Training Center Approval Process – Frequently Asked Questions

(updated May 22, 2009)

1. **Why is Maine developing a public policy based upon an out of state entity and a study conducted by that entity (NREMT)?**

    We are embracing the need for more professional standards within the field of EMS (similar to those seen in other allied health careers). We recognize that standardization, like the standards seen in national accreditation, is a key part of that goal.
    We want to make sure that organizations seeking state approval don't have to do expensive duplicate work. Should a program choose to be nationally accredited, then they could, and Maine would recognize that the work required for national accreditation is more in depth, and therefore should meet most of the standards needed for state approval. This should result in less duplicate data gathering for those wishing to be nationally accredited.

2. **Is the Commission on Accreditation of Allied Health Education Programs (CAAHEP) the only acceptable program for Training Centers seeking state approval? Is this not a restrictive policy?**

    The Training Center Approval Process (TCAP) by the State is not contingent upon national accreditation, as they are two different things. Becoming a state approved training center does not require any agency/entity to be nationally accredited. Currently, the only national organization that accredits EMS programs is CAAHEP. However, if in the future additional organizations emerge, we should consider them.

3. **Why is there a requirement for employer satisfaction as one of the outcomes? Is Maine EMS expecting training centers to do job placement and career counseling?**

    Program outcomes are the key component for knowing whether a program is successful or not. Though it is expected that program leaders would evaluate various outcomes of their choosing, some outcomes were felt to be critical. These include student opinion surveys, attrition and retention rates, exam pass rates, and employer surveys, among others. The basic question to answer is "How do I know that I am running a quality program, and where do I need to improve?'. The process likely will follow well known quality improvement processes.

    Employer satisfaction surveys are just one of the common components of higher educational programs. The goal is for the training center to continually evaluate the service it provides. An example might be: A training center mails out surveys to all regional services and asks specifics questions. One service chief comments that he has noticed that graduates from the training center's EMT-Intermediate program seem to have more difficulty with documenting on the computer based system than graduates from another similar program. This training center improved their program by focusing on documentation. This is a classic example of how to use employer surveys.

There is no expectation that a training center would provide career counseling or placement services.

4. What constitutes a "catalog"? Are training centers required to print and publish a catalog like those done by colleges and universities in order to meet the requirements?

No, training centers will not need to publish catalogs. Taken from the traditional academic sense, a course catalog would outline the courses available, services provided by the institution/agency and general policies of the institution/agency. This information must be publicly available to anyone who requested it so they could make informed decisions as to what the training center expected and offered.

5. Would a regional council's education committee serve as an equivalent to the "advisory committee"?

It could be, though we realize that each region is different. The advisory committee could be the regional council as a whole, or a separate new committee too. The goal is that leaders have a group of stakeholders who can help with decision making. Obviously, broad representation should be considered.

6. What is meant by "laboratory facilities, ancillary student facilities…computer resources"? Will training centers, particularly regional councils who wish to continue offering EMS education, be required to develop or build laboratories, computer labs and ancillary facilities?

It is the expectation that every program will offer students the resources needed to be successful in the program. However, there is definitely some flexibility here, especially based on the program type. For a basic class, an empty fire department bay may be an adequate lab facility; however, a paramedic class may require something different. It is necessary to have workspace for breakout sessions, examination needs and privacy. Library services are an area that provides research capabilities for students. This may be a collection of EMS journals, access to local public libraries, or access to university/college libraries. Some paramedic programs require students to purchase laptops since so many publishers now require an on line companion. Some programs provide access to office computers. Standard classrooms can be readily converted to computer labs with student laptops and wireless routers. The goal is for the training center to focus on the educational needs of their students.

7. "The curriculum must meet minimum education objectives established by Maine EMS. The program must meet or exceed the content, hours, and competencies of the U.S. DOT National Standard Curriculum…"
Can this be clarified? Is there a difference between Maine minimum and the national curriculum? Does this seem to be conflicting requirements?

