



Share and Learn Conference Call

Date: February 23, 2009
Time: 2:00p.m. to 3:30p.m. EST
Topic: Performance Measure PM 67
Pediatric continuing education requirements for license/certification renewal
of prehospital providers
Facilitator: Diana Fendya, EMSC NRC Outreach Team Leader

Invited Speakers: Robin Shivley (Michigan EMS Director) and Linda Warren (New Mexico EMSC coordinator)

Participating Grantees:

Idaho, Rachael Alter
Maryland, Cyndy Wright-Johnson
Nebraska, Debbie Kuhn
New Jersey, Eric Hicken
New York, Martha Gohlke
Oklahoma, Paul Marmen
Pennsylvania, Jeannette Kearney
Puerto Rico, Wanda Arbelo and Maria Centeno
South Dakota, Amy Marsh
Texas, Beverly Willis
Virginia, Dave Edwards
Wisconsin, Joyce Andersen

NEDARC Attendees:

Colleen Cummins, Kent Paige, Andrea Genovesi, and Mike Ely

NRC Attendees:

Diana Fendya, Jocelyn Hulbert, and Gayathri Jayawardena

Michigan's Best Practice

Robin Shivley, EMS Director for the State of Michigan, shared Michigan's process for successfully mandating pediatric continuing education requirements for prehospital provider license certification / renewal.

Michigan's prehospital recertification continuing education requirements were put into place nearly twelve years ago. Utilizing funds from the Michigan EMSC grant, the Office of EMS contracted with the University of Michigan to conduct a Pediatric Surveillance Project, to identify types, frequencies, and outcomes of pediatric EMS runs.

The project identified three areas where EMS providers would benefit from more education:

- pediatric trauma treatment,
- respiratory difficulties and management of pediatric airways, and
- pediatric seizure

This led to the development of an assessment based continuing education program. A structured one-day pediatric educational offering, which included a pre and post test, was implemented at many agencies in the northern part of the State; these areas tend to be more rural. Emergency department nurses, physicians and EMS providers participated in the education program. Course content was based on an abbreviated Advanced Pediatric Life Support course. Many participating nurses and physicians were uncomfortable with this new learning format. A survey of course participants was done six weeks post course to determine skill and knowledge levels. Survey results indicated both improvement and retention of core course content. Nine months following training, all course participants were again surveyed. This survey measured students' perceived value of educational components in improving both pediatric knowledge and specific pediatric skills. Results confirmed that many students believed the educational course improved their pediatric knowledge and skills significantly. Survey results were presented to the EMSC Advisory Committee. Based upon survey data, the Committee recommended to the EMS coordination committee (advisory to the Department) that each level of EMS provider be required to obtain at least one pediatric continuing education credit for recertification.

Though there was unwavering support for the educational offerings, there were concerns regarding availability of pediatric educational offerings throughout Michigan. The State needed to ensure that EMS providers had access to the required educational courses once this rule went into effect. The State worked with the Society of EMS Instructor Coordinators, the EMS Coordination Committee, the University of Michigan and the EMS for Children's Committee to create partnerships that would ensure availability of pediatric education offerings.

Many of the individuals involved initially were not in favor of the stress associated with the objective structured clinical educational courses and exams. This created an early major challenge for the study team. EMSC advocates were able to facilitate continued involvement of these study participants to ensure completion of the Surveillance Study.

The data from the Pediatric Surveillance Project and education initiative provided the needed momentum to make recommendations for pediatric continuing education for EMS recertification. Education partnerships ensured both the availability of pediatric education offerings but also the needed support to ensure EMS Advisory Committee approval of the recommendation.

To learn more about Michigan's efforts in acquiring pediatric continuing education requirements for license/certification renewal of prehospital providers, contact Robin Shively at rmshivl@michigan.gov

New Mexico's Best Practice

Linda Warren, EMSC Program Manager for the State of New Mexico shared her State's process in establishing pediatric continuing education requirements for license/certification renewal of prehospital providers.

