Military Medic to Paramedic
EMS Bridge Programs

November 8th 2013
Agenda

1. Welcome – Drew Dawson
2. Summary of the Task Force and Work Plan – Marion Cain
3. Overview of the Medical Education and Training Campus (METC) – Mitch Seal
4. State Perspectives on EMS Licensure and Credentialing of Veterans – Dia Gainor
5. National Certification of EMS Professionals – Tré Rodriguez
6. CoAEMSP Accreditation – George Hatch
7. Guide to the Evaluation of Educational Experiences in the Armed Services – Meg Mitchum
8. NAEMT Military Relations Committee - Ben Chlapek
9. Military Medic to Civilian Paramedic Bridge Programs – Drew Dawson
   1. National EMS Academy – Nick Miller
   2. Phoenix Community College - Scott Crowley and MSgt Rakosi
   3. Lansing Community College - Lisa Ferris McCann
10. General Discussion of Bridge Programs – Drew Dawson
11. Next Steps/Closing Remarks – Marion Cain
DoD
Emergency Medical Services
Military Credentialing and Licensing Task Force and Work Plan

Military Medic to Paramedic EMS Bridge Programs Conference Call
November 8th 2013

Marion Cain
Work Plan Goal

Assist eligible Service members and Veterans in earning and maintaining NREMT certification and to prepare Service members for a smooth transition to the civilian workforce, while enhancing career opportunities for Reserve Component members.
Work Plan Objectives

Pre-Separation:

– Ensure eligible military medics have the opportunity to achieve NREMT certification/recertification prior to separation
– Assist eligible military medics in attaining paramedic certification through EMS bridge training programs

Post-Separation:

– Develop partnerships to explore EMS bridge training programs at academic institutions across the country.
– Encourage states to pass legislation to evaluate military training and experience towards earning EMS state licenses
– Develop partnerships with EMS employers to hire these Veterans and Reserve Component members
Activities and deliverables will focus on four broad general areas:

I. National Registry of EMT certification

II. State EMS licensure for Separating Service Members and Veterans

III. Enhanced Educational Opportunities

IV. Improved Information Dissemination
Current Status

National Registry of EMT certification
• Army investigating feasibility of:
  ▪ Qualifying all 68W as Advanced-EMT
  ▪ Qualifying all Flight Medics as EMT-Paramedic
• Navy Corpsmen (HM-0000) will now be allowed to test for NREMT certification

State EMS licensure for Separating Service Members and Veterans
• 23 States have passed legislation to ease EMS licensing and credentialing requirements for separating service members and veterans
• 8 have passed legislation to ease EMS licensing and credentialing requirements for military spouses
Current Status

Enhanced Educational Opportunities

- NHTSA is tracking the progress of 7 Military Medic to Paramedic (MMTP) bridge programs across the country

Improved Information Dissemination

- DoD briefed the Federal Interagency Committee (FICEMS) on Military EMS credentialing issues in July of 2013
- DoD briefed the National Emergency Medical Services Advisory Council (NEMSAC) on Military EMS credentialing issues in September of 2013
- NHTSA met with the National Association of State Emergency Medical Services Officials (NASEMSO) to discuss Military EMS credentialing issues October of 2013.
Way Ahead
DoD Credentialing and Licensing Task Force

• National outreach to key stakeholders and affinity groups

• Meet with civilian credentialing and licensing agencies, academic institutions, and industry leaders to develop processes to:
  – Work with States, academia, and industry to perform gap analysis between military training and requirements for credentialing and licensing
  – Equip State licensing boards with ability to better assess equivalency of military training and experience
  – Award credit for military training and experience

• Continue to identify bridge training programs to transition military medics to EMT-Paramedic and higher.
Train the World’s Finest Medics, Corpsmen, and Techs
Supporting our Nation’s Ability to Engage Globally

Medical Education and Training Campus (METC)

Medic to Paramedic Bridge Conf Call
November 8th, 2013

Mitch Seal, EdD, MEd-IT, BSN, RN
CDR, NC, USN

Train the World’s Finest Medics, Corpsmen, and Techs
Supporting our Nation’s Ability to Engage Globally
We train the world’s **finest** Medics, Corpsmen, and Techs, supporting our Nation’s ability to engage globally.
METC Scope

