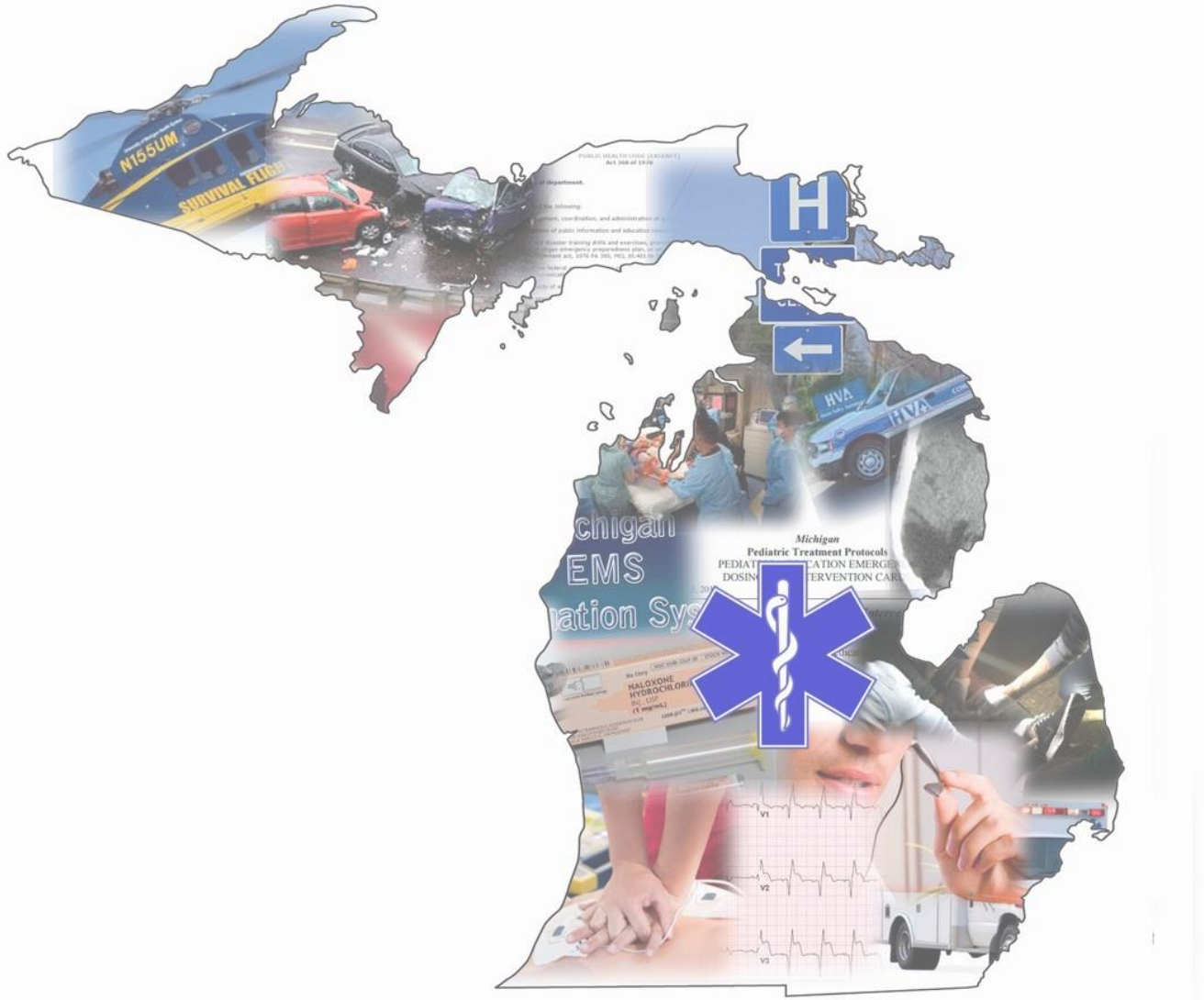


Michigan EMS Initial Education Program Director Manual



Contents

Executive Summary 3

 Purpose..... 3

Administrative Rules, Responsibilities and Required Roles 5

Program Sponsor Representative 5

Program Director 6

Physician Director 7

Instructional Staff 7

Advisory Committee 7

Federal Regulations Family Educational Rights and Privacy Act (FERPA) 8

Program Requirement Details 8

Documentation Requirements 8

Syllabus Requirements 8

Psychomotor Exams 9

Clinical Requirements 9

Course Completion 10

Documentation Retention 10

Site Visit Readiness 10

Changes to Program 11

Satellite Locations 11

NREMT Responsibilities 11

Annual Report and Program Performance Improvement Plan 11

Distance Learning 12

Final Course and Instructor Evaluations 12

Helpful Resources 13

Sample Affective Evaluation (Professional Behavior) 14

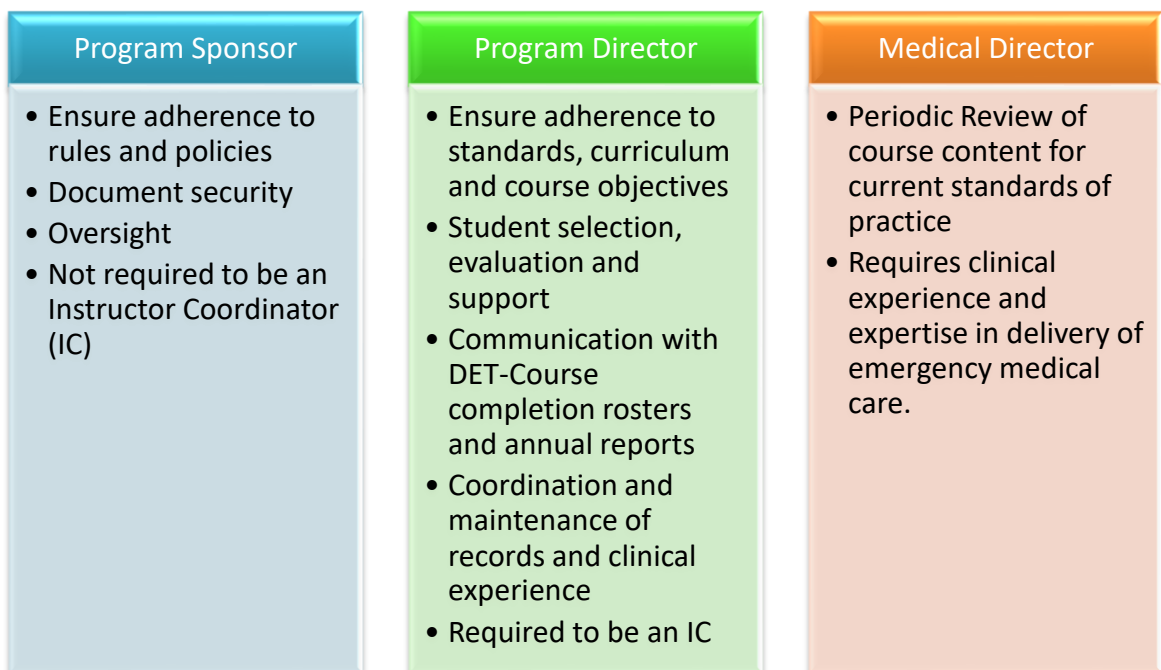
Content for Course Completion Certificate 16

Executive Summary

Purpose

This manual has been created as a tool to assist program directors of initial EMS education in Michigan to succeed in their program development and implementation. Topics covered include an overview of the Administrative Rules governing program requirements, roles and responsibilities of Program Sponsors, Program Directors, and Physician Directors, course requirements, documentation, and course completion reporting, as well as additional helpful resources and links. It is recommended that the program sponsor representative also review this document.

FIGURE 1 THREE KEY POSITIONS REQUIRED FOR MI EMS EDUCATION PROGRAMS



In general, The Program Sponsor Representative is responsible for ensuring that all EMS education programs are conducted following Administrative Rules and MDHHS-BETP policies. All program paperwork and security of these documents are the responsibility of the program sponsor representative. Student documents must be maintained **securely** at the site of the approved program.

The Program Director was previously referred to as the Course Coordinator. The Instructor Coordinator in this role is responsible for the bulk of the course requirements including curriculum, instruction, and record maintenance.

Each of the three roles are further defined and roles and responsibilities delineated further in the document. Any questions regarding this manual or administration of an EMS education program should be directed to the BETP [EMS Education Coordinator](#) or the EMS Regional Coordinator (see figure 2) for your area.

