

Office of the Deputy Assistant Secretary of Defense (Readiness)

"Technical Data Package" for Awarding Experiential Credit for Military Service (v1.0.1)

Volume I: Military Medics, Corpsmen, Aeromedical Technicians, and Independent Duty Corpsman

Introduction

The White House, the Department of Defense (DoD) as well as other public and private stakeholders are working to ease the transition to the civilian workforce for eligible military Servicemembers and Veterans and to enhance career opportunities for the reserve components of the U.S. Armed Forces (e.g., the Guard and Reserves). To support this effort, many states recently passed legislation to allow military Servicemembers to receive credit for their military education, training and experience. To build upon these legislative accomplishments, this document serves as a technical description of Emergency Medical Technician-Paramedic (EMT-Paramedic) bridge education and training programs that assist Army medics, Navy corpsmen, Air Force aeromedical technicians, and Coast Guard Independent Duty Corpsman (collectively referred to throughout this document as “medics”) in attaining paramedic certification pre-separation and post-separation.

This description captures four design approaches to create experiential credit programs for military medics. In many ways these approaches can serve as a “playbook” to help states and individual institutions design and implement programs to grant experiential credit. This document is based on detailed research and analysis of existing public and private programs already offering experiential credit for military service. The four design approaches covered are:

- Using academia’s existing curriculum and a portfolio approach to individually assess and credential military medics,
- Creating a single, custom academic curriculum to bridge training gaps of military medics without the need for individual competency assessments,
- Dividing academia’s existing EMT-Paramedic curriculum into “slices” and creating custom competency based testing to recognize credit for individual slices,
- Mapping academia’s existing curriculum to military medical experience, providing credit for prior learning and using academia’s existing exams to provide additional credit based on competencies.

The target audiences for this playbook – national-level EMT Associations, institutions that provide EMT-Paramedic education and training, and state regulatory and licensing boards – each play a key role in enhancing the nation’s capacity and capability to prepare eligible Servicemembers and Veterans for a smooth transition into an EMT-Paramedic career.

National-level EMT associations can reinforce the priority of creating military experiential learning programs and reinforce their support for the practices in place by the existing programs. National-level EMT associations are also important channels for

This document is intended solely for the use and information of the client to whom it is addressed.

engagement around this approach and valuable partners for soliciting feedback and enhancing the information contained in this document. This draws on their existing roles, mission and relationships with institutions that provide education and training.

Institutions that want to develop or improve their experiential credit programs must choose between developing a program “from scratch” and partnering with an existing program for mentorship or to perhaps license their content.¹ The decision to build a program or buy into an existing one (“buy-build”) should be made locally by the institution. This document will provide guidelines to aid in making that decision (e.g., historical timelines and costs, examples of how programs are designed). This document will also illustrate some considerations in determining what aspects of existing experiential credit programs are aligned with an institution’s needs.

The goal of this playbook is three-fold:

- To provide states an opportunity to assess existing programs that provide experiential credit and to identify models consistent with their state’s licensing requirements and process.
- To provide institutions an opportunity to assess experiential credit programs to identify either the best model for their own new program or the best institution with whom to partner to avoid the costs and time of starting from scratch.
- To provide Servicemembers, Veterans, and families with an opportunity to review different models that may best meet their goals.

This document is organized into the following sections:

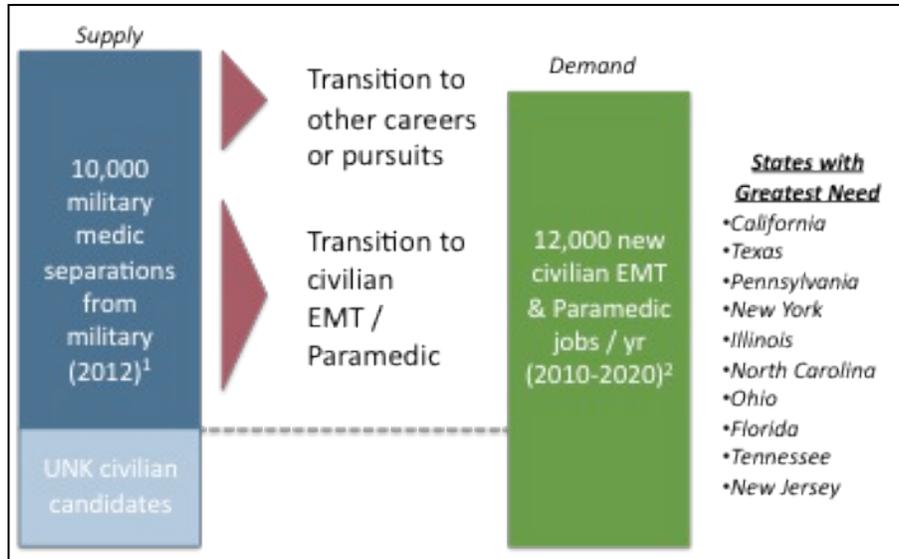
1. General Background and Approach
 2. Techniques for Bridge Program Curriculum Development and Competency Assessment
 3. Support Services Associated with Bridge Programs
 4. Student Recruitment
 5. Business Case Analysis
 6. Key Findings
- Appendix-A: History of EMT-Paramedic Bridge Programs Surveyed
Appendix-B: Accreditation Process
Appendix-C: Projected v. Actual Demand for EMT-Paramedics

¹ At the time of this report, the authors were aware of ongoing discussions between some academic institutions to partner and potentially license elements of an existing program.

This document is intended solely for the use and information of the client to whom it is addressed.

1. General Background and Approach

More than 10,000 military medics will leave military service each year over the next four years.² Multiple studies identified that the domestic demand for certified EMTs will grow significantly between 2010 and 2020 and create approximately 12,000 new civilian EMT and Paramedic job openings per year.³



This represents a unique opportunity to balance growing demand in the workforce with a ready supply of trained candidates from the military. Obviously there are civilian candidates for these EMT and Paramedic positions. Likewise not all of the 10,000 medics might be suitable for, or interested in, careers as civilian EMT-Paramedics. However, the basic supply and demand elements of this scenario underscore the importance of having streamlined programs to develop military medics into certified EMT-Paramedics.

Beginning January 1, 2013 EMT-Paramedic applicants must successfully complete state-approved and Commission on Accreditation of Allied Health Education Programs (CAAHEP)-accredited program. There are approximately 370 EMT-Paramedic programs in the United States accredited by CAAHEP and another 400+ in the review process (i.e.,

² "Pilot Program: Civilian Credentialing for Military Occupational Specialties, Volume 2-Technical Appendices." September 27, 2013, pp22-23.

³ Bureau of Labor Statistics, US Department of Labor, Occupational Outlook Handbook, 2012-13 Edition, EMTs and Paramedics, on the Internet at <http://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm> (accessed 12/06/2013). State long term projections for EMTs and Paramedics are developed in the labor market information sections of each State Employment Security Agency, on the Internet at <http://www.projectionscentral.com/Projections/LongTerm> (accessed on 1/08/2014 and on 7/15/2014). The average annual openings are the sum of average annual new jobs and replacements.

This document is intended solely for the use and information of the client to whom it is addressed.

they have a “Letter of Review”, which allows the graduates of that program to sit for national certification through the National Registry).⁴ Of these less than two dozen have programs to provide military Servicemembers and Veterans with credit for military training, education and experience.

The Office of the Secretary of Defense (OSD) conducted a benchmarking study of four of the existing programs that provide military Servicemembers and Veterans with experiential credit. The study identified program building blocks, lessons learned, and recommendations by conducting in-depth interviews with EMT-Paramedic Program Directors, Department Deans, and Veteran Services officials from three academic institutions: Lansing Community College (Lansing, MI), Temple College (Temple, TX) and Delgado Community College (New Orleans, LA) and one for-profit institution, the National EMS Academy (Baton Rouge, LA). The results of this study provide the foundation for this playbook.