- 51 programs of instruction
- ~ 6,000 students on any given day
  - 1/2 - 2/3 are enrolled in EMT training programs
- ~ 20,000 annual student throughput
- ~ 1,200 staff
- Primary entry portal for Army, Navy, AF, enlisted medical trainees
- The largest educational consolidation in US military history
• 42 new facility projects on about 2.6 million sq ft of real estate
• $1.2B to build with over 750 thousand sq ft of new construction
Train the World’s Finest Medics, Corpsmen, and Techs
Supporting our Nation’s Ability to Engage Globally

UNCLASSIFIED

Academic Quality

Become a National Strategic Asset

• National Institutional Accreditation – COE
  ▪ The Medical Education and Training Campus is accredited by the Commission of the Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, GA 30350, (770) 396-3898 (Local), (800) 917-2081 (Toll-Free), (770) 396-3790 (FAX).

• Regional Institutional Affiliation – CCAF
  ▪ The Medical Education and Training Campus is affiliated with the Community College of the Air Force, 100 South Turner Blvd, Maxwell-Gunter AFB, AL 36114-3011, (334) 649-5000, DSN: 749-5000.

• American Council on Education
  ▪ The Medical Education and Training Campus submits selected enlisted medical training programs to be evaluated for recommended credit by the American Council on Education (ACE) Military Evaluations Program, One DuPont Circle NW, Washington, DC 20036, (202) 939-9470 (Local), (866) 205-6267 (Toll-Free)

• Programmatic Accreditation: 17 Programs
  ▪ ACOTE, ADA-CODA, ASHSP, CAAHEP: ASC, CAAHEP: CoA-END, CAPTE, CoARC, CAO-OMP, JCAHOP, JRCERT, JRCNMT, NAACLS.

• 56 Certification/Licensure Opportunities!
  ▪ NREMT is one of them
    – Army & AF Required, Navy Eligible
Overview

- **BMTCP: Navy & Air Force**
  - National Standard Curriculum 1\textsuperscript{st} half of Program
    - Air Force Required
    - Navy Eligible

- **DCMT: Army**
  - National Standard Curriculum 1\textsuperscript{st} half of Program
    - Army Required
Military EMT Evolution

- **Navy**
  - 2013 – EMT certification is possible after graduating from BMTCP.

- **Army**
  - 2001 – 91B to 91W with new EMT certification requirement. 91W to 68W puts all health careers in 60 series.

- **Air Force**
  - EMT certification required for AMSA & now BMTCP
EMT Crosswalk

- METC/Military
  - Orders (background check)
  - NREMT Standard Curriculum
  - NREMT Exam
  - Reciprocity
    - Transcript
    - NREMT State License

- TX, KS, CA
  - Application (background check)
  - NREMT Standard Curriculum
  - NREMT Exam
  - Reciprocity
    - Transcript
    - NREMT State License
How Collaboration Can Work

• Temple College, TX
  ▪ Outcomes
    – Standard curriculum
    – Competency testing
    – Sharing
  ▪ Fiscal Impact
    – EMT – saves $2,060 or 77%
    – Paramedic – saves $2,000 or 38%
    – 30% more income
Medical Education and Training Campus (METC)

Medic to Paramedic Bridge Conf Call
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Mitch Seal, EdD, MEd-IT, BSN, RN
CDR, NC, USN
State Perspectives on EMS Licensure and Credentialing of Veterans

Dia Gainor
National EMS Certification Usage Report

Presented by: Severo Rodriguez
Executive Director, NREMT
November 6, 2013
Require National EMS Certification as part of Initial Licensure


National Registry of EMTs. States that Require National EMS Certification as part of Initial Licensure Map. October 2013; generated by Heidi Erb.
Require National EMS Certification as part of Initial Licensure - EMT

Note: MD, PA adding BLS levels in 2014

National Registry of EMTs. States that Require National EMS Certification as part of Initial Licensure: EMT Map. October 2013; generated by Heidi Erb.
Require National EMS Certification as part of Initial Licensure - AEMT

Includes: DC, US Army
Note: some states not using AEMT; some to continue I/99

National Registry of EMTs. States that Require National EMS Certification as part of Initial Licensure: AEMT Map. October 2013; generated by Heidi Erb.
Require National EMS Certification as part of Initial Licensure - Paramedic


