

April 1998

FAEMSE NEWS



Newsletter of the Florida Association of Emergency Medical Services Educators

President Urges New Board and Membership to Look to the Future

This month marks an important milestone in the short history of the FAEMSE. Since beginning our journey last September, we have attracted the interest of educators from around the state, have established a strong business infrastructure, raised critical startup capital, conducted our first elections and formally incorporated as a non-profit corporation. Many individuals have unselfishly given their time, energy, vision and personal assets to help make our common dream come true. I dedicate this issue's column to each of them.

Two individuals who especially deserve recognition are Jaime Greene and John Todaro. Long before any promise of being elected as officers, John and Jaime contributed greatly to the development of this association's infrastructure. They each possess vision to dream and the passion to follow through; two qualities that are required when starting a new organization. My deepest thanks to you both.

Another individual who we owe our stability to is Dr. Nabil El Sanadi. One day when casually speaking with Dr. El Sanadi, I mentioned the initiative to reform a statewide EMS Educator Forum. Without hesitation, he promised to provide the Association with \$1,000 in startup capital. He explained that the rationale for his generosity is that he wanted to give something back to a profession that has given him so many opportunities.

When the call for nominations to the Board of Directors went out to the membership I had no idea how many qualified individuals would come forward. Our thanks to each candidate. Next came the ballots and elections. Nearly two thirds of the membership sent in their vote – certainly a better average than in the national elections. I urge each member to stay involved in the business of the Association.

The new Officers and Board of Directors will convene in our first special meeting in May. Our goals are to continue the development of the Association and to establish long range vision. In order to be the leading voice amongst EMS Educators in Florida, FAEMSE must possess a clear vision that is supported by achievable and measurable goals. I urge each Board member to look to the future and envision our building a vibrant and productive Association capable of fulfilling our important mission.

I further urge each member to contribute their time to the Association by joining a committee, coming to the quarterly meetings, and urging your colleagues to join us in our pursuit of excellence.

This is our Association and the rest of the state is watching us. Let us rise to the occasion and elevate the status of EMS Education within Florida to a new, unprecedented level.

1998 Board of Directors

President

David LaCombe, EMT-P

Vice President

Jaime Greene, EMT-B

Secretary / Treasurer

John Todaro, RN, EMT-P

Members as Large

Richard Clinchy III, Ph.D.

Nabil El Sanadi, MD

Marcie Fisher, EMT-P

FAEMSE

c/o

FL Emergency Medicine Foundation
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Orlando, FL 32812-7607
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The Florida Association of Emergency Medical Services Educators is dedicated to improving out of hospital emergency care by fostering quality education and training.

The Association will achieve its mission through member forums, publications, position papers, inter-organizational partnerships and by supporting all activities that are deemed to further the educational enrichment of students and instructors involved in EMS or EMS related programs.

Call for Submissions

Anyone interested in writing for the FAEMSE Newsletter should contact David LaCombe at (305) 243-6491.

Deadline for the July issue is June 22, 1998.

EMS Agenda for the Future:

Where We Are...Where We want To Be

In June 1995, the National highway Traffic Safety Administration (NHTSA), commissioned the development of the document, "EMS Agenda for the Future." The purpose for creating this vision paper was to determine the most important directions for future EMS development, incorporating input from a broad group of EMS stakeholders. Fourteen attributes, including Educational Systems, were identified as requiring continued development in order to reach the vision established within the agenda.

Educational Systems

Where we are:

Curricula developments on behalf of the U.S. Department of Transportation (DOT) provide the bases for education of First Responders, EMT-Basics, EMT-Intermediates, and EMT-Paramedics. Settings for EMS education include hospitals, community colleges, universities, technical centers, private institutions, and fire departments. Increasing numbers of colleges offer bachelor's degrees in EMS. Most reports of EMS education issues discuss the requirements to develop specific skill proficiency. However, meaningful analyses linking the suitability of EMS education to the spectrum of services provided have not been published.

Where we want to be:

EMS education employs sound principles and facilitates lifelong learning for EMS professionals. It provides the tools necessary for EMS providers to serve identified health care needs of the population. Thus, educational objectives are congruent with the services provided. Educational programs are based on nationally standardized core contents for providers of various levels. Core content standardization facilitates recognition by credentialing agencies, while providing program infrastructure and opportunity for local customization. Higher level EMS education programs are affiliated with academic institutions. Colleges and universities recognize EMS education as achievement worthy of academic credit. Interdisciplinary and bridging programs provide avenues for EMS professionals to enhance their credentials or transition to other health care roles.

Summary of Recommendations

- Ensure adequacy of EMS educational programs.
- Update education core content objectives frequently enough so that they reflect patient EMS health care needs.
- Incorporate research, quality improvement, and management learning objectives in higher level EMS education.
- Commission the development of national core contents to replace EMS program curricula.
- Conduct EMS education with medical direction.
- Seek accreditation for EMS education programs.
- Establish innovative and collaborative relationships between EMS education programs and academic institutions.
- Recognize EMS education as an academic achievement.
- Develop bridging and transition programs.
- Include EMS related objectives in all health professions' education.



