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The attached report – “BRIDGING THE GAP: EASING THE TRANSITION FROM MILITARY MEDIC TO CIVILIAN PARAMEDIC” – summarizes findings from surveys of EMS education institutions and includes recommendations of the National Association of EMS Educators (NAEMSE). The report is the product of a subcontract from a larger project conducted by the National Association of EMS Officials (NASEMSO). The U.S. Department of Transportation, National Highway Traffic Safety Administration, Office of Emergency Medical Services supported the project.

The scope of the entire NASEMSO project included gathering stakeholders, a state-by-state assessment of state licensure requirements, recommendations for standardized data collection of applicants, a state-by-state review of legislative and regulatory support to transitioning veterans and spouses, and the development of a memorandum of agreement for states agreeing to support the easing of transition. A full report of the project will be released by NASEMSO in early 2017 since the project is still underway. The monograph of state-by-state licensure can be found on the NASEMSO website ([http://nasemsso.org/documents/Final\\_Licensing\\_Monograph\\_2015-1113.pdf](http://nasemsso.org/documents/Final_Licensing_Monograph_2015-1113.pdf)).

Sincerely,

Peg Trimble  
Project Manager  
Veteran to Civilian EMS Transition Project



# BRIDGING THE GAP: EASING THE TRANSITION FROM MILITARY MEDIC TO CIVILIAN PARAMEDIC

Developed by the National Association of EMS Educators

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## **ACKNOWLEDGMENTS AND DISCLAIMER**

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The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Transportation, National Highway Traffic Safety Administration.

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# **PART I - Initial Environmental Scan**

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## **Executive Summary**

As part of an on-going effort to ease the transition of military members to civilian careers, the National Association of EMS Educators (NAEMSE) was contracted to complete an assessment of bridge or transition programs that prepare military medics to become eligible to sit for the NREMT and/or a state's paramedic exam. Specific areas of interest for this assessment include the identification and documentation of best practices used by institutions to provide EMS educational bridge programs that address gaps between military training programs and national educational standards as well as barriers that interfere with the ability to facilitate the transition from military medic to civilian Paramedic. Identification of initiatives that could improve and streamline the transition process for these veterans was also considered.

This study is one part of a larger effort to assist the transition of military veterans into civilian careers. The opportunity and need for military medics to serve as civilian paramedics is demonstrated by a 2014 Department of Labor survey which found that employment of EMTs and Paramedics is projected to grow 23 percent from 2012 to 2022, a rate much faster than the average for all occupations. In order to address this need, some states are taking steps to provide military veterans with enhanced opportunities to train for employment as Emergency Medical Technicians. Individual educational institutions, however, still largely drive specific programs for military medics interested in civilian careers as paramedics.

In order to determine the current availability and make-up of these bridge programs, NAEMSE developed a survey that was completed by representatives of the eight educational institutions believed to be currently or formerly offering such programs. This survey was designed to document general information about each program, demographic information regarding the military students that had participated in their programs, and specific information regarding the programs' design and execution. The resulting data was analyzed in order to determine the best practices

Not surprisingly given the small sample size, very little new information was uncovered regarding best practices and roadblocks to success that wasn't already documented in the Department of Defense Technical Data Package for Awarding Experiential Credit for Military

Service (2014). Unique findings from this survey were:

- **Lack of program standardization** – Each program surveyed had its own methodology for assessing students and unique program structure.
- **Limited candidate pool resulted in program terminations** – Institutions no longer offering a bridge program cited a lack of potential students.
- **Successful programs include distance-learning technology** – Current programs include the use of on-line delivery methods.

The small sample size of this study makes it impossible to draw definitive conclusions regarding the structure and execution of a “typical” bridge program. This difficulty was further compounded by the reluctance on the part of some program administrators to share significant data regarding their programs. Given this acknowledged reluctance on the part of some programs it is not possible to determine whether or not those programs that did not explicitly express similar reluctance may have also withheld some information.

