COLORADO
Department of Public Health & Environment

Standards for State Recognition of Emergency Medical Service Education Centers (Initial Education Providers)

I. Goal

To establish, maintain and promote appropriate standards of quality for initial educational programs in the Emergency Medical Services Professions in the State of Colorado.

II. Introduction

These standards are established by the Colorado Department of Public Health and Environment (the Department), Health Facilities and Emergency Medical Services Division with endorsement from the State Emergency Medical and Trauma Services Advisory Council to define the minimum standards to which State recognized providers of Emergency Medical Services initial education will be held accountable.

Authority to establish EMS education standards is granted to the department in Regulation 6 CCR 1015-3, **Chapter 1 (Rules Pertaining to EMS Education and Certification)**. State recognized EMS initial education centers shall comply with all federal and state statues and rules as applicable.

State recognized EMS education centers are required to meet or exceed the education standards as approved by the department through recommendation from the State Emergency Medical and Trauma Services Advisory Council.

State recognized EMS education centers will be also allowed to function as *EMS Education Groups* for purposes of offering refresher courses, transition courses and/or continuing education topics. The level of group education recognition will be determined independent of the level of center recognition.

Unless otherwise noted, these standards are effective upon approval by the Emergency Medical and Trauma Services Chief.

III. Definitions

A. **Recognition**

- A process of application and verification that an EMS initial education center meets State recognition standards. Recognition results in access of graduates to National Registry of Emergency Medical Technician (NREMT) and State EMS Provider credentialing process. Only graduates from Colorado EMS education programs that are State recognized will be eligible to apply for NREMT testing. Only authorized representatives of education centers or education groups recognized by the State of Colorado will be allowed to verify renewal applications.

B. **Clinical education**

Education conducted under real patient conditions consists of two types:

1. Facility clinical education - Clinical education conducted within a medical facility such as a hospital, clinic, long or short term care facility, etc in the context of a specific and defined program with documented goals and objectives for the experience.

2. Field internship clinical education - Clinical education conducted in conjunction with an EMS transport or non-transport response agency in the context of a specific and defined program with documented goals and objectives for the experience.

C. **Continuing education**
   - Education that consists of individual stand-alone topics conducted real time by an instructor or completed through independent learning. Content of an initial, refresher, or transition course may be accepted as continuing education topics. Continuing education may also be approved when the source is relevant to the EMS Provider level when completed through other educational endeavors such as nursing or medical school coursework provided the content is consistent with the EMS Provider's level scope of practice, guidelines or requirements.

D. **Course**
   - A series of connected topics within a defined curriculum.

E. Class
   - An individual or isolated topic or presentation.

F. **Department**
   - Within these standards, the use of the term "Department" shall refer to the Colorado Department of Public Health and Environment.

G. **Education center**
   - A State recognized provider of initial courses, EMS continuing education topics and/or refresher courses that qualify graduates for state and/or National Registry EMS Provider certification.

H. **Education group**
   - A State recognized provider of continuing education topics and/or refresher courses that qualify individuals for renewal of a state and/or National Registry EMS Provider certification.
   - An education group may provide Intravenous Therapy and Medication Administration coursework to qualify an individual for medical director authorization of IV skills.

F. Independent (or asynchronous) learning
   - Education that is conducted without direct communication with an instructor. This may include, but is not limited to, internet-based education, trade journal articles, computer-based or audio/video presentations. All independent learning shall include learning objectives and evaluation instruments to be allocated as continuing education credit.

G. **Instructor-led (or synchronized) learning**
   - Education that is conducted in a classroom setting or via video conference or other method that utilizes online technology to deliver educational programs in a virtual classroom. There must be an ability to see teaching materials and interact with an instructor during a live session.

H. Practical skills examination
   - A skills test consisting of psychomotor evaluation using hands-on demonstration of specified competencies.

L. Transition course

- A course that provides new material to an EMS Provider level to meet new state or national standards or practice at the same level.

IV. Education Center Goals and Outcomes

A. Education Center Goals

1. There shall be a written statement of the education center's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the education center. The communities of interest that are served by the education center include, but are not limited to, students, graduates, faculty, education center administration, hospital/clinic representatives, physicians, employers, police and fire services, key governmental officials, the public, and nationally accepted standards for roles and functions.

2. Course or class specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. 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

1. The education center shall regularly assess its goals and learning domains. Education center personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.

