

Perceptions of Indiana EMS Training Institutions

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Methodology

Training institutions were identified by the Indiana Department of Homeland Security (IDHS) to include any program with an active training certification. A survey was developed to understand the experience of training institution staff regarding their emergency medical services (EMS) training program, students, and (where applicable) employees (Indiana EMS Training Institution Survey). The Indiana EMS Training Institution Survey was administered to 126 EMS certified training institutions utilizing the email address on file for the person responsible for the institution's day-to-day business. In cases where the email address for the day-to-day business contact was missing, the survey was disseminated to the training institution official. Data collection occurred from October 18 to November 10, 2023 in Indiana. A total of 43 training institution contacts responded to the survey (34.1% response rate). Results, takeaways, and opportunities are identified below.

Findings and Takeaways

About Indiana's EMS Training Program Landscape

Enrollment

What we found: The difference between capacity and enrollment was especially pronounced for emergency medical responders (EMRs) and advanced emergency medical technicians (AEMTs). Average EMR enrollment was 9 students compared to an average capacity of 20. Average AEMT enrollment was 3 students compared to an average capacity of 8.

Regardless of the field, not all students who applied were accepted. The most common reasons for an applicant to be denied were not meeting Indiana's minimum legal requirements (35%) and failing to meet entrance requirements, such as screening, entrance testing, and minimum EMS experience (30%). Another common reason training institutions rejected applicants was an inability to pay (26%). Still, it was rare for institutions to have to cancel classes due to low enrollment (16%) or lack of instructors (14%). Institutions were evenly split on whether they were planning changes within the next two years. Those that reported planned changes generally indicated an intention to start new classes or expand their capacity. Most institutions (70%) did not see meaningful change in their enrollments over the last three years. However, those that did (30%) primarily reported increases in interest and enrollment.

Takeaway: Indiana's EMS training programs report that they had open (unfilled) seats for their recent training classes, due to a variety of factors including applicants not meeting program requirements or being able to afford tuition.



Costs

What we found: Course-related costs increased as students advanced in their training. The average cost for EMR students was \$375, while the average cost for paramedic students was \$8,355.56. EMT and AEMT were relatively similar in cost at around \$1,500.00. Just over half (56%) of training institutions tried to make students aware of programs or scholarships that could help with these costs, with multiple respondents identifying the Workforce Ready Grant and WorkOne as opportunities they direct students to and leverage. Most training institutions (58%) reported that their programs did not have a sufficient budget to support their needs. Given additional funding, most programs reported that they would spend it on new and better equipment and more instructors.

Takeaway: Indiana EMS training costs vary widely across programs. Training institutions may not be sufficiently aware of current tuition support opportunities in-state and nationally. Many training programs report a need for additional and updated training equipment.

Students

What we found: Students faced many challenges in pursuit of their training, including time constraints, balancing work and class, and cost. Additionally, some institutions pointed to the difficulty of the national registry test for EMTs as a significant obstacle. Once students have completed their training, pay and a lack of hands-on experience can be barriers to entering the EMS field. The younger graduates may also experience greater challenges. Educational assistance, such as reading remediation, was provided by 51% of training programs. Of those that reported a need to comply with ADA, 74% said that it was not a challenge.

Takeaway: Top challenges that students experience (as perceived by training program staff) during EMS training include the time commitment (many students have a separate job), training costs, passing the national registry exam, and other socioeconomic barriers (such as childcare and transportation). After completing the training, the low pay offered by prospective employers and lack of experience are top barriers to graduate success.

Student Recruitment

What we found: Training institutions employed a variety of methods to recruit students. The most used were word-of-mouth and referrals (88%), social media (81%), and participation in career events or demonstrations at high schools (63%). The difficulties facing institutions in their recruitment efforts were wide-ranging: Around half perceived the cost of training programs, competition from other sectors, and limited career opportunities and pathways as moderate or significant challenges to student recruitment. Low pay and the national registry test were also cited as challenges. Institutions have tried a number of things to mitigate student recruitment challenges. Just over half of the training institution respondents



indicated that they began offering in-house training or paying for training and increasing marketing/advertising to address these challenges.

Takeaway: Most institutions use word-of-mouth and referrals, social media, and career events for their recruitment. However, they face challenges from program costs, competition from other sectors, and limited career opportunities, as well as low pay and the national registry exam.

Program Outcomes

What we found: Training institutions reported that most EMS students who enter a training program graduate (on average, between 60-70%, with EMTs students cited as the highest graduation rate at 77%). According to training institutions, the top reasons students do not complete training are the time commitment (81%), the difficulty of the course (42%), and the cost (33%). Institutions believe most graduates (79%) plan to provide direct patient care in a first responder or patient transport role. Moreover, 86% of institutions think new graduates feel ready to do so.

Takeaway: Although there is some attrition from enrollment-to-graduation, most EMS students who enter a training program graduate. Time commitment, course difficulty, and cost are the main reasons they do not. Institutions believe the majority of students who graduate are ready for and will go into direct patient care in first responder or patient transport roles.

Retention (For EMS Providers)

These questions were only asked of institutions currently providing EMS services, resulting in a total of 22 respondents for this section.

What we found: About half of the training institutions surveyed were also EMS provider organizations. A median of 78% of these institutions' graduates got a job at their agency immediately upon graduation. Graduate employees tended to stay at their agency for at least one year (80%), and that retention remained high after five years with 55% of employees staying, suggesting that training may encourage retention. Despite these high figures, nearly all institutions (91%) reported overall staff retention difficulties somewhat or very frequently in the past two years. Looking ahead to the next two years, 68% said they expected it would be more challenging to retain staff. They cite low pay (82%), competition from other sectors (73%), limited career opportunities (64%), and lack of "home-grown" expertise staying and choosing to progress (46%) as the biggest challenges. To mitigate retention issues, they have increased pay (77%), given staff regular opportunities to provide feedback (68%), listened to and acted on staff feedback (68%), offered free or low-cost training (64%), and made paid overtime available (64%), among other strategies.



Takeaway: The majority of students get jobs at the agency that trained them immediately upon graduation, and more than half stay at that agency for five or more years. Still, nearly all institutions report having trouble retaining staff, and many expect it will get more difficult over the next two years. Low pay, competition from other sectors, and limited career opportunities are the primary retention challenges.

