



NAEMT Annual Faculty Meeting

September 16, 2020

Question & Answer Recap

Questions for NAEMT:

What about currently certified UMBC CCEMTP instructors, will they be allowed to teach the CCTP course?

- Yes, if they are an NAEMT instructor.

Where are the online instructor monitoring forms located?

- In the secure documents folder of the NAEMT Education Portal. NAEMT will resend the email to all Affiliate Faculty with the link to the forms.

Is there any possible way for an international PHTLS or AHDR instructor to get an electronic certificate (via email) in order to include it on a resume?

- Please reach out to education@naemt.org and your request will be directed to our education team.

We feel there are not enough Spanish-language resources here in Spain, the most important in TECC and TCCC CLS programs. Have you considered translations?

- The TECC Instructor Toolkit is being translated to Spanish. Generally, the Joint Trauma Systems (JTS) does not translate TCCC curriculum into other languages.

Will the EPC 4th edition use the recently updated 4th edition PEPP textbook or will it be still geared to the 3rd edition?

- The 4th edition of EPC relies on the recently updated (4th edition) PEPP textbook for evidence-based medicine.

What is the planned release timeframe for Community Paramedicine?

- The Community Paramedicine curriculum will be released in individual components as each one is ready. The course components may be taught individually or combined into a semester-long course. The first modules are due to be released this fall.

When do you expect to have FP-C & CCP-C review course materials available for instructors?

- We expect to release the CCTP instructor toolkit early in 2021.

Do I need the permission of a training center when I want to conduct the AHDR course?

- Yes, all NAEMT faculty must be affiliated with at least one approved NAEMT training center.

Only NAEMT training centers may register and conduct NAEMT courses.

Can current state-certified critical care paramedics become instructors for the new critical care prep course, or must we be currently IBSC certified?

- Current state-certified critical care paramedics who are NAEMT instructors are qualified to teach the CCTP course.

Many military branches (e.g., US Army) maintain that any service member should be eligible to deploy to a combat zone if necessary. With that in mind, what is the intended audience for the two new TCCC courses — one for non-combat, non-medical personnel, and one for combat, non-medical personnel?

- TCCC-ASM is designed for military non-medical and non-combatant personnel. TCCC-CLS is designed for military non-medical combatants. TCCC-CMS will be for military combat medics and corpsman, and TCCC-CCP will be for combat paramedics.

What are the requirements and length going to be to teach the new TCCC-Paramedic course and how long will it last?

- These requirements have not yet been published. We will send all TCCC-related questions to our contacts at the JTS-DHA.

There is no completion certificate on Deployed Medicine for TCCC-CLS Train the Trainer. What, if any, proof of completion must be submitted to NAEMT in order to teach the TCCC-CLS curriculum?

- Currently, there is no test and no proof of completion for this course through deployedmedicine.com. So, at this point, NAEMT is directing our TCCC faculty to the deployedmedicine.com site, but we are not requiring proof of completion.

Last year a policy was put in place that instructor candidates had to be monitored within a year of completing their provider course. This is a huge problem for instructor candidates working 12- or 24-hour rotating shift schedules, especially for courses that are not offered frequently (such as PEPL). I completely understand that with a 4-year card life it is not optimal to allow anyone with a current card to be monitored. It is a stretch to monitor people 3 years after they took the provider course. I would suggest and request that we amend the current policy to require monitoring within TWO years of completion of a candidate's provider course. This makes it easier for instructors whose primary job is clinical care on rotating shifts and would mirror the two-year standard for AHA. The two-year window has worked well for the AHA. I am thrilled that this change was made for the pandemic but I would request that it be made a permanent change.

- The Education Committee will review all modifications made during the pandemic and consider making these changes permanent.

Are there any LMS systems that are not allowed to be used for remote testing?

- No, we have not restricted use of LMS systems.

I would like to ask if the TCCC courses are going to be JUST for military personal and non-military / civilian TCs are going to teach just TECC and TECC-LEO, and TCCC just for military TCs and military students.

