

Revision of the National EMS Education Standards Draft for Public Comment – November 2020

Summary of Changes since Previous Draft (based on public comments and stakeholder input)

Introduction

The National EMS Education Standards, first published in 2009, are currently being revised with the support of the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's EMS for Children (EMSC) Program. In February 2020, a task force from the larger Development Team met in Hurst, Texas, to consider the instructional guidelines. In March, the spread of COVID-19 delayed the project as many team members focused on serving their communities at home. In August, they resumed their work and they have made significant progress ever since. The Development Team met virtually in October to review comments that were received from stakeholders and the public, as well as the recommendations of the instructional guidelines task force.

Context, Considerations & Recommendations for Review

Below is a summary of the additions and changes that have been made since the last draft of the National EMS Education Standards was released for public comment in February 2020. The team is grateful to the numerous members of the public and stakeholders who provided comments and recommendations, each of which was reviewed and carefully considered.

As you review the document, please do so after considering the following:

First, the primary stimulus for the revision is the 2019 release of an updated National EMS Scope of Practice Model. The task of the Development Team is to update and revise the 2009 National EMS Education Standards, not to abolish and rewrite the original 2009 Standards document. In addition to the new Scope of Practice Model, other sources considered for this revision include EMS Agenda 2050, NREMT's Practice Analysis, current best practices, evidence-based medicine, and input from stakeholders and the public.

Second, confusion exists about the difference between education standards and a curriculum. The National EMS Education Standards outline the minimal terminal competencies for entry-level EMS clinicians to achieve within the parameters outlined in the 2019 Scope of Practice Model. They support but do not preclude the need for curricula, which should be developed by an educational program with consideration of the Standards as well as other factors, such as the needs of the community and students. The content of education standards is non-prescriptive in nature for numerous reasons.

Non-Prescriptive Educational Standards

- Increased teacher autonomy

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- increased instructional flexibility
- increased responsiveness to student learning needs
- increased responsiveness to local needs and situations
- The Standards are not a “burdensome checklist” of content that have been described for prescriptive/detailed education standards
- Their non-prescriptive nature keeps them from becoming quickly outdated due to rapid changes in technology, scientific evidence, and best practices

The National EMS Education Standards are not a stand-alone document; they are part of an education system proposed in the EMS Education Agenda for the Future that consists of the following elements:

- National EMS Core Content
- National EMS Scope of Practice
- National EMS Education Standards
- National EMS Certification
- National EMS Program Accreditation

This integrated system is essential to achieving the goals of program efficiency, consistency of instructional quality, and student competence as outlined in the Education Agenda.

Third, this is the first draft of the current revision process that includes all sections of the document. Due to previous progress and the focused attention on the specific education standard competency areas, the Development Team initially shared only that section of the Standards. This draft of the Standards includes an executive summary, introduction, rationale and explanation of the revisions, the revised standards, a glossary, references, acknowledgements, and a resource appendix.

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Section	Comments
Executive Summary	2009 Version Updated
Introduction	2009 Version Updated Depth/Breadth described more fully with new graphics
Description, Explanation, and Rationale Related to the Update	New section. Describes assumptions and conclusions, and provides insights from the team.
EMS Education Standards	Draft Revised Education Standards
Glossary	2009 Version Updated
References	2009 Version Updated
Acknowledgement and Recognized Stakeholders Who Provided Input	New
Appendix A	The resource appendix is a tool for curriculum writers to find the latest EMS clinical and operational information and will identify “living document” resources. Being that the Standards are intentionally non-prescriptive in nature to avoid becoming quickly outdated, the team is directing educational program faculty to resources for the clinical and operational aspects of EMS Education.
Course Length	This continues to be revised based on stakeholder comments and recommendations. The team desires course length to be based on competency, not hours. Please refer to page 53.
Field Experience	EMT allowed to gain field experience in a simulated environment when a field internship/experience is not available. Please refer to page 53.
Clinical Experience	More clinical sites described for the EMT learner. Please refer to page 52.
Diversity, Equity, Inclusion, Cultural Humility	The team continues to work with its federal partners and stakeholders to properly develop and cover this content. Further adjustments are expected. Multiple references can be found throughout the document.
Preparatory EMS Systems	Added - Medical Direction/Oversight
Preparatory EMS System Communications	Added - Patient handoffs
Medicine Cardiovascular	Conditions that predispose a person to cardiac rhythm disturbances separated from cardiac rhythms
Special Patient Populations	Added – Shoulder dystocia

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Obstetrics	Post-partum complications
Special Patient Populations Patients w/special challenges	Added – Homelessness and Poverty
Clinical Behavior/Judgement Recordkeeping	Added “interventions performed, and clinical decision-making” to the EMT level.
Clinical Behavior/Judgement Decision Making	Added “Evaluates decision making strategy for cognitive errors to enhance future critical thinking skills (metacognition)” to the paramedic level.

NEXT STEPS

The Development Team will meet in January 2021 to review all public comments and feedback, and begin work on the final document. Its members look forward to having stakeholders and any interested parties at this meeting to engage in robust conversation and provide input and recommendations directly to the team. Please direct any questions or concerns to educationstandards@redflashgroup.com.