Opportunities

- Enrollment: Many EMS training programs are interested in expanding their classes but also report persistent open seats and lack of interest from prospective students. Any state funding or support for training program expansion should accompany enhanced marketing and recruitment efforts.
- Cost: The IDHS should identify opportunities to reduce costs of training for EMS students by
 category (ex: NextLevel Jobs funding categories, youth training and employment, GI Bill, National
 Association of Emergency Medical Technicians scholarships, etc.) to be used by training
 institutions and providers for marketing and student support.
- **Cost:** Support for student training costs is a top priority, but there is an additional need for enhancement of the training infrastructure, including updated training equipment. If funding were made available to enhance or expand Indiana's EMS workforce, securing updated equipment should be considered as an allowable expense.
- Students: National Registry of Emergency Medical Technicians exam passage was indicated as a top barrier to student success. Indiana has consistently lower pass rates than the national average. It may be beneficial for the IDHS to engage in peer learning opportunities with state counterparts to identify promising training quality strategies.
- Recruitment: Any marketing materials (such as flyers about EMS professions, resources to support training costs, or information on available trainings) should be shared locally by training institutions. To achieve this, training institutions could develop relationships within their community with potential referral entities (such as local high schools, career technical education centers, or local WorkOne locations).
- Program Outcomes: Institutions perceive that most of Indiana's EMS trainees graduate.
 However, among those students who do not complete the program, training programs feel that time commitment is the greatest student hurdle. In response, training institutions should explore opportunities for alternate training approaches (such as part-time training, evening classes, etc.) that could accommodate students with other commitments (such as jobs, family responsibilities, etc.).



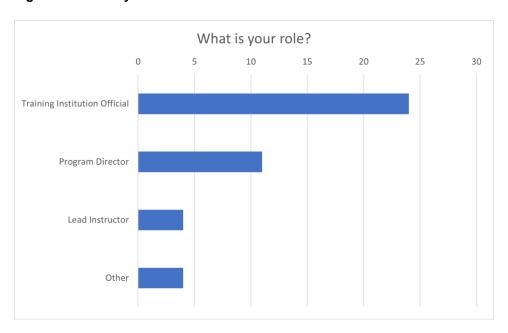
• **Retention**: To encourage retention among EMS personnel, EMS provider organizations could consider developing internal career pathways to support professional growth and wage advancement for employees.



Survey Results

Basic Organization Information

Figure 1. What is your role?



You selected Other. Please describe your role.

- All of the above.
- EMS Coordinator.
- Assistant Chief of EMS.
- Admin Assistant.



Figure 2. Does your organization offer or provide job placement services for graduates?

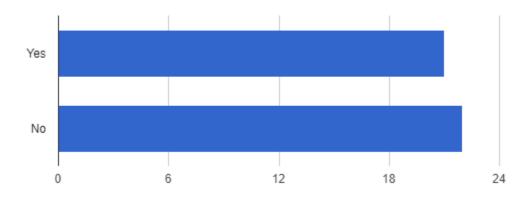


Figure 3. Please estimate the total instructor FTE at your site.

Mean: 5.83

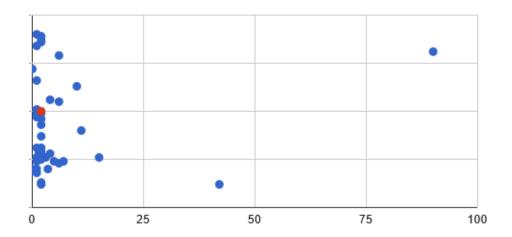




Figure 4. How many training program staff vacancies do you have? (FTE)

Mean: 1.88

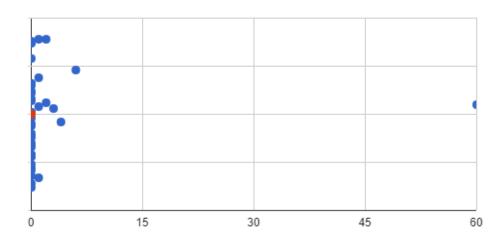


Figure 5. Does your program train EMR students?

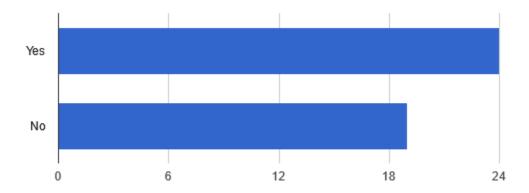




Figure 6. Does your program train EMT students?

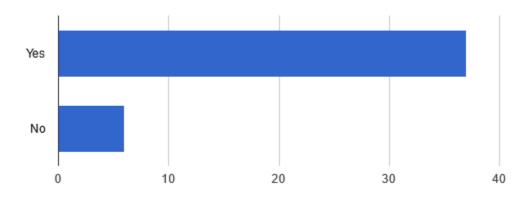


Figure 7. Does your program train Advanced EMT students?

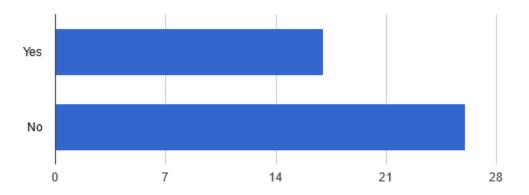
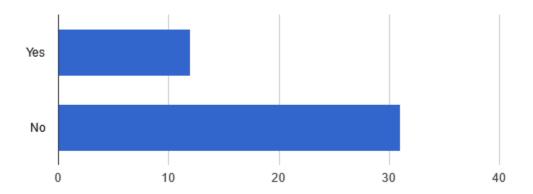




Figure 8. Does your program train Paramedic students?





