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The surprise:

It surprised me when ***** told me that "the hospital thinks it's in their best interest to have another EMT class instead of an Advanced Class". I pressured him to know if he brought up the issues surrounding how much this would affect the local communities, and how much it would hurt/benefit our neighbors, and friends. He smiled and said, "I tried, but if anyone can make a case, you can! Go for it."

So, here it is— my case for why we are in desperate need of an advanced class ***AND*** an EMT class, and why it so important to support EMS education and keep them coming. If we can only have one class this fall, it should be an Advanced Class, strictly based on local interest and that there are close to 15 people interested in furthering their skills and knowledge base. They may not work for us directly, however we are the primary healthcare facility in the area and having a few more higher trained persons has endless benefits in the prehospital setting.

This misconception:

EMS is always struggling to get new, well trained EMTs due to the high turnover rate of EMTs and demands of the job. Many hospital systems/EMS systems often think that providing an EMS class every year or every fall/spring season helps with the turnover rate. It is also difficult when EMTs seem to have one of the fastest turnover rates of any organization. Training as many as possible, as quickly as possible can help fill the void. What is in the best interest of the hospital would be to train more EMTs for going on calls.

This by itself is a poor idea and those of us in EMS education and management know that there has to be a productive program not just for new EMTs but also a program for EMTs to grow.

The problem:

***** Ambulance Service is getting busier and even though we are rural we see a wide variety of calls and often this means on-call persons are responding from home, covering transfers. This often means we also have to search for additional personnel to cover with a third ambulance, with 2 EMS persons or even an EMT and an EVOC driver responding to a complicated call like a vehicle roll over or a code. This often means we don't have as many trained personnel available for care as we should. I have also been told by ******* that we have had more 3rd Truck calls than ever before which has pushed us into stocking 3 ALS trucks. The problem isn't only in the number of people available. WE HAVE BEEN VERY LUCKY TO HAVE A MEDIC ON EVERY 911 CALL DISPATCHED FOR A YEAR. But sooner or later we will have a day where the only people to cover town are our EMTs. One of the problems is the level of professionalism in which EMS is viewed. This is then followed by the constant push from RNs, management, to be "available at all times". With additional EMTs trained to advanced level, we could accomplish much more in the ER/and Lab on busy days in the hospital. In the hospital setting, AEMTs can help as much as a Medic with almost everything but a critical ER patients. Advanced EMTs, like Medics, can do IV's, Lab Draws, and EKGs. It is simply giving them the opportunity to work. Let me give you a drastic point of view from an EMT perspective

(this was a similar story/article in an EMS magazine written by an EMT in a busy hospital based EMS service).

Brad (fake name) has been working construction out of high school for 2 years. He gets burned out and wishes for a change of career. He has always thought it would be cool to help those in need. "EMTs probably make decent money", he thinks. So he finds a local EMS program at the local hospital. He signs up and takes the class. He is overwhelmed with 220 hours of education, hours and hours of home study, practice online tests, and youtube assessment videos. He feels like he can barely keep up in class. Finally he tests and passes. He signs up for a volunteer service and finds out he can get paid for calls. He is super excited and starts on the job training. After several months of riding the reality of the position sets in. This organization only employs paramedics and relies on volunteer EMTs. The problem is that the EMTs work 12 or 24 hour slots of being on call, waiting for page outs in order to get paid. Brad realizes that now he has worked/volunteered for 3 months and he is only making real money when he is on calls. Brad is annoyed because he is barely making $200 a week. So he asks about future employment and the supervisor says, "well, we can't really hire EMTs because it's not in the budget, besides we are always getting new EMTs every year." So Brad starts looking elsewhere. Very soon Brad finds a job at another service that pays for him to be on shift for 12 to 24 hours a day at $12.5/hr. Brad is offered a 24hr shift with a 12 hour on call position as a part time employee. He is super excited and works the job for 3 weeks. Then one of his coworkers states, "hey I do the same thing you do but Metro Ambulance in the next town over, employs EMTs full time. Brad asks, "are they hiring?" "Yes." Brad then puts in his app and is hired within the week. He then works 2 24 hours shifts at $13.10/hr ($680 week) and makes a decent living. He loves the schedule of 24 on, 24 off, 24 on, 5 days off. He starts to cut back on the other job.

