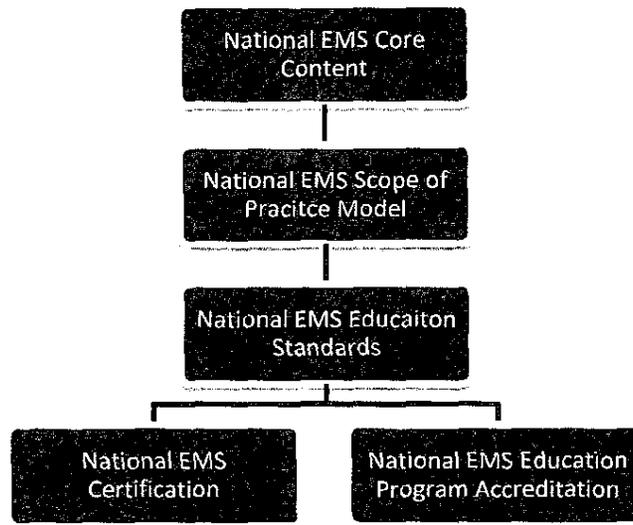


Paramedic Program Directors Knowledge, Attitudes, and Barriers to Accreditation

*A study conducted by the National Registry of EMTs in cooperation with the
National Association of State EMS Officials and the Committee on Accreditation
for the EMS Professions.*

Introduction

In 2000, The EMS Education Agenda for the Future: A Systems Approach, proposed a vision for the future of EMS education and the credentialing of EMS professionals. The systematic approach is intended to improve efficiency, enhance consistency, and increase credibility for the EMS profession. The proposed system included five components and two processes as illustrated below:



The Education Agenda specifically discusses the relationship between National EMS Certification and National EMS Education Program Accreditation, in that “graduation from an accredited program is required to participate in National EMS Certification, which is based on the levels defined by the National EMS Scope of Practice Model...National EMS Certification is one requirement for state licensing of EMS Professional.” In 2007, as part of a series on the future of emergency care in the United States, the Institute of Medicine recommended that (Institute of Medicine of the National Academies, 2007) “states should accept national certification as a prerequisite for state licensure and local credentialing of emergency medical services providers” (recommendation 4.3).

The combination of national accreditation of EMS programs and national certification will provide greater assurance of the quality and consistency of both the process and outcome of EMS education. Accreditation represents a method to assure students and the community that an educational program meets uniform, nationally accepted standards while enabling, even encouraging, creative and flexible methods to meet or exceed accreditation standards.

A number of research projects have been conducted to evaluate the relationship between accreditation and program quality. A 2006 project concluded that “students who attended an accredited paramedic program were more likely to achieve a passing score on a national paramedic credentialing examination” (Dickison, Hosler, Platt, & Wang) and Fernandez and colleagues were able to identify national program accreditation status as one of the program characteristics associated with the probability of attaining national paramedic certification (2008).

While the ultimate goal stated in the Education Agenda is for “National EMS Education Program Accreditation [to be] applied to all nationally recognized provider levels and [be] universal,” it is clear that this is a long term goal. The IoM report also recommended that “states should require national accreditation of paramedic education programs” (recommendation 4.2).

The linkage of certification and accreditation is just one of the many interactions between the five component areas called for in the Education Agenda, and the National Registry of EMTs (NREMT) Board of Directors had previously expressed support for the system proposed in that document. EMS is currently the only licensed health care profession that does not require graduation from a nationally accredited educational program as a prerequisite to certification. This has been identified as a hindrance to the advancement of the EMS profession.

The NREMT’s Board of Directors discussed at the June 2007 Board meeting the goal of a linkage between graduation from an accredited program and certification eligibility as called for in the Education Agenda and IoM report. The June motion was tabled to allow discussion to occur. Board members were instructed to obtain feedback on the tabled motion. At the November 2007 meeting, the board, after hearing from members and based on their input passed a motion to require accreditation by June 1st, 2013.