FIGURE 2 EMS REGIONAL COORDINATOR MAP

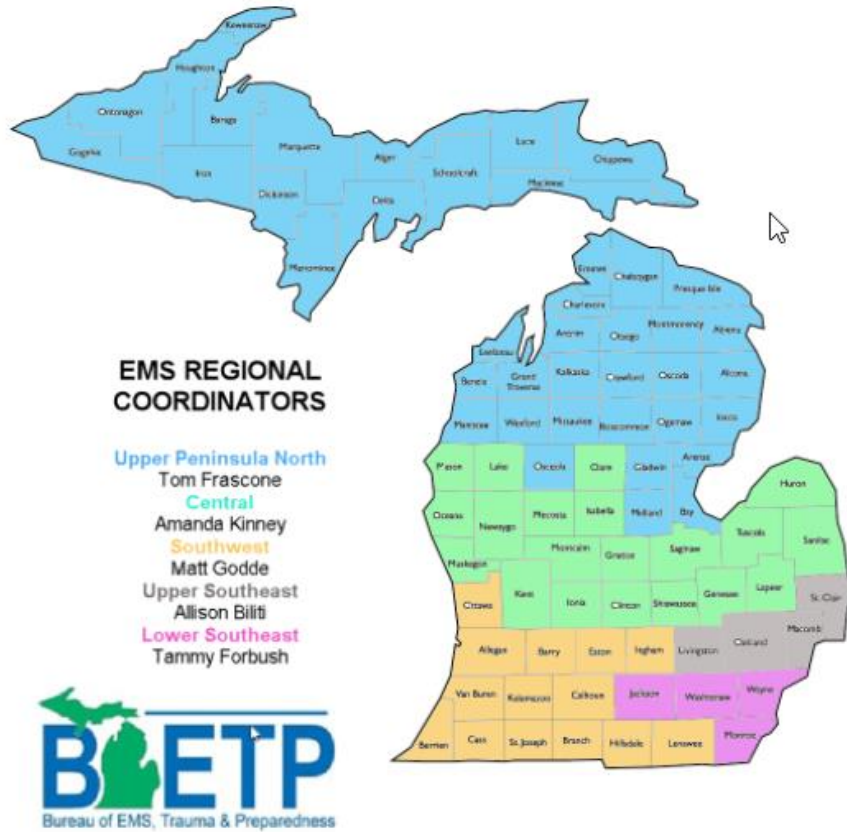


FIGURE 3 MICHIGAN EMS REGIONAL COORDINATOR CONTACT INFORMATION

EMS REGIONAL COORDINATORS

- EDUCATION PROGRAM SITE VISITS
- CONTINUING EDUCATION (CE) APPLICATION REVIEWS
- BETP AND NREMT ALS PSYCHOMOTOR EXAM PROCTORS

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Administrative Rules, Responsibilities and Required Roles

Program Sponsor Representative

The Application for Initial Education must include an action plan detailing how the Program Sponsor Representative will maintain oversight of the program. Required elements of the action plan include frequency of visits to the classroom to interview students and observe instructors, scheduling student interviews to monitor progress and concerns, and identifying contents and ensuring receipt of written reports from instructors at designated intervals throughout the course. The action plan must be signed and dated by the Program Sponsor Representative. The action plan must be reviewed and updated prior to renewal of the program. ***The Program Sponsor Representative is ultimately responsible for all program paperwork, paperwork security, and ensuring that all program records are securely maintained at the approved program location.***

Administrative Rule 325.22341 Regarding the Role of Program Sponsors

(1) An education program sponsor shall be responsible for the overall quality of the program and courses offered. The program sponsor, the instructor coordinator (Program Director), and the physician director shall be responsible for, but not limited to, all of the following:

- (a) Establishing admission requirements and conducting entry assessments.
- (b) Establishing standards for successful course completion.
- (c) Establishing standards for instructors and approval of all instructors, ensuring that all instructors meet or exceed the standards established in R 325.22344.
- (d) Ensuring that the medical control authority in the region is informed of the program.
- (e) Establishing clinical contracts specific to the level of the program and expected activities.
- (f) Monitoring the activities of the emergency medical services instructor coordinator based on standards developed by the program sponsor.
- (g) Establishing an equal opportunity policy that at a minimum complies with state and federal law.
- (h) Providing an adequate and appropriate instructional facility including making available equipment that is functional, in good repair, and is of a similar type to that currently on the list of required minimum equipment for life support vehicles.
- (i) Developing examinations based on approved curricula.
- (j) Developing a process for students to appeal decisions made by the staff or sponsor relative to their performance in the course. This process shall be made available, in writing, to each student.