Although the small sample size ultimately limited the ability to identify any new trends, best practices or potential roadblocks, this study did serve an important function by identifying a number of initiatives that should be undertaken to meet the needs of transitioning service members:

- **Development of a national bridge program model** – The central recommendation from this study is to develop a model that is descriptive in nature and that provides a common framework for bridge programs.
- **Standardization of terminology** – Develop a commonly accepted definition of a “Bridge Program”.
- **Definitive crosswalk of paramedic educational requirements with military curriculum** – Develop a list of training tasks that need not be retrained during the transition process.
- **Certification of military medics as Advanced Emergency Medical Technicians (AEMT)** – Consider whether the current military curriculum would support certification of military medics as AEMTs.
- **Standardized record of military medical experience** – Develop a standard form for tracking a military medics experience and continuing education.
- **Improved dissemination of program availability** – Conduct an aggressive awareness campaign to ensure that military medical personnel are aware of the available bridge programs.
- **Standardization of state-mandated requirements** – Develop standardized requirements for licensure that are applicable to all states.

Ultimately, this study validates concerns that there are limited opportunities for military medics to capitalize on their training and education when transitioning to a career as a civilian paramedic. This is an unnecessary waste of talent, especially in light of the documented demand for paramedics over the next 10 years. It is imperative, then, that steps are taken to develop a viable, nation-wide bridge program model to provide military medics with a streamlined path to certification as paramedics.

## **Introduction**

In a report by the National Economic Council, Executive Office of the President (2013), the authors note that

The United States has the most highly trained military in the world, sustained by individuals who have skill sets with enormous breadth and depth because of their military education and experience. The members of our Armed Forces and their families make great sacrifices in the service of our Nation, and when their service is concluded, we owe it to our veterans and their families to help them accomplish a successful transition to the civilian labor market. However, these talented and dedicated individuals face barriers making it difficult to find jobs that capitalize their current skills.

Nowhere is this difficulty more evident than in the attempts of military medical personnel to transition into civilian paramedic careers.

The amount and type of training required to become a paramedic, while based on The National Emergency Medical Service Education Standards published by the National Highway Traffic Safety Administration (NHTSA), are driven by requirements put in place by state regulators and national organizations such as the National Registry of Emergency Medical Technicians (NREMT). This typically results in transitioning service members entering the paramedic training pipeline at the same level as their civilian EMT counterparts, effectively discounting the extensive training and experience gained through years of service; service that often includes deployment to combat theaters and the experience in advanced pre-hospital medical care that can come from such deployments.

As part of an on-going effort to ease the transition of military members to civilian careers, the National Association of EMS Educators (NAEMSE) was contracted to complete an assessment of bridge or transition programs that prepare a military medic to become eligible to sit for the NREMT and/or a state's paramedic exam. NAEMSE is an international professional organization with membership of over 3,000 EMS educators, program directors, deans, training officers, EMS doctors, EMS nurses, and EMS state officials. As an organization it conducts research into, and training covering, best practices in EMS education. The mission of the National Association of EMS Educators "Is to inspire and promote excellence in EMS education

and lifelong learning within the global community.”

Specific areas of interest for NAEMSE’s assessment of these programs include the identification and documentation of best practices used by institutions to provide EMS educational bridge programs that address gaps between military training programs and national educational standards as well as barriers that interfere with the ability to facilitate the transition from military medic to civilian Paramedic. In addition, NAEMSE was tasked with identifying initiatives that could improve and streamline the transition process for these veterans.

## **Background**

According to the United States Department of Labor (2014), employment of EMTs and Paramedics is projected to grow 23 percent from 2012 to 2022, a rate much faster than the average for all occupations. At the same time, a pilot credentialing program conducted by the United States Department of Defense (DoD) (2013) found that over 10,000 medically trained service members transitioned from the military in 2012. Although no projections of future numbers could be sourced, it is reasonable to expect them to remain constant or possibly grow somewhat as the military adjusts to a post-conflict environment.

In addition to the DoD pilot program, a number of states have taken steps to attempt to ease the transition of military personnel into civilian EMS careers (White House, 2013). Most of these initiatives, however, involve streamlining the process for military veterans to become EMTs as opposed to providing paths for military medics to become paramedics. There are exceptions to this trend, however, such as Lansing Community College’s development of a military medic to civilian paramedic bridge program as part of Michigan’s Project MOVE (Clark, 2014).

