Housekeeping

+ Today's webinar will run for a maximum of 1 hour.
+ Submit questions via the Q&A function.
+ We appreciate your partnership!
Topics of Discussion

- Developments
  - ALS Psychomotor Examination Discontinuance

- Innovations
  - Evidence-Based Guidelines
  - AEMT SMC
  - Clinical Judgment Scenario Experience – Live!
Part 1 – ALS Psychomotor Examination Discontinuance (Developments)
Historical Significance of the Psychomotor Examination

+ Historical significance of Psychomotor Examinations within the EMS field
+ Longevity and duration of its existence
+ Role of the Psychomotor Examination at the National Registry
Importance of NCCA Accreditation

- NCCA Accreditation and Certification
- Importance of NCCA accreditation standards
  - Adhering to standards
  - Third-party validation for processes and quality
The Decision to Discontinue the Psychomotor Examination

- Revised timeline based on EMS community feedback and NCCA discussions
- Stakeholder demand for modernization and efficiency
- Advancements in testing practices and science
- Matches current research and science
- Transition away from psychomotor exams in high-stakes health-based professions
- Aligns AEMT and Paramedic examinations with industry trends
Timeline Update for the Psychomotor Examination

† The last day that the Psychomotor Examination will be administered is **June 30, 2024**

† Every AEMT and Paramedic examination conducted will be the new AEMT and Paramedic Certification Examinations starting **July 1, 2024**

This only impacts AEMT and Paramedic levels
## Candidate Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Examination Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates who have passed the cognitive and psychomotor examination prior to June 30, 2024.</td>
<td>These candidates are certified, and no additional testing is required.</td>
</tr>
<tr>
<td>Candidates who have passed the cognitive examination before June 30, 2024, but not completed the psychomotor examination.</td>
<td>These candidates must take AEMT or Paramedic Certification Examinations.</td>
</tr>
<tr>
<td>Candidates who have passed the psychomotor examination prior to June 30, 2024, but have not completed the cognitive examination.</td>
<td>These candidates must take AEMT or Paramedic Certification Examinations.</td>
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</tbody>
</table>
Supporting Our Stakeholders

+ Providing stakeholders with transition support and resources
+ Commitment to ensuring a fair, accessible, and reliable assessment process
+ Opportunities for candidates to achieve National Certification within organizational policy constraints
ALS Psychomotor Examination
Safety-Net Sites Supported by National Registry – June 2024

+ Sites Needed! Help Wanted!
+ Fiscal Incentives
  + Written Contract w/NREMT
  + Set June 2024 Examination Dates Early
    + Before February 2024
  + Must be an “open” test site for all candidates
  + Must offer same-day retesting
  + Candidate costs cannot exceed $300/candidate
+ Contact Matt Ozanich
  + mozanich@nremt.org
A date to remember!

30 June 2024
Part 2 – Evidence-Based Guidelines (Innovations)
## Table of Authorities – Collaboration

| Prehospital Guidelines Consortium | National Registry - Emergency Medical Technicians |
Evidence-Based Guidelines - Goals

- Desired Outcomes & Objectives
  - Identify emerging evidence for EMS education, certification, licensure, and credentialing
  - Integrate new and developing evidence (science) into competency examinations
  - Identify the type and quality of evidence
  - Keep examinations up to date, standardized, valid, and reliable
  - Be systematic
  - Be transparent
  - Have a collaborative and sustainable “systems approach”
PGC Products

- 2022 Systematic Review of Evidence-Based Guidelines for Prehospital Care
  - Publication Window = 1/2018-4/2021

- 2022 EMS Professional Reading List
  - Publication Window = 2019-2021

- 2024 EBG Systematic Review and Reading List in Progress
Latest Updates

Implementation Webinar - Session 1
Implementation Science and EMS
2022 EMS EBG Systematic Review Evidence Summary
2022 EMS Professionals Reading List Evidence Summary
Prehospital Evidence-Based Guideline Implementation Toolkit V 3.0

All EBG Resources

Evidence Summaries
- 2022 EMS Professionals Reading List Evidence Summary
- 2022 EMS EBG Systematic Review Evidence Summary