Enrollment

Table 1. EMR Student Capacity vs. Enrollment

	Average	Range	Responses
What was your EMR student capacity in 2022 (number of new students that you could accept)?	20	0-100	21
How many EMR student applications did your training program receive in 2022?	9	0-40	18
How many EMR students were accepted in 2022?	9	0-40	18
How many EMR students enrolled in 2022?	9	0-40	18
Approximately how many EMR students did you train in 2022? (Please attribute a student at all levels of training in their program. For example, if a paramedic student must first become an EMT, please assign this count as both 1 EMT and 1 paramedic)	10	0-40	17

Table 2. EMT Student Capacity vs. Enrollment

	Average	Range	Responses
What was your EMT student capacity in 2022 (number of new students that you could accept)?	44	0-126	31
How many EMT student applications did your training program receive in 2022?	41	0-200	32
How many EMT students were accepted in 2022?	35	0-100	32
How many EMT students enrolled in 2022?	34	0-100	33
Approximately how many EMT students did you train in 2022? (Please attribute a student at all levels of training in their program. For example, if a paramedic student must	31	0-100	33

first become an EMT, please assign this count as both 1		
EMT and 1 paramedic)		



Table 3. Advanced EMT Student Capacity vs. Enrollment

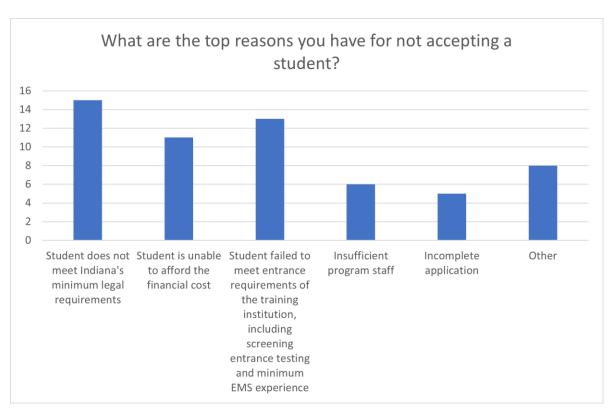
	Average	Range	Responses
What was your Advanced EMT student capacity in 2022 (number of new students that you could accept)?	8	0-24	15
How many Advanced EMT student applications did your training program receive in 2022?	3	0-19	14
How many Advanced EMT students were accepted in 2022? How many Advanced EMT students enrolled in 2022?	3	0-19 0-19	13
Approximately how many Advanced EMT students did you train in 2022? (Please attribute a student at all levels of training in their program. For example, if a paramedic student must first become an EMT, please assign this count as both 1 EMT and 1 paramedic)	3	0-19	14
as both 1 EMT and 1 paramedic)			

Table 4. Paramedic Student Capacity vs. Enrollment

	Average	Range	Responses
What was your Paramedic student capacity in 2022 (number of new students that you could accept)?	23	0-48	10
How many Paramedic student applications did your training program receive in 2022?	24	0-110	10
How many Paramedic students were accepted in 2022?	16	0-40	10
How many Paramedic students enrolled in 2022?	16	0-40	10
Approximately how many Paramedic students did you train in 2022? (Please attribute a student at all levels of training in their program. For example, if a paramedic student must first	16	0-36	10

become an EMT, please assign this count as both 1 EMT and		
1 paramedic)		

Figure 9. What are the top reasons you have for not accepting a student?



You selected Other as a top reason for not accepting a student. Please elaborate.

- Just became a training institution in 2023 didn't exist in 2022.
- All students accepted unless they dropped out the first day.

- We accepted all that applied. Two students accepted other positions.
- In-house training of employees only.
- We work in conjunction with Ivy Tech in Madison. They complete the EMT basic programs and Paramedic programs. We traditionally do only EMR but run an occasional EMT A class. We are starting one in January 2024 for staff. Before there wasn't interest.
- Drug screens.
- Student/recruit candidate failed to meet employment requirements.

Figure 10. Have you had to cancel classes due to low enrollment?

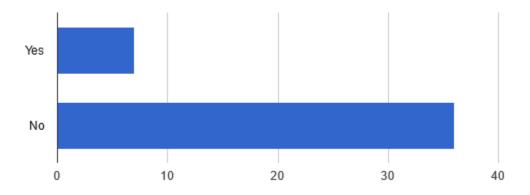




Figure 11. Have you had to cancel classes due to lack of instructors?

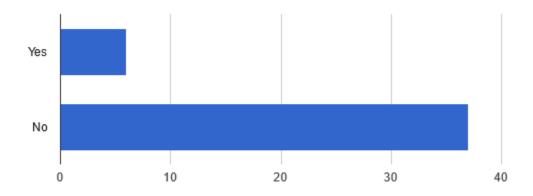
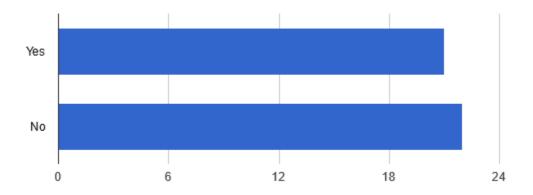


Figure 12. Is your program planning any changes (increase/decrease capacity) in the next 2 years?

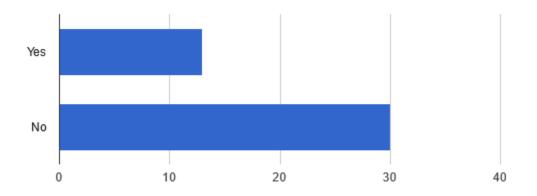


You selected Yes, your program is planning changes in the next 2 years. Please elaborate.

- Started classes in 2023 so far 19 EMR, currently 25 EMT class.
- Increase to offer EMR and two EMT classes.
- More instructors and possible more classes.
- We will take as many qualified applicants as we can until the system is back to stable.

- Implemented a second paramedic program in 2023. This takes our annual paramedic student capacity from 24 to 36.
- Increase to 40 students.
- Would like to provide classroom opportunity to interested persons.
- We plan to increase the number of courses in both EMT and Paramedic.
- Increase EMT students to 120 per year.
- Increasing more paramedic cohorts. 1 in Fall and 1 in Spring Semester.
- More space to hold more students!
- Added a second EMT course/working with local high school to add a course within the school system.
- Fill the gap for advance that Ivy Tech does not offer when needed. Operate at least one EMR class a year.
- More classes each year.
- Putting on more EMR/EMT classes.
- Would like to increase in classes offered.
- Currently developing a paramedic program.
- Offering more classes.
- Start EMT classes.
- We are moving on online platforms, this will increase the student capacity.

Figure 13. Have your enrollment numbers changed significantly over the last 3 years?



You selected Yes, your enrollment numbers have changed significantly over the last 3 years. Please elaborate.

- Started a waiting list for a EMT class for 2024.
- Increased due to online.
- Increased interest.
- Hospitals closing their programs down and word of mouth of just the class in general.
- Fewer college students.
- 2022-28/2023-32
- We have seen an uptick since we went to a hybrid paramedic format.
- Our EMT Basic number of students have increased by 45%. Paramedic student numbers have stayed about the same.
- Increased and rising steadily.
- Increased in the last year.
- More people are interested in becoming EMTs.
- Numbers have increased.
- Last year we had 15 students; this year 32.