## **Bridge Programs Defined**

In order to identify and document the functional characteristics and promising practices of EMS educational bridge programs for service members and veterans it is necessary to first develop a working definition of the term ‘educational bridge program’. Taylor (2010) states that the term is typically used to indicate a linkage between two education levels or a link between education and employment. As typically understood, a bridge program may provide remedial training to prepare an individual for a higher education experience or provide the additional instruction and experience required to bridge a gap in one’s current level of training and education. It is this second example that forms the foundation for a military to civilian paramedic bridge program as defined by this study, in that these programs should address gaps between military training and experience and existing national educational standards in order to streamline the process of preparing separating military medical personnel for employment as Paramedics. A bridge program should, therefore, involve assessments of baseline cognitive and psychomotor competencies gained through military training and experience, resulting in expediting and/or

waiving relevant requirements and prerequisites to existing Paramedic educational programs.

An underlying assumption in defining bridge programs for this research is that candidates have current national certification as Emergency Medical Technicians (EMT) by the NREMT prior to entering the bridge process. This certification is currently required for all Army and Air Force medics and optional for Navy Corpsmen (Seal, 2013). Marine Corp and Coast Guard personnel who have achieved EMT certification on their own initiative are also considered as eligible for consideration, as are members of the other services who have done so.

## **Methodology**

Qualitative methods were used in this research in order to explore and understand the experiences of diverse educational institutions in providing bridge programs for military medics wishing to obtain civilian paramedic certification. Specific details regarding data collection and analysis follow.

## **Data Sources and Collection**

A key requirement of this research was that only military to civilian bridge programs that have enrolled and graduated students be included in the data collection process. A list of eleven educational institutions believed to offer bridge programs was provided by NASEMSO. Further research revealed that, of those eleven, eight institutions appeared to actually offer these programs. These eight institutions provided the foundation for data gathering. In addition, NAEMSE advertised the project to its membership but failed to elicit participation from any additional programs.

Concurrent with development of the source list, the research committee developed the survey questionnaire that would be used to collect the necessary information. This survey consisted of thirty questions broken into three broad categories: general information, demographic information and program design and execution (See Appendix A). Once the basic design and content of the survey was agreed upon it was coded as a SurveyMonkey.com questionnaire. This survey vehicle was chosen for its flexibility and ease of use for both the research team and the survey respondents.

With the survey completed and the source list finalized, a point of contact (POC) for each program was sent an email describing the research and soliciting their participation. This email was followed by a second email that contained a link to the survey and instructions for its completion. Data collation and analysis began once all survey responses were received.

## **Data Analysis**

The data obtained through the survey process was analyzed using primarily qualitative methods. This involved the analysis of non-measurable data in order to identify trends, best practices, potential roadblocks and areas for future study. The small sample size meant that identifying statistically meaningful trends would not be possible, resulting in a focus on best practices, potential roadblocks and areas for future study. Sequential data analysis, in which emerging data was compared with existing data with the results used to guide potential additional data gathering, was used when possible.

Due to the small sample size, the majority of the analysis was performed without the use of analytical tools. However, the process was facilitated through the limited use of Computer Assisted Qualitative Data Analysis Software (CAQDAS). The software chosen for this research is MAXQDA. This software, a product of VERBI GmbH and first released in 1989, made it possible to efficiently store, code and retrieve data. This facilitated the accurate and timely analysis of gathered data, to include identification of patterns and relationships in coded material that may contain combined numerical and categorical information. An additional feature of this software is that it supports limited quantitative analysis in those instances where measurable and verifiable data was uncovered. This capability permitted the inclusion and analysis of variables and, where appropriate, analysis of measurable data found during the qualitative analysis process.

Coding of the data for analysis consisted of a sequence of open coding, axial coding and selective coding. Open coding was used to discover distinct concepts and categories in the data. Axial coding was used to form more precise understanding and explanations for the categories and concepts developed during open coding. Finally, selective coding was used to assist in determining if there is a need for additional questions in order to better identify important aspects of the research.

## **Findings**

The ultimate value of the findings of this report lies in the identification of shortfalls in the bridge program models currently and previously in use. Although the initial intent of this research was to identify trends, best practices and roadblocks the unusually small sample size (n = 8) made it impossible to draw broad conclusions regarding the conduct of paramedic bridge programs. This issue is further discussed under Study Limitations.

While there were some commonalities, such as the use of distance learning tools and the performing gap analyses to determine individual training needs, there was little evidence of common practices being used. It was quickly evident, however, that there were areas of concept, design and execution that could be strengthened in order to develop a universal bridge program template. Such a model would serve as a roadmap for institutions wishing to add bridge programs to serve the needs of their veteran students. Specific areas that NAEMSE believes merit further study and/or development are discussed under the heading of Future Initiatives.