These experiential credit programs for EMT-Paramedics provide Servicemembers the opportunity to prepare for and take the national paramedic exam on an accelerated timeline. This recognizes and values their military service. It also reflects the practical issue that as an EMT-Basic, most Servicemembers would only earn a fraction of their military pay, but as an EMT-Paramedic they would have more comparable income.⁵

2River Consulting Group, a Washington DC analytics and strategic planning consulting practice, performed primary data collection and analysis for the study and playbook.

⁴ Source: <http://www.caahep.org/Find-An-Accredited-Program/> (accessed 11/26/2013).

⁵ Many EMT-Basics start at about \$30,000; whereas paramedics earn a starting salary of over \$40,000 (depending on the state). This is closer to the salary of an E-4 or E-5 departing after 4 or 8 years of enlistment, which would be \$48,822 or \$58,078 respectively (including housing and subsistence allowances). The vast number of military specialties creates an opportunity for more advanced bridge training programs within other medical areas in order to facilitate employment with more commensurate salaries (especially when compared to all elements of military compensation).

This document is intended solely for the use and information of the client to whom it is addressed.

2. Techniques for Bridge Program Curriculum Development and Competency Assessment

Each program discussed below used a unique approach to analyze the military Servicemember's training, education and experience. Based on their analysis they determined the amount of EMT-Paramedic credit that they could award. Some programs created a holistic "portfolio" approach to uniquely identify the appropriate amount of credit for an individual; other programs developed a standard, streamlined program that all military medics go through; and finally some programs designed a hybrid approach involving standard credit that a Servicemember receives and additional credit available through competency based testing.

In all cases the institutions' analyses of the military Servicemember's experience did not rely on set criteria or formulas to equate military experience to EMT-Paramedic education (e.g. how many years' experience is equal to credit for a course). Instead the analysis was based on detailed course-by-course and task-by-task analysis (i.e., analysis of course charts, plans of instruction, learning objectives, teaching methodology, and hours of instruction) and then validated through subsequent pilot programs and testing.

In general, the institutions' analyses revealed that training and education for the military medic is more task-focused than the civilian EMT-Paramedic, who must address a broader set of needs. While the specific methods and findings of each school's gap analysis of the military medic program and their civilian EMT-Paramedic program has unique variations, there are some common themes described below.

- Military medics have a significant amount of training in trauma management
- Advanced military medics (e.g., AF Independent Duty Medic Technicians and Navy Independent Duty Corpsmen) are trained in advanced physician assistant skills
- Military medics may lack in-depth exposure and training in anatomy and physiology of body systems and lack extensive training in pediatrics, women's health, or geriatrics
- Military medics have little training in cardiology (except for Army and Navy Cardiovascular and Air Force Cardio-Pulmonary Technician specialties)
- Military medics may lack clinical experience in a civilian emergency department or for an ambulance service (despite having significant field experience)

There are different models for developing the curriculum and evaluating a military Servicemembers' level of competency. Each institution's program is unique and designed for its student body. This review is not an assessment of performance but highlights features that may be more or less attractive for other institutions to adopt.

This document is intended solely for the use and information of the client to whom it is addressed.

Portfolio approach for individual assessment and credentialing (Delgado Community College)

Delgado Community College (DCC) began granting veteran experiential credit in the 1970s, with the first graduate completing the program in 1972. They revisited the structure and importance of their military medic transition program with the development of a new VA hospital in New Orleans after Hurricane Katrina.

DCC integrates military Servicemembers into their EMT-Paramedic program based on an individual assessment of each candidate's military training, education and experience. The credentialist at the DCC Admissions Office determines which credits can be granted based on their military transcripts. The EMT-Paramedic program director then conducts a case-by-case review to develop the student's plan of action. This review includes an interview and review of the Servicemember's DD-214 to identify the skills and experience that can be awarded credit. To determine course-by-course equivalency, the program director also uses existing EMT-Paramedic program tests and may have the student develop a portfolio to capture his or her experience.

The faculty for the EMT program forms a small committee and evaluates the exam and portfolio. They conduct a gap analysis of the student's experience, previous education and letters from previous employers with DCC's EMT-Paramedic curriculum. The program faculty documents all credit granted, justification, and the means by which it was granted (e.g., exam, military training and schools referenced in the DD-214, etc.). The documentation of the portfolio review is also kept in the student's records.

Curriculum customized to bridge military medics without individual competency assessment (National EMS Academy)

The National EMS Academy (NEMSA) is a partnership between Acadian Ambulance (a for-profit company) and South Louisiana Community College. They offer entry-level continuing education and refresher courses for multiple EMS career pathways, including EMTs and Paramedics. NEMSA initially considered a bridge program in 2005 and in 2008; they introduced their bridge program in 2009 and ran their pilot program in 2010.

NEMSA modeled their curriculum design around the Medical Education and Training Campus (METC) 68W Combat Medic. This specialty has the greatest number of active duty and Veteran military medics, a rigorous, well-documented curriculum, and in a combat zone, they are at every stage of medical treatment. Military medics with equivalent or higher training than the METC 68W can be bridged into their program⁶; those with less training cannot.

⁶ This includes the USAF Pararescue (EMT-I), IDMT; US Army 68W with RN, EMT-I, or BNCOC endorsements, other 68W (with pretest); US Navy IDC.

This document is intended solely for the use and information of the client to whom it is addressed.

Military Medic to Paramedic (MM2P) program to incorporate both military experience and education and training in order to expedite the path to EMT-Paramedic for military students. It is an offshoot of the traditional program for EMT-Paramedic certification and the associate’s degree for emergency medical services.

LCC also formed a single curriculum for their bridge program rather than different curriculum for multiple military branches. LCC cross-walked the programs of instruction from the Medical Education and Training Campus (METC) at Ft. Sam Houston in San Antonio with their curriculum for the EMT-Paramedic program.

LCC’s military program became a subset of the traditional program, i.e., all courses fell within the course framework of the traditional program. LCC broke their curricula for the EMT-Paramedic program courses into “slices” of related material covered within a single course. Exhibit 2 illustrates this concept of decomposing the programs into subordinate “slices”.⁸ LCC’s current curriculum contains 11 paramedic courses; LCC has segmented 10 of the 11 courses into 28 slices. Each slice represents several weeks of instruction - the slices are not of equal length. This approach allows LCC to award credit for discrete slices vice the entire course and facilitates granting more experiential credit.

Course Title	“Slice”
Medical Trauma I	A
	B*
	C
	D*
Medical Trauma II	A*
	B
	C*
	D
	E
Cardiology I	A
	B
Cardiology II	A
	B
Pharmacology I	A*
	B
Pharmacology II	A
	B
Paramedic Skills I	A*
	B
Paramedic Skills II	A
	B
Paramedic Clinical I	A*
	B
	C
Paramedic Clinical II	A
	B
	C
Paramedic Internship	A

Exhibit 2: LCC’s model for granting experiential credit breaks courses into “slices” (credit for previous learning from military noted with “”)*

All military medics receive credit for seven of these slices (indicated with an asterisk in Exhibit 2). Based on the results of additional competency-based testing, the military medic may receive credit for additional modules. The MM2P requires incoming military medics to complete a competency-based exam covering eight functional areas and a

⁸ Multiple sources, to include interviews with Ms. Lisa Ferris-McCann, MM2P Program Director and historical context provided by the 18th Annual NAEMSE Educator Symposium & Trade Show. Breakout 4A: Development of a Military Medic to Paramedic Program: Two Perspectives”. Presented by Darrell DeMartino and Nicholas Miller, 2013, p 24.