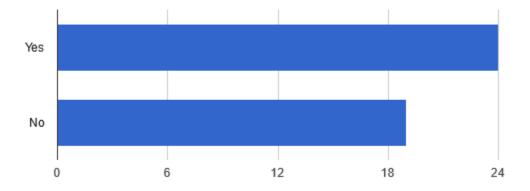


Costs

Table 3. Program Costs

	Average	Range	Number of Responses
What is the approximate course-related cost for EMR students? Please include any costs associated with tuition, textbooks, on-line resources, and uniforms in this estimation.	\$375	\$0-\$1,000	18
What is the approximate course-related cost for EMT students? Please include any costs associated with tuition, textbooks, on-line resources, and uniforms in this estimation.	\$1,476.50	\$0-\$8,000	34
What is the approximate course-related cost for Advanced EMT students? Please include any costs associated with tuition, textbooks, on-line resources, and uniforms in this estimation.	\$1,606.25	\$500-\$6,500	12
What is the approximate course-related cost for Paramedic students? Please include any costs associated with tuition, textbooks, on-line resources, and uniforms in this estimation.	\$8,355.56	\$5,000- \$10,200	9

Figure 14. Does your institution offer or make students aware of programs or scholarships that are available to help students with course-related costs?



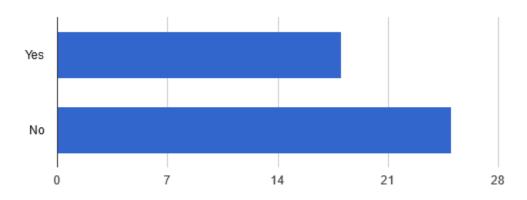


You selected Yes, there are programs or scholarships available to help students with tuition. Please elaborate.

- Deaconess Foundation scholarships, and we offer an earn as you learn program where we hire the student and pay them to go to class then work for us.
- Career Pathway program through Deaconess Hospital.
- Most of our providers pay for student admissions.
- We have a "Barrier Buster" account that we can utilize when there is a particular stopper to their education. This account has helped with transportation issues, laptops, and tuition. We also offer discounts to employees of our affiliates and pass along scholarships that we learn about.
- GI Bill benefits as well as any state grants that might be available.
- Platinum.
- Students can use state and federal financial aid and there are scholarships available to the EMT and Paramedic students through the college.
- Financial aid in general; work related option for employer pay; VA
- Yes, the Indiana Workforce Ready grant covers both EMT-Basic and Paramedic courses. As well, we have students who qualify for Pell grants and local scholarships.
- Workforce development.
- Workforce Ready grant, IVFA scholarship, NAEMT scholarship, etc.
- Yes, but WorkOne stopped funding...
- We offered scholarships, we are working with WorkOne and the next level jobs program.
- State.
- We put out information for available grants or resources that we are made aware of. Hospital will also help with some tuition.
- Provide books and testing fees.
- Kathe Harris grant. Parkview has tuition assistance/reimbursement.
- Parkview Health usually covers the cost of the program, except for textbooks, but that can be arranged if help is needed.
- WorkOne is the only program local we are aware of.
- Our county provides scholarships for skills training.
- Yes if a person lives in our county and plans to work in our county, we have an organization that awards scholarships to these students for the full amount of the class.
- Hospital employees and affiliated fire departments only pay \$250.



Figure 15. Do you feel that your current program budget is sufficient to support your program's need for instructors, equipment and support personnel?



How would you spend additional budget dollars, if available?

- Equipment, more instructors, possible full-time educator.
- Paying instructors.
- Updated training equipment and SIM equipment.
- High-fidelity manikins.
- Better updated equipment.
- More equipment. A multi-media recording studio. A simulation lab. A computer lab.
- 1. We would utilize more lab instructors. Lab and scenario opportunities have proven to be the
 most beneficial in ultimate student success, but those require more instructor dollars. 2. Fixed
 simulated ambulance to enhance the simulation experience.
- Equipment.
- Provide better equipment and pay staff to fully invest in student learning.
- Equipment.
- Adjunct instructors and update equipment. More physical space is needed to increase capacity.

- Additional instructors and training equipment, especially high-def training equipment.
- More equipment, increase instructors.
- Additional FTE for clinical oversight.
- There is always an ongoing need for additional equipment newer to the field as well as updates to current equipment. As well, if I had my way, I would invest in the resources for students as that would cut the overall cost of the program.
- Subsidy for students.
- I would increase the number of full-time instructors from just me. This would allow me to continue to have consistency and offer more classes for students.
- More equipment, more space! I have an awesome teaching duo!! We would LOVE to start the paramedic program!!
- Improvement in classroom equipment, technology.
- Additional training props.
- · Simulation training.
- Help offset the cost of books and IT programs for the student.
- Yes, reinvest in program.
- Updated and new training equipment.
- As the lead instructor for our institution, I'm also the full-time educator and QA/QI specialist for our full-time EMS service. Most of my duties are wrapped up in my other full-time obligations and I have little time to put toward planning or putting on additional classes due to no budget for additional educator and offering our classes at basically no cost... My opinion, we need to revamp our education system at Parkview, but I'm told to stay in my lane and all those decisions are above my paygrade.
- Additional instructors.
- To grow an EMT program.
- More simulators.
- · Instructors and materials.
- Newer updated equipment.
- Equipment and books.
- Buy more equipment, such as high-fidelity manikin, high more instructors to help with building online programs.
- · New training manikins, dedicated testing devices.
- · Equipment, training, and staff.
- To cover the cost of overtime the instructors get.
- New manikins, computer-based sites/programs to enhance learning and clinical hour training.



• Cost of instructors is borne by the hospital.

Students

What do you perceive as the challenges students face in completing their EMS training program?