Finally, much of the data obtained through this research duplicates information found in the Technical Data Package for Awarding Experiential Credit for Military Service (v1.0) (2014). Specific findings from that document include:

- Streamlined programs that recognize the most credit for military experience should be the model for continued growth.
- Facilitate an extension of service members' national EMT certification (at any level) before he/she leaves military services.
- Encourage the development of 5-8 regional EMT-Paramedic bridge programs
- Provide a mechanism that allows new programs to license content or partner with existing programs.

Findings from this study that specifically duplicate findings and observations found in that document are not included in this report.

### **Finding: Lack of standardization between programs**

Each program that has or had a bridge program conducted their programs as they felt best served the needs of the students and the specific institution. This, coupled with the differing definitions of a bridge program used by the responding institutions, resulted in a broad variance in approaches. These differences cut across all aspects of the programs, such as the pre-enrollment assessments of training and experience, adjustments to didactic, clinical and internship requirements and time required to complete each program.

The Technical Data Package (2014) captured one aspect of this issue when it noted the differing program design approaches used by various institutions:

- 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.

Each of these four approaches was noted in the responses to this study, with one of the programs still in operation using the "slice" approach while the other uses the mapping plus credit by exam approach.

This lack of consistency in program design and execution is problematic in that it can result in confusion, inconsistency and a tendency for students to gravitate towards those programs

perceived as having an ‘easier’ process for obtaining the desired results. In addition, inefficiencies such as “reinventing the wheel” and unnecessary costs can be expected to flow from the piece meal approaches observed in this study.

### **Finding: Limited candidate pool resulted in program termination**

A common issue reported by the programs that no longer conduct a bridge program was that the limited potential student population did not justify the effort and expense required to conduct a bridge program. This mirrors data from the Technical Data Package (2014). This finding appears to contradict the statistics previously noted regarding the number of military medical personnel transitioning to the civilian world. Additional study would be appropriate to determine whether this limited candidate pool is due to lack of awareness regarding the availability of programs, geographical barriers, scarcity of bridge programs, financial barriers, program length, pursuit of alternative civilian careers or other reasons.

### **Finding: Successful programs include distance-learning technology**

Distance learning is growing as an option for educational programs. Both synchronous and asynchronous delivery options are available and can be custom designed to meet the unique needs of specific courses of instruction. Synchronous delivery involves media such as videoconferencing and on line chat systems that require all participants to be on line at the same time, while asynchronous delivery uses techniques such as prerecorded video and/or audio content, email and discussion boards and does not require participants to be online at the same time (Hrastinski, 2008). The institutions that are currently offering bridge programs are using both synchronous and asynchronous techniques such as webinars, video lectures and other learning management system (LMS) solutions to provide the greatest possible flexibility. This includes providing the opportunity to begin coursework prior to separation from the military.

### **Study Limitations**

The most significant limitation to this study is the sample size. While the survey enjoyed a 100% response rate, the actual number of programs that participated was statistically insignificant. Of the 681 Paramedic education programs in the United States that are either accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on behalf of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or operating under a CAAHEP Letter of Review, six (0.9%) self-identified as having offered a bridge program, with two (0.3%) self-identifying as currently offering a bridge program. Finally, of the six programs that self-identified as currently or previously offering a bridge program, two did not offer a bridge program that met the definition used for this research, in that they did not make curriculum adjustments to account for military

training and experience that would result in a streamlined transition.

Due to the small sample size, it was not possible to draw definitive conclusions regarding the structure and execution of a typical bridge program. The number of programs that ran some form of bridge program in the past but no longer do so further complicated the ability to make significant progress in determining what works and what doesn't.

Another limitation on this study was the reluctance of some program administrators to share significant data. This raises a concern that data from those programs may be incomplete from those. The most common reason given for this reluctance was a disinclination to provide information that the administrators considered to be proprietary or confidential. There was also some concern voiced that individual programs not be forced into future changes in order to comply with directives that may flow from the ongoing research into bridge programs. Given this environment it is not possible to determine whether or not those programs that did not explicitly express similar reluctance may have also withheld some information.