But… his new job has a complication. A year after he starts, Metro Ambulance is Hospital based and then management comes down and changes the schedule. They state we have medics and EMTs just "hanging around part of the time when they could be helping out". So they change the schedule to a rotating nursing schedule. Brad is then told that he is only going to be employed for 36 hours a week. He realizes he's going to lose $416 a paycheck. That means he loses $10,800/yr. Brad reaches out to his old job to pick up some extra hours. They don't have any positions because they keep filling them with high turnover EMTs. Brad is now also dealing with a very sticky situation. He works 12 hours on shift and then goes on call for 12 hours. The service is busy enough that he gets called in about once every on-call. This usually interrupts his down time. Brad is kinda happy that he still gets a little call back for his on-call time. But now he is "forced" to be dedicated to emergency care for 72 hours a week. Brad starts to realize that he is on for 72 hours providing emergency care for his community and is earning the equivalent of $6.90/hr. He goes and talks to his supervisor about this and says its really wearing on him for the amount of hours he's working. His supervisor states, "well you get call back every time you get called in. Brad states, "you know I'd rather take the pay cut and have the 12

hours off so I could sleep, but I need the money to make a living." The supervisor shrugs and says, "tough cookies. It's the way we do it". This goes on for a couple of years, then Brad quits for a construction job at 10 hour days earning 20.50/hr. Brad hates the construction job, but does it because it pays the bills and he gets to sleep every night. Meanwhile, Alice just graduated from high school and wants to get straight to work. She's a CNA at the local hospital and figures she can earn a little extra $$$ by moonlighting as an EMT… and so the cycle continues.

If we don't provide opportunities for EMTs, even part time, we won't keep them. Its one thing to have a few EMTs always around and available, but what happens when they quit, or leave. Then we start that hard core process of train!-wish I had a job-leave for another job-new guy- train - wish I had a job- leave for another job… etc…

Slightly different prospective:

As a Paramedic it often feels like Paramedics seem to be the only ones in EMS that constantly get treated like Professionals. However, we often deal with petty politics and side duties. This happens everywhere. I have seen this process over and over again. One thing I have been asked at every EMS service I've applied, "how do you feel about working with RNs and how do you intend to make the relationship work"? I often wonder what it would be like for an RN to get the question, "How do you feel about working with Paramedics and how do you intend to make the relationship work"? It's one thing to have RNs and Paramedics work side by side, it's another to have EMTs get to the end of their class and ask about jobs. Or have EMTs asking about furthering their education or skills. They desperately want to apply the skills they have learned and earn money. Then they only get volunteer opportunities or call back opportunities. These are like a slap in the face. Just because we have a few EMTs who volunteer and help us cover doesn't mean that EMTs are one of the most underpaid, underrated medical personnel ever. They see it, they feel it, it feels icky, and they hate it. So if we can improve the experience our current EMTs have, then they will start to feel more accepted.

One of the hardest realities for RNs, Fire Chiefs, and non EMS management to realize is that growth of their EMS people is far more important than replacing the turnover rate. If we provided more growth and opportunities we wouldn't need to replace EMTs so drastically. We are such a young agency, when we are managed by "other" entities, they don't alway see benefits in progressing EMS rather than sustaining EMS. I heard once, "man its so hard to keep good EMTs around, all they every do is complain and leave". Well!? There is a reason for that. Many people don't see EMTs as professionals. This has to stop. There is a reason that the National Registry of EMTs dropped the Basic and Intermediate titles and replaced them with EMT, Advanced EMT, and Paramedic. People respond better to "I'm an EMT" rather than, "I'm a Basic EMT". Changing our titles was similar to nurses taking on the LPN and RN titles so that we could identify that they're different levels of nurses. We now widely understand the difference between RN and LPN. People now understand what these levels are. We understand that nurse can be derogatory. Lets hop on board and realize there is a difference between an EMT, AEMT, and Paramedic.

Employment is another reason for high turnover rate. In current EMT textbooks it literally says, "The number of EMT jobs is almost out numbers the number of EMTs 2. So when they finish training, EMTs often feel like there are jobs just waiting for them. What they don't always realize is that locally, we have very few opportunities to make a living as an EMT.