NOTE: The Program Sponsor Representative and Program Director are responsible to ensure that consistency between instructors occurs in each class.

Tip: Regular meetings to finalize quizzes, examinations, and psychomotor training, practices, and testing should occur between the Program Director and instructors.

Department Policy

All EMS Initial Education Programs held in the State of Michigan must be approved through the Division of EMS and Trauma (DET). [Applications for approval](#) must be submitted at least 60 days prior to the proposed course start date (new program) or program expiration date (re-approval). The application will not be considered complete until all required criteria has been submitted and reviewed.

If the education program fails to meet the 60-day deadline or submits an incomplete application, it could result in a lapse of the program approval or a delay in beginning a proposed course. No courses may be held until the program has met all required criteria, has had a site visit, and has been approved by the DET. A site visit will not be scheduled until the application is complete.

Program Director

Administrative Rule 325.22342 Regarding the Role of the Program Director

- (1) An Instructor Coordinator (*Program Director) for all emergency medical educational training courses shall possess a current EMS license that shall be commensurate with the level of the training course being taught. Only an Instructor Coordinator with a paramedic license may be responsible for a paramedic course.
- (2) The Instructor Coordinator (*Program Director) responsibilities shall include, but not be limited to, all of the following:
 - (a) Complying with instructor coordinator performance standards indicated in instructor-coordinator curriculum.
 - (b) Being responsible for course development, evaluation, and coordination of curricular elements, including those of a clinical nature, and assisting in the selection and evaluation of instructors, with the approval of the program sponsor and physician director.
 - (c) Planning the course content and ensuring that it complies with the department's requirements.
 - (d) Assisting in the evaluation and selection of students.
 - (e) Evaluating and maintaining records of student performance.
 - (f) Maintaining and assuring the availability of equipment and training aids.
 - (g) Coordinating and maintaining records of clinical experience.
 - (h) Counseling and assisting students, as appropriate.
 - (i) Providing the department, within 30 calendar days of course completion, with a list of students who successfully completed the course, including at least each student's name and date of birth.

*Student Social Security Numbers
are no longer required on course
completion rosters.*

Tip: Failure to maintain required documentation and records can result in loss of program approval. Records can be maintained in an electronic database or paper files, but the EMS Regional Coordinator

will need to review records, so have a plan in place and review the files before the licensing renewal inspection.

Maintenance of all required student records is imperative including: performance records, clinical experience, student counseling and assistance such as performance improvement plans, and rosters etc.

Department Policy

The Program Director must ensure that [course content](#) includes both the National Education Standards, and the State of Michigan EMS Objectives for the level of course taught. Consistency among instructors is essential for a successful EMS education program.

The Program Director must remain up to date with BETP and NREMT requirements and maintain [program and student files](#) throughout their tenure. These records must be made available to the EMS Regional Coordinator during the approval process.

Physician Director

Administrative Rule R 325.22343 Regarding Education Program Physician Director

(1) The education program physician director responsibilities shall include, but are not limited to the following:

- (a) Conducting a periodic review of the organization and content of a course to ensure that current standards of emergency medical care are being utilized throughout the course.
- (b) Working with the Program Sponsor and the Program Director in carrying out the responsibilities of course development, evaluation, and coordination of curricular elements, including those of a clinical nature, and selecting and evaluating instructors.
- (c) Having clinical experience and current expertise in providing emergency care.

Instructional Staff

All instructors on the instructor list must be proficient in their subject matter presented.

- Instructors' credentials and curriculum vitae or resume' must be current and attached to the application.
- Instructors must be employed or contracted with the program sponsor. The signed employment letter or contract must be attached to the program application.
- The written position description for faculty duties and responsibilities must be followed.

Advisory Committee

The primary purpose of Program Advisory Committees is to serve as a resource and a connection to the workplace for instructors, administrators, and students. Program Advisory Committees guide the

education program with planning, development, implementation, operation, promotion, evaluation, and maintenance of the program that result in continuous program improvement.

