best Practice: Our program in Arizona (rural) have moved up our field ride times during this summer to get the hours (it is usually 100 degrees every day and not much disease lives on anything). Hope to get 500 hours done before first of October and then if clinicals open up we will use them.

Individual Responses:

- I'm in the Virginia Community College System & they have yet to provide direction on what/if we will be allowed to get with our students to complete small-group labs after the state stay-home order expires on June 10. I'm worried that the folks making the decisions regarding this aren't understanding the issues of healthcare education.
  - I guess I am lucky, LFCC let us in to finish labs in small groups. I was able to do half the class on one day and half the other as long as we were all masked. Since they are also in VCCS you might use that as an example
  - That would have been nice - as far as I know, PHCC has held to the exact letter of the law with Executive Order 55 - I'm not even allowed on campus, much less meet with students. :(
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Best Practice: While we currently have 0 clinical access, and no potential for such access in the future, we're anticipating we will have to supply PPE to students if/when sites reopen. But we can't find any sources to purchase PPE, most vendors simply laugh at me when I ask. Anybody have any ideas/sources which they've had luck with getting PPE from?

Individual Responses:

- Our clinical site wants us to send students with PPE, any ideas on how many surgical masks and gowns a student needs a shift?
- We are only being expected to send masks, so we're tentatively planning two N95/shift.
- Assuming, of course, we are able to find them, and where they are sent. We are likely to first get in to ER, which means we can't guarantee no exposure to Covid patients. So we are still assessing what we will send, if we can get it.
- Check with some of your field providers to see if they have a contact at a county or state level for PPE supplies or to perhaps request through local or state Emergency Management Agencies (EMA's). FEMA and HHS are other websites to be checking about PPE supplies.
- You might be able to order (some) as the production has increased. Programs need to be actively working on getting caught up on supplies as soon as possible.

- We put an order with our local county Emergency management for some of their N95 stock if it is not being used. Also, we are Ozone & UV sterilizing our used student's personal N95 for reuse for another 30 days.
  - I just heard about this resource this morning: [www.QuadMed.com](http://www.QuadMed.com) out of Florida. 800-933-7334
  - We are getting KN95's through the Dental programs access. The normal sites we order from are sending only to front line departments.
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**Comments/Observations made by attendees:**

- On-line education is great for adults that are focused and have time management skills.
  - We have lost all of our Internship sites for a class that was supposed to graduate in 3 weeks. My fear is that once the students are out, it will be very difficult to get them back with the fear of them infecting the preceptors
  - My college extended our shut-down to August 1 and is talking about going beyond that. We can run some labs over the next two months, but that's it.
  - Our governor is allowing medical programs small groups to return to do lab and skills however my institution is not. This is frustrating and causing a problem with finishing.
  - We had to totally shut down. We are back to seated classes, however, still have no clinical sites, and no testing sites open.
  - If we are \*asked\* (told) to convert all of our didactic Paramedic courses to the online format, & who knows how we will be asked to approach labs - would we need to make some kind of official notification to you that we are making a substantive change to the program delivery?  
CoAEMSP answer: No, it is not necessary to notify the CoAEMSP.
  - In Michigan, our Paramedic Program Directors meet weekly on Zoom and have kindly invited me [Terrie Godde, Michigan Office of EMS] to attend to discuss state updates on Governor's orders, clinical site changes, online resources, etc. This has been very beneficial to us all, and we plan to continue after this pandemic is over.
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Question: You mentioned the Annual Report. I'm one of the programs which hasn't submitted, because I haven't had access to campus/my office since 3/13. Hoping to have access soon but sweating the 6/30 deadline a little bit.

Response: This question was asked to all of the attendees to learn what they are experiencing. There were numerous people who said it would be helpful if there was a postponement. The CoAEMSP is taking it under advisement.