## **Future Initiatives**

Perhaps more importantly than identifying trends, best practices and potential roadblocks, this research identified a number of initiatives that could be undertaken to most effectively meet the needs of transitioning service members. These initiatives are in addition to those previously identified as part of the Technical Data Package (2014). In addition to those initiatives, NAEMSE recommends the following steps to assist in developing effective bridge programs that streamline the transition of military medics into civilian paramedics:

## **Development of a National Bridge Program Model**

It is NAEMSE's view that this is the most critical need identified by this study, and all other recommended initiatives flow from and/or support this initiative. It is difficult to evaluate current efforts to provide effective transition opportunities due to the wide variance in approaches. It is safe to say, however, that a standardized, national model for a military medic to civilian paramedic bridge program would be beneficial. This model should be similar in concept to, and supportive of, the *National Emergency Medical Services Education Standards*. This means that any model developed should include the minimum criteria necessary to conduct an effective program while allowing for local variations where appropriate.

The development of this model will require the input of military, regulatory and educational stakeholders. In addition, and if possible, input from previous bridge program students would be helpful in identifying program strengths and weaknesses. Priority should be placed on enlisting the assistance of educators from programs with a proven record in developing and executing effective bridge programs. It is also important that any model developed be descriptive rather

than prescriptive in nature in order to provide a common framework without stifling the creativity of individual institutions in developing their programs.

## **Standardization of terminology**

As noted earlier, one of the difficulties in evaluating current efforts lies in the varied definitions applied to the term ‘bridge program’. Development of a standard definition, agreed to by military, civilian regulatory and educational institution stakeholders, should be considered as a critical first step in building an effective transition model. This would best be achieved through a consensus building process that brings together key stakeholders from the military and civilian communities with the goal of formulating an accurate and useful definition.

## **Definitive Crosswalk of Military Curriculum with Paramedic Educational Requirements**

An important step in developing the framework for conducting a bridge program is determining what military training is equivalent and transferrable to civilian paramedic training requirements. A comparative study of the NHTSA National Emergency Medical Service Education Standards, the NHTSA EMT-Paramedic National Standard Curriculum and the NREMT 2015 Paramedic Psychomotor Competency Portfolio (PPCP) with the military’s Medical Education and Training Campus (METC) curriculum should be undertaken in order to develop a definitive list of comparable training tasks that need not be re-trained during a bridge program. This study should be a cooperative effort involving both military and civilian participants.

## **Certification of Military Medics as Advanced Emergency Medical Technicians**

It would be beneficial for both the individual medic and the military to compare the METC medic training curriculum with the requirements to be tested for and be certified as an Advanced Emergency Medical Technician (AEMT). It is possible that personnel completing the required military training could achieve this advanced certification, increasing their civilian employment opportunities and providing further concrete evidence of the level of training completed should enrollment in a paramedic bridge program be their goal.

## **Standardized Record of Military Medical Experience**

While it is acknowledged that the military has long used standardized training documentation, culminating in the issuance of DD Form 2586 (Verification of Military Experience and Training (VMET)), and that the American Council on Education (ACE) provides credit recommendations

for many military training programs, it is difficult to determine with certainty what experience military medics possess beyond their formal, documented training. This, in turn, makes it difficult to determine what training allowances would be appropriate. A standardized form listing demonstrated proficiency in specific skills while assigned to a unit would assist in overcoming this issue. The format and content of this form should be designed provide a continuous record of a medic's experience and continuing education. This, in turn, would assist in determining a medics training and experience needs while in the military as well as assist in determining a student's training requirements in a paramedic bridge program. Signatures of the soldier's first-line supervisor and Battalion or Brigade Surgeon (as appropriate) would provide the necessary validation.

### **Improved dissemination of program availability**

An educational program will not succeed without students. And potential students can't begin a program if they don't know that it is available. These concepts seem simple, but they are often overlooked in the development of programs such as the military medic to civilian paramedic bridge program. For this reason, the military services and educational institutions should cooperate on an aggressive awareness campaign to ensure that military medical personnel are aware of the programs available to assist them in transitioning to a civilian EMS career.

### **Standardization of state-mandated requirements**

Although many states use NREMT certification as the basis for licensing, not all do, and even among those that do there are a wide variety of additional conditions imposed. State residency, affiliation with a specific emergency medical service and the prerequisite that training be completed within the state are among these additional requirements. Development of standardized requirements for licensure that are applicable to all states, especially in regards to education and training content and location, would remove a significant impediment to the transition process.