Welcomes New Members

Elizabeth Jordan	Douglas Baralow
Michael Rosenberg	Barb Klingingsmith
Laura Young	Bruce Willms
George Fox	Daniel Scales
Richard Clinchy	David LaCombe
William Azzinaro	Toni Vinyard
Michael Pcolar	Christine Argo
Gary Gullen	Andrew MacDonald
Thomas Williams	Richard Gass
Robert Staples	Brittany Martinelli-Frank
John Shearer	John Todaro
Brian Dunmyer	Jaime Greene
Clinton Randolph	Michael Wilke
Marcie Fisher	Ann Keller
Richard Hatton	Cliff Chapman
James Cherry	Nabil El Sanadi
Andrew Popick	David Bump
Kim Dickerson	Craig Mcelhaney
Shelly Howe	Pete Melnick
Pam Bromley	Geoffrey Miller
Dick Deford	

Department of Education Update

By Judy Conlin

State Health Sciences Education Supervisor

Senate Bill 1688, passed in the 1997 legislative session, has caused the Standards, Benchmarks and Frameworks Unit of the Workforce Development Division of DOE to spend months working on getting curricula aligned to meet these new mandates. This bill represents the greatest change in the last twenty-five years in post-secondary education, creating a single, post-secondary workforce development system. It is established the Division of Workforce Development, the Workforce Development Fund, and the repeal of the requirement for inter-institutional agreements. It included adult general education, certificate vocational education, single vocational

educational courses, applied technology diplomas, associate in science degrees, and apprenticeship programs. Any school district or any community college may offer any of the programs except an Associate in Science Degree.

The Commissioner's Task Force on Workforce Development had five subcommittees: Program Length and Definition, Program Cost Analysis, Articulation and Accreditation, Funding Formula and Fees, and Reporting and Tracking. These committees turned reports into the Commissioner this fall and the Commissioner reported to the legislature.

Program lengths for post-secondary adult vocational programs have been set. Director Joseph Stephens, sent out a letter to the field asking that any real concerns with occupational completion points or program lengths in specific programs be turned in by January 26, 1998. Those have been received and are being looked at carefully by the appropriate program supervisor. Recommendations regarding each will be shared with Bureau Chief Loretta Costin, who will in turn share them with her subcommittee. Additional action will be taken as warranted. Standard lengths must be reflected in curricula, and must be what programs are advertised as.

The next step is to look at post-secondary vocational certificate programs to set lengths and to determine what might become Applied Technology Diplomas (ATDs). Post-secondary adult vocational programs will also be looked at to see if they might be ATs.

Finally, AS degrees will be addressed to validate occupations, validate competencies, and to identify occupational completion points.

It is important to note that through all these undertakings, the same processes will be used which include representations from all stakeholder groups, including outside agencies. Regulating boards, professional associations, community college and vocational technical representatives. I have been asked how the EMS community can have a voice in what happens involving their programs. I am your link, so feel free to call me at (850) 487-4439 with your concerns. No decisions will be made without representation as stated previously.

Editor's Note: The FAEMSE Board of Directors will address this and other similar issues at the special Board of Directors meeting in May. Individuals who desire to have their concerns read at the Board meeting should submit them in writing to the FAEMSE office by no later than May 13, 1998.

Perfecting the Preceptor

Linda W. Swisher, RN, Ed.D.

Do you remember your preceptor or your orientation to your first job in EMS? Too often these recollections are nightmares instead of fond memories. Clinical preceptors have been used in the field since the beginning of pre-hospital education. They emerged as a clinical teaching tool designed to facilitate the role transition from student to paramedic. The preceptor acts as a role model for the student or new employee and is expected to possess extensive knowledge and skills relevant to the occupation, assess the student's learning needs, facilitate learning and evaluate the preceptee's progress on a daily basis. Certainly, finding individuals who can fulfill this criteria is a monumental task.

Much is expected and, yet in most instances, little preparation is initiated to assure that the individual selected is properly trained and prepared to teach and evaluate the knowledge, performance and employability skills of the preceptee is consistent with the standard of care required by the agency. Seldom are preceptors provided with clear and concise goals and objectives and/or evaluative tools to objectively determine competencies.

The field internship is the terminal indicator of competency and, yet, this is often the weakest link in

paramedic education and/or orientation to charge paramedic. A review of the literature on the subject of paramedic preceptorships produced not one formal program and telephone calls around the state of Florida indicated that there were as many varying informal programs as counties in the state.

“The preceptor serves as a mentor, cheerleader, instructor, leader, confidant and tutor to name a few.”