- Time commitment.
- Time.
- Need to work while in class/finances.
- The cost and time to attend the class.
- High school students learning how to gain knowledge for application not just memorization.
- Their jobs and completing the class.
- Students who want to work in health care BUT without having to deal with blood.
- EMT students do not seem to have a strong secondary education which allows them to learn
 from reading or to know how to study. Paramedic students Money often becomes an issue.
 They start out okay and then cannot work as much when the clinical load increases. Those that
 work at fire depts do fine because they are on the clock when at school. I have found those
 students have a higher completion rate.
- Socialization, study skills, attention span.
- Inadequate study sessions.
- 1. Cost of the program. 2. Having to work multiple jobs or overtime along with going to class and clinicals.
- Time, dedication to training requirements.
- Their basic education reading/math.
- Balancing the demands of studying with work and family life.
- Financial.
- Finances are always an issue. Additionally, services who are short staffed sometimes stop students from attending courses, which is unfortunate and not beneficial to the overall shortage.
 But understand the need for techs in the seats.
- · Lack of preparation and poor planning.
- If they don't qualify for financial aid, money is one. Childcare can be a barrier. Taking time off a current job to come to class/clinicals.
- Time.
- Funding.
- Lack of focus/follow-through.
- High school students lack the same drive as adult students.

- Students in any EMS program first challenge is the NREMT test is not an entry level test. I
 completely understand we are trying to raise the bar, but when a seasoned EMT cannot pass the
 entry level test, that is your first challenge. Second is most students are taking this a second job
 principle. They are not looking for full-time. Wages and benefits, which are not in your control,
 hinder the transition to the EMS career field.
- · Costs, programs increased in area.
- Work, home/family, class balance.
- Location of class (we have a good location, just some students don't want to travel more than 30 min to attend a class), class times.
- Time commitment, funding.
- Time, money.
- National registry test.
- Financial and transportation needs.
- Finances, test taking strategies, study time, limited career path for time and money spent discourages students, especially for pay. Lack of positive response from current EMS workers.
- Course speed, time allotment outside of the classroom.
- Difficulty of the test for EMT.
- The workload.
- Many don't understand that the current EMT and EMT Advanced courses are basically comparable to a college-level course and that they have to commit time and effort for successful completion of the class.
- Adopting the national registry for EMT level has significantly reduced the number of successful completions. This, in turn, discourages future students from enrolling.

What do you perceive as the challenges students face in transitioning from completing the program to working in the EMS field?

- Lack of hands-on experience.
- I do not believe it is difficult. Just passing the exam.
- Long work hours and childcare.
- Age.
- Nervous about taking care of a live person.
- Silly hiring requirements.
- Professionalism.

- Lack of 911 experience.
- At our agency, age is a challenge as our vehicle insurance will not insure anyone under 21.
 Regionally, there are agencies who will hire these individuals, but then they learn bad habits from minimal quality provider organizations.
- The disconnect between the academic aspects of EMS and the real-world applications of EMS.
- They are weak in hands-on (more sims in class needed).
- Taking the national tegistry test. We have several students that wait too long or don't take it at all!

 Otherwise, students that test and are successful have no issues finding employment.
- Our job placement numbers are nearly perfect. The amount of jobs tends to lead to gainful employment.
- Limited providers.
- I see a large number of students who want to be in EMT/Paramedic roles but do not want
 anything to do with the fire side. Most of our services in the area are combination departments.
 Those that are separated or private aren't the greatest places to work.
- Nothing, most of our students succeed in the EMS field.
- Learning curve on getting their own "groove" (per former student).
- Salary and compensation being offered is not enough for a sustainable career.
- Entry-level pay.
- Pay.
- Current job openings at the time class is completed. A lot of our students are also vol. Fire and getting the cert to serve in a better capacity for the fire service and don't have an interest in working EMS; PRN, part or full-time.
- Finding right fit service.
- None.
- Poor attitudes in current EMS, being around so many EMS providers that are burnt out, understanding finances versus patient care. Lack of professionalism from coworkers, short to no orientation programs, poor leadership. There are a lot of issues, too many to address here. Lack of patient contacts in clinical. Students of today's age are not as much of self-starters and expect more training, exposure. It is a lot harder to build confidence in students in today's environment.
- The cost of the NREMT coupled with the difficulty of questions. "The most correct answer."
- They need experience and experience takes time. EMS is a fluid situation and no two scenes are the same.
- We have a strong clinical program; our graduates are ready to go to work on a truck.

Figure 16. Does your program provide any educational assistance such as reading remediation?

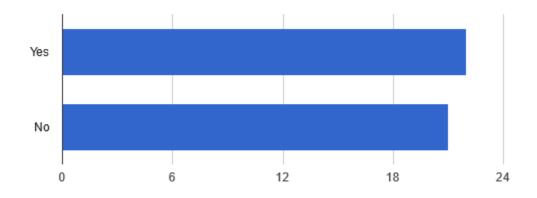
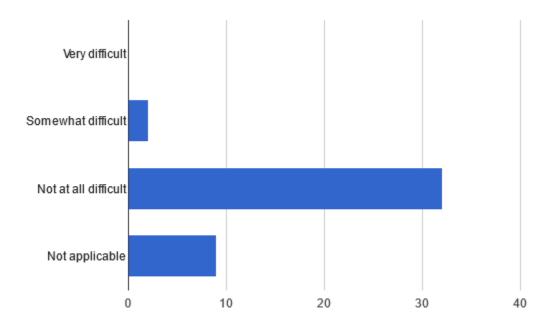


Figure 17. How difficult has it been to comply with ADA requirements?



Please discuss any difficulties you've experienced related to ADA compliance.

- If I have enough staff and student needs help reading a question, we assist. It's harder when others have different ailments that you can not help or know how to help.
- Depends on needs.

Student Recruitment

Figure 18. What methods does your program currently use to recruit new students/employees?



You selected Other for new student/employee recruitment methods. Please elaborate.

- Maintain an ongoing list of every person who inquires (even minimally) about an EMT or paramedic program and follow up with them by answering their questions and providing an application.
- Train for fire departments.

Figure 19. To what extent are program costs a challenge in recruiting students to EMS training?

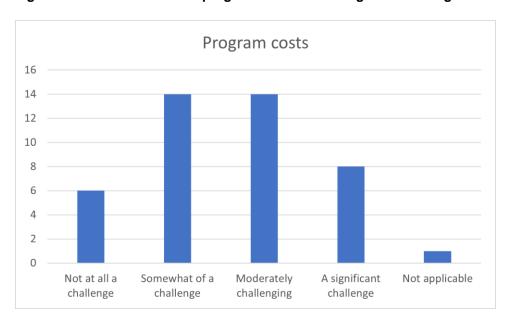


Figure 20. To what extent is program length/difficulty a challenge in recruiting students to EMS training?

