

Why accreditation — and why now?

by Patricia L. Tritt, RN, MA, and Debra Cason RN, MS, EMT-P

Have you ever heard the refrain in EMS: “Why won’t they treat us as professionals?”

Are you familiar with the defining characteristics of a profession? Some of the characteristics include: skills based on theoretical knowledge; extensive period of education where specialized practical experience is provided; testing of competence; formal qualifications based upon education; regulation (typically) by statute; affairs of its members regulated by professional bodies; training involving obtaining degrees and professional qualifications; regular updating of skills through continuing education; and standardization of professional training.

So how do we stack up? There are some hits and some misses. But a recurring theme appears to be education — and of course not just any education, but quality education. How do we assess quality in EMS ‘training’ programs? And by the way, is it ‘training’ or is it ‘education’? There is an old saying, after all, that we train pets but we educate people.

Quality standards and guidelines

Quality begins by evaluating ourselves against a set of industry established standards. Do we meet the minimum Standards and Guidelines set by our peer group under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)? That is really how accreditation works in EMS education — and in every other health profession field. We evaluate ourselves against the Committee on Accreditation for EMS Professions (CoAEMSP) Standards under the auspices of CAAHEP.

The most recent Standards and Guidelines were established by the EMS community in 2005. Once we evaluate ourselves against these Standards and Guidelines and document our findings, we invite our peers to come to our program and see for themselves how it is done. They will look for the following: How we deliver our services; how we evaluate the competency of our graduates; and how we assure that each graduate is competent, not just in what he/she knows but also how he/she performs and behaves professionally.

A 10-year-old document titled the *EMS Education Agenda for the Future* calls for a system of education in EMS that is similar to other health professions. That system previously has not existed in EMS education, because our profession’s birth, growth and development have taken a different path than that of most health professions. EMS as a field definitely has grown and matured, but our system of education has primarily been dependent on a single component: a national standard curriculum.

The authors of the *Education Agenda*, and the many groups and individuals that provided input into the document, called for the systematic development of education standards and that EMS professionals graduate from an accredited EMS program in order to take the national credentialing exam. This system approach is common and expected in other more mature health professions, as well as in other disciplines. This 2000 document was not the first time that accreditation was called for by the EMS community. The 1996 document *EMS Agenda for the Future* recommended that “accreditation should be sought to demonstrate that educational programs provided meet a predefined national standard of quality.”

Accreditation increases quality

Since that time, research has been published that validates the role of accreditation in educational quality. Current research articles published in peer-reviewed academic journals indicate an increased success rate on national certification exams from graduates of nationally accredited programs.* As an example, NAEMT’s continuing education programs are accredited by the Continuing Education Coordinating Board for EMS (CECBEMS).

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After years of discussion, in June 2008, the National Registry of EMTs (NREMT) Board of Directors formally discussed the possibility of requiring graduation from a CoAEMSP/CAAHEP accredited program in order to take the paramedic NREMT exam. Discussion included concerns about acceptance of the concept by state governments, EMS provider agencies, paramedic education programs, and others. More discussion followed about how long the EMS community has discussed the concept, how many other professions require accreditation, that the NREMT is the only entity that could make the change, and that one of the roles of the NREMT is to protect citizens. In June 2008, the NREMT Board decided to table any action and continue these discussions with the EMS community.

In November 2008, the NREMT Board voted to require graduation from a CoAEMSP/CAAHEP accredited

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program in order to take the NREMT exam beginning 2013. Although some were distressed by the impact of the plan, many also said that the time had come — and why continue to discuss accreditation without any movement in the direction recommended 14 years ago? EMS accreditation is the path to professionalism, many said, and they want to travel it along with their colleagues.

The CoAEMSP has been reaching out to state officials, professional EMS organizations such as NAEMT and individual institutions to provide information on accreditation, the benefits, and the process. These forums for discussion and technical assistance facilitate the preparation of paramedic programs that are not currently accredited and provide guidance in completing the process. Many new tools, such as sample documents and reports, have been developed to assist programs.

The accreditation process is one more step toward the acceptance of paramedics as professionals — a definition for which both NREMT and NAEMT have long fought — and accreditation as “credible” education.

For more information, please visit www.coaemsp.org or call 817-330-0080.

Resources

* “Estimating the Probability of Passing the National Paramedic Certification Examination”, Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, MS, NREMT-P; Gregg S. Margolis, PhD, NREMT-P (2008).

“Program Accreditation Effect on Paramedic Credentialing Examination Success Rate”, Philip Dickison, RN, BBA; David Hostler, PhD; Thomas E. Platt, MD; Henry E. Wang, MD, MPH (2006).

“Strategies of High Performing Paramedic Programs”, Gregg Margolis, PhD, NREMT-P; Gabe Romero, MBA, NREMT-P; Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, PhD, NREMT-P

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