### **Summary**

At the most fundamental level, this study validates the concern that there are limited opportunities for military medics to capitalize on their training and education when transitioning to a career as a civilian paramedic. This is an unnecessary waste of available resources given the previously cited growth in employment opportunities for paramedics coupled with the number of military medics transitioning to civilian life. It is NAEMSE's view, then, that it is imperative that steps are taken to develop a viable, nation-wide bridge program model to provide military medics with a streamlined path to certification as paramedics.

Of course, while it may appear that there is little progress being made, the truth is not so simple. For instance, Illinois Central College has committed to offering a military medic to paramedic program starting in the Fall 2015 semester. They have completed the necessary gap analyses and curriculum development and are currently waiting for approval from the Illinois College Board (J. Bender, personal communication, 24 February 2015). Another example comes from Nevada, where the Emergency Medical Systems Office, Division of Public and Behavioral Health is working with the National Governors Association to create a bridge program for military medics to transition into civilian EMS careers (S. Tafoya, personal communication, 9 March 2015).

As the above examples demonstrate, there is interest in providing opportunities for military medics to transition into civilian paramedic careers. This interest, coupled with a coherent national strategy for design and execution of military medic to civilian paramedic bridge programs, can result in providing our transitioning service members with the best opportunities to use their hard-earned skills for the benefit of their communities.

## **PART I, APPENDIX A: SURVEY QUESTIONS**

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Following are each of the 31 survey questions. A Microsoft Excel Spreadsheet that includes the answers as provided by participating institutions is available as a supplement to this report. In order to maintain their confidentiality, unique survey responder IDs are used to identify institutions.

### **General Information**

1. Do you currently, or have you previously, offered a military medic to paramedic bridge program?

- YES
- NO

*If you answered Yes, go to question 2*

*If you answered No, go to question 30*

2. When did you begin offering your program (month/year)?

3. What degree(s) did you offer? (Please include semester hours and average time required to complete)

- Certificate, Non-college credit
- Certificate, College
- Associates Degree
- Bachelors Degree
- Masters Degree
- Other

4. If you no longer offer such a program, when did you stop (month/year)

5. If you no longer offer such a program, what were the reasons for discontinuing?

6. Is/was your program accredited by CoAEMSP?

- YES
- NO

*If you answered Yes, go to question 8*

*If you answered No, go to question 7*

7. Are you/were you operating under a Letter of Review from CoAEMSP?

- YES
- NO

## **Demographic Information**

8. How many students have/did you enrolled over the life of your program?

9. How many students have graduated from the program?

10. How many students successfully passed certification and/or license testing?

- 1st Attempt
- 2nd Attempt
- 3rd or Higher Attempt
- # of Attempts Unknown

11. How many students worked at least 6 months as a paramedic after completing your program

12. How many of your students served in each of the following branches?

- Army
- Navy
- Air Force
- Marines
- Coast Guard

13. How many of your students used one or more of the following financial aid options?

- Montgomery GI Bill
- Post 9/11 GI Bill
- Other Military funding source
- Other State or Federal funding source
- Loans
- No financial aid

## **Program Design and Execution**

14. Have you conducted a gap analysis in order to determine what additional training and education should be included in your program?

- YES
- NO

*If you answered Yes, go to question 16*

*If you answered No, go to question 15*

15. How did you determine what specific training and education to include in your program?

16. What are the criteria for admission to your program?

17. How do you evaluate a candidate's baseline cognitive and psychomotor competency?

18. How do you assess a candidate's field competency as it relates to the civilian EMS environment?

19. How do you determine equivalency in order to support waiving specific classes and/or skills training?

20. How do you determine equivalency in order to support advanced placement based on military training and education?

21. Are military students permitted to begin field training earlier than their civilian peers?

- YES
- NO

*If you answered Yes, go to question 22*

*If you answered NO, go to question 23*

22. What arrangements have been made for field internships with local EMS earlier than their civilian peers (or in circumstances where civilians would not be eligible)?

23. Once adjustments are made to account for previous training and experience, what is the minimum time required to complete the program? The maximum time?

24. Do you use distance learning tools and/or techniques?

- YES
- NO

*If you answered Yes, go to question 24*

*If you answered No, go to question 25*

25. Describe the specific distance learning tools or techniques used.

26. Can a service member begin the bridge program via distance learning or other means prior to separating from military service?

- YES
- NO

*If you answered yes, go to question 27*

*If you answered no, go to question 28*

27. Describe the methods available for a service member to begin the bridge program prior to separating from military service

28. What, if any, barriers have you encountered that interfere with the facilitation of transitioning military medics to paramedic?