The Board decision was communicated to the EMS community in a number of ways, including electronic communiqués sent directly to State EMS Directors, State EMS Training Coordinators, and EMS Educational Program Directors and inclusion in the NREMT Spring 2008 Newsletter. While not a new issue, this action generated considerable discussion within EMS and EMS educational communities and a sense of urgency among non-accredited paramedic educational programs. This was discussed at the June 10, 2008 NREMT Board of Directors meeting, and Jimm Murray, NREMT Board Chairman, committed (in a communiqué released on July 13, 2008) to “monitor this dynamic situation and [remain] mindful that we all need to be flexible in our approach.”

In October 2008, The National Association of State EMS Officials (NAEMSO) passed a resolution (2008-03) at its annual meeting calling for “NREMT to join with NASEMSO to assist its members in developing plans by November 1, 2010 to achieve accreditation of paramedic education programs” and “to collaborate with the Association in reviewing and implementing plans”. This research project is an extension of the NREMT Board’s commitment as well as the first step in developing plans to achieve accreditation.

A *need* is defined as a gap between the current condition and the desired one, and this project is designed to identify the current state of paramedic educational program accreditation in the US. It is hoped that this project will be used to help determine what needs to occur to achieve paramedic educational program accreditation and to help stakeholders and policy makers alike make informed decisions on how to overcome the legitimate barriers standing between the current status and future possibility.

Methods

This project is the combined effort of many individuals representing various stakeholders in the issue of paramedic program accreditation. It is designed to gather empirical data as to the knowledge and attitudes of program directors of currently operating and state approved paramedic education programs. We also sought to identify barriers to achieving accreditation by the January 1, 2013 target set by the NREMT Board of Directors.

A committee was formed with diverse representation from the NREMT, NASEMSO, CoAEMSP, and the EMS educational committee. A concerted effort was made to ensure a diversity of opinion regarding the need and utility of educational program accreditation as well as differing perspectives and roles. A list of committee members may be found in Appendix A.

The committee met first on March 12-13, 2009 at the NREMT offices in Columbus, OH. The primary purpose of the meeting was to generate the survey instrument that would be used for data collection. A draft was developed with numerous follow-ups to clarify the survey items. The survey was then pilot tested on 10 current paramedic program directors. Based on the data and feedback from a standardized cognitive debriefing protocol, changes were made to the survey to improve clarity of a number of items.

Approximately 6 weeks prior to launch of the survey, registered State EMS Training Coordinators were contacted and asked to verify the list of state approved EMS educational programs in the NREMT EdNet system. A bi-annual approval of state approved EMS educational programs is part of the regular NREMT operations, but was timed to coincide with data collection for this project. We also contacted the five states that do not require NREMT paramedic certification for initial state license and requested a list of the paramedic education programs approved in those states.

Approximately 3 weeks prior to launch, with the assistance of NAEMSO, an e-mail was sent to all State EMS Directors informing them of the survey and requesting that they encourage the participation of the paramedic program directors within their state.

On June 5, 2009, the NREMT database was queried for all state approved paramedic educational programs yielding 1192 potential programs. Once duplicates (programs with the same name, address and program director) were removed and programs not registered on the NREMT database, but state approved from non-NREMT states were added, a total of 1139 unique, state approved paramedic programs were identified, of which a program director's e-mail address was complete for 1100 programs. An e-mail pre-notification was sent to the program director's e-mail address on record, with 73 undeliverable addresses. The pre-notification informed potential participations of the project and that they would receive an official e-mail request for participation on June 10, 2009.

Thru this project, anytime an undeliverable address or change in program director was encountered, the program was contacted by telephone and/or an extensive internet search was conducted. If a program director was able to be identified, an e-mail invitation was sent. This protocol was followed throughout the project.