States that Require National EMS Certification as part of Initial Licensure: Paramedic Map. October 2013; generated by Heidi Erb.
Total Nationally Certified EMR Providers: 10,779
Total Nationally Certified EMT Providers: 221,143

National Registry of EMTs. Total Nationally Certified EMT Providers Map. October 2013; generated by Melissa Bentley; using ARC GIS 10.2.
Total Nationally Certified AEMT Providers: 3,958
Total Nationally Certified Paramedic Providers: 79,775

National Registry of EMTs. Total Nationally Certified Paramedic Providers Map. October 2013; generated by Melissa Bentley; using ARC GIS 10.2.
NREMT

The Nations EMS certification.
Uniting and protecting the nation through National Certification.
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

Dr. George Hatch
Guide to the Evaluation of Educational Experiences in the Armed Services

Meg Mitchum
National Association of Emergency Medical Technicians: Military Relations Committee

Ben Chlapek
Military Medic to Paramedic EMS Bridge Programs

Drew Dawson
Military Medic to Civilian Paramedic EMS Bridge Programs

- National EMS Academy
  - Nicholas Miller

- Phoenix Community College
  - Scott Crowley

- Lansing Community College
  - Lisa Ferris McCann
Military Medic To Paramedic Bridge Program: Lessons Learned

Nicholas Miller BS, NREMT-P
Background

• 2010 - The National EMS Academy (NEMSA) conducts the first Military Medic to Paramedic (MMTP) Pilot Program

  – First known MMTP bridge program in the United States

  – First MMTP program to be endorsed by the US Army (AMEDD)

  – First known MMTP program to be endorsed by a state EMS regulatory agency (Louisiana)

  – 10 Active Duty United States Air Force Independent Duty Medic Technicians participated in the program

• All 10 students successfully completed the program

• 9 are currently NREMT-Paramedics

  – Recipient of the 2010 JEMS/PhysioControl EMS 10 Award for innovation in EMS
1. The average military medic needs approximately 2/3 of a total initial paramedic program to be credentialed as a civilian NREMT- Paramedic.

2. A military medic cannot simply transfer halfway into a traditional paramedic program.

3. A specific bridge program must be created to fill in the gaps of military EMS education for civilian EMS.
# 68W Gap Analysis

## NEMSA Traditional Curriculum

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<th>Prep</th>
<th>Didactic</th>
<th>Clinical</th>
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## 68W Gap Analysis (Not to scale)

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*MMTP*
Timeframe

4. The MMTP bridge program course length requires an immersion style program no longer than 16 weeks.

- Military Medics are seeking the shortest route possible to Paramedic.

- Active duty medics need courses that are 179 days or less in duration
  - Permanent Change of Station (PCS) needed for courses over 179 days
  - Very expensive for military

- Existing accelerated Paramedic programs for civilian Paramedic are approximately 6-7 months
  - USAF is currently using 14 week accelerated paramedic course held by Pelham Training in Bloomington, IN
Timeframe

• A 16 week class will maximize pipeline because it will be accessible to active duty, reserve and veteran students

• A 16 week course will allow one cadre of instructors to teach three classes per year instead of two

• Any bridge program six months or longer will not be practical when compared to existing accelerated programs for Paramedic education
5. Create one MMTP bridge program curriculum that serves the most number of military credits

- Each military medic designation has a different level of base knowledge and skill set
  - Complicates the design of a bridge program
  - Necessitates multiple bridge programs and gap analyses
  - Individual transcript/DD-214 analysis is difficult to validate and accurate advanced placement is complicated
  - Too complicated and time intensive

- Multiple bridge classes for each MOS increases demands for instructors and resources while decreasing the pipeline of potential students for each one
6. A program viability study must be performed before hiring full-time personnel.