This document is intended solely for the use and information of the client to whom it is addressed.

practical exam covering ten functional areas. The test is a two-day event consisting of 150 questions and a clinical skills evaluation.

There is not an overall score threshold but instead question-by-question assessment to determine student's content and skill-based knowledge. The program director and faculty examine questions individually and provide credentialing to the course credit "slices" of content. Credit for a slice is based on the exact match of the content (e.g., training to perform the Heimlich Maneuver or Flutter-Valve Intervention) based on experience and training received while performing as a military medic. Also, the State of Michigan requires a 250 hour internship (e.g., ride along); military medics must complete this, consistent with the traditional EMT-Paramedic program.

When a student has received credit for a slice, instead of sitting in the class for those weeks, he or she will spend that time in clinicals, ride-alongs, or open lab. The student then rejoins the class as they move to the next slice. The MM2P directors report that there are no issues with students separating from the class during a module and then rejoining the course. By dividing courses into small modules, a Servicemember can receive partial credit for a course, even if he or she does not have the competencies for the entire course.

The shorter classes and more focused units required development of new exams. The exams were based on the licensing exam. LCC has validated the testing is a reliable indicator of skill and ability.

Existing curriculum mapped to military medical experience plus a credit-by-exam for individual assessments (Temple College)

Temple College (TC) began to develop the Accelerated Emergency Medical Services (AEMS) program as part of a 2012 statewide Texas Workforce Commission initiative, "College Credit for Heroes." The overall focus of the initiative was on the transition of active military and Veterans with medical experience to transition into health occupations.

Temple College mirrored their existing EMT-Paramedic curriculum to develop a curriculum for their Accelerated EMS Program. Together with the Medical Education and Training Campus (METC) at Ft. Sam Houston in San Antonio, Temple faculty analyzed the programs of instruction, lesson plans and desired learning outcomes for military medics. They conducted a comparison of each learning objective and identified credit that would be granted based on previous learning, credit that could be granted based on a competency-based exam, and gaps that needed to be filled.

Based on this analysis, Temple formed a single curriculum for military Servicemembers. Those with an emergency services background who successfully pass all competency assessments can complete the Level I Certificate for EMT-Intermediate in one additional

This document is intended solely for the use and information of the client to whom it is addressed.

semester instead of the usual three. Servicemembers going on to the Level II Certificate in EMT-Paramedic education, require three additional semesters beyond the Level I Certificate. This is a reduction from the five semesters.

Temple uses a credit-by-exam process. A vital aspect of the accelerated program is the creation and implementation of competency-based testing for the course, Introduction to Anatomy and Physiology. Additional credit by exams cover content from multiple courses, to include Patient Assessment & Airway Management, Trauma Management, and Pharmacology. To award this credit, Temple uses the same exams as used for their traditional (“native”) student exams. These exams have gone through program validity and reliability testing and are already approved by the state licensure board and EMS accreditation boards. The advantage of this approach is that Temple did not need a separate review of their exams.

Exhibit 3 highlights Temple’s approach to provide experiential credit by providing credit for previous learning, credit by exam and required coursework.⁹

Course	Experiential Credit
EMT Basic	Credit for previous learning
Clinical	Credit for previous learning
Clinical	Credit for previous learning
Trauma Management	Credit by exam
Patient Assessment and Airway Mgmt.	Credit by exam
Emergency Pharmacology	Credit by exam
Introduction to Anatomy and Physiology	Credit by exam
Introduction to Advanced Practice	Required
Cardiology	Required
Special Patients	Required
Medical Emergencies	Required
Clinical	Required
Assessment-Based Management	Required
EMS Operations	Required
Advanced Cardiac Life Support	Required
Pre-Hospital Life Support	Required
Special Topics in Emergency Pediatric Care	Required
Clinical EMS	Required

Exhibit 3: Temple’s Model for Granting Experiential Credit

⁹ Briefing: "Accelerated Emergency Medical Services Program", Temple College. (File name "TCFinal.pptx" provided by Jeff Fritz, Chair, EMS Professions).

This document is intended solely for the use and information of the client to whom it is addressed.

Summary Table for All Programs

Program	Design of Curriculum	Design of Competency Assessment	Program Duration	Program Requirements (in contact hours)			Number of Graduates (to-date)
				Total Program	Mil. Medic Credit	Remaining Hours	
Delgado CC (LA)	<ul style="list-style-type: none"> Uses the curriculum of traditional EMT-Paramedic program 	Portfolio review and Credit-by-Exam	16 months	UNK.	Varies	Varies	N/A
National EMS Academy (LA)	<ul style="list-style-type: none"> Uniquely designed curriculum used for all eligible military medics. 	N/A – all military medics go through same program	14 week	apx 1200 hours	480 hours ¹⁰	720 hours	10 (2010 pilot)
Lansing Community College (MI)	<ul style="list-style-type: none"> 11 courses - 10 of which are broken into 28 “slices” Military medics receive credit for 7 slices based on past experience and more based on testing. 	Custom-developed competency-exams for 8 areas and practical exams for 10 areas	28 weeks	1058 hours ¹¹	at least 280 hours ¹²	778 (or less)	38 (2012 & 2013)
Temple College (TX)	<ul style="list-style-type: none"> 16 courses Military medics receive credit for 3 courses based on past experience and up to 4 more based on testing. 	Credit-by-Exam for 4 courses	49 weeks (3 sem.)	1712 hours	320-704 hours ¹³	1392-1008 hours	N/A

Each of the above programs is accredited by the CAAHEP Commission on Accreditation. At the completion of each program, graduates receive a certificate of completion and are eligible to sit for the NREMT exam. After certification from the National Registry they can apply to their Department of State Health Services (or equivalent) for state certification or licensure.

¹⁰ Includes transfer credit and experience credit.

¹¹ State of Michigan also requires a 250 hour internship (ride-along); that is in ADDITION to the contact hours listed

¹² MM2P Program Information, found at http://www.lcc.edu/nursing/militarymedic/program_info/ (accessed on 5 March, 2014). Interviews provided anecdotal evidence that military medics with extensive experience can receive credit 40-60% of the hours required.

¹³ “Department of EMS Professions - Military Track”, Temple College, Fall 2011 (provided by Mr. Jeff Fritz on 15 January, 2015). Also found at <http://www.templejc.edu/Dept/HealthPro/EMS/Admissions/Militarycourses.aspx> (accessed on 5 March 2014).

3. Support Services Associated with Bridge Programs

As part of the design approach and pilot efforts of the programs reviewed, each institution provided Servicemembers with Veteran services. Veteran services are non-program investments that each college or institution made specifically to support the Veteran student. This includes both formal Veteran support staff and aspects of program-design that recognize the unique needs of military Servicemember students.

Internal to academic institutions, Veteran's support service offices provide guidance to Servicemembers and Veterans on the type of federal and state benefits for which they are eligible. Veteran's support service personnel help Veteran students match their goals for education to benefits that maximize their use. The Veteran's support services ensure students are enrolled and obtain their benefits. This enables the students to be successful and thus the experiential credit program to be successful.

Veteran support services include the following activities:

- Coordinate the benefits with departments at the national level (e.g., Department of Veterans Affairs).
- Provide advisory services for the many sources of funding (e.g., Vocational Rehabilitation Re-entry Program for all military who are 35 to 62 and unemployed, post 9/11 G.I. Bill (Chapter 33), Chapter 30, and Section 16.07).
- Map "clinical hours" to "clock hours" in order for the VA benefits to be used to their maximum.
- Ensure the military students and Veterans are enrolled in a chosen curriculum and students have registered and completed the specific courses as advised in order to receive their benefits.
- Assist in any attendance problems, "zero grades" and other issues (e.g., medical documentation) that may affect the receipt or delay of benefits or the delay of completion.

