Outline for Best Practices for Converting State/Regional Conferences to Remote Participation

Introduction
The Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), by its charter, maintains national standards for the delivery of EMS continuing education (CE). Those standards include requirements for active medical direction, valid post-tests, quality infrastructure, sound educational design including delivery methodology, marketing, evaluation, student record keeping and data reporting.

The National Registry of EMTs (the National Registry), established in 1970 as a non-profit organization, is the Nation’s Emergency Medical Services Certification organization. The mission of the National Registry is to provide a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers, and to maintain a registry of certification status.

Statement of Purpose
Most EMS practitioners rely on live face-to-face (synchronous) learning to complete CE requirements established by state EMS offices, local medical directors, and the National Registry. The ability to attend state and national EMS education conferences is vital for many of our EMS personnel to complete their recertification requirements.

The COVID-19 pandemic has made synchronous learning at these important educational meetings impossible. Personal safety and the well-being of the population in general must take priority. Existing National Registry and CAPCE standards allow strategies for remote participation that could successfully replace typical conferences and would be consistent with social distancing requirements. This paper provides guidance on successfully adapting conferences to allow remote participation.

Current Structure and Rules
CAPCE accreditation exists so that EMS practitioners have access to high quality, standard-driven continuing education activities and are awarded credit for participating in such activities. It is of the utmost importance that each EMS practitioner gets credit for the Continuing Education (CE) they complete. EMS practitioners are dependent on CAPCE to identify accredited programs which meet or exceed the recertification requirements set by the National Registry or by state EMS offices.
CAPCE requires that all continuing education content is:

- Relevant for the intended audience
- Medically accurate
- Properly referenced
- Original work
- Grammatically correct
- Not misleading
- Not commercially biased

National Registry recertification standards allow a variety of methods to conduct CE. Distributive Education, which has been historically limited, is defined as “an educational activity in which … students, materials and instructors are not able to interact in real time.” In response to the COVID-19 pandemic, the National Registry suspended limits on Distributive Education for recertifications due in 2020.

State EMS offices, in conjunction with state and local physician medical directors, establish regulations for practice standards, certification, recertification and continuing education for EMS practitioners. EMS practitioners may be licensed or certified to practice under delegated authority from their agency designated medical director or a medical control physician group.

**Traditional Synchronous CE Approaches**
Conferences that use traditional synchronous CE approaches typically involve classroom style learning in which an instructor or instructors present material to an audience. Several such lectures are provided simultaneously throughout the days of the meeting. The audience members are free to choose which sessions they wish to attend. They usually select the sessions they attend based on their individual CE requirements and their own intrinsic motivation. In this case, participants can ask questions of the instructor and get concurrent feedback in real time in the same geographic location.

**Strategies for Remote Participation**
Remote participation takes place when the participants can interact with an instructor or instructors in real time despite being separated geographically. In this model, the presenter makes use of video conferencing technology which allows the instructor to present material, videos, images and organized presentations. It allows the participant to view and interact with the instructor and their presentation materials. It also allows the instructor to ask questions of the participant and the participant to ask questions of the instructor.

**Considerations for Interaction and Participation**
Remote participation strategies have been used successfully by CAPCE accredited education providers for several years. Some considerations that allow for best results include:

- Provisions for each participant to have access to the technology necessary, including a web camera and a microphone.
- A chat function which allows participants to type a question for the instructor to answer.
• A method to ensure that the registrants are actually participating in the activity and are not skipping required content. Some methods to ensure participation include:
  o Asking questions of the participants at random intervals
  o Viewing web cameras of the participants to be sure they are still engaged
  o Provide integrated poll or quiz questions that the participants must complete
• An available moderator, knowledgeable in the technology, who can collect questions and share them with the presenter.
• A participant registration process that accurately collects necessary participant credentials, course number, date, time, and number of CE hours. This will help ensure that the participants get credit for the time they spend in their training.

These approaches can be used with large audiences typically found at EMS conferences.

Considerations for Program Approval.
CAPCE and National Registry believe strongly in education principles that optimize the education experience for EMS practitioners. Specific approaches may vary among programs, but educators who wish to allow remote participation should follow the following principles:

• Citing appropriate references and resources, such as recent peer-reviewed journals.
• Correct assignment of CE hours that appropriately reflect student activity.
• Tracking student activities and interactions in an appropriate data management system.
• Students evaluation of the program on completion of the lesson.
• Valid course completion certificates for documentation of program completion.

Organizations that decide to allow remote participation can use the CAPCE model for approval of the continuing education. CAPCE accreditation requires an application and standard review. While the CAPCE F5 category was specifically designed for virtual instructor led training, remote participation could be allowed in other categories during the response and recovery for the COVID-19 pandemic to ensure availability of quality continuing education.

State EMS Offices may wish to review criteria to ensure that state CE approval processes allow appropriate remote participation. States without mechanism to allow remote participation may consider requiring CAPCE approval or adopting similar standards.

Collaboration and partnerships
State and regional conferences may not have experience with remote participation. The processes can be used with a variety of available technologies, such as Zoom™ or GoToMeeting™. It may be useful to consider partnering with an organization with related experience. Consulting CAPCE may be helpful because CAPCE has experience with multiple providers with significant experience in remote strategies.

Closing
The COVID-19 pandemic has had profound effects on EMS educational institutions, including state and regional conferences. The pandemic presents a driving force for conferences to consider allowing remote participation in whole or part to ensure the availability of information and quality continuing education. CAPCE and the National Registry can help ensure that standards for high quality continuing education are met while different delivery methods are used.