

**Section of EMS
Accreditation Manual
EMT
AEMT
EMT BRIDGE COURSE**



**ARKANSAS
DEPARTMENT OF HEALTH**

Arkansas Department of Health
Section of Emergency Medical Services
5800 West 10th Street, Suite 800
Little Rock, AR 72204

Section of Emergency Medical Services
Accreditation Manual
EMT
AEMT
EMT BRIDGE COURSE

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PROGRAM CERTIFICATION REQUIREMENTS

I. APPROVAL

All courses must be sponsored by an approved training site. A request to conduct a course must be submitted to the Section of EMS at least (10) ten days prior to the class start date.

II. STUDENTS

1. EMT

Students must have a high school diploma or equivalency. Students may also be a currently enrolled high school student in good standing. To take the National Registry certification examination, a student must be 18 years of age and meet all requirements of the Arkansas Department of Health, Section of EMS. Students under the age of 18 are eligible to take the National Registry Assessment exam upon completion of the Arkansas Department of Health requirements.

2. AEMT

Students must hold a current EMT license with a National Registry certification.

3. EMT Bridge Course

Students must hold current licensure or registry in good standing that under normal circumstances requires a minimum of two (2) years of education/training (ex. Registered Respiratory Therapist, Registered Nurse—other healthcare providers may be considered if approved by the Section of EMS). Students must have two (2) years of critical care experience (Emergency Department, Intensive Care Unit, Flight Nurse, etc.) other specialties may be considered, if approved by the Section of EMS. Students must hold a current American Heart Association – Healthcare Provider and Advanced Cardiac Life Support Certifications.

➤ *Preferred Requirements:*

Pediatric Advanced Life Support or equivalent certification, Prehospital Trauma Life Support, International Trauma Life Support, or Advanced Medical Life Support.

III. RESOURCES

1. EDUCATIONAL FACILITIES

- a. Appropriate as defined by the educational institution so long as they meet or exceed the National Educational Standards in the program comfortably. Classes shall be instructed in a controlled environment. It should be conducive for learning with sufficient space for class size.
- b. Equipment/Supplies- Must meet the current equipment list required by the Arkansas Department of Health, Section of EMS. Adequate instructional support material and equipment must also be available: audio, visual, and kinematic aids, copiers, computers, etc. (Appendix A)

2. TRAINING SITE REPRESENTATIVE

The Training Site shall designate a representative who has responsibility to the educational program and who contributes a sufficient amount of time to assure the success of the program. In addition to other assigned responsibilities, the Representative shall be responsible for the organization, administration, periodic review, and the continued development and effectiveness of the educational program.

3. INSTRUCTIONAL FACULTY

Each EMS Course should be taught by an EMS provider who is licensed at the EMT level or course level being taught, licensed by the Arkansas Department of Health as an EMSP- Instructor (can include a physician, or by a person who is knowledgeable in the subject matter being instructed).

4. MEDICAL DIRECTOR

The program shall have an appointed medical director to provide medical oversight for all medical aspects of instruction.

5. CLINICAL OBSERVATION AND INSTRUCTION SITES

- a. Clinical affiliations shall be established and confirmed with written affiliation agreements between institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision that allows students to observe the delivery of emergency medical care in a licensed Emergency Department.

- b. Identification - Students shall be clearly identified during clinical and field internship by name and student status, using nameplate, uniform, or any other apparent means to distinguish them from other personnel.
- c. Students shall have access to patients who present common problems encountered in the delivery of emergency care. This should be integrated with an adequate number of patients appropriately distributed by sex and age.
- d. Students shall be assigned in clinical settings where experiences are educationally efficient and effective in achieving the program's objectives.
- e. EMT students will be trained within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the facility's governing body during clinical phases of training.

6. FIELD INTERNSHIP

A field internship is required. Students shall have access to patients who present common problems encountered in the delivery of emergency care and in appropriate distribution by age, gender, etc.

- a. Internship must be done with a licensed ambulance service.
- b. Written affiliation agreements should be established allowing students to ride third on a permitted ambulance for field internship experience.
- c. The student must be allowed to participate in patient care and document patient contact under the supervision of an EMT that is at the same level of licensure or above, and ride in the patient compartment during transport.

IV. EDUCATIONAL INFRASTRUCTURE

1. EMT

- a. Course length is based on competency, with an estimated time of approximately 150-190 clock hours for EMT.
- b. Course material can be delivered in multiple formats including but not limited to: independent student preparation, synchronous/asynchronous distributive education, face- to-face instruction, and/or pre- or co-requisites.

