Standards and Guidelines
for the Accreditation of Educational Programs in the Emergency Medical Services Professions

Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, and 201x

To be Adopted by the
American Ambulance Association
American Academy of Pediatrics
American College of Cardiology Foundation
American College of Emergency Physicians
American College of Osteopathic Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of EMS Physicians
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Technicians
National Association of State Emergency Medical Services Officials
National Registry of Emergency Medical Technicians
and CAAHEP

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Emergency Medical Services professions. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and American Ambulance Association, American Academy of Pediatrics, American College of Cardiology Foundation, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, International Association of Fire Chiefs, International Association of Fire Fighters, National Association of EMS Physicians, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Officials, and National Registry of Emergency Medical Technicians cooperate to establish, maintain and promote appropriate standards of quality for educational programs in emergency medical services professions and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of emergency medical services profession programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

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Description of the Profession (as per EMS Agenda for Future, NHTSA)

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. “Stand-alone” EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Advanced Emergency Medical Technician

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Technician

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Responder

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

I. Sponsorship

A. Sponsoring Institution

A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution:

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1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the academic program.

3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

4. A governmental (i.e., state, county, or municipal) educational or governmental medical service, and which is authorized by the State to provide initial educational programs, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

5. A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program.

For a distance education program, the location of program is the mailing address of the sponsor.

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B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these ***Standards and Guidelines*** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public.

The Advisory Committee should have significant representation and input from non-program personnel. Advisory committee meetings may include participation by synchronous electronic means.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts,.

C. Minimum Expectations

The program must have the following goal defining minimum expectations

- **Paramedic**: “To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”
- **Advanced Emergency Medical Technician**: “To prepare competent entry-level Advanced Emergency Medical Technician in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,”

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field with or without exit points at the Emergency Medical Technician, and/or Emergency Medical Responder levels.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

1. Program Resources

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

2. Hospital/Clinical Affiliations and Field/Internship Affiliations

For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care

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appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

a. **Responsibilities** The program director must be responsible for all aspects of the program, including, but not limited to:

1) the administration, organization, and supervision of the educational program,

2) the continuous quality review and improvement of the educational program,

3) long range planning and ongoing development of the program,

4) the effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program,

5) cooperative involvement with the medical director,

6) the orientation/training and supervision of clinical and field internship preceptors

7) the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual.

b. **Qualifications:** The program director must:

1) possess a minimum of a Bachelor's degree to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program~~,~~ from an accredited institution of higher education.

Program Directors should have a minimum of a Master's degree.

2) have appropriate medical or allied health education, training, and experience,

3) be knowledgeable about methods of instruction, testing and evaluation of students,

4) have field experience in the delivery of out-of-hospital emergency care,

5) have academic training and preparation related to emergency medical services at least equivalent to that of a paramedic,

6) be knowledgeable about the current versions of the *National EMS Scope of Practice* and *National EMS Education Standards*, and about evidenced-informed clinical practice.

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For most programs, the program director should be a full-time position.

2. Medical Director

a. Responsibilities: The medical director must be responsible for medical oversight of the program, and must:

1) review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice.

2) review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.

3) review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship,

4) review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.

   Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

5) ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,

6) engage in cooperative involvement with the program director,

7) ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.

8) ensure educational interaction of physicians with students.

   The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.

b. Qualifications: The Medical Director must:

1) be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,

2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,

3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,

4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

3. Associate Medical Director: When the program Medical Director delegates specified responsibilities, the program must designate one or more Associate Medical Directors.

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a. **Responsibilities**

1) Fulfill responsibilities as delegated by the program MD

b. **Qualifications:** The Associate Medical Director must:

1) be a physician currently licensed and authorized to practice in the location of the program, with experience and current knowledge of emergency care of acutely ill and injured patients,

   For a distance education program, the location of program is the mailing address of the sponsor.

2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,

3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,

4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

4. **Assistant Medical Director**: When the program Medical Director or Associate Medical Director cannot legally provide supervision for out-of-state location(s) of the educational activities of the program, the sponsor must appoint an Assistant Medical Director.

a. **Responsibilities**

1) Medical supervision and oversight of students participating in field experience and/or field internship

b. **Qualifications:**

1) be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s) , with experience and current knowledge of emergency care of acutely ill and injured patients,

2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,

3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,

4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

5. **Faculty / Instructional Staff**

a. **Responsibilities:** In each location where students are assigned for didactic or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

b. **Qualifications:** The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

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For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the program director. The faculty member should be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

6. **Lead Instructor:** When the Program Director delegates specified responsibilities to a lead instructor, that individual must:

   a. **Responsibilities**: Perform duties assigned under the direction and delegation of the program director.

      The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.

   b. **Qualifications**: The Lead Instructor must possess
      1) a minimum of an associate degree
      2) professional healthcare credential(s)
      3) experience in emergency medicine / prehospital care,
      4) knowledge of instructional methods, and
      5) teaching experience to deliver content, skills instruction, and remediation.

      Lead Instructors should have a bachelor's degree.

      The Lead Instructor role may also include providing leadership for course coordination and supervision of adjunct faculty/instructors.

      The program director may serve as the lead instructor.

C. Curriculum

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.

   Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience.

   Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

   The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

2. The program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

   Further pre-requisites and/or co-requisites should be required to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics)~~.~~

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3. The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

AEMT is based on competency, but may be typically 150-250 beyond EMT, which is 150-190, and may be taught separately or combined.

Definitions (to be moved to policies):

Clinical experience*: planned, scheduled, educational student experience with patient contact activities in settings, such as hospitals, clinics, free-standing emergency centers, and may include field experience.*

Field Experience*: planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include team leading and does not contribute to the CoAEMSP definition of field internship.*

Field Internship*: planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to* critical and emergent patients who access the emergency medical system *to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with prehospital patients.*

Team Lead*:* occurs during the capstone field internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their educational program, and are able to demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains. The capstone experience occurs after the didactic, lab and clinical, and optional field experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful team lead should be clearly defined for preceptors and students to assist in inter-rater reliability.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**.

The program must include results of resource assessment from at least students, faculty, medical director(s), and advisory committee using the CoAEMSP resource assessment tools.

The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources.

Implementation of the action plan must be documented and results measured by ongoing resource assessment.

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IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

Achievement of the program competencies required for graduation must be assessed by criterion-referenced, summative, comprehensive final evaluations in all learning domains.

2. Documentation

a. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements, including all program required minimum competencies in all learning domains in the didactic, laboratory, clinical and field experience/internship phases of the program.

b. The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national or state credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures (i.e. final comprehensive students evaluations in all learning domains). The program must meet the outcomes assessment thresholds established by the CoAEMSP.

“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military.
A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

“National credentialing examinations” are those accredited by the Institute for Credentialing Excellence.

2. Outcomes Reporting

The program must periodically submit to the CoAEMSP the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness/validity), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the CoAEMSP to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web

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site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and provide upon request, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

   The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

A program conducting educational activities in other State(s) must provide documentation to CoAEMSP that the program has successfully informed the state Office of EMS that the program has enrolled students in that state.

C. Safeguards

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoAEMSP in a timely manner. Additional substantive changes to be reported to CoAEMSP within the time limits prescribed include:

1. Change in sponsorship
2. Change in location
3. Addition of a satellite location
4. Addition of a distance learning program

F. Agreements

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607 There must be a formal affiliation agreement or memorandum of understanding between the
608 sponsor and all other entities that participate in the education of the students describing the
609 relationship, roles, and responsibilities of the sponsor and that entity.

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Appendix B

Curriculum

"The *National EMS Education Standards* represent another step toward realizing the vision of the *1996 EMS Agenda for the Future,* as articulated in the *2000 EMS Education Agenda for the Future: A Systems Approach*. The *National EMS Education Standards* outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the *National EMS Scope of Practice Model*." (*National EMS Education Standards*, U.S. Department of Transportation, National Highway Traffic Safety Administration, DOT HS 811 077A, January 2009)

Appendix B does not contain the complete curriculum content required to demonstrate compliance with Standard III.C. Only excerpts of the Table of Contents are presented. The complete curriculum is specified in the current edition of the *National EMS Education Standards*.

a. Anatomy and Physiology
b. Medical Terminology
c. Pathophysiology
d. Life Span Development
e. Public Health
f. Pharmacology
    1) Principles of Pharmacology
    2) Medication Administration
    3) Emergency Medications
g. Airway Management, Respirations and Artificial Ventilation
    1) Airway Management
    2) Respiration
    3) Artificial Ventilation
h. Assessment
    1) Scene Size-Up
    2) Primary Assessment
    3) History Taking
    4) Secondary Assessment
    5) Monitoring Devices
    6) Reassessment
i. Medicine
    1) Medical Overview
    2) Neurology
    3) Abdominal and Gastrointestinal Disorders
    4) Immunology
    5) Infectious Diseases
    6) Endocrine Disorders
    7) Psychiatric
    8) Cardiovascular
    9) Toxicology
    10) Respiratory
    11) Hematology
    12) Genitourinary/Renal
    13) Gynecology
    14) Non-Traumatic Musculoskeletal Disorders
    15) Diseases of the Eyes, Ears, Nose, and Throat
j. Shock and Resuscitation
k. Trauma
    1) Trauma Overview
    2) Bleeding

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665 3) Chest Trauma
666 4) Abdominal and Genitourinary Trauma
667 5) Orthopedic Trauma
668 6) Soft Tissue Trauma
669 7) Head, Facial, Neck, and Spine Trauma
670 8) Environmental Emergencies
671 9) Multisystem Trauma
672 l. Special Patient Populations
673 1) Obstetrics
674 2) Neonatal care
675 3) Pediatrics
676 4) Geriatrics
677 5) Patients With Special Challenges
678 m. EMS Operations
679 1) Principles of Safely Operating a Ground Ambulance
680 2) Incident Management
681 3) Multiple Casualty Incidents
682 4) Air Medical
683 5) Vehicle Extrication
684 6) Hazardous Materials
685 7) Terrorism and Disaster
686 n. Clinical Behavior/Judgment
687 1) Assessment
688 2) Therapeutic Communication and Cultural Competency
689 3) Psychomotor Skills
690 4) Professionalism
691 5) Decision-Making
692 6) Record Keeping
693 7) Patient Complaints
694 8) Scene Leadership
695 9) Scene Safety

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