On June 10, 2009, e-mail invitations to participate were sent to 1040 program directors (12 initially undeliverable e-mail addresses were resolved). Reminder e-mails were sent to all non-responding participants at one week intervals (June 17, June 24, and July 1, 2009). Any potential participant, who did not respond to three e-mail requests, was contacted by phone at approximately one week intervals at least 4 times beginning in July 2009. Voice mail messages were left encouraging participation and asking that the program director contact the NREMT Research Director by phone with any questions or to receive another electronic invitation. If the program director was contacted by phone, the operator offered to complete the survey immediately. If the participant refused, the operator attempted to secure an agreement to complete the survey, the e-mail address was confirmed, and another e-mail invitation was sent at 4:00 pm that day.

According to this data collection protocol, all 1137 potential responders fall under one of the following response categories:

Complete	Program director participated in survey
Refusal	Program director explicitly refused to participate by phone or electronically
Ineligible	Program director indicated that (despite being state approved to do so), they do not and have no plans to, offer paramedic educational programs leading to initial certification/ licensure
Defunct	The program is unreachable, no website, AND had no graduates
Unreachable	The program director was unable to be contacted by repeated e-mails (at least 4) and phone calls (at least 4).
Inactive	The program director indicated that the program is not currently offering paramedic educational programs leading to initial certification/ licensure, but may do so in the future

Following guidelines by the American Association of Public Opinion Research, response rate is calculated as follows:

$$RR = \frac{\textit{Complete}}{1139 - (\textit{Ineligible} + \textit{defunct} + \textit{Inactive} + \textit{Unreachable})}$$

Response Rate:

$$RR = \frac{706}{1139 - (58 + 10 + 248 + 22)} = 88\%$$

The committee reviewed preliminary data on August, 2009. During the meeting the committee reviewed the responses to the survey based upon accreditation status, program size, community size, and performance on the national paramedic certification examination. These data will be helpful in future discussions on strategies to implement national accreditation.

During the discussion, a concern was voiced that the preliminary data included programs that were inactive. A committee decision was made to report data that did not include inactive programs (n=248). One hundred and eighty (180) programs who completed the survey were inactive, and are not reported in the national data. This report includes data from 524 programs that completed the survey (not every question was answered by every program).

What are your current clinical credentials? (please choose all that apply)	
N=524	Percent
First Responder	0.2%
EMT-Basic	1.4%
EMT-Intermediate	2.7%
Paramedic	74.9%
Licensed Practical Nurse	1.5%
Registered Nurse	18.2%
Physician	0.6%
I have not obtained any clinical credentials	0.6%

What is the highest level of education you have completed?	
N=524	Percent
Some high school, but did not graduate	0.0%
High school graduate/ GED	2.5%
Some college	16.2%
Associate degree	16.6%
Bachelor's degree	38.0%
Master's degree	23.3%
Doctorate degree	3.4%

Which of the following best describes the sponsor of your paramedic education program?	
N=524	Percent
Community college	34.0%
Hospital	18.1%
Four-year college/university	12.0%
Private EMS agency operated academy	7.8%
Public EMS agency operated academy	3.6%
Fire-based agency operated academy	6.9%
Secondary/vocational/technical school	8.4%
Proprietary school/small business/corporation	8.6%
Industrial	0.4%
Military	0.2%

Is your program education program currently nationally accredited by CoAEMSP/CAAHEP?	
N=524	Percent
Yes, we are currently accredited	27.9%
We have submitted our self-study but are not yet accredited	3.4%
No, we are not currently accredited	68.7%

Are you currently working to achieve accreditation?	
N=359	Percent
Yes	46.0%
No, but will do if required	19.5%
I have no intention of becoming accredited**	10.0%
I have not decided whether I will seek accreditation	24.5%

****Of these 36 programs, 14 are already accredited (39%)**

Based on your program sponsorship, do you believe that you meet the sponsorship requirements according to the CoAEMSP Standards and Guidelines?	
N=377	Percent
Yes	54.1%
No	15.4%
I don't know	30.5%

Is your institution accredited by a regional organization and/or national career-related accrediting organizations?	
N=520	Percent
Yes	53.9%
No	39.8%
I don't know	6.4%