- TCCC courses are designed for military personnel going into combat. TECC is designed to prepare civilian EMTs and paramedics for responding to a tactical incident with injuries. TECC-LEO is designed to prepare law enforcement officers and other non-medical first

responders to save a life in a tactical situation until EMS can respond. NAEMT allows NAEMT training centers and students to decide which course meets their needs.

When will the new train-the-trainer course for the new TCCC curriculum be made available?

- The train-the-trainer program for TCCC-CLS is available now at <https://deployedmedicine.com/>.

Are trauma lanes being made mandatory for TC3-MP and actually written in curriculum and NOT left to be optional?

- We will send this question over to JTS-DHA.

About the TCCC CLS - when you mention 40 hours, does that refer to 40 physical hours or can the students do some of those hours online?

- There currently is no online (asynchronized) component for TCCC. NAEMT does allow all didactic content to be offered virtually. However, all skills practice and skills demonstration must be done F2F. Please direct specific TCCC curriculum questions to education@naemt.org and we will send to our contacts at the JTS-DHA for response.

Questions for NREMT:

Is there is any future agenda for NREMT to create international training sites as pilot projects?

- The National Registry is primarily focused on the domestic (US) certification examinations. For agencies/entities that offer EMS education standards aligned with the US standards, the National Registry Board of Directors has allowed candidates from those programs to take the National Registry examinations, provided that the standards for course completion and other eligibility criteria are met. Otherwise, EMS programs can work with our partners, the IPR or IBSC, to obtain certifications not aligned with US EMS standards.

What are NREMT's plans for completing certification for BLS providers while the states are not providing psychomotor exams? There are no NREMT BLS exams available, so the students are completely dependent on the state. This prevents the BLS student from becoming fully certified and leaves them in a provisional state.

- The provisional certification, which is being used during COVID-19, has an expiration date of 12/31/2021. EMS professionals with a provisional certification have until 12/31/2021 to successfully complete the psychomotor (skills) examination. Upon successful completion of the skills examination, the EMS professional will have a full certification. The skills examination for AEMTs and paramedics involve a National Registry administered/overseen skills examination. For EMTs and EMRs, the skills examination is delegated to the state. The National Registry continues to work with State EMS offices to ensure that the skills examinations can and will be administered by 12/31/2021.

What is the timeline on the NCCP revision?

- The full revision of NCCP (continued competency initiative) will take a few years to fully implement. The ultimate end goal is that we develop a visionary document through a steering committee comprised of representatives from all aspects of the EMS community. The goal is to create "EMS Continued Competency Agenda for the Future: A Systems Approach," similar to the "EMS Education Agenda for the Future: A Systems Approach" that was created in the early 2000s. As the Nation's EMS certification organization, we are seeking to implement the elements of continued competency. However, due to the inclusive nature and need to research, identify innovative and cutting-edge best practices, it will take two to five years to fully implement the revised NCCP. In the interim, we will continue to make small improvements to the existing NCCP and will in no way have a fast transition to the revised NCCP without first communicating the enhancements to the EMS community.

For the NRP 2022 renewal, will all virtual instruction be acceptable?

- For EMRs, EMTs, and NRPers due to re-register on 3/31/2021, as well as EMRs due to re-register by 9/30/2021, distributed education limits are waived. After this recertification season (2020/2021), the limits on distributed education will be re-instituted for those recertifying in 2022 and beyond.

For a few years there was conversation on increasing EMT level based on what a lot of medics are actually skilled and knowledgeable in. Is there anything going on in regard to raising the Basic as a standard or offering testing for those interested?

- The scope of practice for EMS clinicians is established by individual states and territories, generally aligned closely with the national scope of practice. The 2019 National Scope of Practice Model (found at ems.gov) was updated for the four levels (EMR, EMT, AEMT, and paramedic) last year and reflects updated scopes for all levels, including EMT. The National Registry tests for those four levels and we test based on data from the practice analysis. The practice analysis is an analysis of what is being done and what skills are done in the field. The analysis we currently have does not show a need to significantly change or alter what is tested. We repeat the practice analysis every few years and the practice analysis for EMR and EMT will be conducted in 2021/2022. If there appear to be radical changes to a level (i.e., EMT), we will expand what we test. Based on the 2019 National Scope of Practice Model, I do not see any significant changes that will be occurring for EMT.