While there should be some members that are integral to the program, the committee should consist of outside members, such as:

- Local Ambulance Service
- Local Fire Department
- Emergency Department staff
- Community member

Advisory committee meetings must be held at least annually, and minutes of these meetings will be reviewed during site visit renewal

Federal Regulations Family Educational Rights and Privacy Act (FERPA)

The FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. All EMS education programs are expected to comply with FERPA. [Family Education Rights and Privacy Act \(FERPA\) website](#)

Program Requirement Details

Documentation Requirements

All required documents needed for your program can be found here: [Education Program Resources](#)

- A course schedule must be submitted to [the Department](#) at least 30 days prior to the start date during your approval period.
- Any changes to a course must be submitted to [the Department](#) as soon as the change occurs on the appropriate form.
- Renewal of program [application for initial education program sponsor](#) and all required documents must be submitted to the Department at least 60 days prior to program expiration.

Syllabus Requirements

A syllabus is required for each course held. This guide to your course identifies:

- Program contact information, program admission policy, program policies (including attendance requirements), clinical requirements, grading scale, appeals policy and procedure, academic guidance procedure, health and safety policy, disclosure of information, textbook used for the course, dress code, and course completion information. Criminal history must be included in this document.
- [Michigan Non-Compliance Policy](#) identifies the process for a student who has a criminal conviction history.
- [NREMT Criminal Conviction Policy](#) identifies the process for a student who has a criminal conviction history.

- Students must sign a document that verifies they have received their syllabus and understand the contents within. This signed document must be maintained in the student file.

Psychomotor Exams

Final psychomotor exams must be conducted at the end of each initial and refresher education course for **all** levels utilizing the National Registry of EMT's psychomotor skills sheets.

- Medical First Responder/EMR courses are required to hold the official psychomotor exam utilizing the skill sheets posted at [Michigan.gov/EMS Education Resources](https://Michigan.gov/EMS_Education_Resources). The direct link to these forms cannot be placed in this document, as they are in a zip file, so you will have to scroll down the page to click on the link.
- Emergency Medical Technician courses are required to hold the official psychomotor exam utilizing the skill sheets posted at Michigan.gov/ems. The direct link to these forms cannot be placed in this document, as they are in a zip file, so you will have to scroll down the page to click on the link.
- All programs that teach MFR/EMR and EMT levels of education must have a signed [Psychomotor Examination Assurance Statement](#) on file with the Department at initial and renewal of their EMS Education Program Sponsorship. This document assures both MDHHS-BETP and NREMT that the final psychomotor exam, in its entirety, is held at the end of the course.

Clinical Requirements

Each student must have documented Communicable Disease training and fit-testing for N-95 masks prior to clinical rotations.

- Vaccination requirements must be in accordance with OSHA/MiOSHA, local public health agencies, and clinical facilities.
- Students must carry their N-95 mask with them to their clinical assignment.

A physician director is required for all programs that offer clinical assignments. Clinical records must be maintained in the student files and will be reviewed on the regional coordinator site visit.

- Medical First Responder/EMR courses do not require clinical hours. If a program chooses to require clinical hours, then the program must have vaccination requirements and clinical agreements/contracts. They must also have clinical policies defined in their syllabus.
- Emergency Medical Technician courses require a minimum of 32 clinical hours. Emergency department clinicals are recommended, however, all hours may be completed with a licensed BLS, LALS, or ALS ambulance service.
- Specialist/AEMT courses require clinical hours and minimum competencies. There are 50 required hours of clinical with either a LALS or ALS licensed ambulance service or an emergency department. Each Specialist/AEMT student must accomplish the following in their clinicals or in a simulated lab experience:
 - Successful medication administration a minimum of 15 times

- Successful supraglottic airway on a minimum of 5 patients
- Successful venous access on a minimum of 25 patients
- Paramedic courses require 250 hours of clinical hours. These hours must include the following:
 - Medication administration
 - Venous Access
 - Assessment/Plan of care/Treatment of pediatric, geriatric, and adult medical, obstetrical, and psychiatric patients
 - Assessment/Plan of care/Treatment of trauma patients
 - Endotracheal intubation
 - Ventilation of non-intubated patients
 - ***Required Field Internship hours are in addition to clinical hours and must meet the approved CoAEMSP/CAAHEP accrediting standards for Team Leader in Pre-hospital Patient Care***

Course Completion

Course completion includes all didactic content, psychomotor skill documentation, affective evaluations, summative evaluations, clinical performance documentation, and field internship documentation (Paramedic level). This documentation must be securely stored at the approved program site. These will be reviewed by the regional coordinator on their site visit. Once the course is finished, all students who successfully completed must be listed on the [MDHHS-BETP Course Completion Roster](#) and submitted to the department ***within 30 days of course end***.

