

POLICY 03-J CLINICAL SUBSTITUTION FOR EMT BASIC COURSES

February 27, 2003

Background: The current rule addressing EMT Basic training requires that the course include a minimum of “140 clock hours of classroom, laboratory, clinical and field instruction” which shall include “supervised experiences in the emergency department...” The NSC for EMT Basic recommends that the clinical portion of the training consist of 20 hours of “observation” in a hospital emergency department.

In two distinct areas of the state, problems are occurring in meeting the clinical requirements for EMT Basic students. In some urban settings, the clinical opportunities for “observations” have been severely limited by the extreme numbers of clinical students from other training disciplines, such as respiratory therapy and nursing, as well as advanced EMS programs. Similarly, some far rural and frontier areas of the state are also experiencing difficulties with opportunities for clinical observations, but for a much different reason. Many rural/frontier EMT students are often volunteer, with full time occupations, and the nearest clinical sites may be at a distance of 100 to 150 miles, creating significant hardships on the volunteer EMT candidates. Further, in some settings, the clinical experiences are just simply inadequate to allow students to achieve all established clinical objectives.

As an alternative, for training programs in such problem areas, a coordinator may submit a request, along with the course notification/approval application, to substitute alternative training modalities which will provide an equivalent learning experience for the students in lieu of the clinical observation requirement.

Rule Reference: §157.32. Emergency Medical Services Education Program and Course Approval, Subsection (c) (2) Emergency Medical Technician-Basic (EMT-B).

Policy: The department may approve the substitution of other equivalent training modalities for the recommended clinical observation time for EMT Basic courses whenever circumstances beyond the coordinator’s control prohibit the timely and efficient opportunities for clinical assignments, whenever regular clinical assignments may present significant hardships for the candidates, or whenever the local clinical facilities are deemed to be too inadequate to provide the desired experience. Such substitutions shall be of equivalent duration and must provide similar learning experiences and clinical objectives as a precepted hospital rotation assignment would have otherwise provided.

The requestor shall document the problems with clinical availability, describe, in detail, the proposed substitution, define the clinical objectives to be achieved, and have the program medical director’s concurrence in writing. Evaluations of student performances in such substituted modalities shall be documented and maintained with the course records.

Acceptable alternatives for substitution may include, as examples, one, or a combination of, the following:

- Additional field internship time with the requirement that the candidate document observations of emergency department patient care procedures for each patient delivered to the hospital facility during the internship.
- Additional laboratory simulation training in patient care techniques utilizing simulated patients, human or manikin, under individual instructor preception.
- Precepted patient contact experiences in rural health clinics, nursing facilities, physician offices, etc.

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Signature dated February 27, 2003

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