The Veteran's support service personnel understand a bridge EMT-Paramedic program's sequence and schedule and make efforts to maximize the students' benefits. It is important for a bridge program director to coordinate any changes in a traditional model with advisors in their institution's Veteran's support service office.

Several programs grouped Servicemembers in "cohorts" rather than with other students in the EMT-Paramedic program. These institutions found that cohorts of military Servicemembers were able to provide peer-support for one another throughout the program on a personal and academic level. In addition some programs offered referrals for counseling and other support services to help Servicemembers deal with emotional struggles. These programs found that it is a significant, but worthwhile, investment in

This document is intended solely for the use and information of the client to whom it is addressed.

time for faculty and counselors to ensure students stay integrated into their program and have the opportunity to re-enter the program as needed.

4. Student Recruitment

As part of this analysis we examined the programs' recruitment of military Servicemembers. All institutions voiced frustration in their ability to promote their program. While each institution advertises their specific program on their website, they have not pursued additional direct marketing and outreach. The institutions would like to form stronger partnerships with the military to engage directly with military medics. There is the potential that by developing closer relationships – to include with the Reserve Component units in their area – the institutions could more effectively make Servicemembers aware of the value of these programs. The institutions also would like to engage Servicemembers from a broader region. There are challenges with each of these approaches.

- Difficulty in gaining access to military bases often hinders direct recruitment of military students,
- Appealing to Servicemembers outside of the institution's immediate geography is constrained by relocation and housing expenses,
- The institutions found that DoD and the military services, in an effort to avoid endorsing a particular program, are reluctant to communicate the existence of their specific bridge programs.

Many of the programs did not see the pipeline of military Servicemember students that they expected. Each program has realized that their success hinges on marketing their programs and creating a steady pipeline of students.

All programs desire more support from military transition assistance programs to create awareness of their curricula. Each program encountered challenges because the military transition assistance offices cannot promote every institution that provides special veteran's educational tracks. As a result, the programs reviewed in this study believe that the promotional material for their purpose-build bridge programs is bundled in with the promotional material from all schools.

A second challenge is recruiting beyond the institution's immediate geography. Even when there are out-of-state military Servicemembers interested in a given program, they face financial challenges for housing and living expenses. The Post 9/11 GI Bill provides financial support for approved education programs, which include a housing stipend. However if a Servicemember is not relocating his or her family while enrolled in an out-of-state EMT-Paramedic program, there are costs not covered by the GI Bill.

This document is intended solely for the use and information of the client to whom it is addressed.

5. High-level Business Case Analysis

This section provides a description of the resources, costs, and revenue for a typical implementation of this program. Costs will include facility resources, clinical resources, supply resources, etc.

The intent of the business case analysis is two-fold. One goal is to present the costs so that each institution can make a smart decision to build their own program from scratch or partner with existing programs. The second goal is to present the timeline and “break-even” point and financial attractiveness of providing an experiential learning program. In doing so, the intent is to share the process for developing these programs, so other institutions can go through same process.

Investing in building and maintaining a program which provides credit for military education and experience can be daunting. Smaller programs tend to absorb the costs of faculty and resource funding because they have not seen a surge in enrollment. Larger programs look for grants to provide initial funding but find that many of the grants are smaller than what is required to implement such a program.

Some federal and state grants are available and are targeted toward a particular niche within a discipline, such as Allied Health Professions. These are generally high-need professions, which fund programs in order to increase student throughput for that particular career field. These grants are typically \$100,000-\$200,000 and are limited to a short period of time to get the program viable. Program directors and faculty generally do not have the time or resources to continually seek grant opportunities as they are posted. Some institutions subscribe online to receive alerts for new funding streams but many still do not have the resources to respond.

This document is intended solely for the use and information of the client to whom it is addressed.

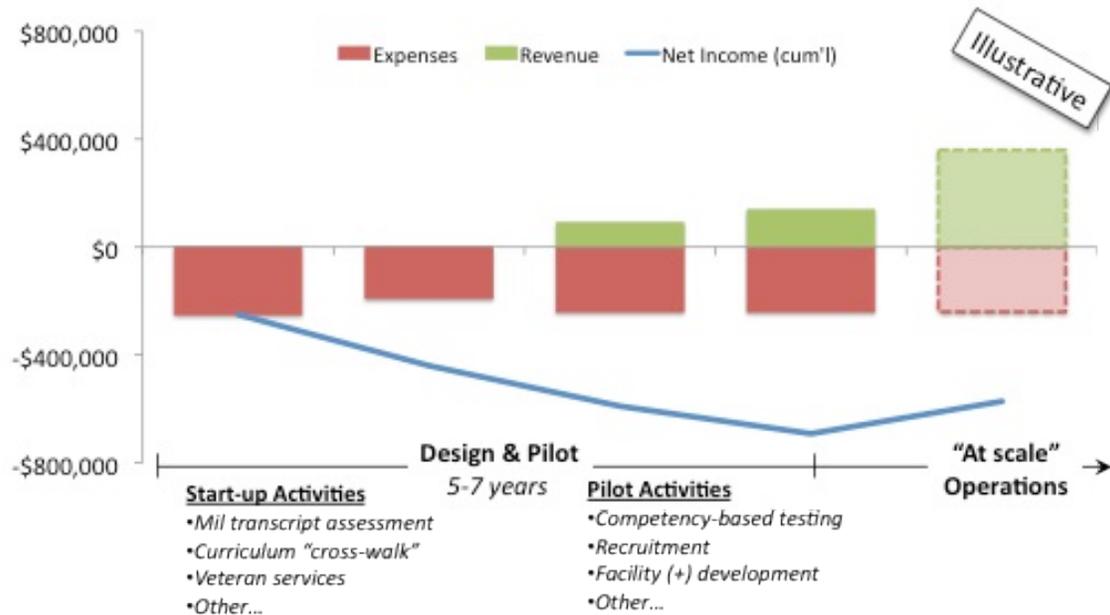


Exhibit 2: Illustrative timeline and costs to create a new program

6. Key Findings

Below are key insights and findings from this report that can inform discussions and policy to streamline the transition of military Servicemembers into civilian occupations.

1. Streamlined programs that recognize the most credit for military experience should be the model for continued growth. These programs are not simply accelerating an EMT-Paramedic education and training program with longer days and weekend classes, which could burn a student out. These programs continue to provide 1200+ contact hour programs but recognize that military service has provided a portion of these hours. LCC and NEMSA are examples of these types of programs and have had relatively significant number of students.
2. Facilitate an extension of Servicemembers' national EMT certification (at any level) before he/she leaves military services. An automatic extension would create a window for the Servicemember to evaluate his/her options for entering an EMT-Paramedic program. This extension could come as a mandatory recertification at the end of service so that a Servicemember does not have to worry about it during his/her transition.
3. Encourage the development of 5-8 regional EMT-Paramedic bridge programs. Current

This document is intended solely for the use and information of the client to whom it is addressed.

pilots have shown that if you simply build it, they won't necessarily come. Developing bridge programs in each state could create too much capacity. However, a regional model could both balance the capacity needed and also provide programs that are more geographically accessible.

4. Bridge programs as described in #1 can be complex and expensive to develop and sustain. Therefore provide a mechanism that allows new programs to license content or partner with existing programs. This could be in the form of one to two year grants or allowing VA benefits to cover these program costs.

Appendix A: History of EMT-Paramedic Bridge Programs

Each of the programs participating in the study grants credit for military education and experience differently. Each institution typically attracts students from within the local geographical area – although by exception, some programs have recruited students from outside their region and state. (The challenge with attracting students from outside the immediate geography is the financial impact of housing and living expenses, despite VA Benefits.)