- c. Curriculum must meet or exceed the current National EMS Education Standards. The following **four** integrated phases of education are required:
1. Didactic
 2. Laboratory
 3. Clinical Instruction and Observation
 4. Field internship
- d. The Curriculum shall be organized to provide the student with knowledge of the acute, critical changes in physiology, psychological, and clinical symptoms as they pertain to pre-hospital emergency medical care. Students must have an opportunity to acquire clinical experience and practical skills related to the emergency care of these patients. Students should also understand the ethical and legal responsibilities, which they assume as students, and which they are being prepared to assume as graduates.
- e. It is recommended students should observe a clinical setting for a period of time sufficient to gain an appreciation for the continuum of care. This purpose is to provide a variety of medical settings to be used if budgets and resources are available. Students must perform ten (10) patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available.
- f. The program shall maintain a portfolio to remain on file for a minimum of three (3) years on each student. Documentation kept on file should include:
1. Skills evaluation sheets- minimum of one (1) peer evaluation and one (1) instructor evaluation per skill (Appendix A)
 2. Student competency examinations
 3. Scenario-based Psychomotor Examination – if elected (Appendix A)
 4. Clinical Forms
- g. The following should be made available upon request:
- Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency etc.
 - Textbooks and other references required for students
 - Clinical and field internship rotation schedules
 - Evaluation forms used in clinical and field internship
 - An organizational chart for the training program and sponsoring institution(s). Chain of command and responsibilities should be identified.
 - Written affiliation agreements on file
 - Program policies and procedures

2. AEMT

- a. Course length is based on competency, with an estimated time of approximately 150-250 clock hours beyond EMT requirements.
- b. Course material can be delivered in multiple formats including but not limited to: independent student preparation, synchronous/asynchronous distributive education, face- to-face instruction, and/or pre- or co-requisites.
- c. Curriculum must meet or exceed the current National EMS Education Standards. The following **four** integrated phases of education are required:
 1. Didactic
 2. Laboratory
 3. Clinical Instruction and Observation
 4. Field internship
- d. The Curriculum shall be organized to provide the student with knowledge of the acute, critical changes in physiology, psychological, and clinical symptoms as they pertain to pre-hospital emergency medical care. Students must have an opportunity to acquire clinical experience and practical skills related to the emergency care of these patients. Students should also understand the ethical and legal responsibilities, which they assume as students, and which they are being prepared to assume as graduates.
- e. It is recommended students should observe a clinical setting for a period of time sufficient to gain an appreciation for the continuum of care. This purpose is to provide a variety of medical settings to be used if budgets and resources are available. These may be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available. Using live or simulated patients, students must demonstrate the following:
 - Ability to safely administer medications at least fifteen (15) times to a live patient.
 - Ability to gain vascular access at least twenty-five (25) times on live patients of various age groups.
 - Ability to effectively ventilate twenty (20) non-intubated patients of all various age groups with a minimum of one (1) live patient.
 - Perform an adequate assessment, formulate, and implement a treatment for patients with chest pain, respiratory distress, altered mental status, on pediatric, adult and geriatric patients.
- f. The program shall maintain a portfolio to remain on file for a minimum of three (3) years on each student. Documentation kept on file should include:
 1. Skills evaluation sheets- minimum of one (1) peer evaluation and one (1) instructor evaluation per skill (Appendix A)

2. Student competency examinations
3. Scenario-Based Psychomotor Examination- if elected (Appendix A)
4. Clinical Forms

g. The following should be made available upon request:

- Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency etc.
- Textbooks and other references required for students
- Clinical and field internship rotation schedules
- Evaluation forms used in clinical and field internship
- An organizational chart for the training program and sponsoring institution (s). Chain of command and responsibilities should be identified.
- Written affiliation agreements on file
- Program policies and procedures

3. EMT Bridge Course

- a. All courses must meet the minimum required 86 hours.
- b. Course material can be delivered in multiple formats including but not limited to: independent student preparation, synchronous/asynchronous distributive education, face-to-face instruction, and/or pre- or co-requisites.
- c. Current National Emergency Medical Services Education Standards must be adhered to when didactic learning is required for certain core topics. For topics that are learned in other training, a validation test must be given. (Appendix B)
- d. Curriculum must meet or exceed the current National EMS Education Standards and meet the minimum required hours. The following integrated phases of education are required:
 1. Didactic —————→ 70 hours
 2. Clinical —————→ 8 hours
 3. Field Internship → 8 hours/1
Transport
- e. The Curriculum shall be organized to provide the student with knowledge of the acute, critical changes in physiology, psychological and clinical symptoms as they pertain to pre-hospital emergency medical care. Students must have an opportunity to acquire clinical experience and practical skills related to the emergency care of these patients. Students should also understand the ethical and legal responsibilities, which they assume as students, and which they are being prepared to assume as graduates.