2. An advisory committee, which is representative of these communities of interest, shall be designated and charged with the responsibility of meeting at least annually, to assist program and education center personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

   a) Hospital/clinic representatives may include supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students.
   b) Physician representatives may include the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, internists, cardiologists, pediatricians, and family physicians.
   c) Employer representatives may include employers of the program graduates and the ambulance supervisory personnel and administrative personnel where the students perform internships.
   d) Other interested parties may include government officials, training coordinators, field providers, and current or former students.

C. Minimum Expectations

The education center shall have the following goal(s) defining minimum expectations:

1. Emergency Medical Technician (EMT) (EMT includes the historic EMS Provider level of EMT-Basic)-
   - To prepare competent entry-level EMTs in the cognitive knowledge), psychomotor (skills), and affective (behavior) learning domains.

3. Advanced Emergency Medical Technician (AEMT) -
   - To prepare competent entry-level AEMTs in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

3. Emergency Medical Technician-Intermediate (EMT-I) -
   - To prepare competent entry-level EMT-Is in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

4. Paramedic (Paramedic includes the historic EMS Provider level of EMT-Paramedic) –
   - To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

5. Education centers providing course or class content beyond entry-level competence shall clearly delineate this intent. If the course or class is designed for students to achieve a new level of practice, the education center shall provide evidence that all completing students have achieved the new competencies prior to practice in the field.

6. Each continuing education course or class will review or increase the knowledge and/or competencies of the EMS Provider level for which the course is intended.

7. Education centers not offering Associate's or Bachelor's degrees are encouraged to establish articulation agreements that provide for maximum transfer of related coursework.

V. Education Center Eligibility

A. Education Center

An education center shall be at least one of the following:

1. A post-secondary academic institution located in Colorado and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a post-secondary program or to approve college credit.

2. A Colorado licensed 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.

3. A Colorado based EMS provider agency or independent training organization **in joint application with:**

   a) A post-secondary academic institution located in Colorado and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education as defined previously, or;

b) A Colorado licensed 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, as defined previously.

B. Paramedic education centers shall obtain and maintain accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

C. Responsibilities of Education Center

a) The education center shall assure that the provisions of these Standards are met.

VI. Resources

A. Type and Amount

1. Center Resources - Center resources shall be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to:
   a) Faculty
   b) Clerical/administrative staff
   c) Curriculum
   d) Classroom/laboratory facilities
   e) Finances
   f) Access to facilities
   g) Hospital/clinical affiliations
   h) Filed internship affiliations
   i) Equipment/supplies
   j) Computer resources
   k) Instructional aids
   l) Instructional reference materials
   m) faculty/staff continuing education.

2. Hospital/Clinical Affiliations and Field/Internship Affiliations

   a) For all affiliations students shall have access to adequate numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.
   b) EMT and AEMT clinical education may include experience in field settings, clinics and emergency departments.
   c) EMT-Intermediate and Paramedic clinical education should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department, and include exposure to an adequate number of pediatric, obstetric, psychiatric, and geriatric patients.

B. Personnel

The education center shall 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. Education Center Director

   a) Responsibilities - The education center director shall be responsible for all aspects of the center, 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 and have systems in place to demonstrate the effectiveness of the program,
      5) Cooperative involvement with the medical director,
      6) Adequate controls to assure the quality of the delegated responsibilities,
      7) Skill attestation oversight.

   b) Qualifications - The education center director shall:

      1) Meet the following academic requirements;

         (a) Directors of Emergency Medical Technician-Intermediate programs shall possess a minimum of an Associate's degree from a regionally accredited institution of higher education. This requirement becomes effective for new initial applications for EMT-Intermediate education centers only.
         (b) Directors of Emergency Medical Technician-Paramedic programs shall possess a minimum of a Bachelor's degree from a regionally accredited institution of higher education.

      2) Have completed a state-approved EMS Instructor course or have equivalent training in education and be knowledgeable about methods of instruction, testing and evaluation of students,

      3) Have appropriate medical or allied health education, training, and experience,

      4) Have academic training and preparation related to emergency medical services at least equivalent to that of program graduates,

      5) Be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure.