Below is a description of the basic building blocks of existing programs for awarding experiential credit for military service. Included in this program description are program and non-program elements that contribute to overall student and program success for credentialing and licensing programs.

Delgado Community College Military Medic Program

Delgado Community College (DCC) began granting veteran experiential credit in the 1970s, with the first graduate completing the program in 1972. They revisited the structure and importance of their military medic transition program with the development of the new VA hospital in New Orleans after Hurricane Katrina destroyed the previous one in 2005. The new facility will open in 2016 and will hire 1,500 to 2,000 new employees and create significant demand for EMT-Paramedics.

DCC's military medic program uses a credit by exam process. This process allows the veteran or active duty member to demonstrate they are able to meet the competencies and cognitive objectives while not having to complete the entire program. Based upon their transcript, they will be given credit for previous learning for some classes, and will be required to demonstrate knowledge and abilities for other classes.

The program has had lower than expected enrollment. Initially, there were very few military students in the program. To date DCC reports that they have not had any military medics enter their EMT-Paramedic program. For military Servicemembers who have enrolled in their program, they were generally there to use their VA benefits and were not medics before.

DCC has capability for three cohorts of 25-30 students and offers five mini-semesters per year (2 Fall + 2 Spring + 1 Summer). The time to complete the program varies based on the individual and their level of training.

National EMS Academy's Military Medic to Paramedic Program

The National EMS Academy (NEMSA) is a partnership between Acadian Ambulance (a for-profit company) and South Louisiana Community College. Their paramedic program is accredited through the CAAHEP.

This document is intended solely for the use and information of the client to whom it is addressed.

NEMSA initially considered a bridge program in 2005 and again in 2008; they introduced their bridge program in 2009 and ran their pilot program in 2010. As part of the building the bridge program, they reviewed the METC POI for the 68W military occupational specialty (MOS). They ran a pilot Military Medic to Paramedic (MMTP) program in Fall 2010 with 10 METC Independent Duty Medic Technician (IDMT) students. All 10 students graduated from the pilot program and 90% of the students passed the NREMT exam and are NREMT-Paramedics. They received endorsement from Army Medical Department Center & School (AMEDD) for the program and their endorsement to recruit 68W medics

NEMSA partners with South Louisiana Community College (SLCC). Forty-four credits are awarded to graduates for transfer into SLCC where students would then need to complete 5 general education classes (15 hours total) to receive an AS degree (these classes are available online through the Louisiana Community and Technical College System (LCTCS)).

NEMSA does not currently offer the bridge program because of a lack of consistent pipeline of students. Without a certain revenue stream they are not planning to revive this program.

Lansing Community College's Military Medic to Paramedic Program

In 2001, the State of Michigan Project MOVE was launched to connect highly trained and recently separated Veterans without formal academic credentials with employers and educators. The Lansing Community College (LCC) Military Medic to Paramedic (MM2P) program was developed to incorporate both military experience and education/training in order to expedite the path to EMT-Paramedic for military students. It is an offshoot of the traditional program for EMT-Paramedic certification and the associate's degree for emergency medical services. The paramedic program began to see military and veteran students applying to their programs with strong experience and military training/education. Thus, the program's inception began in 2001 and continued to evolve and grow.

Between 2004 and 2008, LCC met with the Michigan Veterans Affairs leaders, US Senator Carl Levin, and US Congressman Mike Rogers to discuss opportunities to invest and fund the curriculum development for the MM2P program. In 2009, LCC received a federal grant for the MM2P program. A pilot program was conducted in 2012.

The cohorts started in 2012 and each have their own program and classes. The faculty consists of former military personnel. LCC's traditional EMT-Paramedic program is 11-12 months long. The MM2P program is approximately 28 weeks. Some Servicemembers who have extensive experience and expertise can get between 40-60% of their credits applied toward completion of the program. There were two cohorts totaling 15 students in 2012, 23 students in 2013 and 40 students are enrolled for 2014. All graduates are

This document is intended solely for the use and information of the client to whom it is addressed.

licensed and many entered Advanced Standing RN and Physician Assistant programs.

The goal was to create a pathway for military medics to transition to EMT-Paramedics. Those who complete this program are positioned to continue onward to become a nurse, if desired, by entering into the Advanced Standing Nursing Program.

Temple College's Accelerated Emergency Medical Services Program

In conjunction with METC, Temple College (TC) began to develop the Accelerated Emergency Medical Services (AEMS) program as part of a 2012 statewide Texas Workforce Commission initiative, "College Credit for Heroes." The overall focus of the initiative was on the transition of active military and Veterans with medical experience to transition into health occupations.

AEMS expedites the Emergency Medical Services (EMS) Certificate Program by implementing credit-by-examination testing tools. Veterans and Servicemembers with military medical experience are the target student population for this program. The AEMS program allows Veterans with medical experience (specific to 68W and Navy Corpsman) to progress through the EMSP Level I and II certificate programs at a faster rate and a lower cost. This enables veterans to join the workforce in an area with demonstrated need more quickly.

The initial launch of the program has had lower than expected enrollment from military medics. While a couple of military Servicemembers have entered the AEMS program, neither has completed the entire program yet.

Appendix B: Certification, Licensure, and Accreditation

The concepts of accreditation, certification and licensure are related but very distinct. The programs reviewed in this document are all accredited by the CAAHEP Commission on Accreditation. Their graduates are all eligible to sit for the National Registry's exam so that they can be nationally certified. After certification from the National Registry the individuals can then apply to their Department of State Health Services (or equivalent) for state licensure. The following section provides detail on each of these activities.

The Commission on the Accreditation of Allied Health Educational Programs (CAAHEP) is a programmatic postsecondary accrediting agency. CAAHEP reviews the quality of intuitions, programs and services (i.e., CAAHEP is NOT involved in the certification, licensure or registry of individuals.) Accreditations measures institutions, programs or services against agreed-upon standards to assure that they meet those standards. In collaboration with its Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), CAAHEP reviews and accredits EMT-Paramedic educational programs.

CoAEMSP performs site visits, document reviews and recommends to CAAHEP if an EMT-Paramedic program should be accredited. EMT-Paramedic training consists of in-classroom, didactic instruction; in-hospital clinical practice; and a supervised field internship on an ambulance. These programs are largely based in academic institutions or affiliated with academic institutions. This enables program graduates to receive college credit toward an associate or other degree.

The National Registry of Emergency Medical Technicians (NREMT) is a non-profit, non-governmental, independent certification agency. NREMT's mission is to serve as the national EMS certification organization by providing a valid, uniform process to assess the knowledge and skills required for competent practice required by EMS professionals. NREMT recognizes an individual who has successfully completed NREMT's educational requirements and demonstrated their skills and abilities in the mandated examinations.

All EMT-Paramedic students who begin their education on or after January 1, 2013, and wish to obtain NREMT National EMS Certification at the Paramedic level must successfully complete their Paramedic education at an accredited program or one that is seeking accreditation sponsored by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).¹⁴ There are 370 CAAHEP accredited EMT-Paramedic programs in the United States and an additional 400+ programs in the review process, which allows the graduates of that program to sit for national certification through the National Registry.

¹⁴ <http://www.nremt.org>

This document is intended solely for the use and information of the client to whom it is addressed.

Most states currently require an individual to possess a national EMS certification to obtain a state medical license to practice EMS at the EMT-Paramedic level. The few states that do not use the NREMT have developed their own standards, which may not be recognized by other states.