- f. Clinical Emergency Room hours may be documented while on duty. Hours may be waived with an employment verification letter of at least 80 hours worked in a critical care setting within six (6) months of the start of course signed by the student's supervisor.
- g. Field Internship may be waived if student is a current healthcare provider on an active flight status or critical care ground transport provider in another state with an employee verification letter of at least (80) eighty hours worked as a healthcare provider within six (6) months of the start of course signed by the student's supervisor. If the Field Internship is not waived. The student shall meet the Field Internship requirements with a minimum of three (3) transports.
- h. The program shall maintain a portfolio to remain on file for a minimum of three (3) years on each student. Documentation kept on file should include:
 - 1. Skills evaluation sheets (minimum of one (1) peer evaluation and one (1) instructor evaluation per skill)
 - 2. Student competency examinations
 - 3. Scenario-Based Psychomotor Examination- if elected (Appendix A)
 - 4. Clinical Forms or Waivers
- i. The following should be made available upon request:
 - Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency etc.
 - Textbooks and other references required for students
 - Clinical and field internship rotation schedules
 - Evaluation forms used in clinical and field internship
 - An organizational chart for the training program and sponsoring institution (s). Chain of command and responsibilities should be identified.
 - Written affiliation agreements on file
 - Adequate program policies and procedures

V. SPONSORSHIP

The sponsoring institution of an EMT program may be an accredited postsecondary educational institution such as a vocational technical school, technical college, community college, college or university, or an advanced life support (ALS) licensed ambulance service which holds an Arkansas Department of Higher Education Private Career Education License that has been approved by the Department of Health. The institution must be affiliated with an accredited medical center or hospital that has the appropriate facilities and patient census to provide adequate clinical experiences for students. This must include a licensed emergency department, which interacts with pre-hospital patient care providers. Conversely, the sponsoring institution may be a hospital or medical center, which is affiliated with an accredited postsecondary school as defined above.

VI. ACCREDITATION SELF-STUDY

The Self-Study Assessment provides each basic and/or advanced education program with an opportunity to assess their objectives and degree of compliance with program standards set forth in the Arkansas EMS Rules and Regulations and Arkansas Basic Accreditation Standards. With the exception of Advanced Training sites accredited by the Commission on Accreditation of Educational Programs for the Emergency Medical Services (CoAEMSP), each education program is expected to complete the Self-Study Assessment document accurately and thoroughly every three (3) years (Appendix C).

SITE ACCREDITATION ADDENDUM

The following sections pertain to training at the EMT licensure level

I. OFF SITE COURSES

- a. All instructor requirements remain the same.
- b. The facility where the class is located must meet with the approval of the sponsoring institution and the Arkansas Department of Health Section of EMS.
- c. Off-site courses can be sponsored only in an area when a need exists. Any off site course will be inspected each time unless an agreement is filed between the offsite location and the sponsoring institution.
- d. Written documentation should verify **one of the following** concerning equipment:
 1. All equipment needed for the course is available for student use at the course location without removing any equipment from a licensed ambulance. Arkansas Department of Health, Section of EMS can inspect the course site at any time during the course.

OR

2. The training site sponsor provides all equipment for all off site courses. However, due to loading/transport/use time that set of equipment cannot be considered available for any other courses unless a specific policy exists requiring the return of the equipment within a certain time span.

OR

3. Equipment used for the course may be provided as a combined effort by the training site and the location where the course is offered. Such an agreement must be signed prior to submission of the course request form, and must be submitted with it.

II. SPONSORSHIP OF MULTIPLE COURSES

Any training site may offer concurrent courses providing the following criterion has been met. There must be adequate equipment and instructors available for each course offered to insure that each student has appropriate access to each needed item. In the case of concurrent courses, a training site must be able to demonstrate that no conflict in equipment availability for each student exists.

APPENDIX

CONTENTS:

- A. Psychomotor Exam Guide
- B. EMT Bridge Course Requirements
- C. Self-Study Assessment Document

AR KANSAS DEPARTMENT OF HEALTH
SECTION OF EM ERGENCY M EDICAL SERVICES

Psychomotor Skills Exam Users Guide



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Phone 501.661.2262 • Fax 501.280.4901

Section

1

We are pleased to provide you with this copy of the Arkansas Emergency Medical Technician Psychomotor Examination Users Guide. This manual specifies suggested aspects of coordinating an EMT psychomotor examination. This material consists of skills presented in a scenario-based format to approximate the abilities of the Arkansas EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the National EMS Education Standards and Instructional Guidelines for the Emergency Medical Technician; the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current American Heart Association guidelines for Basic Life Support for Healthcare Providers (BLS) that are updated as necessary. The psychomotor examination consists of two skills scenarios (Trauma and Medical) or in lieu of the scenario-based exam, an Instructor Assessment Exam may be conducted on specific National Registry Skills (More information can be found in Section 6 of this manual). The skill scenarios (Trauma and Medical) are designed to approximate the out-of-hospital setting by presenting realistic situations that the EMT can expect to see. Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

Personnel Required for Scenario-based Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have the expertise of subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor is required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the EMT Assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates testing

Orientation for Scenario-based Exam

The Exam Coordinator must read the following to all Candidates:

The instruction I am about to give pertains to the psychomotor examination. Please pay close attention as these instructions will not be repeated at a later time.

