

Northwest Community EMS System Education Committee Charter 2026

I. Purpose

The purpose of the NWC EMSS Education Committee is to assess current instructional design, methods, materials, practices, and outcomes and provide feedback to assist the System in providing best practice model, evidence-based EMS educational offerings leading to improved practitioner preparation, competency, and patient care.

II. Composition and members

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

The NWC EMSS System values evidence-based educational processes, outcomes that meet or exceed national benchmarks, and is committed to life-long learning and continuous improvement. The Education Committee was established in January of 1999 as an integral part of the System's shared leadership structure to assist in achieving our educational goals.

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

Each System hospital and provider agency has one voting member. Additional voting members include the EMS System CE Coordinator, System EMS CE Educators, the paramedic and EMT class lead instructors, two representatives of the Provider Chiefs/ Administrators, and a liaison from the PBPI Committee. If a 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

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

- A. the ability to understand, apply, and evaluate information relative to their scope of practice;
- B. technical proficiency for all skills within their scope of practice;
- C. effective emotional intelligence and behaviors consistent with System policies, professional attributes and affective objectives contained within the National EMS Education Standards, statutory and regulatory guidelines.

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 behaviors:** Demonstration of professional attributes is a requirement for practice privileges in this System (Ref. Ethics policy).

Behaviors to be evaluated: Integrity, empathy, self-motivation, appearance, personal hygiene, self-confidence, effective communication, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service; lifelong learning, and cultural humility.

Professional behaviors are demonstrated by:

- Characterization of all professional attributes
- Adherence to ethical standards
- Scholarly concern for improvement
- Evidence of life-long learning

V. **Committee charges**

- A. Participate in the planning, evaluating, and monitoring of EMS educational programs as the System maintains best practice educational models.
- B. Participate in the planning, evaluating, and monitoring of competency measures brought to the committee for System members.
- C. Identify changing trends and operational assumptions which impact System provider agencies, EMS practitioners, and System educators with respect to EMS education.
- D. Recommend policy/process changes relative to the delivery of educational programs to the EMS Medical and Administrative Directors.

VI. **Individual committee member responsibilities**

- A. Be familiar with the National EMS Agenda 2050, the National EMS Scope of Practice Model, the National EMS Education Standards, the National Registry of EMTs (NREMT) testing and registration processes, the Illinois EMS Act and Rules, and current issues facing EMS Systems/providers with respect to education, testing, credentialing, 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 on matters involving EMS education.
- C. Contribute to maintaining or enhancing "best practice" EMS education models within the System.

VII. **Boundaries**

- A. The Education Committee shall establish an annual operating plan within 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 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 bimonthly on the first Tuesday at 9:00 AM or as needed and agreed to by Committee members. Meeting venue (face to face or virtual) is announced in advance.
- B. Meeting facilitators: Chairpersons of the Committee
- C. Meeting secretary: May be elected by the Committee; the Chair may reserve the right to function as the recording secretary with approval of the Committee members.

IX. Communication of committee activities

- A. Approved minutes shall be posted to the NWCEMSS website.
- B. Committee reports: A committee member or representative 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.

XI. 2026 Officers and liaisons:

- A. Provider co-chair: Tina Hayes (MPFD)
- B. Hospital co-chair: Karin Buchanan (SAMC)
- C. Recorder: Karin Buchanan
- D. Liaisons to other standing committees
 - 1. Advisory Board: Ginny Logan (Resurrection) and John Larsen (ABMC)
 - 2. Chiefs:
 - 3. PEMSCs: Tina Hayes (MPFD)
 - 4. PBPI: Nicole Junge (RMFD/NWS)
 - 5. Cardiac arrest committee: Zack Lane (PFD)
 - 6. CARS: Tina Hayes (MPFD)
 - 7. R&D: Jeanine Liska (SFD)