The various state offices of EMS serve as the state licensing agencies. Their licensure provides EMT-Paramedics with the legal authority to practice. Licensure prohibits anyone from practicing the profession who is not licensed, regardless of whether or not the individual has been certified by a private organization. Licensure is a distinct process from certification - certification by the National Registry, by itself, does not give an individual the right to practice in a state.

Appendix C: Projected v. Actual Demand for EMT-Paramedics

Each of the programs covered in this assessment believed that there were strong economic opportunities in their state for EMT-Paramedics and health professionals. In cases where state grants were used to fund the curriculum development, the anticipated job creation was a key reason.

Nationally the ten-year projected need for new civilian EMT and Paramedic jobs changes over time. For example, the estimated need between 2010 and 2020 was projected as 75,400;¹⁵ the estimated need between 2012 and 2022 is now projected as 55,300.¹⁶

Projections can sometimes deviate from reality. For that reason we have compared the first three years of the 2010 projections (2010, 2011, and 2012) with the actual number of jobs created in each state (each dot in Exhibit 5 is a single state).¹⁷

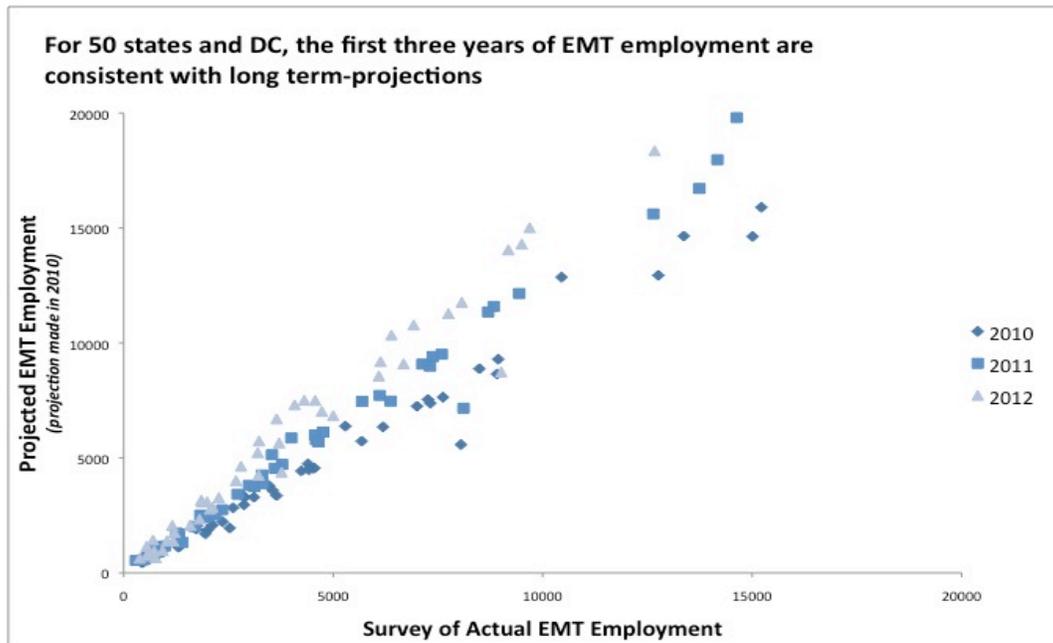


Exhibit 3: Comparison of projected and actual demand for EMTs (state-by-state)

¹⁵ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2012-13 Edition, EMTs and Paramedics, on the Internet at <http://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm> (visited December 06, 2013).

¹⁶ BLS, Occupational Outlook Handbook, 2014-15 Edition, EMTs and Paramedics, on the Internet at <http://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm> (visited July 15, 2014).

¹⁷ The projected demand is based on state projections developed in the labor market information sections of each State Employment Security Agency on the Internet at <http://www.projectionscentral.com/Projections/LongTerm> (accessed on 1/08/2014). The actual employment data is based on the BLS historical data for employment of Emergency Medical Technicians and Paramedics.

This document is intended solely for the use and information of the client to whom it is addressed.

The projections and actual demand are highly correlated; however the actual demand has consistently tended to fall slightly below the projected demand. Nevertheless the projection that there is strong demand for EMTs and Paramedics and that it is an attractive occupation for transitioning military Servicemembers remains valid.

Appendix D: Example of Experiential Credit Analysis (Temple College)

The College Credit for Hero's program is a grant program administered by the Texas Workforce Commission. The program seeks to maximize academic credit awarded by higher education institutions to veterans and military service members. Experience, education and training obtained during military service will be evaluated for college credit in order to expedite the entry of veterans and military service members into the workforce. Seven community colleges were selected to participate in the College Credit for Heroes program. The colleges will provide models for awarding college credit by evaluating military training, including testing and prior learning assessments which other Texas colleges may replicate. There will be a focus on allied health careers, and the initiative will partner with the Military Education Training Center (METC) in San Antonio to provide current active duty service members with an accelerated degree plan. The health care programs include Alamo College registered nurses, Houston Community College Surgical Technologist and Temple College Paramedic.

Temple College's program will allow those with medical experience to progress through the Certificate and Associates Degree plans in Emergency Medical Services Professions at a faster rate and with less cost. This would enable veterans and military service members to join the workforce in an area with demonstrated need more quickly. In addition to the reduction in time needed for completion, the cost of the program would be decreased due to the reduction in tuition and fees. The fees associated with the credit by exams, would be supported for the pilot group by this grant.

Credit for previous learning would be given to those who possess a current EMT-Basic Certification (6 credits). The remaining introductory courses will require individuals to take competency testing which encompasses cognitive and psychomotor evaluations. These evaluations could be completed prior to enrolling in the program. Remedial education for a limited number of weak areas would be provided based on testing results. Individuals not passing the courses through competency testing would be able to enroll in the existing courses. In addition, these individuals will be able to apply for credit through the Biology Department Grant for Introduction to Anatomy and Physiology. Once completed, these individuals will then join the current cohort of students to complete the requirements to earn certification/licensure as a paramedic.

For additional information, please contact Jeff Fritz (254) 298-8563 or jeffritz@templejc.edu.

Temple College Program Description

COLLEGE CREDIT FOR HERO'S PROGRAM INFORMATION

QUALIFICATIONS

- Current EMT certification from the National Registry of EMTs or the Texas Department of State Health Services.
- Currently certified in CPR from the American Heart Association (Health Care Provider) or the American Red Cross (CPR/AED for the Professional Rescuer).
- Be able to pass a criminal history check and drug screening. Specific criteria are listed in application packet.
- Be 14 years of age or older
- Be a US citizen or a noncitizen authorized to work in the US
- If male, meet US Military Selective Service registration requirements
- Be a veteran who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable as specified at 38 USC Section 101(2)
- Or be an active duty service-member

COURSES

We recognize that you have received education and have experience in the management of critically ill patients. These experiences have provided you some of the knowledge and skills that are needed to be a successful paramedic. We also have an obligation to protect the public and only allow those who are competent to practice the ability to take the certification exam. In order to balance these goals, we have broken down the paramedic program into three components. This process will allow the veteran or active duty member to demonstrate they are able to meet the competencies and cognitive objectives while not having to complete the entire program. Based upon your transcript, you will be given credit for previous learning for some classes, and will be required to demonstrate knowledge and abilities for other classes. To help you understand the expectations, we will provide you with a study guide and material for you to review. You can then test out over the course of the semester. This will save you time, money and military educational benefit. Once you have successfully passed the courses, you will be mainstreamed into our ongoing program to complete the second half of the paramedic curriculum. The final semester is designed as a review to help prepare you for the certification exam.

CREDIT FOR PREVIOUS LEARNING

These are course that once you complete the process we will simply show credit for achieving on your transcript. The courses are either clinical courses or entry level courses.