The Skill Examiners utilized today were selected because of their expertise in the assigned skill sets. The examiner will call you into the station when it is prepared for testing. You must wait outside of the testing area until the station is opened and you are called. As you enter the station, the examiner will then read the instructions to you. This information is read to each of you in the same manner to assure consistency and fairness. Please pay close attention to the instructions as they correspond to the similar information you might receive on an EMS call and/or give you valuable information on what will be expected of you during your performance. The skill station examiner will ask if you understand the instructions and will be happy to repeat any portion if necessary.

You will be given time at the beginning of each station to survey and select equipment necessary for the appropriate management of the patient. You are encouraged to explain the things you are doing within the scope of the time limit. The examiner may also ask questions for clarification purposes. Simply respond to their questions as they are not intended to provide feedback on the quality of your performances.

You are not permitted to discuss any specific details of any station with each other at any time. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum.

If you have a complaint concerning the practical examination, a formal complaint procedure does exist. You must initiate any complaint with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn your results. You may file a complaint for only two (2) reasons:

- 1. You feel you have been discriminated against.**
- 2. There was an equipment malfunction during your performance in any skill.**

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. The Grievance Committee, is comprised of the Examination Coordinator, Training Site Representative, and Medical Director.

If you feel there is a conflict of interest with an evaluator scheduled to administer the practical exam today, please get with me immediately following the debriefing. This must be addressed before the practical exam beginning today.

Your results will be reported when all candidates have completed testing of all practical skill stations. Results will be reported as pass/fail of the stations, you will not be provided any detailed critique of the specific errors in your performance.

Section

4

Grievance and Complaints

The following forms should be used for any candidate that has an issue or grievance concerning the skills exam.

Emergency Medical Technician Basic Practical Exam Complaint Form

I wish to file a formal complaint based upon the following information in accordance with the Arkansas Department of Health, Section of EMS policy, which was explained to me during the “Practical Examination Orientation to Candidates.” I fully understand that the decision of the Grievance Committee is final and agree to abide by the Grievance Committee’s final and official decision.

Skill(s) in question:

Summary of Circumstance:

Name: _____ **Signature:** _____

Date: _____

NOTE: The Grievance Committee advises you to stay on-site during deliberations of this complaint. Do not leave this site until the Examination Coordinator informs you of the Grievance Committee’s official decision.

This form must be kept on file at Program Training Site with all examination materials.

Grievance Committee Report

Candidate: _____ *Exam Site:* _____

Date: _____ **Skill:** _____

Examiner: _____ **Examiner Phone #:** _____

After reviewing the facts as presented, the Grievance Committee's official decision is as follows:

_____ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).

_____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the Grievance Committee's decision by the Examination Coordinator and the Section of EMS was contacted.

Signature of Examination Coordinator

Signature of Training Site Representative

Signature of Medical Director

As the Complainant, I have been informed of the Grievance Committee's official and final decision.

Signature of Candidate

Date

This form must be kept on file at Program Training Site with all examination materials.

Grievance Committee Review Form

We, the Grievance Committee, met to review the following situation and all related facts as documented below:

Nature of Situation:

Summary of Facts (use the back side of the form if necessary):

After reviewing the facts as presented, the Grievance Committee’s official decision is as follows:

Signature of Examination Coordinator

Signature of Training Site Representative

Signature of Medical Director

Exam Site: _____ **Date:** _____

This form must be kept on file at Program Training Site with all examination materials.

Section

5

Out-of-Hospital Scenario – Medical

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric or a geriatric patient. The candidate will have twenty (20) minutes to successfully complete this scenario-based exam. We recommend that scenarios be developed and utilized for the following types of medical presentations:

- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal pain

All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random.

- Proper Medical Assessment
- Shock Management
- BVM Ventilation of Apneic Adult Patient
- Cardiac Arrest Management/AED
- Medication Assistance

Section

6

Out-of-Hospital Scenario - Trauma

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric or a geriatric patient. In this skill, the candidate will have twenty (20) minutes to successfully complete this scenario-based exam. All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random.