Educational Presentations for EMS Educators
- Research and Evidence-Based Guidelines in EMS
- 10 Steps for Designing Education As Part of Guideline Implementation

What is an EBG?
## 2022 Systematic Review of Prehospital Evidence-Based Guidelines

**Evidence Summary**

<table>
<thead>
<tr>
<th>Primary Author, Publication Date</th>
<th>Title</th>
<th>Accessibility, with hyperlink</th>
<th>Document Bookmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babi, 2021</td>
<td>Australian and New Zealand Guideline for Mild to Moderate Head Injuries in Children</td>
<td>Paid Access</td>
<td>Page 4</td>
</tr>
<tr>
<td>Charlton, 2019</td>
<td>2019 American Heart Association and American Red Cross Focused Update for First Aid: Presyncope: An Update to the American Heart Association and American Red Cross Guidelines for First Aid</td>
<td>Free Access</td>
<td>Page 6</td>
</tr>
<tr>
<td>Duff, 2019</td>
<td>2019 American Heart Association Focused Update on Pediatric Basic Life Support: An Update to the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care</td>
<td>Free Access</td>
<td>Page 8</td>
</tr>
<tr>
<td>Gowens, 2018</td>
<td>Consensus statement: a framework for safe and effective intubation by paramedics</td>
<td>Free Access</td>
<td>Page 14</td>
</tr>
</tbody>
</table>
Conclusions: The PREDICT Australian and New Zealand Guideline for Mild to Moderate Head Injuries in Children provides high-level evidence and practical guidance for front line clinicians.

SUMMARY OF GUIDELINE

- Babi et al. coordinated a multidisciplinary guideline working group that developed 33 questions and subsequent recommendations related to the triage, imaging, and discharge of children with mild to moderate head injuries presenting to acute care settings. The working group referenced existing guidelines relevant to these questions as well as an updated literature search through May 2019 using GRADE methodology to inform their recommendations. Where literature was limited, consensus-based recommendations were provided.
- Key recommendations relevant to the prehospital evaluation of children include:
  1. Children with head injury should be assessed in a hospital setting if the mechanism of injury was severe or if they develop the following signs or symptoms within 72 hours of injury:
     - Seizure or convulsion
     - Double vision, ataxia, clumsiness or gait abnormality
     - Loss of consciousness or deteriorating level of consciousness
     - Weakness and tingling in arms or legs
     - Presumed skull fracture (palpable fracture, ‘raccoon eyes’ or Battle’s signs)
     - Vomiting
     - Severe headache
     - Not acting normally, including abnormal drowsiness, increasing agitation, restlessness or combative (in children aged less than 2 years, not acting normally as deemed by a parent)
     - Occipital or parietal or temporal scalp hematoma (in children aged less than 2 years)
   
   Severe mechanism of injury is defined as motor vehicle accident with patient ejection, death of another passenger or rollover, pedestrian or bicyclist without helmet struck by motorized vehicle; falls of 1 m or more for children aged less than 2 years, and more than 1.5 m for children aged 2 years or older; or head struck by a high-impact object.
  2. Children with trivial head injury do not need to attend hospital for assessment; they can be safely managed at home.
  3. In all children presenting with mild to moderate head injury, the possibility of abusive head trauma other than abrasions should be considered.
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<th>Accessibility with hyperlink</th>
<th>Category</th>
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<tr>
<td>Berry, 2021</td>
<td>EMS agencies with high rates of field termination of resuscitation and longer scene times also have high rates of survival</td>
<td><a href="#">Paid Access</a></td>
<td><a href="#">Original Research</a></td>
<td>Page 3</td>
</tr>
<tr>
<td>Lemkes, 2019</td>
<td>Coronary angiography after cardiac arrest without ST-segment elevation</td>
<td><a href="#">Free Access</a></td>
<td>Original Research</td>
<td>Page 11</td>
</tr>
<tr>
<td>Vigil, 2019</td>
<td>Death by suicide – The EMS profession compared to the general public</td>
<td><a href="#">Paid Access</a></td>
<td>Original Research</td>
<td>Page 19</td>
</tr>
<tr>
<td>Watanabe, 2019</td>
<td>Is use of warning lights and sirens associated with increased risk of ambulance crashes? A contemporary analysis using National EMS Information System (NEMSIS) data</td>
<td><a href="#">Paid Access</a></td>
<td>Original Research</td>
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- Children with trivial head injury do not need to attend hospital for assessment; they can be safely managed at home.