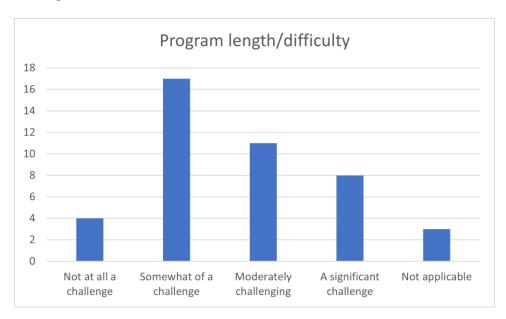




Figure 21. To what extent are conditions of employment a challenge in recruiting students to EMS training?

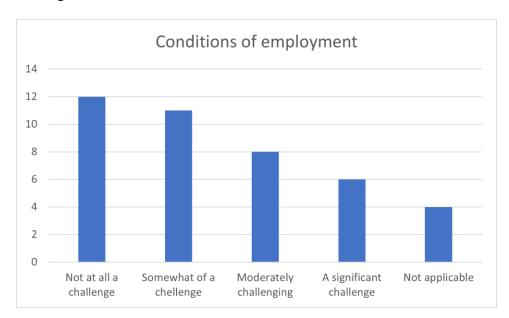


Figure 22. To what extent is lack of resources for recruitment a challenge in recruiting students to EMS training?

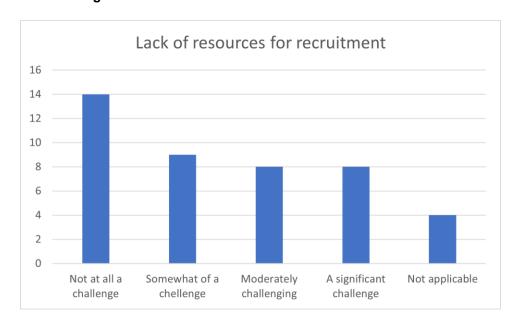




Figure 23. To what extent are registration qualification and training requirements a challenge in recruiting students to EMS training?



Figure 24. To what extent is competition from other sectors (e.g. retail) a challenge in recruiting students to EMS training?

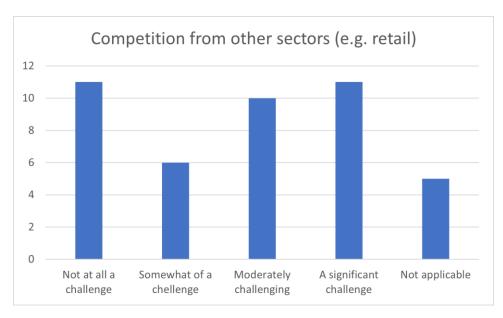
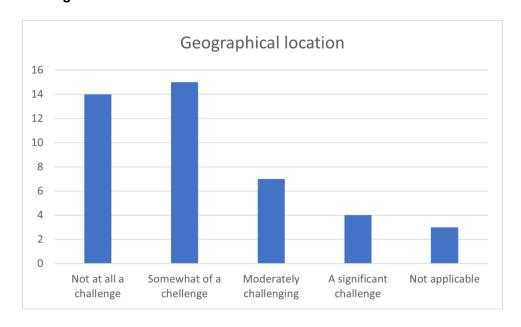




Figure 25. To what extent are limited career opportunities and pathways a challenge to recruiting students to EMS training?



Figure 26. To what extent is geographical location a challenge to recruiting students to EMS training?



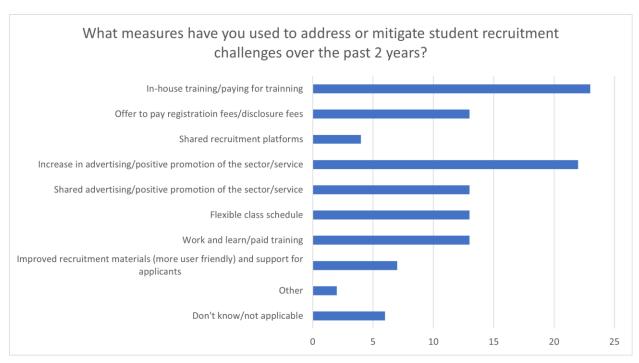


If there are any other great challenges with recruiting students to EMS training, please elaborate.

- No, we did fine.
- Lack of understanding the career field at the high school level.
- Cost and length can be challenging. When they see how long and requirements, they may drop the first night.
- People are not interested most of the time.
- Training institutions that are not affiliated with a college/university find it difficult to afford fees for non-publisher-related learning management systems. Although it's improving, pay, especially as a new EMT, is still a problem.
- Large area competition for jobs.
- Childcare can be an issue for some students.
- Rural environment.
- Low pay.
- The stress of the things we see and what we are faced with. There are only 2 of us in a truck.
- We need a dedicated program director whose sole job it is to organize and manage classes.
 Being a hospital-based EMS service/training institution, our budget is focused on the EMS service. There is no funding available for an actual education program.
- Finding dedicated people.
- There needs to be more PR for EMS as a career like there is for fire and police. Putting EMS in the spotlight would help. Several students I have trained said initially EMS never crossed their mind. I have never heard that for police or fire if they are wanting public service. I hate to say this because I don't think what we do should be about the recognition but it would help draw people to the career, help funding, help public support. Create events or things EMS can do for the community to get in front of people. EMS needs a crusade for children. They need EMS version of fire prevention campaigns. Most kids don't look up to paramedics the way they do fire and police. We have to change public perception, we have to gain the respect of professionalism that fire departments have. Short answer to long list of EMS concerns.
- National reg EMT test, they are struggling with it.
- Hospitals do not respect or value the profession.
- Location and lack of budget.
- The National registry test.



Figure 26. What measures have you used to address or mitigate student recruitment challenges over the past two years?



You selected Other for strategies to mitigate recruitment issues, please elaborate.

• Due to budget cuts, the in-house paid training was cut and will no longer be an option for us in the future.



Program Outcomes

Figure 27. Approximately what proportion of EMR students that begin your program ultimately graduate?

Mean: 62.14

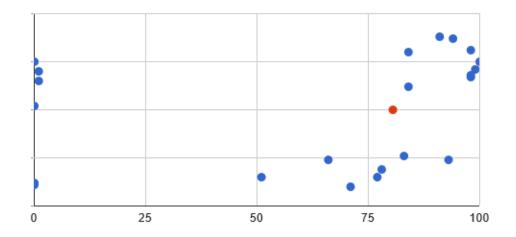


Figure 28. Approximately what proportion of EMT students that begin your program ultimately graduate?