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization
- BVM Ventilation of Apneic Adult Patient
- Cardiac Arrest Management/AED
- Traction Splint
- Proper Trauma Assessment
- Proper Medical Assessment
- Medication Assistance

Instructor Assessment Exam

In lieu of the scenario - based exam, an Instructor Assessment may suffice for the Arkansas Emergency Medical Technician Psychomotor Exam. Each of the following skills must be evaluated by the instructor:

- Patient Assessment/ Management- Trauma
- Patient Assessment/ Management- Medical
- BVM Apneic Adult Patient
- Oxygen Administration
- Cardiac Arrest/ AED
- Spinal Immobilization (Seated)
- Spinal Immobilization (Supine)
- Bleeding Control (Shock Management)
- Joint Immobilization
- Long Bone Immobilization
- Traction Splint

The Validity of EMT Psychomotor Examination Results

New EMT graduates seeking initial Arkansas licensure have no more than two (2) years from their date of course completion to successfully complete all components of the Arkansas licensure process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis.

- Examination results are valid for two (2) years from the date of the examination, provided all other “Entry Requirements” are met.
- Candidates who fail the entire psychomotor examination must submit official documentation of remedial education to the State EMS Office before attempting the entire psychomotor examination (Both Scenarios) on their next full attempt of the psychomotor examination, provided all other “Entry Requirements” are met. This official documentation must be signed by the EMT Training Program Director or Instructor which verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills.

Section

9

Reporting Psychomotor Examination Results

The Exam Coordinator should enter all results of the EMT Psychomotor Examination, regardless of the method used to evaluate the student, on the roster as required by the State EMS Office. All applicable fields must be completed. This must be completed with the State EMS Office and National Registry for the EMT initial courses.

If the Instructor Assessment is chosen, a letter indicating competency of students evaluated on all National Registry Skills is required by the State EMS Office. The letter must be signed by the Program Director and co-signed by the Medical Director. All official records of the psychomotor examination should be retained by the Exam Coordinator in accordance with State EMS Office recommendations (3 years).

EMT Bridge Course Requirements

NOTE: This section outlines the core requirements that must be taught and which requirements a student can take a validation test of previous knowledge gained from other classes/courses. Instructors may teach whatever portions they feel is necessary for the success of the student beyond the core requirements listed.

Emergency Medical Care Systems, Research, and Public Health	Teach
Workforce Safety and Wellness of the EMT	Teach
Medical, Legal, and Ethical Issues	Teach
Documentation	Teach
Communication	Teach
Lifting & Moving Patients	Teach
Anatomy, Physiology, and Medical Terminology	Validation Test Only
Pathophysiology	Validation Test Only
Life Span Development	Validation Test Only
Airway Management, Artificial Ventilation, and Oxygenation	Validation Test Only
Baseline Vital Signs, Monitoring Devices, and History Taking Must teach SAMPLE & OPQRST either in didactic or skills	Validation Test Only
Scene Size-Up	Teach
Patient Assessment	Teach
Pharmacology & Medication Administration	Validation Test Only
Shock & Resuscitation	Validation Test Only
Respiratory Emergencies	Validation Test Only
Cardiovascular Emergencies	Validation Test Only
Altered Mental Status, Stroke, and Headache	Validation Test Only
Seizures & Syncope	Validation Test Only
Acute Diabetic Emergencies	Validation Test Only
Anaphylactic Reactions	Validation Test Only
Toxicological Emergencies	Validation Test Only
Abdominal, Gynecologic, Genitourinary, & Renal Emergencies	Validation Test Only
Environmental Emergencies	Validation Test Only
Submersion Incidents: Drowning & Diving Emergencies	Validation Test Only

Behavioral Emergencies	Validation Test Only
Trauma Overview: The Trauma Patient & the Trauma System	Validation Test Only
Bleeding & Soft Tissue Trauma	Validation Test Only
Burns	Validation Test Only
Musculoskeletal Trauma	Validation Test Only
Head Trauma	Validation Test Only
Spinal Column & Spinal Cord Trauma	Validation Test Only
Eye, Face, & Neck Trauma	Validation Test Only
Chest Trauma	Validation Test Only
Teach Sucking Chest Wound Treatment & Paradoxical Movement treatment in Skills	Validation Test Only
Abdominal & Genitourinary Trauma	Validation Test Only
Multisystem Trauma & Trauma in Special Patient Populations	Validation Test Only
Obstetrics & Care of the Newborn	Validation Test Only
Pediatrics	Validation Test Only
Geriatrics	Validation Test Only
Patients with Special Challenges	Validation Test Only
Post-Traumatic Stress Disorder (PTSD) subject	Teach
Ambulance Operations & Air Medical Response	Teach
Gaining Access & Patient Extrication	Teach
Hazardous Materials	Teach
Multiple-Casualty Incidents & Incident Management	Teach
EMS Response to Terrorism Involving Weapons of Mass Destruction	Teach

Revised 3/2018



Arkansas Department of Health Section of EMS

Site Inspection Self Study

Application for EMT and/or Advanced EMT Accreditation

APPLICATION DATE _____

TYPE OF APPLICATION
(CHECK ONE):

- INITIAL ACCREDITATION – EMT PROGRAM
- REACCREDITATION – EMT PROGRAM
- INITIAL ACCREDITATION – ADVANCED EMT PROGRAM
- REACCREDITATION – ADVANCED EMT PROGRAM

INSTITUTIONAL

A.