- Trivial head injury includes ground-level falls, and walking or running into stationary objects, with no loss of consciousness, a GCS score of 15 and no signs or symptoms of head trauma other than abrasions.

- In all children presenting with mild to moderate head injury, the possibility of abusive head trauma should be considered.
2022 Systematic Review of Evidence-Based Guidelines for Prehospital Care

Christian Martin-Gill⁎, Kathleen M. Brown⁎, Rebecca E. Cash⁎, Rachel M. Haupt⁎, Benjamin T. Potts⁎, Christopher T. Richards⁎, and P. Daniel Patterson⁎, for the Prehospital Guidelines Consortium

⁎Department of Emergency Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania; ⁎Division of Emergency Medicine, Children’s National Hospital, Washington, District of Columbia; ⁎Department of Emergency Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts; ⁎Department of Emergency Medicine, University of Cincinnati, Cincinnati, Ohio

(Publication Window = 1/2018-4/2021)
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Desired Outcomes & Objectives

- Identify emerging evidence for EMS education, certification, licensure, and credentialing
- Integrate new and developing evidence (science) into competency examinations
- **Identify the type and quality of evidence**
- Keep examinations up to date, standardized, valid, and reliable
- Be systematic
- Be transparent
- Have a collaborative and sustainable “systems approach”
Table 3. Final combined table of evidence as developed by the panel and the associated impact of evidence quality on certification examination.

<table>
<thead>
<tr>
<th>Quality of Evidence</th>
<th>Recommendations for Care</th>
<th>Types of Evidence</th>
<th>Informational or Educational Content</th>
<th>Impact on Initial Certification Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Evidence Based Guidelines (meet NAM criteria)</td>
<td>Systematic Review, Meta-Analysis, Randomized controlled study (blinded or other)</td>
<td></td>
<td>Ensure items are consistent with level A. Level A evidence should prompt immediate review of live items.</td>
</tr>
<tr>
<td>I</td>
<td>Regulatory standards, Legal Briefs / Court opinion, Government standards</td>
<td>Retrospective Analysis, Quasi-Randomized trials, Observational Study</td>
<td>Education standards, Structured training courses</td>
<td>Ensure exam items are consistent with level B-I, B-II. Standardized item development timelines are sufficient.</td>
</tr>
<tr>
<td>II</td>
<td>National Model clinical guidelines, Position statements, Evidence Based Guidelines (not meet NAM criteria)</td>
<td></td>
<td></td>
<td>Ensure exam items are consistent with level B-I, B-II. Standardized item development timelines are sufficient.</td>
</tr>
<tr>
<td>III</td>
<td>Best Practice Documents, Technical Reports</td>
<td>Textbooks</td>
<td></td>
<td>Ensure items are supported by multiple documents/references</td>
</tr>
<tr>
<td>C</td>
<td>Case series or reports, Expert opinion, Expert lecture, Informal Crowd source projects, Blogs / podcasts</td>
<td></td>
<td></td>
<td>Evidence at this level is not appropriate for examination content</td>
</tr>
</tbody>
</table>
Part 3 – AEMT SMC  (Innovations)

National Association of State EMS Officials
Advanced Emergency Medical Technician

Student Minimum Competency Model Guideline

Adopted: June 2023
Due for Revision: June 2025

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Part 4 – Clinical Judgment Scenario Experience (Innovations)
Questions?
Stay Up to Date with the National Registry

- Information shared through email, social media and website updates
- Use the QR code or visit NREMT.org for more details
- Key Initiatives on NREMT.org
- We will keep you updated with the latest information

Scan by accessing your camera and clicking the link that appears!