Utilizing the skills and expertise of a Fire/EMS administrator, a Quality Assurance Officer / EMS Coordinator and a Health Science Educator, a formal preceptorship program was developed. It was implemented and evaluated for paramedic students and new employees in Sarasota County. A manual was developed which identifies the role and responsibilities of the preceptor, reviews the principles of adult learning, provides methods and tools for evaluation, discusses techniques for effective communication and provides daily schedules for the preceptorship. Another manual was developed which delineates the roles and

responsibilities of the preceptee. It discusses the professional image, identifies employer expectations, reviews value identification, assists with the development of learning goals and provides for accurate and pertinent documentation. Preceptors are formally selected and trained in a two-day seminar. The program is competency based to allow for individual learning styles and speed however the goal is to evolve the highly skilled paramedics into teachers and mentors.

It has been discovered that the program not only benefits the preceptee and the agency but that observable benefit was noted to preceptors as well. Agencies have reported that the program assists the preceptor in the development of leadership skills, provides recognition for expertise, promotes and encourages advanced practice and increases the preceptor's professional stimulation and growth, creating a win/win scenario for agency, preceptee and preceptor.

Further information regarding this program may be obtained by contacting Chief Brian Gorski or Lieutenant Bill Shearer at the Sarasota County Fire Rescue Department, (941) 951-4251 or Dr. Linda Swisher at the Sarasota County Technical Institute, (941) 924-1365.

News Bulletin!

1999 NAEMSE Symposium to be held in Orlando

The National Association of EMS Educators (NAEMSE) and The Joint Review Committee on Educational Programs for the EMT-Paramedic (JRCEMT-P) have selected Orlando, Florida as the site for their 1999 Symposium.

This annual Symposium is designed to help develop new instructors and strengthen the skills of established instructors.

The 1999 programs committee, chaired by Gail Stewart of Santa Fe Community College, is currently accepting proposals for presentations relevant to EMS education. Consideration will be given to proposals that are geared around innovative teaching solutions for the classroom and laboratory. Prospective speakers are asked to develop specific presentations and not an overview of a topic.

Please send proposals/ideas to:

Gail Stewart
Chair 99 Programs
C/O Santa Fe Community College
3000 NW 83rd St.
W2011
Gainesville, FL 32606

Or

Gail.Stewart@santafe.cc.fl.us
(Preferred method)

Proposals should include names of all presenters, objectives of presentation, an outline/summary and length of presentation.

Brain Attack

Recent advances in the emergency management of acute stroke patients has prompted the American Heart Association, the American Academy of Neurology, the National Institute of Neurological Disorders and Stroke, and other agencies to strongly encourage EMS providers to update their knowledge about stroke.

Stroke is a serious and common illness. Data collected by the American Heart Association indicate that in the United States there is a stroke about every minute and a person dies of stroke about every 3 ½ minutes. Annually, 500,000 new strokes occur in the US.

Despite new therapies, such as thrombolytic therapy and neuroprotective therapy, most stroke patients are excluded from potential reversal of their disability because they arrive in the hospital too late. One of the key roles for EMS providers is to rapidly identify and transport stroke patients to facilities that are capable and experienced in treating acute stroke patients emergently.

Stroke in the United States

- ◆ Leading cause of long term disability
- ◆ Third leading cause of death
- ◆ Costs \$40 billion per year
- ◆ Two types of stroke
 - ◆ Ischemic (75%)
 - ◆ Hemorrhagic (25%)
- ◆ 30% of TIA patients will have a stroke in the next 5 year

Typical Stroke Signs

- ◆ Aphasia (wrong or inappropriate words)
- ◆ Dysarthria (slurred words)
- ◆ Facial droop
- ◆ Motor (weakness / limb drift / paralysis)
- ◆ Sensation (decreased to absent)
- ◆ Dyscoordination
- ◆ Headache, decreased LOC, neck stiffness (hemorrhage)

Prehospital Management Guidelines

- ◆ Determine time of stroke onset
- ◆ Perform stroke examination (pg. 10-6 AHA ACLS)
- ◆ Maintain head straight, >30° elevation, NPO
- ◆ **Prevent aspiration**
 - ◆ O₂ 2lpm by cannula (unless hypoxic)
 - ◆ *Initiate urgent transport*
 - ◆ IV Normal Saline at 50-60 cc/hr
- ◆ **Do NOT treat hypertension**
- ◆ **Check glucose – Rx only if < 50 mg/dL**
- ◆ Screen for t-PA contraindications
- ◆ Notify receiving hospital early

Upcoming Events

FAEMSE Quarterly Meeting
July 8, 1998 3:00 PM – 5:00 PM
Tampa, Florida

Clincon '98
July 9 – 12, 1998
Tampa, Florida
(407) 281-7396

NAEMSE /JRCEMT-P '98 Symposium
September 8-9, 1998
Minneapolis, Minnesota
(412) 578-3219

Interesting WEB Sites

EMT & Paramedic Curriculum Revision
www.pitt.edu/~paramed.

American Heart Association
www.amhrt.org/

BTLS International
www.btls.org/

American Academy of Pediatrics
www.aap.org/



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