DATA

OFFICIAL NAME OF
INSTITUTION _____

MAILING
ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

ON-SITE ADMINISTRATOR'S E-MAIL ADDRESS (THIS INDIVIDUAL WILL RECEIVE ALL RELATED
CORRESPONDENCE FROM THE SECTION OF EMS)

E-MAIL ADDRESS _____

WEB SITE ADDRESS _____

PHYSICAL ADDRESS
(IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

NAME AND TITLE OF PROGRAM

DIRECTOR _____

NAME AND TITLE OF MEDICAL

DIRECTOR _____

PROGRAM CREDENTIALS*
(CHECK ALL THAT APPLY)

*** FOR POST-SECONDARY INSTITUTIONS ONLY**

- | | |
|--|--|
| <input type="checkbox"/> CERTIFICATE
OCCUPATIONAL | <input type="checkbox"/> DIPLOMA |
| <input type="checkbox"/> ASSOCIATE'S DEGREE | <input type="checkbox"/> ACADEMIC ASSOCIATE'S DEGREE |
| <input type="checkbox"/> BACHELOR'S DEGREE | <input type="checkbox"/> OTHER |

ALTERNATIVE SITE

B. INFORMATION

DOES THE INSTITUTION INTEND TO OPERATE THIS PROGRAM AT ANY OTHER LOCATIONS OTHER THAN THE ONE SPECIFIED ON PAGE 2? YES NO
IF YES, LIST ADDRESS, PHONE NUMBER, AND ADMINISTRATOR (IF APPLICABLE) OF EACH LOCATION (ATTACH A SEPARATE SHEET, IF NECESSARY):

ADDRESS OF
ADDITIONAL SITE _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX
(IF AVAILABLE) _____

NAME AND TITLE OF ON-SITE
ADMINISTRATOR _____

WHAT IS THE RELATIONSHIP OF THIS SITE TO ONE LISTED ON PAGE 1 OF THIS APPLICATION?

C. PERSONNEL LIST EACH PERSON IN ONLY ONE CATEGORY.

NUMBER OF ADMINISTRATIVE STAFF: FT _____ PT _____

NUMBER OF FACULTY MEMBERS FOR THIS PROGRAM: FT _____ PT _____

D. STUDENTS

ANTICIPATED NUMBER OF REGULARLY ENROLLED STUDENTS:

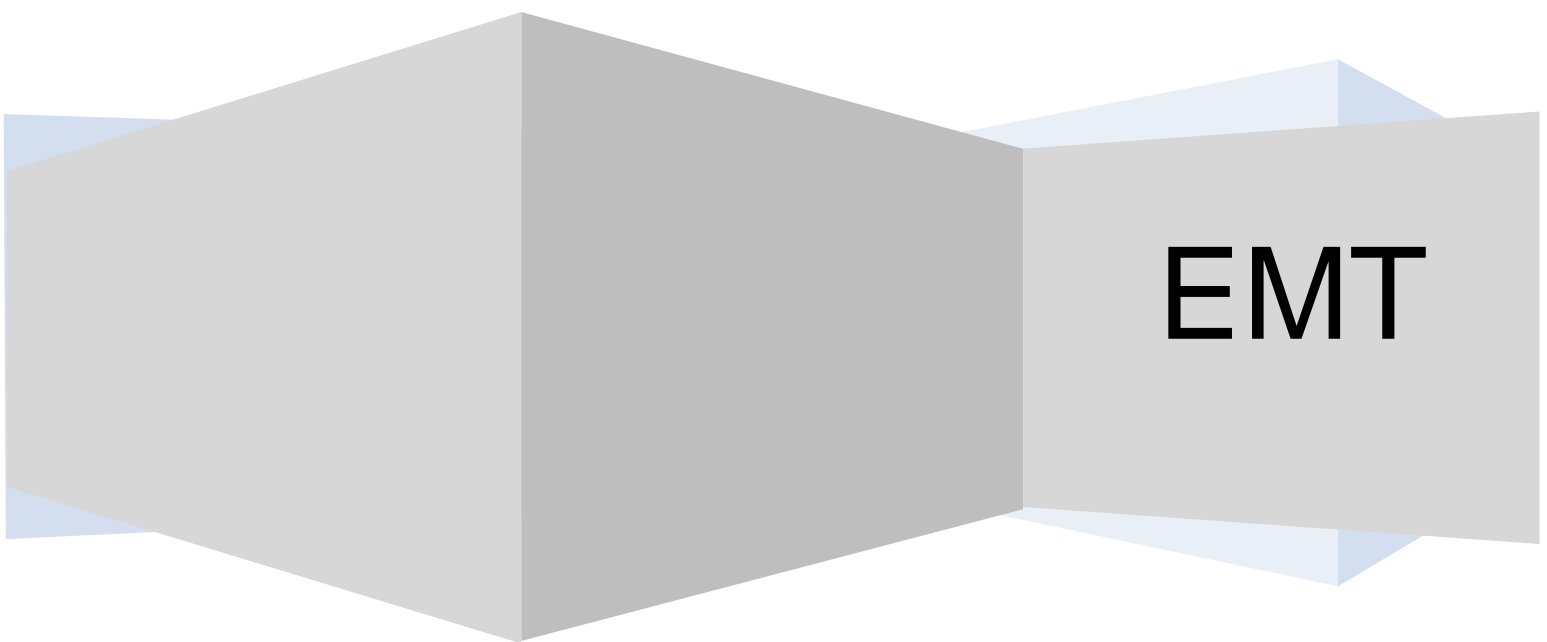
_____ FULL-TIME _____ PART-TIME _____ TOTAL