This is a good question. Yes, there is a difference, in particular at the EMT-Intermediate level where we don't follow the national curriculum in Maine. However, we had to list both because there are other differences. One example: The national curriculum does not include spinal rule out at the EMT-Basic level, but Maine requires it. Other examples include CPAP, EZ-IO, and 12-lead objectives which the National Standard Curriculum doesn't address in various levels that we teach in Maine.

Specifically for clinical, the focus in the U.S. DOT curriculum is on the objective. Maine continues to require a combination of hours and skills minimums for clinical. Because we did not want to tackle making changes to hours or skills required in Maine, we listed it this way in the Training Center Approval Process document.

As for the last question, does this appear to be conflicting, the short answer is yes. Hopefully we can look at this in the future, but this involves looking at scope of practice issues, which will be huge especially at the EMT-Intermediate level.

8. **In tracking and keeping clinical records for 7 years, what does this include? Is it the entire clinical package or is a synopsis of each students' performance permissible? Why for 7 years?**

   This was discussed at length and the final decision was that a synopsis and clinical evaluation for each student was sufficient. For the clinical component, this would include a record of verification to reflect the locations, time/date, skills, assessments and hours attained for each student. Files on current student should include all documents utilized. The 7 years was also discussed at length and it was decided since many documents are required to be maintained for 7 years, that this time frame would serve the need; and, since the TCAP reviews are every 5 years, it would allow review of improvements over time. It would seem reasonable that at some point we should revisit this to see if it meets the needs for program leaders doing their self-study assessment.

9. **The annual report references again employer satisfaction, please see question #3 above.**

   See response to #3 above.
   Also, the process is targeted to make the educational institution/agency reflect upon what it is teaching to students. The hope is that the program will do what is in the best interest of the student by taking in as much opinion as possible.

10. **Will Maine EMS provide the training centers with exam results from national and state licensing programs?**

    This is a self-study process and it would be inappropriate for Maine Ems to share specific program information with other training centers in non-aggregate format. In aggregate format (e.g. Maine EMT-Basic pass rates are…), the data is readily available on the National Registry of EMT's (NREMT) web site for program directors for National and their specific program. The EMT-Intermediate level presents a problem since no

national data is available. However state data is available.

It would be foreseeable that Maine EMS would be able to produce reports about the pass rates, attrition rates, and various other collected statistics of students from each training center, as can be done now for each program registered with NREMT.

11.   Fair practices again reference "brochures and advertising" as key components. What is meant by this? What is acceptable?

This is intended to protect the student and comes directly from the old "licensure approval" document. In the interest of the student, we must ensure that they are aware of expectations, rules, regulations, policies and other requirements. Any brochure and/or advertising must not be deceptive. Things to include would be cost, prerequisites, availability of college credit or not, location of program, etc.. A key component of fair practices includes a non-discrimination statement.

12.   Program review visit is "at the discretion of the Board". Does this mean the Board may opt NOT to conduct a review visit? How will an applicant know if a visit will or will not be conducted?

There are two major components to the training center approval process. The first is a comprehensive self study, and the second is a site visit by a team, whose purpose is to verify the information in the self study and assure that the program meets state requirements.

It is anticipated that all initial applicants will require a site visit; however, this may not always be necessary. For example, lets say that CAAHEP does a program visit and accredits a program in January. If the Maine EMS site visit is scheduled for February, it would be costly and wasteful to require this, since we know that the CAAHEP visit is far more detailed. Thus, the Board could choose to waive a visit.

Another example would be if an entity had a site visit for one level of training but now wanted to provide training at a higher level, then the visit may be waived.

Finally, perhaps the self study report was detailed and comprehensive in a well established program, the Board may choose to waive a visit.

This was aimed at saving money for programs and was modeled after a similar waiver process used for other types of health education programs in Maine (RT, RN, PT).

13.   Reference is made, under authorization standards, that "*educational institutions*" must receive authorization to offer licensing courses. Regional EMS Councils are not "institutions", are they eligible for applying to be a Training Center?