Documentation Retention

The program sponsor must have a policy regarding maintenance of student and operational records. These would include student files, examination tools, admission criteria, any records of denied admission, counseling records, or student dismissal from program. Records must be maintained for a period of 7 years at the approved program site. Requirements for records in student files are here: [Student File Checklist](#)

Site Visit Readiness

- Program Sponsor Representative and Program Director must be in attendance during the site visit
- Provide a quiet, private space and internet access to the regional coordinator
- Ensure that the regional coordinator has access to all program documents, including student records
- All equipment for the highest level of education program taught must be in working order and on site during the visit
- AV equipment must be in working order and visible from all areas of the room
 - [Sample: Site Visit Report](#)
 - [Sample: Classroom Requirements](#)
 - [Sample: Required Equipment for Initial Education Programs](#)

- [Sample: Student File Checklist](#)
- [Sample: IC Program Checklist for student records](#)

Changes to Program

Once your program is approved, any changes must be submitted to the department utilizing [MDHHS-BETP Notification of change to approved program](#) form. This includes changes to the syllabus, policies, instructional staff, program director, program sponsor representative, physician director, or schedule. This form must be signed by the Program Sponsor Representative, Program Director, and Physician Director.

Satellite Locations

An approved program may apply to hold their courses at a different site. This site must be inspected to ensure the location meets the minimum required guidelines, and the [Satellite Location Application](#) must be submitted to the Department at least 30 days prior to the proposed course start date.

- [Sample: Site Visit Checklist for Satellite Location](#)

NREMT Responsibilities

The MDHHS-BETP course completion roster must be submitted to the Department within 30 days of course end. Once the roster has been processed, the program director will receive approval from the Department to authorize the students to test (Specialist/AEMT and Paramedic) and verify psychomotor skills (MFR/EMR and EMT). ***It is important to wait for approval from the Department prior to authorizing students to test.***

[NREMT Program Director Resources](#) are found at this link. The Program Director is responsible for:

- Maintaining the program on www.nremt.org
- Protecting the program director password to authorize students to test
- Authorizing students to test
- Verifying psychomotor skills of MFR/EMR and EMT level graduates
 - Once approved by the Department, the Program Director logs into NREMT and authorizes the students to test by marking the SCC tab in the student name.
 - MFR/EMR and EMT students also must have their psychomotor skills verified by marking the box next to their name and changing the date to the date of course completion as listed on the roster.

Annual Report and Program Performance Improvement Plan

Administrative Rule R325.22345 reads:

(1) The department may evaluate an emergency medical services program at any time. An evaluation shall commence when any of the following occurs: **(a)** A request for a new program is submitted. **(b)** The failure rate on the required licensure examination for 1 calendar year of compiled statistics is more than 10% below the threshold established by the department. **(c)** Complaints regarding the conduct of the

program are received and it is necessary to validate the complaints. **(2)** Evaluation processes may include any of the following: **(a)** A site visit. **(b)** A follow-up study of graduates and employers. **(c)** A review of available statistical information available regarding the program.

Mich. Admin. Code R. 325.22345

Mich. Admin. Code R. 325.22345

- The threshold for EMS education pass rates is 80% by the third attempt.
- Ten percent below this threshold is 72%.

All approved programs must submit an annual report to the Department no later than July 31. These annual reports are a glance of the individual program pass rate for each level of program held in the prior year. By submitting these at the end of July, this will have given graduates one and one-half years to have attempted the NREMT exam in three (or more) attempts (e.g. 2018 pass rates are reviewed in 2020, 2019 in 2021, etc.).

If a program has a pass rate less than 72%, a Program Analysis and Improvement Plan must be completed and submitted to the Department no later than July 31.