E. SIGNATURE

PROGRAM DIRECTOR _____ DATE _____

MEDICAL DIRECTOR _____ DATE _____

Accreditation Self Study Assessment



Revised 3/2018

SELF-STUDY ASSESSMENT DOCUMENT

The Self-Study Assessment document provides each basic and/or advanced education programs with an opportunity to assess their objectives and degree of compliance with the program standards set forth in the Arkansas EMS Rules and Regulations and Arkansas Basic Accreditation standards. This evaluation should be comprehensive and clearly identify the program's strengths and limitations.

Each education program is expected to complete the Self-Study Assessment document accurately and thoroughly.

Completion of the Self-Study Assessment document should involve the entire program staff. This is to include but not limited to: the program medical director, administrator/coordinator, administrative staff, faculty, EMT/Advanced EMT students, and others in the health care delivery system involved in the educational program.

The Self-Study Assessment document and attachments will be reviewed by Section of EMS. If the program is in compliance with the standards a site visit will be scheduled.

EMT/Adv. EMT Initial and Re-accreditation Self-Study Assessment

1. Begin with an overview of basic and/or advanced education programs. Please include a brief statement regarding the development of program, target students, and communities of interest served by the providers. Also addressed should be any special considerations impacting program delivery such as financial constraints, availability of clinical facilities, etc. This portion should not exceed two (2) pages in length.

[place cursor here to type]

2. Identify agencies/institutions responsible for the oversight of the education program.

[place cursor here to type]

3. Each program shall have a written statement of their goals, consistent with the sponsoring agency/institution's mission statement and the needs of the community. They shall serve as a guide for developing, implementing, and evaluating the educational program. A copy of the program's goals should be included in the self-study assessment document.

[place cursor here to type]

4. The program shall have defined the educational goals and competencies. These goals shall be clearly stated, measurable, and attainable. They should serve as the foundation for developing, implementing, and evaluating the educational program and shall identify the expected competencies of students at completion of the program.

[place cursor here to type]

5. Education is delivered by a variety of schedules in order to best meet the needs of the student population served and the agency/institution. A copy of the course syllabus for each different program/class i.e. EMT and Adv. EMT should be attached to the self- assessment study document.

[place cursor here to type]

6. Resource availability is a crucial part of any education program. These resources include administrative personnel, financial support, faculty/staff, teaching facilities, and available

clinical and field experiences. Medical guidance of the program is an essential component. Do you feel these items are present in your program? Please explain your response.

[place cursor here to type]

7. Has this institution received an inspection from the Arkansas Department of Health Section of EMS in the past two years? If so, please report the date and time.

[place cursor here to type]

Please include the following information/attachments for the program's resources.

A. Organization of Personnel

A-1. Attach a copy of the organizational chart showing the relationship among students, faculty, medical director, program coordinator and other personnel for each course (which shall demonstrate the relationship of the program and its staff to the sponsoring agency/organization.) The lines of authority, responsibility and communications should be clearly indicated.

A-2. A list of all program job titles- full-time, part-time and volunteer- should be submitted. Please include a description of each position as well as the name of the person(s) fulfilling those positions.

B. Medical Director

Each program should have a Medical Director who oversees the educational content and field internship experiences of the program. The medical director will ensure the content and the quality of the information meets required program standards.

B-1. Attach the medical director's job description, duties, and responsibilities in the education program.

B-2. Include a copy of the letter of agreement between medical director and program.

C. Program Director

Each basic and/or advanced education program should have a program director to manage the overall aspects of the educational program.