Yes – this was specifically left broad to include anyone so that if they want to be approved they can as long as they go through the process and meet the requirements.

Also, the Regional EMS Council/office eligibility is addressed specifically under §3, E, 3iv which states "an adult education institution or organization with demonstrated experience and expertise in the instruction of adults such as a regional EMS office or adult education center".

14. **Will all new, first time authorizations be provisional? Would this not be a logical step to be added as an interim step for potential applicants?**

Not necessarily. Provisional approval is for a program that has recognized deficiencies that could be corrected with reasonable time frames and application of resources. The provisional status indicates that these deficiencies must be corrected for courses to continue to be offered.

Established training entities, whether regionally-based or institution-based, have demonstrated the ability to provide quality programs or they wouldn't still be offering them, and thus may not receive a provisional authorization.

15. **What *"other requirements adopted and published by the Maine Board of EMS"* are envisioned here?**

This is intended as a blanket statement to allow for minor changes in the document without having to rewrite the entire document. For example, if there is a change in the scope of practice (e.g. including glucometer for EMT-Basic or making a change in the EMT-Basic skill sheet for bleeding), then this change could be incorporated into the program without having to make large edits or rewrite the document.

16. **Is there a cost for a technical assistance visit? What if an applicant seeks assistance prior to submission of their official paperwork, is this available?**

There will be a cost for a technical assistance site visit. The fee is addressed in Appendix E of the Training Center Approval Document. A Technical Assistance Site Visit may be requested by the Applicant/EMS Training Center or at the discretion of the Maine EMS Board for assistance in meeting the standards for EMS Training Center authorization.

Members of the subcommittee that worked on the document are willing to answer questions regarding content of the document.

17. **Would regional councils also fall under the definitions on page 11, number 3(a)(ii)?**

Yes.

18. **Waiver of site visits is based solely on holding a national accreditation. Does this include initial applications? Does this mean any national accreditation?**

Waiver of site visits is at the discretion of the Board, and does not likely include initial

application. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the only organization that accredits EMS programs, and therefore is the only national accreditation that meets this requirement. Maine EMS would have to evaluate other organizations should they become available.

19. **If the approval is for 5 years, what is the purpose of an annual report? Who will the report be sent to? What will be done with the report?**

The annual report serves several purposes. First, it assures that program self-assessment and improvement is an ongoing process, not just something that occurs every 5 years. It is a way for programs to demonstrate that they are responsive to student and constituent needs.

Second, it is a way to inform Maine EMS of program progress towards any previously identified deficiencies.

Finally, it is a way to keep Maine EMS and the Board aware of changes to your program (e.g. instructors, coordinators, demographics, courses offered, attrition rates, national testing pass rates, etc.).

20. **Renewals will also include fees and site visits? Are these at the discretion of the Board or required?**

Application fees are required. The site visits will be at the discretion of the Board.

21. **If the Board conducts an unannounced site visit, will there be a cost to the Training Center?**

Yes. As mentioned above, should the Board request a program review site visit, the Training Center is responsible for all costs incurred by the Program Review Team in accordance with Appendix E of the document.

22. **Will the Training Centers be responsible for all Maine EMS licensing programs, including refreshers, IC and EMD programs? If yes, where in the document does IC and EMD fall?**

This may be the final result; however, this was not the original intent. Currently, approved Training Centers will be responsible for programs leading to EMS provider licensure and EMS refresher programs.

The Education Committee will be addressing the issue of IC and EMD programs in conjunction with Training Center programs.

23. **"Maine EMS must receive all materials in accordance with the Training Center Approval Process document", does that mean that all material for each program must be sent to Maine EMS, or simply made available to them?**

The documents that must be submitted to Maine EMS are the self-study report and the self-assessment report. The remaining supporting documents must be available to Maine EMS for review during a site visit or upon request.

24. **Are regions still being required to give course approval numbers? If not, will there be an approval number process?**

The present CEH approval numbering system that is used by Maine EMS and the Regional Offices