Mean: 77.36

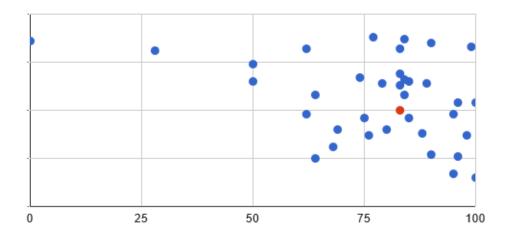




Figure 29. Approximately what proportion of Advanced EMT students that begin your program ultimately graduate?

Mean: 58

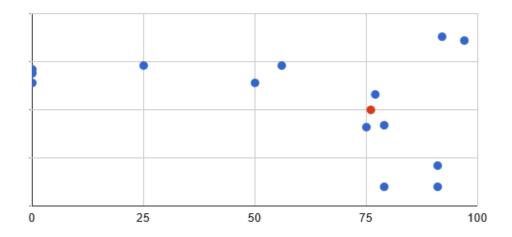


Figure 30. Approximately what proportion of Paramedic students that begin your program ultimately graduate?

Mean: 67.08

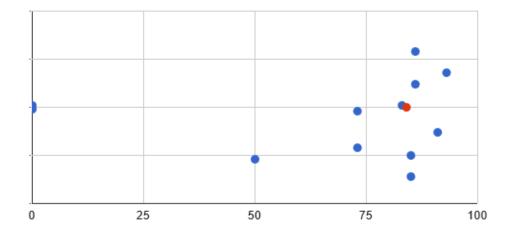


Figure 31. Approximately what proportion of EMR students that begin your program ultimately obtain certification/licensure?

Median: 59.14

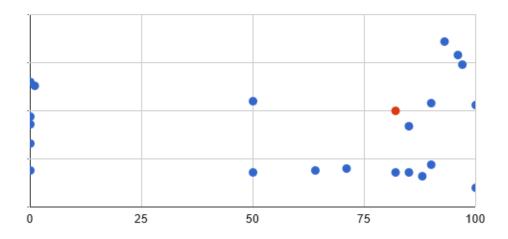


Figure 32. Approximately what proportion of EMT students that begin your program ultimately obtain certification/licensure?

Mean: 74.97

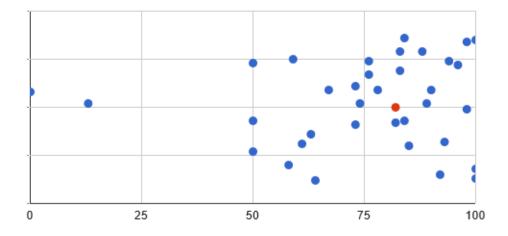


Figure 33. Approximately what proportion of Advanced EMT students that begin your program ultimately obtain certification/licensure?

Mean: 55.43

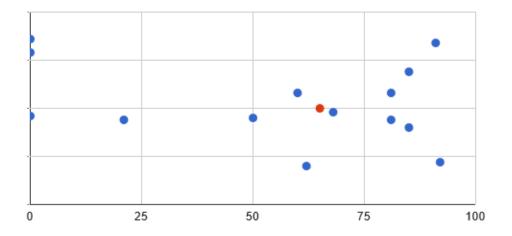


Figure 34. Approximately what proportion of Paramedic students that begin your program ultimately obtain certification/licensure?

Mean: 71.42

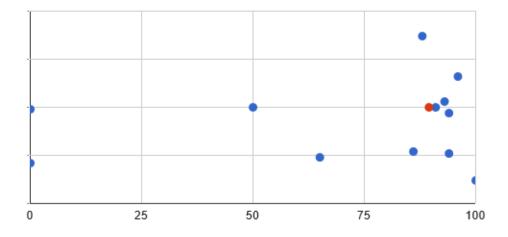


Figure 35. What would you say are the top reasons students are unable to complete training?



You selected Other for top reasons students are unable to complete training. Please elaborate.

- Time commitment for both class, lab clinical field time AND employers needing students to work full time.
- Life choices family, job, pregnancy, divorce.
- Other job.
- Testing.
- CNAs (license obtained in HS) make more than EMT-Bs there was no reason to become an EMT-B.
- National registry exam.

Figure 36. From what you can ascertain, what percentage of your graduating students plan to provide direct patient care in a first responder or patient transport role after graduation?



Mean: 79.53

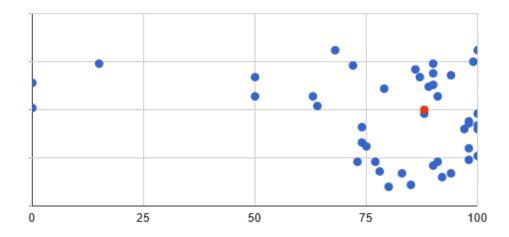
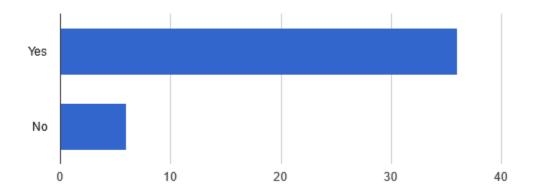


Figure 37. Do you perceive that graduates feel ready to begin serving in EMS positions upon program completion?





Retention (For EMS Providers)

Figure 38. Does your training program also serve as an EMS provider organization?

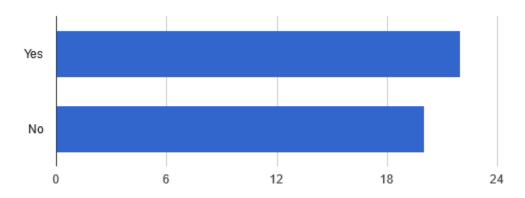


Figure 39. Of the students that you have trained at your site, approximately what percentage obtain a job at your agency immediately upon graduation?

Mean: 57.86

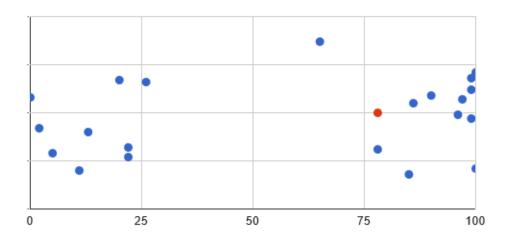




Figure 40. Of the graduates that you hire, about how many continue employment at your agency after 1 year?