- C-1. The program director ensures the success of the program. This individual is responsible for the program's organization, administration, evaluation, continued development and effectiveness. Additionally, this is the only person who can announce program courses to the Section of EMS.
- C-2. Attach a copy of the program director's curriculum vitae, which substantiates that the individual is certified as an EMT Instructor, ALS Coordinator or EMS Education Coordinator. The program director should have experience instructing and evaluating EMS students, as well as with administration of educational programs. The director must demonstrate knowledge of the EMS Rules and Regulations.

D. Instructors

- D-1. Each EMS course should be taught by an EMS provider who is certified at the EMT level or higher, licensed by the Department of Health as an EMS instructor, a Physician or by a person who is knowledgeable in the subject matter being instructed. The Instructor will work with the program director in preparation and delivery of the course content. Please attach a list of instructors affiliated with the school.

E. Clinical/Field Coordinator

- E-1. A Clinical/Field Coordinator may be designated by the program. They are responsible for oversight and coordination of the clinical/field components of the EMT course. In smaller programs this function may be met by the program director. Please specify clinical/field requirements and who oversees this duty.

E-2 Please identify all clinical/field sites and attach agreements.

F. Preceptors

F-1. Preceptors for clinical and/or field rotations will be designated by the program and approved by the program Medical Director. The preceptor must be certified at or above the level of the certification being sought by the student. Please list preceptors and attach a preceptor evaluation form for each.

[place cursor here to type]

G. Instructional Facilities

Each program should maintain facilities adequate for presentation of didactic, skill instruction and practice sessions. Medical sharps and drugs must be stored in a secured area. A secure record storage area must be used for student and program files. The application shall:

G-1. Indicate the maximum number of students that can be accepted into the program. If there is a minimum number of students required to conduct the program, report that number in this section as well.

[place cursor here to type]

G-2. Describe the classrooms utilized for instruction. Please include location, student capacity, labs, instructional materials, and equipment. Describe how the skills laboratory is employed in the curriculum.

[place cursor here to type]

H. Students

Students' success in the program is dependent upon many factors, some of which are not always under the student's control. Each student deserves a fair opportunity to succeed.

- H-1. Describe criteria for student selection.
[place cursor here to type]
- H-2. Attach a copy of the information packet provided to students accepted into the program.
- H-3. Describe any resources available to assist students with problems encountered during the program. These problems may be related to educational difficulties, skill performance problems, or behavioral problems. If resources are unavailable, explain how these problems are managed.
[place cursor here to type]
- H-4. Describe all measures used to promote student progress and success. Examples can include tutoring capabilities, remedial training, self-study computer programs, etc.
[place cursor here to type]
- H-5. Describe how the program measures student progress during the course. Include which evaluation tools are used and how they are weighted.
[place cursor here to type]
- H-6. What methods are employed to provide students with performance feedback? Include the forms used for student action plans and student counseling.
[place cursor here to type]
- H-7. Describe or attach the policies and procedures that define conditions and the process used for dismissal of students from the program.
[place cursor here to type]
- H-8. Describe or attach the appeal process students may use to request a review of evaluations or disciplinary actions.
[place cursor here to type]
- H-9. Describe how the student records are maintained and how record confidentiality is ensured.
[place cursor here to type]

H-10. Describe how students are identified in the field internship areas.

[place cursor here to type]

H-11. List which program, if any, the institution uses to evaluate student readiness for the National Registry exam (ie. Fisdap, Platinum, Navigation, etc.)

[place cursor here to type]

H-12. What is the "cut-off" score of the above evaluation, if applicable.

[place cursor here to type]

I. Program Evaluation

In an effort for continuous educational quality improvement, each program should have a written policy and procedure for evaluation. Evaluation should be done annually and provide qualitative as well as quantitative evidence that the program is meeting its objectives and the changing needs of EMS care. Input should be gathered from students as well as faculty members.

I-1. Attach copies of program evaluation tools used by both student and faculty members to provide feedback about the program.

I-2. Include a report analyzing the evaluation results data on the effectiveness of:

1. Program
2. Resources
3. Responsiveness to recommendations of change
4. Faculty
5. Students ability to function as entry-level providers upon successful completion of the course.

I-3. Describe methods developed to improve weak areas identified and indicate if changes were initiated.

[place cursor here to type]

J. Satellite Education Program Provisions

There may be instances where education is conducted by an approved program but at a different location and/or for another agency/institution.

- J-1. The parent education program must have received full accreditation.
- J-2. The satellite program must operate under the parent program's approval.
- J-3. The program should be conducted in the same manner as the parent program.
- J-4. Faculty of the satellite program must have their credentials on file with the parent education program. Additionally, faculty members must meet the same education, experience and preparation requirements.
- J-5. Classroom and lab facilities utilized for didactic and clinical instruction at the satellite program will meet the same requirements as listed in Section H.

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