- [MDHHS-BETP Initial Education Program Annual Report policy](#)
- [MDHHS-BETP Initial Education Program Analysis & Improvement Plan Policy](#)
 - [MDHHS-BETP EMs Initial Education Program Analysis & Improvement Plan Form](#)

Distance Learning

- [Distance Learning](#) policy allows programs to hold their didactic lessons in a live or recorded format. The Department must have the ability to attend any classes. Application or schedule submissions must include the format used for distance learning and a link for the Department to attend a class.
- The instructor of the class must maintain an accurate attendance roster of those students who were in attendance for the entirety of the class.

Final Course and Instructor Evaluations

It is crucial for program quality improvement purposes to be able to evaluate your course and your course instructors whether it is an initial education or continuing education course. Therefore, it is a requirement to submit a sample of your final course and course instructor evaluation for initial education. These records will be reviewed during your site evaluation.

Helpful Resources

The following websites provide a wealth of information that Program Directors may find useful. Take some time to do some googling on your own. Key search terms might include: Student engagement, flipped classroom, teaching in an online environment, adult learners. The search does not have to be about EMS specifically to find some good tips that you can incorporate into your teaching strategies. Just like EMS and other health professions, there are always new and innovative ways to help your program be successful and to help your students learn those critical thinking skills that are so necessary to being a good EMS provider.

The State EMS website is located at www.michigan.gov/ems resources include forms, scope of practice, objectives for each level of educational program and many more informative references.

The National Registry of EMTs www.nremt.org provides information on pass rates, but also many more informational resources for instructors [Resources For EMS Professionals \(nremt.org\)](http://www.nremt.org/resources-for-ems-professionals)

The National Highway Traffic Safety Administration Education Initiative resources can be found at <https://www.ems.gov/education.html>

The Committee on Accreditation of Educational Programs for EMS Professions (CoAEMSP) contains the CAAHEP standards and guidelines as well as the CoAEMSP interpretation of the Standards and guidelines at <https://coaemsp.org/caahep-standards-and-guidelines#1>

Flipped Classroom Tips. This site has some ideas for flipping the classroom that may be easy to implement. Th focus is K-12, but some of our courses are taught in high schools.

<https://www.schoology.com/blog/flipped-classroom>

A more academic article on flipping the classroom can be found at this Vanderbilt University Center for Teaching website <https://cft.vanderbilt.edu/guides-sub-pages/flipping-the-classroom/>

Your EMS Regional Coordinator is a great human resource for you to be able do discuss your program and receive some technical assistance.

Sample Affective Evaluation (Professional Behavior)

Student Name:¹

Date of evaluation:

<p>1. INTEGRITY Examples of professional behavior include, but are not limited to: Consistent honesty, being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>2. EMPATHY Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>3. SELF-MOTIVATION Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>4. APPEARANCE AND PERSONAL HYGIENE Examples of professional behavior include but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>5. SELF-CONFIDENCE Examples of professional behavior include but are not limited to: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>6. COMMUNICATIONS Examples of professional behavior include but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>7. TIME MANAGEMENT Examples of professional behavior include but are not limited to: Consistent punctuality; completing tasks and assignments on time.</p>	<p>Competent</p>	<p>Not yet competent</p>
<p>8. TEAMWORK AND DIPLOMACY Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.</p>	<p>Competent</p>	<p>Not yet competent</p>

¹ Source: NHTSA, National Guidelines for Educating EMS Instructors, 2002.
MDHHS-BETP Initial Education Program Director Manual 1.25.21 (Updated 01/2022)

9. RESPECT Examples of professional behavior include but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.	Competent	Not yet competent
10. PATIENT ADVOCACY Examples of professional behavior include but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.	Competent	Not yet competent
11. CAREFUL DELIVERY OF SERVICE Examples of professional behavior include but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.	Competent	Not yet competent

Use the space below to explain any “not yet competent” ratings. When possible, use specific behaviors, and corrective actions.

Evaluator Signature:

Student Signature:

Program Director Signature:

Content for Course Completion Certificate

ABC EMS School

Certificate of Completion

This certificate is awarded to

For successful completion of

Level of Course Completed, MFR, EMT, A-EMT, Paramedic, IC etc.

Program Sponsor Representative Signature_____

Program Director Signature_____

Date of Course Completion_____

MDHHS-BETP Approval Number_____