Mean: 79.82

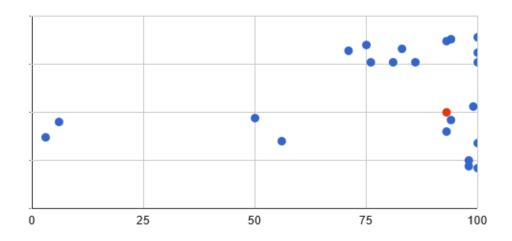


Figure 41. Of the graduates that you hire, about how many continue employment at your agency after 3 years?

Mean: 63.05

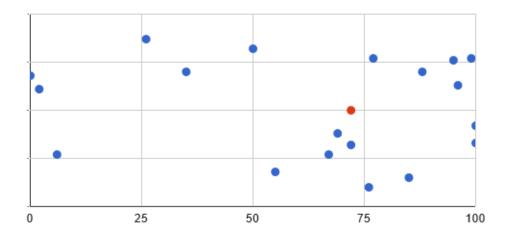




Figure 42. Of the graduates that you hire, about how many continue employment at your agency after 5 years?

Mean: 54.8

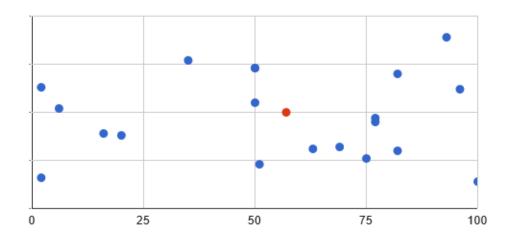


Table 4. Retention of Staff - Internally vs. Externally Trained

	< 1 year	1-2 years	3-4 years	Over 4	Not applicable
				years	
EMR Personnel that Graduated	0	0	2	0	19
from Our Program					
Externally-trained EMR	0	0	2	0	18
Personnel					
Total	0	0	4	0	37

EMT Personnel that Graduated	0	4	10	4	3
from Our Program					
Externally-trained EMT	0	8	7	6	0
Personnel					
Total	0	12	17	10	3

Advanced EMT Personnel that	0	0	2	3	16
Graduated from Our Program					



Externally-trained Advanced	0	4	4	2	11
EMT Personnel					
Total	0	4	6	5	27

Paramedic Personnel that	0	0	2	2	17
Graduated from Our Program					
Externally-trained Paramedic	0	2	6	8	5
Personnel					
Total	0	2	8	10	19

Figure 43. In the past 2 years, how frequently have you encountered difficulties in retention?

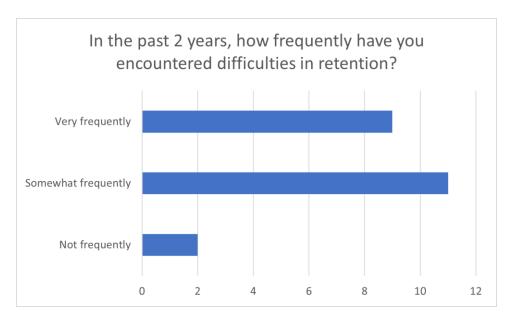


Figure 44. Looking ahead to the next 2 years, what changes do you anticipate related to the difficulty of staff retention?

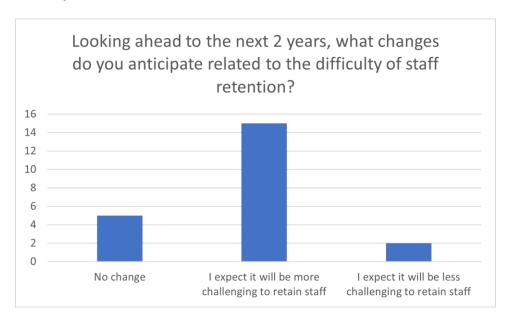
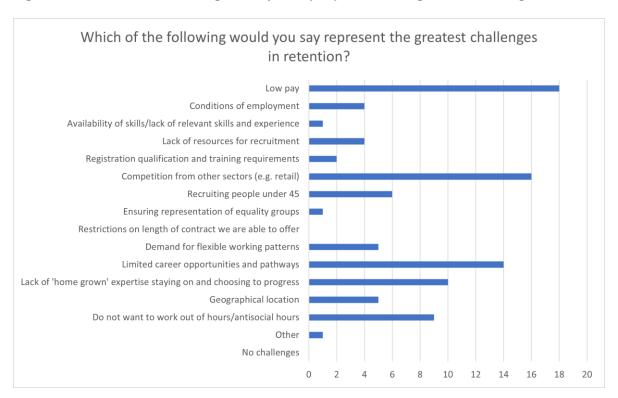


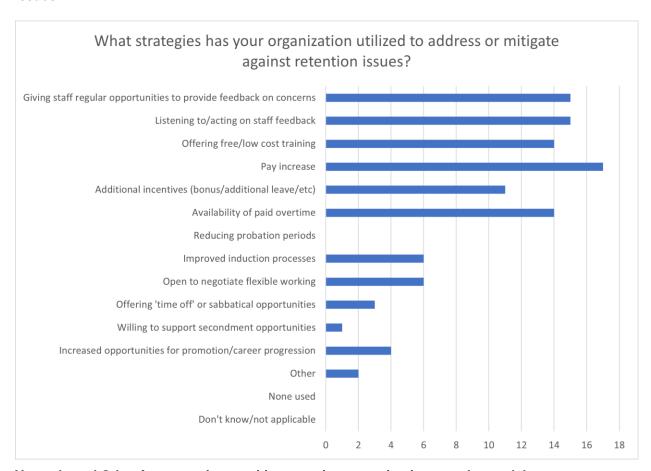
Figure 45. Which of the following would you say represents the greatest challenges in retention?



You selected Other for greatest retention challenges, please elaborate.

More money, fewer hours, and fewer runs create the circle of loss employees.

Figure 46. What strategies has your organization utilized to address or mitigate against retention issues?



You selected Other for strategies to mitigate against retention issues, please elaborate.

- We provide the best equipment in the field / LUCAS / Hamilton Vents / power cots / power loads / all frontline trucks are 2019 or newer.
- Create an environment they don't want to leave to overcome the lack of pay.