- EMSP 1501 - EMT-Basic
- EMSP 1160 - Clinical
- EMSP 1162 - Clinical

CREDIT BY EXAM

These are courses that contain objectives or skills that you will need to demonstrate that you have maintained certain competencies and knowledge. After evaluating your training, we believe you have been exposed to this material and should be able to meet the required competencies.

- EMSP 1355 - Trauma Management
- EMSP 1356 - Patient Assessment and Airway Management
- EMSP 2348 - Emergency Pharmacology
- BIOL 2404 - Introduction to Anatomy and Physiology

REQUIRED TO TAKE

These are course that you will need to complete. These courses contain material or experiences that you have not yet mastered and that we will use to prepare you for your credentialing exams.

This document is intended solely for the use and information of the client to whom it is addressed.

- EMSP 2544 Cardiology
- EMSP 2434 Medical Emergencies
- EMSP 2260 Clinical
- EMSP 2143 Assessment Based Management
- EMSP 2338 EMS Operations
- EMSP 2135 Advanced Cardiac Life Support
- EMSP 1149 Pre Hospital Life Support
- EMSP 1191 Special Topics in Emergency Pediatric Care
- EMSP 2460 Clinical EMS

Military Medic Courses Evaluated

COURSE 300-68W10

COURSE BREAKDOWN

EMT Module

Module	Hours
Medical Terminology and BLS	11
Intro (Roles, Wellness, A&P, Lift/Move, Medical/Legal)	17
Airway*	22
Patient Assessment	26
Medical Emergencies	48
Trauma	41
Pediatrics	8
Operations	13
Testing (includes final and certification exam)	48
Total	234

Note: Clinical rotations are conducted using HPS
*includes King-LT and Combitube

Limited Primary Care Module

Module	Hours
Basic Wound Care (non traumatic)	2
Skin Disease	3
Documentation	3
Blood Draw	4
Injections (IM, SQ, ID)	6
Medication Administration	2
Pharmacology	4
Abdominal Disorders	2
Respiratory Disorders	2
EENT Disorders	6
Orthopedic Injuries	6
Infection Control	2
Total	48

This document is intended solely for the use and information of the client to whom it is addressed.

Field Craft Module 1

Module	Hours
Combat Casualty Assessment	13
Airway Management*	10
Shock and Bleeding Control	12
Shock management	2
Thoracic Trauma	6
Documentation	3
Vascular Access	13
Battlefield Medicine	4
Bleeding Control Scenarios	4
Airway Scenarios	4
Thoracic Trauma Scenarios	4
Vascular Access Scenarios	6
Total	84

Note: Includes King LT, Combitube, and surgical cricothyroidotomy (NO ET)

Field Craft Module 2

Module	Hours
Burns	1
Ocular Injuries	2
Head Injury	2
Musculoskeletal Injury	4
Abdominal Trauma	1
Equipment Orientation	2
Casualty movement (air and ground)	8
Head Injury Scenarios	4
ABD and Burn Scenarios	4
Musculoskeletal Scenarios	4
Putting it together Scenarios	4
Total	39

Field Craft Module 3

Module	Hours
Triage	10
Suicide Prevention	1
International Law/Geneva Convention	2
Skills Validation	16
Environment Threats	3
Trauma Scenarios - Integration	48
Behavioral Health	3
Total	86

This document is intended solely for the use and information of the client to whom it is addressed.

Field Training Exercise	
Module	Hours
Dismounted Patrol Scenarios	24
Forward Operation Base Scenarios	24
Urban Terrain Scenarios	36
Combat Casualty Assessment Lanes Scenarios	12
Battalion Aid Station Scenarios	36
Convoy Operations Scenarios	12
CBRN Scenarios	8
Weapons Training	64
Total	216

This document is intended solely for the use and information of the client to whom it is addressed.

BASIC MEDICAL TECHNICIAN CORPSMAN PROGRAM

Navy B-300-0010 Hospital Corpsman (HM-0000)
Air Force Phase I L8AQJ4N031 01AA Aerospace Medical Service Apprentice Course (4N031)

COURSE BREAKDOWN

BMTC 101: Introduction to Basic Medical Technician Corpsman Program

Unit	Hours
Program Orientation	2
BLS for Healthcare Providers	6
Total	6

BMTC 103: EMT-B

Module	Hours
Foundations	29
Airway Mgmt, Respiration, and Ventilation	28
Patient Assessment	32
Medical Emergencies	48
Trauma Emergencies	43
Special Populations	21
Operations	12
Total	213

BMTC 105F: NREMT Testing

Module	Hours
Situational Review	16
Written Practice Exam	8
Certification Testing	16
Total	40

This document is intended solely for the use and information of the client to whom it is addressed.

**BMTC 101N HM Fundamentals
 (Navy Only)**

Module	Hours
HM Fundamentals	40
Includes Role of HM; infection control and prevention; patient safety; Chemical, Biological, Radiological exposure; Triage; Incident Mgmt;	
Total	40

**BMTC 101F AMSA Introduction
 (Air Force Only)**

Module	Hours
Aerospace Medical Services Mission	7
Includes Role of AMSA;	
Total	7

NURS 101 Basic Nursing Fundamentals

Module	Hours
Infection Control/Blood-Borne Pathogens	12
Basic Nursing Fundamental Theory	10
Includes Medical Ethics; Patient/Provider Communication; Human Growth and Development; Patient Care planning; Pain Management	
Basic Nursing Fundamental Skills	30
Patients with Special Needs; Vital Signs; Patient Movement; Physical Exam; Hygiene and Skin Care	
Documentation	28
Total	80

NURS 201 Intermediate Nursing

Module	Hours
Intake and Output	35
Includes Nutrition; NG Tubes; Urinary Catheters; IV Therapy;	
Specimen Collection	14
Includes Urine, Stool, Sputum, and Throat Collection; Veinpuncture	
Introduction to Medication Administration	9
Medication Administration	22
Intermediate Nursing Fundamentals	24
Includes Chest Tubes; Pre/Post Op Care; Wound Care Mgmt; Restraints; Death and Dying; Dental Emergencies;	
Nursing Synthesis Practicum	8
Total	112

This document is intended solely for the use and information of the client to whom it is addressed.

BMTC 103 F AMSA Fundamentals

Module	Hours
Safety/Resource Protection	7
Medical Technicians Role	12
Documentation	21
Special Topics in Nursing Includes Dialysis; Electrosensitive Patients; Cardiac Conduction System; Cardiac Monitor Operations; 12 Lead EKG;	13
Visual Screening	10
Outpatient Exam Prep Lab	17
Total	80

BMTC 104 N Enhanced Assessment Program

Module	Hours
Introduction to EAP	12
Lab (Capstone Experience)	28
Total	40

BMTC 106F Expeditionary Medical Readiness Course

Module	Hours
EMRC (readiness and deployment skills)	40
Total	40

This document is intended solely for the use and information of the client to whom it is addressed.

