

**Best Practices Model Document**



**Board of Directors**

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## History and Background:

The Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), now known as CAPCE, was founded in 1992 under the vision and guidance of Janet Head, then President of the National Association of Emergency Medical Technicians (NAEMT). Janet recognized that not all EMS continuing education (CE) was of a level or quality that she would expect for practicing EMS providers. Thus she sought support from the leadership of other EMS leadership organizations such as The National Association of EMS Educators (NAEMSE), The National Registry of EMTs (NREMT), The American College of Emergency Physicians (ACEP) and The National Association of EMS Physicians (NAEMSP). Together these organizations provided representation to the CAPCE Board of Directors. Their collective goal became to raise the bar of EMS CE by setting standards and requirements and providing an accreditation service for EMS based CE.

Among continuing education providers, a broad spectrum of CE delivery and educational methodology exists. Some CE providers (CEP), i.e. services that offer CE activities to EMS providers (EMSP), offer CE in the form of live lectures that EMSP can sign up for and attend. Others provide distributive learning (DL) in the form of written word only documents that are tied to a short post-test. Some providers administer CE through on-line activities in either written- word activities, power point activities, short videos and video based case studies. While CAPCE's goal is to standardize EMS CE, the consumers are free to pick and choose which format they would like to use for CE hours. Unfortunately, the culture of "faster and easier" permeates EMS CE to a degree, and the EMS industry as a whole will need to reject this philosophy and we look forward to creating a more professional profession.

In recent months, the CAPCE Board of Directors has witnessed a technological evolution of DL activities available to EMSP. Some truly innovative DL designs have led to a shift in consumer/marketplace loyalty towards the innovation and away from the more traditional education formats. Clearly, this new generation of EMSP has greater access to technology that provides them instant information at their fingertips. The new generation of EMSP is not as interested in traditional education. Instead, they yearn for innovation, for "flash" and activities that they can accomplish on the go without being tethered to a teacher or a classroom. (Lavasseur 2012)

The accredited providers and CAPCE accreditation applicants must commit significant resources to the production and delivery of the activities listed in their catalogs. High quality CE activities are not inexpensive to produce regardless of the type of presentation. As Karayan stated, the quality of the presentation must meet or exceed the investment the student makes to view and participate in the activity (Karayan 2005). It is in this light that the CAPCE Board of Directors would like to high light best practice models in EMS CE accreditation, particularly where innovation is driving evolution in continuing education.

## Accreditation Delivery:

CAPCE, by its charter, maintains the standards for the delivery of EMS CE. Those standards include requirements for active medical direction, valid post-tests, quality infrastructure, sound educational design including delivery methodology, marketing, fees, evaluation, student record keeping and data reporting.

CAPCE accreditation exists so that EMS providers have access to high quality, standard-driven continuing education activities and are awarded credit for participating in such activities. One of the greatest challenges of delivery of CAPCE accreditation is ensuring that CE providers accurately report the names, certification numbers, certification state, activity numbers and CEH hours earned by subscribers (EMS providers). It is of the utmost importance that CE providers accurately report data to the CAPCE data management center so that each and every EMS provider gets credit for the CE they complete. CAPCE is dependent on the quality of the data it receives. EMTs and paramedics are dependent on CAPCE to provide accredited programs that are less likely to be subject to audit by the National Registry of EMTs or by individual state EMS offices.

Much work is being done to make the assignment of CEH objective and accurate but the subjectivity variable will always be present to some degree. Please refer to the CAPCE CEH Guidance document.