2. Education Center Medical Director

   a) Responsibilities - The education center medical director is responsible for all medical aspects of the education center, including but not limited to:

      1) Reviewing and approving of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy,
      2) Reviewing and approving of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program,
      3) Granting authority to students-in-training for performance of course clinical and/or field internship requirements,
      4) Participating in the evaluation of education center instructional quality,

5) Reviewing and approving of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress,
6) Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
7) function in cooperation involvement with the education center director,
8) Providing adequate controls to assure the quality of the delegated responsibilities.

b) Qualifications - The education center medical director:

1) Shall be a physician holding an active Colorado medical license.
2) Should 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) Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
4) Should be knowledgeable about the education of the Emergency Medical Services professions.

3. Education Center Faculty

a) Responsibilities - The education center faculty shall:

1) Provide content or facilitate learning which meets the goals and objectives of the course.
2) Participate in the evaluation of education center instructional quality.
3) Function in cooperation with the education center director and medical director.
4) In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

b) Qualifications

1) Faculty shall 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.
2) Faculty members should be educated at an equal or higher level of professional training than the level for the training which is being offered.

c) Evaluations
1) Student evaluations of instructors should be conducted at the end of each course. These evaluations shall be conducted in such a manner that ensures confidentiality of the student, preferably by a party not directly involved with the educational program.

C. Curriculum

1. The curriculum shall:

a) Ensure the achievement of program goals and learning domains,

b) Be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities,

c) Be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for course completion,

d) Meet or exceed the content and competency requirements of the latest edition of national standards from the National Highway Traffic Safety Administration, United States Department of Transportation education standards.

2. The education center shall track the number of times each student successfully performs each of the competencies required for the appropriate level of training.

3. For advanced level providers, the field internship shall provide the student with an opportunity to serve as team leader in a variety of pre-hospital emergency medical situations.

a) Sufficient didactic and clinical competencies of the curriculum should be accomplished prior to the commencement of the field internship. Some didactic material may be taught concurrent with the field internship.

D. Resource Assessment

- The education center shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented and results measured by ongoing resource assessment.

VII. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

a) Evaluation of students shall 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.

2. Documentation

a) Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.

3. Outcomes

a) Outcomes Assessment

1) The program shall periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation shall be reflected in the review and timely revision of the program. Outcomes assessments may include but are not

limited to: exit point completion, graduate satisfaction, employer satisfaction, job placement, state credentialing and/or national registration.

2) The program shall track its goal(s), learning domains, evaluation systems (e.g. type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

b) Outcomes Reporting

1) Program evaluation should be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates. Other dimensions of the program may merit consideration such as the admission criteria and process, the curriculum design, and the purpose and productivity of an advisory committee. The department may periodically request a report of the above outcomes assessments and other pertinent information.

VIII. Fair Practices

A. Publications and Disclosure

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

2. The following minimum information shall be made known to all applicants:

a) The education center's program accreditation status as well as the name address and phone number of the accrediting agencies

b) Admission policies and practices, including technical standards related to the functional job analysis(es) of the Emergency Medical Services Profession(s) for which training is being offered

c) Any policies on advanced placement

d) Any policies for transfer of credits, and credits for experiential learning

e) Number of credits required for completion of the program

f) tuition/fees and other costs required to complete the program

g) Policies and processes for withdrawal and for refunds of tuition/fees

3. The following minimum information shall be made known to all students:

a) academic calendar

b) student grievance procedure

c) liability and worker's compensation information

d) criteria for successful completion of each segment of the curriculum and graduation

e) policies and processes by which students may perform clinical work while enrolled in the program

f) criteria for national and state credentialing

IX. Lawful and Non-discriminatory Practices

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

X. Safeguards

A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.

B. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Professionals are not operating as independent practitioners, and when Emergency Medical Services Professionals are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.

XI. Education Center Records

A. Education center records shall be maintained in a safe and secure location at all times.

B. Satisfactory records shall be maintained for all students including, but not limited to:

a) student admission

b) advisement and counseling

c) evaluations

d) grades and credits for courses

C. Satisfactory records shall be maintained for all courses and classes including, but not limited to:

a) objectives

b) content or curriculum

c) attendance records

a. Records must demonstrate attendance at class sessions. This documentation can occur in many formats depending on the agency.

b. Examples of records include, but at not limited to:
   i. Handwritten signature on roster
   ii. Scanned copy of handwritten roster
   iii. Electronic signature

d) faculty

e) lists of supplemental reference materials

XII. Substantive Change

The education center shall report substantive changes to the department within 90 days. These changes include, but are not limited to change in program status, medical director, sponsorship, or center director.

XIII. Agreements

There shall be a current written affiliation agreement or memorandum of understanding between the education center and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the education center and that entity.