29. What support structures have you put in place, or taken advantage of, that aid in the transition process?

30. Please provide any other comments or observations that you believe will be helpful.

## PART I, APPENDIX B: REFERENCES

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# **PART II – Focused Environmental Scan of Bachelors Programs**

Veteran to Civilian EMS Project Task Force

Submitted by

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On behalf of the National Association of EMS Educators

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## **Introduction**

The original NAEMSE survey was emailed out to the list of schools provided by Dr. Walt Stoy to NASEMSO and to the Paramedic Google Group to ensure the widest dissemination. It was opened on July 21, 2016 and closed 2 weeks later. The same questions as the original survey were asked, with the addition of some new qualitative entries, as follows:

- 1) Describe the methods available for a service member to begin the bridge program prior to separating from military service.
- 2) What, if any, barriers have you encountered that interfere with the facilitation of transitioning military medics to paramedic?
- 3) What support structures have you put in place, or taken advantage of, that aid in the transition process?
- 4) Please provide any other comments that you believe will be helpful.

Even though only two of the newly surveyed programs offer initial education for paramedics, the thought process was that these institutions may be able to offer new information regarding and advanced placement or transition programs for military members/veterans to any of their programs. Though not necessarily specific to EMS, this information could still offer insight towards designing a national model. The entire survey and results can be found in the Appendix at the end of this document.

Fifty-seven respondents answered the survey in total. The seven colleges/universities surveyed with the second instrument were Brigham Young, Creighton, Eastern Kentucky, University of Southern Alabama, Western Carolinas, Eastern New Mexico, and Youngstown State. Of these, only Youngstown State, Creighton and Western Carolinas provide initial paramedic education. The remainder of these are programs that paramedics can enroll in for degree completion.

## Results

Results are as follows:

- **Do you currently, or have you previously, offered a military medic to paramedic bridge program?** Yes = 8 (14.04%), No = 49 (85.96%)
- **What degree(s) did you offer?** (Includes semester hours and average time required to complete) Answers ranged from diplomas with degree option, non-credit certificates, college credit certificates, and AAS; semester hours ranged from 12-43.5 college credits and 594-1100 clock hours, with the average time to complete between 14 weeks to 18 months
- **If you no longer offer such a program, what were the reasons for discontinuing?** There were 5 responses, with lack of interest and lack of consistent funding opportunities being the most common themes
- **How many students enrolled/graduated over the life of your program?** N = 4-146 enrolled, 0-139 graduated with the average being 54.6 enrolled, 48.8 graduated. Only two responding programs graduated large numbers (146 and 117 total). Most programs graduated 10-13 students.
- **How many students successfully passed the certification/licensure exam?** Fifty people did not respond, seven did. Total number of graduates passing from the 7 respondents were 277 passing on the first attempt, 18 passing on the second attempt, 6 passing on the third or subsequent higher attempt, and 2 passed, but in unknown attempts.
- **How many students worked at least 6 months as a paramedic after completing your program?** Again, 50 people skipped this question, 7 answered. Answers ranged from 0-104, with the average being 32.4 students having worked as a paramedic after completing the program.
- **How many of your students served in the following branches?** N = 300, broken down as follows: Army = 198, Navy = 61, Air Force = 34, Marines = 3, Coast Guard = 13
- **Financial aid used to pay for program.** The majority of the group (n = 167/300, or 55.6%) used military funding sources other than Montgomery GI Bill or Post 9/11 GI Bill. This was followed by Post 9/11 GI Bill (58/300 or 19.3%), no financial aid (n = 29/300 or 9.6%), Montgomery GI Bill (n = 19/300 or 6.3%), other state or federal funding (n = 17/300 or 5.6%), and finally loans (n = 9/300 or 3%).
- **If you are not an initial training program for paramedic/EMS, what degrees do you offer for EMS Providers?** No answers submitted.
- **Do any of your health or non-health programs offer advanced placement to military/veterans towards your degrees?** The authors had anticipated more than one answer to be submitted. This was one of the questions we had hoped would be answered

to help with advanced placement information.

- **How is advanced placement determined, if you offer it?** The authors had anticipated responses to this would yield at least 5 – 10 but none were submitted. Again, this was one of the questions we had hoped would be answered to help offer strategies for advanced placement options.

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