Your paramedic program director is primarily:	
N=520	Percent
Full-time	76.4%
Part-time	23.7%

Which of the following best describes the community in which your program is located?	
N=520	Percent
Rural area (less than 2,500 people)	4.4%
Small town (2,500-24,999 people)	14.2%
Medium town (25,000-74,999 people)	24.6%
Large town (75,000-149,000 people)	12.7%
Mid-sized city (less than 500,000 people)	16.7%
Suburb/fringe of a mid-sized city	2.5%
Large City (500,000 or more people)	17.1%
Suburb/fringe of a large city	7.7%

How would you rate your understanding of the following standards of CoAEMSP/CAAHEP?				
N=520	Not at all	A little	Much	Very Much
Institutional Sponsorship	8.7%	33.1%	31.2%	27.1%
Program goals	6.4%	25.6%	37.7%	30.4%
Hospital clinical rotations	6.0%	24.4%	36.0%	33.7%
Field internships	6.4%	24.4%	35.0%	34.2%
Program director responsibilities	6.0%	23.9%	32.1%	38.1%
Program director qualifications	6.5%	22.9%	29.4%	41.2%
Medical director responsibilities	6.5%	24.4%	35.8%	33.3%
Medical director qualifications	6.4%	24.4%	33.3%	36.0%
Faculty responsibilities	6.2%	26.9%	33.3%	33.7%
Faculty qualifications	6.4%	28.5%	31.7%	33.5%
Curriculum	6.5%	23.5%	37.1%	32.9%
Program evaluation	7.5%	29.0%	37.3%	26.2%
Student evaluation	6.9%	28.7%	36.7%	27.7%
Overall accreditation process	8.5%	33.3%	34.4%	23.9%

Please answer the following according to the CoAEMSP Standards and Guidelines			
N=520	True	False	I don't know
The program director must instruct at least 50% of the course	9.0%	70.0%	21.0%
The program director is responsible for the administration, organization, and supervision of the program	91.5%	1.2%	7.3%
The program director is responsible for the educational quality review and improvement	87.7%	4.0%	8.3%
The medical director is responsible for approving all of the medical contact of the course	81.5%	7.9%	10.6%
Paramedic students must perform at least 5 live patient intubations in the operating room	35.2%	36.7%	28.1%
The program sponsor is ultimately responsible to ensure that all standards are met	66.4%	16.9%	16.7%
The medical director must attest to the entry level competence of each student	63.1%	18.1%	18.9%
The sponsoring institution must be affiliated with a Community College or University	37.1%	45.8%	17.1%
The paramedic program must have an advisory board that meets twice a year	64.4%	16.0%	19.6%
The paramedic program must have full time clerical support	30.4%	41.2%	28.5%
Students must have access to sufficient number of patients that represents the spectrum of problems encountered in the field	86.5%	2.3%	11.2%
Faculty must be nationally certified as a paramedic	21.5%	54.0%	24.4%
The paramedic program must file an annual report with the CoAEMSP	75.4%	3.1%	21.5%

How much do you agree/disagree on the following? A single national EMS paramedic education accreditation...		
N=518	Strongly Disagree/Disagree	Strongly Agree/Agree
will benefit the EMS profession	21.4%	78.6%
is a positive move for paramedic education	23.0%	77.0%
promotes continuous quality improvement in paramedic programs	25.1%	74.9%
has long term benefits for students	26.1%	73.9%
improves a paramedic program	31.5%	68.5%
is a fair process	35.7%	64.3%
will significantly increase the cost to students	41.7%	58.3%
safeguards the time and money commitment of students	41.9%	58.1%
will improve peer recognition of paramedics as allied health professionals	42.9%	57.1%
is desirable from the students perspective	45.8%	54.3%
is worth the cost	47.7%	52.3%
will have little to no effect on the quality of education provided by my program	47.9%	52.1%
will improve public recognition of paramedics as allied health professionals	49.0%	51.0%
should be required for eligibility of national certification	49.8%	50.2%
will produce better clinicians	49.8%	50.2%
is redundant to our state approval process	50.0%	50.0%
should be required for reciprocity	54.3%	45.8%
should be required to obtain a license in my state	54.8%	45.2%
should be required to be eligible for homeland security	61.6%	38.4%