- Pipeline is critical
- Active duty units often can send only 5-10 students at a time
  - Most units cannot guarantee consistent student enrollment over a longer period of time
- Many regions of the country may not have enough veterans with medic MOS to maintain a pipeline dependent on veterans alone
Funding

7. Funding is a critical issue to start and sustain MMTP programs.

• Start Up

  • A separate cadre of experienced instructors, administrative support and management must be hired
  • Intensive nature of the course requires a significant amount of adjunct instructor hours
  • Additional classroom space and equipment will be needed
  • Additional clinical sites will need to be identified
  • Food, lodging and transportation will need to be identified
  • Startup funds must be adequate to maintain program until pipeline is developed
Funding

• Active Duty / Reserve / National Guard Personnel
  • Significant funds are needed to send students to Paramedic programs
  • Most military units are funded year to year and cannot guarantee long term pipeline of students to Paramedic programs
  • Multi-year contracts with military agencies are very time intensive, complicated and go through and extensive contract review process
Funding

• Veterans
  • Financial aid for veterans does not cover full expenses of a bridge program
  • Students will be unable to work during the bridge course
    • Intensive 40-72+ hour weeks plus study time
  • Food and housing funds are needed for both the veteran, and the veteran’s family
    • Impractical to move family for 16 weeks to MMTP course
      • Temporary housing for veteran is required
  • Veteran financial aid pays for one location but not both
8. An MMTP Bridge program must allow sufficient time for student rest, recovery, and success.

- Students must have time to study, rest, absorb material and take care of personal business

  - Didactic
    - Eight hour days with one hour lunch
    - Five days per week
    - Some Saturdays needed

  - Clinicals
    - 12 hour days
      - Allows for time for personal business and 8 hours of sleep
    - 6 Days/week
      - Need personal business/rest day
9. Simulation is an essential part of the curriculum.

- Average 4 simulations per day
- 1:4 Instructor / Student ratios
- Must be pre-written and objective based
- Majority of students are kinesthetic learners
- Speeds up learning time and assimilation of didactic material
  - Provides immediate feedback on relevance and importance of information
- Prepares students for clinical internship in a civilian setting
- Compensates for reduction in total clinical hours
Student Learning

10. There must be a plan for remediation of weaker or struggling students.

• Many military medics have not been in the classroom in a long time.
• Paramedic courses are academically challenging and equivalent to upper division courses.
• Very easy for students to get behind or lost in an accelerated format.
• Remediation plan is essential to minimize and prevent attrition.
11. An immersion style 16 week MMTP program can be very successful.

- Pilot program results
  - 100% completion rate (no attrition)
  - 90% NREMT-P paramedic first time pass rate (first 3 attempts)
  - Most have already recertified
  - Successfully working as NREMT-Paramedics in military and civilian settings
Meeting Future Needs

12. A 16 week MMTP Program can meet the needs of the US Military and Civilian EMS services.

- USAF IDMT’s now required to be NREMT-Paramedic certified
  - Approximately 480+ medics
- US Army Flight medics required to be NREMT-Paramedic and CCP certified by FY 2018
  - Approximately 1800+ medics
- Each service needs a continued pipeline of NREMT-Paramedics
  - Hundreds of Paramedics per year
- Many areas of US are reporting shortages of civilian Paramedics
- 16 week MMTP program can produce NREMT-P paramedics faster
  - 2/3 time of other accelerated Paramedic programs
  - Up to 20 months faster than traditional community college programs
Recommendations

1. Create one standard curriculum for the MMTP program
2. Develop MMTP programs that are no longer than 16 weeks in length
3. Develop funding to support the start-up costs of getting an MMTP program up and running
4. Develop funding resources for veterans to attend a 16 week MMTP program while allowing their families to live in their home
PHOENIX COLLEGE, MARICOPA COMMUNITY COLLEGE DISTRICT
PHOENIX, AZ

ARMY National Guard Paramedic Cohort 2011 -1

Scott Crowley, BA, EMT-P
Phoenix College EMS Program Director
Video clip about cohort

http://youtu.be/45WYVQjMODw
Class Mix

- Started 4/26/10 with 18 students, mix of full time and reservist of ARMY/National Guard
- Cohort met 1630-2100, three nights per week and a Saturday per month
- Total 526 didactic hours & over 700 clinical/vehicular hours
- Vehicular training done with Phoenix Fire Dept
- 12 students completed course, of those 11 passed NREMT Paramedic 1st attempt
- 1 student never tested CBT
1. Approved time off for class, drill, Command approval
2. Go Army funding, GI Bill
3. Need a lead NCO assigned to class to manage Military issues
4. Students already ACLS/PALS/ITLS certified
5. Incentives for transition (hiring points/IAFF)
1. Discussions with local contacts/Luke AFB for next class
2. CoAEMSP Accreditation (SV 2/25-26/14)
3. Grant funding to enhance simulation labs
4. Continue pass rate of 96% (71/74)
5. Recruit teaching faculty with diverse back rounds in EMS
6. Serve our CUSTOMERS!
The Military Medic to Paramedic Program (MM2P)