CAPCE expects that all continuing education content is:

- Relevant for the intended audience
- Medically accurate
- Properly referenced
- Original work that is correctly cited
- Grammatically correct and spelling will be accurate
- Not be misleading

CAPCE also requires the following:

- Providers will cite and reference recent peer-reviewed journals as much as possible
- Content areas cannot be skipped and post-tests cannot be completed until the content has been viewed
- CE Hours will be correctly applied. For example, a provider will not award 2 CEH for a 20 minute activity
- Student activities and interactions will be recorded, tracked, analyzed and reported to the CAPCE data management system.
- Students will be required to evaluate the program on completion of the lesson
- The program committee analyze the evaluations to make decisions on how they need to improve their activities

- Needs assessment are performed and their results are applied to future educational content

### Models and Best Practices of CAPCE Accredited Applications:

#### ***Virtual Instructor Lead Training (VILT):***

VILT is a new distributive learning (DL) technology that allows an instructor to present information by means of a lecture when his/her slides and photos are available for students but whose students are only present in a virtual classroom. Students log-in to the classroom and are able to view and hear the presentation. They interact with the instructor by either voice and web cam video or by typing questions in a fashion similar to a chat room. All of the pieces of the activity occur simultaneously. Students are typically assigned text book chapter reading before the event. At the end of the session, the students are given a unique code that grants them access to a post test.

#### ***Video Based Training with supporting documents:***

This is a DL format in which the students watch video narration and case presentations. They are given supplemental reading and creative handouts to complete. After each step in the process is complete, they are allowed to take a post test for CE credit.

#### ***Integrated Testing:***

Integrated testing is a method of insuring that students are completing the content requirements such that the post-test is written into the content. In other words, a student progresses through an interactive video training program. At key points in the video the student is given a question or short series of questions that must be completed before the student may progress to the next section. Failure to correctly respond to the questions returns the student to the relevant section in the video so the content can be reviewed. The question is then presented again. This is a great way to ensure student participation.

#### ***Virtual graphics training with Integrated Testing:***

In this case, the DL provider offers a smart phone/tablet application that allows the student to interact with the presentation and practice skills. The student uses his/her fingers to interact in a case scenario that may require them to move equipment, prepare equipment, prepare a patient for a procedure, perform a procedure and evaluate a patient before and after each procedure is completed. This format also provides integrated testing such that each question reinforces the procedure or skill the student is practicing. This educational format is very expensive and difficult to prepare but the interactive nature of the presentation is portable and dynamic for the student. The area of virtual graphics training has great potential in the near future as technology advances and educators are able to integrate more sensitivity and complexity into the software.

***Involvement and Expectations for Medical Director (MD).*** The involvement of a qualified Medical Doctor (MD) is integral to the success of any EMS education program. CAPCE requires that a MD sit on the program committee and expects that the MD will review each and every activity before the CAPCE application is complete and before it is made available to the EMS community. The MD must ensure accuracy and relevance of each activity delivered.

***Needs assessment methodology:***

Aggregate needs assessments can be carried out that review the nature and breadth of an EMS service or EMS service area to determine the educational needs of a large group of EMS providers. Needs assessments can be produced by survey of what EMS providers feel they need; review of EMS call data; review of quality improvement data; review of patient outcomes; review of population demographics. Needs assessments can also be carried out on an individual level. In these cases, the criteria listed above are reviewed and applied to an individual EMS provider and a custom tailored CE program is identified, defined and initiated.

Additional initiatives include:

***Administration of updated reviewer training that filters for fraud and plagiarism.*** CAPCE has invested a great deal of time and resources into post-accreditation quality/compliance reviews. These reviews have identified areas where accredited providers were not compliant with CAPCE standards. In one case, an accredited provider had borrowed presentations from another's web page. CAPCE has drafted a training program for reviewers that will allow for a more careful and in-depth review of accreditation applications. Best practice models include fully original work that is correctly cited.

Glossary:

*CEH:* Continuing Education Hour

*Provider:* a service or educational institution that provides continuing education training opportunities for EMS providers

*Activity:* an activity is a specific continuing education event that one view live or reviews online in order to gain CEH

*CECBEMS:* The Continuing Education Coordinating Board for Emergency Medical Services

*CAPCE:* Commission on Accreditation for Pre-Hospital Continuing Education

*Reviewer:* A trained and seasoned educator who reads accreditation applications and makes recommendations for approval or disapproval to the CAPCE Board of Directors

References:

Aran Lavasseur, "Teaching Innovation Is About More Than iPads in the Classroom". Media Shift. www.PBS.org. July 2012. Accessed 8/30/13

*Chuck Karayan, "The Problem with Continuing Education". The American Surveyor. May 2005*