Credit Provided Based on Crosswalk

US Army Course: 300-68W10

Credit for Previous Learning

EMSP 1160: Clinical EMS
EMSP 1162: Clinical EMS
EMSP 1501: EMT-Basic

Credit by Exam

BIOL 2404: Introduction to A&P
EMSP 1355: Trauma Management
EMSP 1356: Patient Assessment and Airway Management
EMSP 2348: Emergency Pharmacology

Summary of Temple College Fast Track Courses



Temple College

Department of EMS Professions
 Military Courses

Fast Track Courses						
		Lecture Hrs	Lab Hrs	Clinic Hrs	Contact Hrs	Credit Hrs
Credit for Previous Learning						
EMSP 1160	Clinical EMS	0	0	5	80	1
EMSP 1162	Clinical EMS	0	0	4	64	1
EMSP 1501	EMT-Basic	3	8	0	176	5
Total		3	8	9	320	7
Credit by Exam						
BIOL 2404	Introduction to A&P	3	3	0	96	4
EMSP 1355	Trauma Management	2	2	0	64	3
EMSP 1356	Patient Assessment and Airway Management	2	2	0	64	3
EMSP 2348	Emergency Pharmacology	3	1	0	64	3
Total		10	8	0	384	13
8 week course						
EMSP 1438	Introduction to Advanced Practice	3	2	0	80	4

Course taken to complete Paramedic Program						
		Lecture Hrs	Lab Hrs	Clinic Hrs	Contact Hrs	Credit Hrs
Second Semester						
EMSP 2544	Cardiology	4	4	0	128	5
EMSP 1263	Clinical EMS	0	0	6	96	2
Total		4	4	6	224	7
Third Semester						
EMSP 2434	Medical Emergencies	4	3	0	112	4
EMSP 2430	Special Populations	3	2	0	80	4
EMSP 2260	Clinical EMS	0	0	8	128	2
Total		7	5	8	320	10
Fourth Semester						
EMSP 2143	Assessment Based Management	0	3	0	48	1
EMSP 2338	EMS Operations	2	2	0	64	3
EMSP 2135	Advanced Cardiac Life Support (ACLS)	1	0	0	16	1
EMSP 1149	Pre Hospital Trauma Life Support (PHTLS)	1	0	0	16	1
EMSP 1191	Special Topics in Emergency Pediatric Care (EPC)	1	0	0	16	1
EMSP 2460	Clinical EMS	0	0	14	224	4
Total		5	5	14	384	11

*BIOL 2401 may be substituted for BIOL 2404

Updated Fall 2011

This document is intended solely for the use and information of the client to whom it is addressed.

Emergency Medical Technician

2013-2014 Academic Catalog

EMSP 1501 - Emergency Medical Technician

(5:3-8-0) credit hours.

Corequisites: [EMSP 1160](#).

Preparation for certification as an Emergency Medical Technician (EMT).

Additional Fees: \$20

Measurable Learning Outcomes:

Apply operational principles in out-of-hospital environments; demonstrate life saving care to patients at the Emergency Medical Technician (EMT) level; and display professional and ethical behaviors expected of emergency personnel.

[Close Window](#)

Clinical-Emergency Medical Technology/Technician

2013-2014 Academic Catalog

EMSP 1160 - Clinical-Emergency Medical Technology/Technician

(1:0-0-5) credit hours.

Corequisites: [EMSP 1501](#).

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

Additional Fees: \$25 Approximately \$71 liability insurance fee.

Measurable Learning Outcomes:

As outlined in the learning plan, apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

[Close Window](#)

Clinical-Emergency Medical Technology/Technician

2013-2014 Academic Catalog

EMSP 1162 - Clinical-Emergency Medical Technology/Technician

(1:0-0-4) credit hours.

Prerequisites: Formal acceptance into EMSP Program, [EMSP 1501](#), [EMSP 1160](#).

Corequisites: [EMSP 2348](#), [EMSP 1438](#), [EMSP 1356](#).

Prereq/Corequisites: [BIOL 2401](#) or [BIOL 2404](#).

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

Additional Fees: \$50 \$71 liability insurance fee if not paid previously during current academic year.

Measurable Learning Outcomes:

As outlined in the learning plan, apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

[Close Window](#)

Trauma Management

2013-2014 Academic Catalog

EMSP 1355 - Trauma Management

(3:2-2-0) credit hours.

Prerequisites: [EMSP 2348](#), [EMSP 1356](#), [EMSP 1438](#), [EMSP 1162](#).

Corequisites: [EMSP 1263](#).

Knowledge and skills in the assessment and management of patients with traumatic injuries.

Additional Fees: \$20

Measurable Learning Outcomes:

Integrate the pathophysiological assessment findings to formulate a field impression; implement the treatment plan for the trauma patient; and integrate multiple determinates of trauma conditions into clinical care.

[Close Window](#)

Patient Assessment and Airway Management

2013-2014 Academic Catalog

EMSP 1356 - Patient Assessment and Airway Management

(3:2-2-0) credit hours.

Prerequisites: Formal acceptance into EMSP Program, [EMSP 1501](#), [EMSP 1160](#).

Corequisites: [EMSP 2348](#), [EMSP 1438](#), [EMSP 1162](#).

Prereq/Corequisites: [BIOL 2401](#) or [BIOL 2404](#).

Knowledge and skills required to perform patient assessment, airway management, and artificial ventilation.

Additional Fees: \$20

Measurable Learning Outcomes:

Perform a history and comprehensive physical exam on various patient populations; establish and/or maintain a patient airway; and demonstrate oxygenation and ventilation of a patient; differentiate respiratory distress, failure and arrest; interpret results of monitoring devices.

[Close Window](#)

Emergency Pharmacology

2013-2014 Academic Catalog

EMSP 2348 - Emergency Pharmacology

(3:3-1-0) credit hours.

Prerequisites: Formal acceptance into EMSP Program; [EMSP 1501](#), [EMSP 1160](#).

Corequisites: [EMSP 1356](#), [EMSP 1438](#), [EMSP 1162](#)

Prereq/Corequisites: [BIOL 2401](#) or [BIOL 2404](#).

Utilization of medications in treating emergency situations.

Additional Fees: \$20

Measurable Learning Outcomes:

Utilize knowledge of pharmacological concepts to demonstrate safe administration of medications in emergency settings.

[Close Window](#)

Anatomy and Physiology

2013-2014 Academic Catalog

BIOL 2404 - Anatomy and Physiology

4 credit hours. 3 lecture hours. 3 lab hours.

A one-semester course in human anatomy and physiology for students majoring in Licensed Vocational Nursing, Surgical Technology, Respiratory Technology, and Emergency Medical Technology. Lecture and laboratory materials are taught in an integrated approach. This course is offered most semesters and is also offered via internet during some semesters. (This is a one semester condensed course and does not substitute for [BIOL 2401](#) or [BIOL 2402](#).)

Additional Fees: Lab Fee \$24

Measurable Learning Outcomes:

Upon successful completion of this course, students will: Define both anatomy & physiology. Understand basic biochemistry. Identify parts of the cell. Identify basic structures of the skin. Identify major bones of the body. Understand basic muscle physiology. Identify major muscles of the body. Understand basic anatomy & physiology of nervous system. Understand basic anatomy & physiology of endocrine system. Understand basic anatomy & physiology of circulatory system. Understand basic anatomy & physiology of immunity. Understand basic anatomy & physiology of respiratory system. Understand basic anatomy & physiology of digestive system. Understand basic anatomy & physiology of urinary system. Understand basic anatomy & physiology of reproductive system.

[Close Window](#)

Introduction to Advanced Practice

2013-2014 Academic Catalog

EMSP 1438 - Introduction to Advanced Practice

(4:3-2-0) credit hours.

Prerequisites: Formal acceptance into EMSP Program, [EMSP 1501](#), [EMSP 1160](#).

Corequisites: [EMSP 1162](#), [EMSP 1356](#), [EMSP 2348](#).

Prereq/Corequisites: [BIOL 2401](#) or [BIOL 2404](#).

Fundamental elements associated with emergency medical services to include preparatory practices, pathophysiology, medication administration, and related topics.

Measurable Learning Outcomes:

Describe the roles and responsibilities of advanced EMS personnel within the EMS system; apply concepts of pathophysiology and pharmacology to the assessment and management of emergency patients; administer medications; employ effective communication; and interpret medical/legal issues; demonstrate ethical behaviors; and discuss well-being of the paramedic.

[Close Window](#)