Lansing Community College
Lansing, Michigan

Lisa Ferris-McCann, MA, EMS I/C, EMS Director
Historical Journey

• 2001
  – State of Michigan Project MOVE
  – An effort to connect highly trained veterans without formal academic credentials with employers and educators
2002 – 2004

- College assesses military medic transcripts from all branches of service for commonalities with 1st year of Nursing program (Practical Nurse).
- Simultaneously the College reviewed the Paramedic and Respiratory Therapist Curriculum for admission to the Advanced Standing RN Track. (Historically only PN)
- Reviewers experienced barriers in accessing government military training documents in the post 911 uncertainties.
Historical Journey

• 2004
  – LCC expands the Advanced Standing RN Track to include licensed paramedics and respiratory therapists wishing to become RNs.
  – Decision to postpone inclusion of Military Medic until curricula can be reviewed (Parking Lot).
Historical Journey

- 2004 – 2008
  - LCC meets with Michigan Veteran Affairs leaders to discuss curriculum accessibility.
  - LCC seeks optional sources to find curricula.
  - With the support of Senator Levin and Senator Rogers, LCC begins the process of submitting for project funding. (earmark)
Historical Journey

2009

- LCC receives federal grant to develop a Military Medic to Paramedic (MM2P) program
- The majority of the participants were Army 68W. This was found to be the initial best fit.
- Basic crosswalks were completed prior to the pilot program without competency testing.
Historical Journey

• January 2012
  • MM2P course of study redesigned with lessons learned from the pilot.
  • Comprehensive crosswalks were developed to determine experiential credit qualifications
  • Army (68W) veterans could waive 40-60% of MM2P program requirements based on experience and previous education that is validated with competency based testing and assessment.
  • Innovative curriculum: material is covered in short, subject-specific modules, hybrid and interactive units
  • Accelerated classes: program can be completed in five to six months
Historical Journey

- March 2013
  - Senator Carl Levin visits LCC, meets with students and faculty and is briefed on program progress
- April 26, 2013
  - Frederick Vollrath, Assistant Secretary of Defense for Readiness and Force Management, visits campus to review program.
- April 29, 2013
  - Representatives from LCC are invited to the White House to present MM2P Program model to the Joining Forces Initiative on Military Credentialing and Licensing, co-sponsored by First Lady Michelle Obama and Dr. Jill Biden.
National Recognition

• Subsequent to a recent presentation by LCC at the White House Forum on Military Credentialing and Licensing, the LCC Military Medic to Paramedic (MM2P) Curriculum Model was acknowledged by the US Department of Defense at the National Model for awarding experiential college credit for military training and experience.
Program Growth

• A small pilot was launched in January 2012 with just five veterans.
• October 2012: 10 veterans
• August 2013: 23 veterans
• March 2014: 40 veterans are enrolled
• Fall 2014: Expansion to 80 veterans.
Candidate Success

• All graduates are licensed.
• Seven have entered the Advanced Standing Nursing Track.
• Two are enrolled in PA Schools in Michigan
• Of the current cohort eleven are entering the Advanced Nursing Track.
Beyond MM2P- Stackable Degrees

• Advanced Standing RN Program
  • Candidates receive advance standing allowing them to complete the program in 10 – 11 months.
  • Concurrent enrollment in Michigan State University’s BSN program is available

• Physician Assistant (Navy - post Viet Nam)
  • Eastern Michigan University (developing 2 + 3 program)
  • Western Michigan University

• Other Avenues
  • Education
Candidate Challenges

• LCC has put into place a number of wrap-around services including:
  • Assistance with financial aid. - VA benefits
  • Counseling referrals to assist with transitioning from military to civilian learning environments
  • Peer support and study connections
  • Enrollment assistance
  • Student services
Next Steps

• Adoption of the experiential learning, competency-based testing model to other Programs
• Develop crosswalks from military curricula to civilian college course requirements to provide transferable, nationally accepted college credit for prior learning.
• Some examples of growth areas are Information Technology, Construction Trades, and Aviation.
• LCC Board of Trustees fully supports free experiential credit for veterans.
Bridge Program Discussion
Closing Remarks

Drew Dawson and Marion Cain