

# Northwest Community EMS System Education Committee Charter 2017

## I. **Purpose**

The purpose of the NWC EMSS Education Committee is to review current practices and suggest alterations to enhance educational processes in order to provide the best possible EMS educational offerings leading to improved patient care and outcomes.

## II. **Composition and members**

The Education Committee had its origins as a task force that addressed the (C-2) Continuing Education policy. This task force first convened in 1997. Interested parties from the group later re-convened to redesign the EMT-P course to comply with the updated Federal DOT curriculum changes in 1998.

The NWC EMSS System places emphasis on evidence-based educational processes and outcomes. To address these issues, the Education Committee was established in January 1999.

The Committee is co-chaired by a Hospital EMS Educator and a Provider Paramedic member. This demonstrates the value placed on providers and consumers of System educational offerings.

Each System hospital and provider agency shall designate one voting representative. Additional voting members include the EMS System Continuing Education Coordinator and System EMS CE Educator, the paramedic class lead instructor and the EMT-B class lead instructor, two representatives of the Provider Chiefs/Administrators, and a liaison from the PBPI Committee. If a committee member is unable to attend a meeting, an alternate from the same agency/committee and/or constituency may carry the member's proxy and attend the meeting with voting rights.

Interested guests are welcome to attend and contribute when the floor is open to discussion and debate, but only voting members may decide an issue brought to a vote.

## III. **System educational goals and objectives**

All EMS personnel under the EMS Act (EMRs/First Responders, EMTs, paramedics, PHRNs, ECRNs MD/DOs, Emergency Medical Dispatchers, and Lead Instructors hereafter referred to as Providers) in the NWC EMSS shall demonstrate

- A. the ability to comprehend, apply, and evaluate (clinical) information relative to their role and scope of practice in the NWC EMSS;
- B. technical proficiency in all skills necessary to fulfill their role in the NWC EMSS; and
- C. behavior consistent with the System Ethics Policy, Code of Conduct, and expectations in the NWC EMSS.

## IV. **Expected outcomes of professional education in the NWC EMSS**

- A. **Conceptual competence:** Ability to understand theoretical foundations of the profession.
- B. **Technical competence:** Technical proficiency in performing psychomotor skills.
- C. **Contextual competence:** Understanding how each discipline's practice fits within the greater whole of the healthcare continuum. Ability to use conceptual and technical skills in the right context, avoiding the "technical imperative" (just because you know how to do a skill it does not always have to be performed on every patient).
- D. **Integrative competence:** Ability to take all the other competencies and put them all together. Meld theory and practice.
- E. **Adaptive competence:** Ability to change with evolutions in medicine or the specific care of one patient based on changing clinical presentations (move from one page of the SOP to another).

- F. **Professional behavior:** Demonstration of professional attitudes is a requirement for practice privileges in this System (Ref. Ethics policy).
  - G. **Behaviors to be evaluated:** Integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.
  - H. **Outcomes of professional behaviors:**
    - 1. Fostering a professional identity.
    - 2. Adherence to ethical standards.
    - 3. Scholarly concern for improvement.
    - 4. Motivation for continued life-long learning.
- V. **Committee charges**
- A. **Long-term charge - The committee shall**
    - 1. participate in the planning, organizing, evaluating, and monitoring of EMS educational programs as the System attains/maintains best practice educational models.
    - 2. participate in the planning, organizing, evaluating and monitoring of competency measures for all System providers.
  - B. **On-going - The committee shall:**
    - 1. identify changing trends and operational assumptions which impact System provider agencies and System educators with respect to planning for future growth of the CE program and/or delivery of continuing education classes.
    - 2. recommend policy/process changes relative to the delivery of educational programs to the EMS Medical and EMS Administrative Directors.
    - 3. provide feedback on the CE offerings and recognition for excellent educational offerings within the System.
- VI. **Individual committee member responsibilities**
- A. Be familiar with the EMS Act and Rules, the National EMS Education Standards and current issues facing EMS Systems/providers with respect to education and continuing education in order to make informed decisions/recommendations.
  - B. Serve as a communication liaison between the System and their EMS agency or hospital with respect to educational initiatives.
  - C. Contribute to developing "best practice" models and suggest educational methods to achieve those models.
- VII. **Boundaries**
- A. The Education Committee shall establish an annual operating plan under the System's Strategic Plan using the tenets of this charter to give guidance and direction to its function.
  - B. All sensitive or protected information discussed at committee meetings is to be held strictly confidential.
  - C. Representatives shall not bring issues to the Committee that are individual or agency/hospital-specific that could create labor conflicts within their own or another EMS Provider agency/hospital.
  - D. Final implementation of any recommendations is contingent upon approval by EMS MD. Implementation of recommendations that financially impact providers/hospitals is contingent upon approval by Chiefs/Hospital Administrators and the EMS MD.
- VIII. **Meetings**
- A. The Committee meets on the first Tuesday bimonthly or as needed and agreed to by Committee members at 9:00 AM in rooms TBA.

- B. Meeting facilitators: Chairpersons of the Committee
- C. Meeting secretary: May be elected by the Committee; the Chair may reserve the right to act as the secretary with approval of the Committee members
- D. Minute distribution: Will be electronically distributed by the Chair to Committee members before the next meeting. Approved minutes shall be posted to the System website.

**IX. Communication of committee activities**

- A. Approved minutes shall be posted to the NWCEMSS website. Education Committee members may provide a copy of the meeting minutes or reference their availability on the website to the EMS MD, EMS Administrative Director, Chiefs/Administrators, Provider EMS Coordinators, Hospital EMS Coordinators/Educators, and System EMS Educators.
- B. System meeting reports: A committee member will provide a report at each Advisory Board, Chief/Administrator, Provider EMS Coordinator, Computer Aided Reporting System (CARS), Research & Development, and Provider Based Performance Improvement (PBPI) meeting.

**X. Length of commitment**

- A. The co-chairs of the Committee will serve for 2-year terms. Terms may be extended or renewed based on a majority vote of committee members and the consent of the sitting chairs.
- B. Elections for new officers will be by a majority vote of Committee members present.
- C. Notice of election will be provided at least 21 days in advance of the meeting at which a vote will be taken.
- D. Member positions shall remain current until replaced by their Hospital administrator/Chief or EMS director.