How much do you agree/disagree on the following?				
N=518	Strongly Disagree	Disagree	Agree	Strongly Agree
Paramedic students should be eligible for college credit after successful completion of paramedic school	1.4%	4.4%	41.3%	52.9%
The requirements for accreditation can be achieved by my program	3.9%	12.0%	39.0%	45.2%
If I was paying tuition for one of my children, I would send him/her to an accredited paramedic program	3.3%	26.3%	34.2%	36.3%
I would want an accredited paramedic program graduate to take care of me	9.9%	31.1%	34.4%	24.7%

Accreditation helps me compete with other education programs for scarce resources.	
N=518	Percent
Yes	46.5%
No	53.5%

National accreditation should take the place of state and local program delivery approval.	
N=518	Percent
Yes	32.8%
No	67.2%

To what extent do you believe that the following are barriers to your paramedic program obtaining CoAEMSP/CAAHEP accreditation?

N=516	Not At All/A Little	Much/Very Much	Unsure
Faculty quality	86.4%	10.5%	3.1%
Medical director qualifications	85.7%	9.9%	4.5%
Equipment and supplies	85.1%	12.2%	2.7%
Student evaluation	84.5%	13.0%	2.5%
Achieving adequate skills	84.5%	12.4%	3.1%
Field Internship affiliations	83.9%	13.2%	2.9%
Hospital/Clinical affiliations	81.8%	15.5%	2.7%
Students pass rates on national/state certification examinations	81.8%	14.0%	4.3%
Classroom/lab facilities	81.2%	15.3%	3.5%
Program director responsibilities	80.4%	15.5%	4.1%
Program evaluation	80.4%	15.5%	4.1%
Computer resources	79.5%	16.9%	3.7%
Medical director responsibilities	78.9%	16.9%	4.3%
Library resources	78.5%	17.6%	3.9%
Achieving adequate patient contacts	77.9%	18.6%	3.5%
Program director qualifications	75.8%	20.2%	4.1%
Student drop-out rates in paramedic programs	75.2%	21.1%	3.7%
Sponsorship	73.6%	20.4%	6.0%
Faculty quantity	71.7%	25.0%	3.3%
Clerical/Support resources	71.1%	25.0%	3.9%
Knowledge about accreditation process	70.9%	24.6%	4.5%
Preceptor education	70.7%	25.4%	3.9%
Operation of multiple campus paramedic programs	70.2%	19.4%	10.5%
Submit a self-study prior to December 31, 2012	69.7%	23.7%	6.6%
Access to pediatric patients	69.6%	26.9%	3.5%
Institutional administration support	65.7%	29.7%	4.7%
CoAEMSP accreditation will require more resources that my program has	65.3%	27.8%	7.0%
Access to live patient intubations	60.7%	34.7%	4.7%
Cost to students	49.6%	43.8%	6.6%
Ongoing cost	49.2%	44.2%	6.6%
Initial cost	47.3%	45.2%	7.6%

Do you have any additional barriers keeping your program from accreditation?	
N=514	Percent
Yes	14.6%
No	85.4%

How much time have you already expended in overcoming barriers to obtaining National EMS Paramedic Educational Program Accreditation?	
N=523	Percent
None (0 hours)	24.3%
A little (1-10 hours)	28.1%
Much (11-40 hours)	21.2%
A great deal (>41 hours)	26.4%

Have you attended an orientation seminar sponsored by CoAEMSP?	
N=523	Percent
Yes	41.9%
No	58.1%

If help in earning National EMS Paramedic Educational Program Accreditation were available, would you use it?	
N=523	Percent
Yes	83.6%
No	16.4%