New Mexico's EMSC program was determined to add specific pediatric continuing education in conjunction with the EMSC performance measure requirements. The performance measures were introduced to State policy makers at a fortuitous time; a time when the State EMS Bureau was also revising the EMS recertification licensing regulations. The Bureau was hosting Town Hall meetings around New Mexico seeking stakeholder recommendations. New Mexico EMSC representatives attended these Town Hall meetings to gather support for the inclusion of pediatric training and education into the new regulations. These recommendations already had buy-in from the State Medical Director. EMS provider relicensure is required every two years. It was felt that the number of required hours for pediatrics should vary based upon licensure level. Since 10% of all EMS calls are pediatrics, Dr. Sapien, New Mexico's EMSC PI and medical director, urged the state to require at least 10% of continuing education hours be devoted to pediatrics.

A plan to initiate the new requirements stipulated beginning with 4 pediatrics hours for EMT's, 5 pediatric hours for EMT-I's and 6 pediatric hours for EMTP's. To assist EMS providers in accessing the required training, New Mexico's EMSC program also created free pediatric web modular training programs for providers. Presently, New Mexico is waiting on CECBEMS to accredit these courses so that providers might also get credit for the online courses which could then be applied towards National Registry recertification as well.

An initial challenge faced by New Mexico EMSC was to find a way to place EMSC consistently onto the State EMS Board and committee agendas. EMSC needed an opportunity at these meetings to bring important issues for discussion. Once time slots were provided for EMSC, it was important to have a message that was short and to the point, one that could be given in 2-3 minutes and messengers prepared for questions and resources available should committee members request such.

To learn more about New Mexico's efforts in acquiring pediatric continuing education requirements for license/certification renewal of prehospital providers, contact Linda Warren at lwarren@salud.unm.edu

Participant's Questions and Comments

Comment 1:

Our EMS rules and regulations were also being updated when seeking to integrate pediatric recertification continuing education hours. So timing is critical. Our pediatric educational requirement was originally only for paramedics, but was changed to include 2 hours for BLS and 16 hours for paramedics. We also had each agency appoint an EMS education coordinator to facilitate delivery of education.

For more information about the Share and Learn Conference Call for Performance Measure 67, contact Diana Fendya at dfendya@cnmc.org or visit www.childrensnational.org/emsc

Dave Edwards, Virginia

Comment 2:

We offer PALS training and had to go through our EMS board to get this incorporated as pediatric continuing education .

Debbie Kuhn, Nebraska

Comment 3:

We utilized a bargaining process between the Board of EMS and the EMSC committee to get our continuing education hours requirement – 4 hours for BLS and 8 hours for ALS providers.

Eric Hicken, New Jersey

Comment 4:

Oklahoma is a National Registry state and therefore we were able to add pediatrics to our refresher courses - 3 hours for BLS and 6 hours for paramedics. Additionally, we provided learning objectives to the courses that required addressing pediatrics. We also tried to get 3 hours continuing education devoted to children with special health care needs, but there was too much resistance at the time. We did a needs assessment as well, much like the assessment done in Utah, which supported needed pediatric continuing education.

Paul Marmen, Oklahoma

Comment 5:

Wisconsin is a National Registry state and we too added pediatric hours into the refresher course as Oklahoma has done.

Joyce Andersen, Wisconsin

Comment 6:

We have something similar to Oklahoma, if they fall under National Registry. We also try to meet the DOT requirement. We too wanted to add 8 hours of CSHCN but were only able to negotiate 4, so decided to expand airway management for all ages. We are focusing on re-verification of basic trauma skills. We also make sure that all of our conferences have a pediatric focus.

Cyndy Wright-Johnson, Maryland

Next Share and Learn Conference Call
April 6, 2009 @ 2:00PM eastern day light time
PM 68a and 68b– The degree to which the State/Territory has established permanence of
EMSC in the State/Territory EMS system via
Establishment of an EMSC Advisory Committee and
Mandated EMSC/Pediatric Position on the State EMS Board