



Northwest Community EMS System

Date: March 14, 2007 **System Memo: # 309**

To: All System Members **PLEASE POST**

From: John M. Ortinau, M.D., FACEP
EMS Medical Director

RE: **State of the EMS Con-Ed Program; Process for change**

As many System members are aware, we have embarked on a project to assess the strengths and weaknesses of our in-station educational program with the intention of implementing changes that will result in better meeting the educational needs of our System. This process began with the education questionnaires that were given to all System members during in-station visits. It was followed by a day long "Education Summit" held last October. This was well-attended by many people representing all stakeholders of the System: paramedics and EMT-Bs, officers, agency coordinators and administrators, chiefs, nurse-educators, Associate Hospital physicians, and Connie Mattera and myself. This was a "brain-storming" session that reaffirmed our needs and made recommendations for improvement.

The Education Committee was tasked with trying to come up with specific steps to address the feedback received from the questionnaires and to implement the recommendations of the summit. Last month Connie and I offered to put together a DRAFT framework that outlined specific proposed changes in our CE program with a suggested time frame for implementation. The Education Committee is in the process of reviewing this framework and will meet again in April to discuss it further.

I want to emphasize that at this time NO CHANGES have been made. The materials that are being discussed are proposals in a ***draft format*** for discussion and firming up details. The foundations for any changes to our program will come from System EMTs and paramedics and from the Education Summit with input from the Chiefs, Provider EMS Coordinators, Physicians, Educators and Education Committee.

Below is a summary of some of the key principles that are guiding the work of the Education Committee:

- The current 2½ hour class is frequently interrupted which interferes with the learning experience.
- Knowledge retention is sub-optimal (based on post-tests, PBPI committee activities, and other data).
- A variety of educational method options are desirable as we move into the future (lecture, case review, hands-on, web-based, simulators, etc.)
- 30 hours a year for EMS con ed is not adequate for our System given the high level of care we strive to provide, the broad scope of our SOPs, the time needed to introduce new drugs and devices as they become incorporated into our practice, and the need to maintain knowledge and skills covering the entire DOT curriculum.
- Greater shared responsibility for education with an enhanced role for provider agencies and individuals is desirable.

The chiefs who sit on the Advisory Board have met with Connie and me to express the chiefs' views on the System's mission, vision, and values, the education program, the process we are going through to enhance the program, and their proposed goals and objectives for education. Based on our meeting, it is clear that we share many of the same objectives and, in fact, are in agreement on the majority of concepts that will be discussed by the Education Committee.

It is my hope that we will be able to implement some specific modifications to our con ed program beginning this July. We operate on an academic calendar from July 1 to June 30. In addition to the specific changes that might be implemented this year, it is also my hope that the Education committee will set forth a set of intermediate and long-term goals and objectives to be ratified by the Chiefs/ administrators with any necessary policy changes to be approved by the Advisory Board that we will implement over the next two to three years. Again, the foundation for these changes will be based on the feedback received from the System education questionnaire and the Education Summit as outlined above.

As we proceed with this project, we welcome the input and suggestions of all System members. Each agency has a representative on the Education Committee and I encourage everyone to communicate your ideas to your representative. As this process continues, the specific recommendations of the Education Committee will be presented to the System Advisory Board, Chiefs/administrators, Provider EMS Coordinators, Associate Hospital Physicians and EMS Coordinators/ Educators to keep them informed and to seek their input. The Advisory Board will make recommendations to Connie and me for consideration in designing the final plan prior to submission to the chiefs/administrators for final approval. We will roll out the first stage of the plan July 1, 2007.

This is an exciting time in EMS. The opportunities to provide high quality care to the communities we serve have never been greater or more challenging. Our population is aging; medical care continues to advance and can be very involved and complex. We are frequently the first to care for our patients with acute illnesses or traumatic conditions, and what we do (or do not do) can make an incredible difference in their ultimate outcomes. It is a privilege for me to serve as the EMS Medical Director for so many dedicated committed and talented EMS providers. As we strive to provide the highest level of pre-hospital care to the patients we serve, I ask you to join me in our efforts to make our educational program the best that it can be.