Then there is perception that EMTs often feel like they can't compete with Medics, or that they should be told what to do by Medics. We try very hard to push EMTs to realize that we are all EMTs, just with different scopes of practice. When EMTs don't run often enough, they quite often feel overwhelmed by the Medics. They loose faith in their skills. In ****** when we turned our schedule into a fixed schedule, most of us Medics had the same EMT partners every shift and the dynamic improved drastically! When our EMTs sit at home most of the time and aren't with us, then they meet up with us when adrenaline is pumping, we don't form the same bond. When the team works together often, the team works together better! Advanced EMTs can be utilized in-hospital just as much as a Medic can. Where the difference lies is once those tones go off. That is when over 1200 hours of education difference plays a role in being a paramedic. But, in my personal experience at *****, there hasn't been one thing I've done in the hospital other than advanced airway procedures/and subclavian IV access, and push code drugs, that an AEMT couldn't do. By no means am I saying, "hire a bunch of AEMTs and put them to work in the hospital, but it could be an option to cover if needed

Here is a crazy thing. Did you know that the average 4 year RN program dedicates 2 years to the training/education/and internship of an RN. While the Average Medic program dedicates, guess what, 2 years. But never anywhere does it seem like Medics are treated in the same capacity as nurses. Yes it is different training, but when a management entity, especially a hospital, plays the roll of management of EMS, EMS can suffer. This is partially due to the lack of understanding of what EMS is. People often think of EMTs as ambulance drivers. EMS is a baby at 40+ years of professionalism and only in the last 10 years progressing to prehospital provider (the concept of invasive emergency care) status. Only the critical care programs like flight and hospital based transport systems are consistently treated as specialists in their field. But let's not get off track… The point is that hospital systems that treat EMS like a hospital entity, often miss the big picture of EMS. The family bond. The drive to do everything we can for someone on their worst day. The fact that we are often alone on scene and an EMT/AEMT and Paramedic can sometimes do more in 10 minutes of scene time than an ER can do in 20 minutes without a practitioner present. This is because of our scope of practice. But I would much rather have an EMT partner that strives to better themselves by wanting to be an AEMT or MEDIC than having a couple of new EMTs every couple of months, that I have to supervise and work the call. If we provide more opportunities we will gain the trust and work ethic of those who want to succeed. By avoiding the local demand for an AEMT class we are losing out on great public relations, work relations, personal relations, progressive care, and improving the quality of care in our community. It's irresponsible.

Another big issue is the amount of available hours for those who have done the work. In a rural service such as ours, when we have an appropriate number of EMTs the EMT coverage is almost never an issue, and those EMTs are happy because they can make some money. One of the downsides for setting up an EMT class and spending all the time and money in a program is the uncertainty of the students. Most places that set up an aggressive EMT program are able to

weed out the students looking for a "slide by" class. But it can also produce many qualified EMTs. This can result in a loss of hours for already existing EMTs and a loss of pay. Most EMTs use this job as a source of income, more than a method of gratification. Let me give an example. If we had 7 EMT's covering 2 12 hour shifts a week, they would each get 24 hours of pay/coverage. We set up an EMT program that produces 7 more EMTs and we end up having all of them looking for work. Then to be fair, we put in place a 3 month supervised on the job training, followed by splitting up of the existing work schedule with 7 more EMTs. Then the existing EMTs that have been working a consistent 24 hours a week lose half. Half their hours, half their pay, half the experience. Of course we don't operate this way. But we aren't that far off. But I have heard from a couple of our EMTs that if they lose hours and they can't move up, or there are no continuing opportunities, they would leave or cut back to the bare minimum until they could find something else. This hurts us all, because we are constantly struggling with new EMTs, their personalities, their education, and their turnover rate. In over 10 years I have lost some of the best EMT partners ever… THE BEST due to poor management and no push to keep them. EMS is one of the fastest growing fields ever…. over the next 25 years there is an expected 150% increase nation wide as lifespans increase and more people move into retirement and start experiencing more health problems.

EMTs see this as well, and quite often are discouraged from progressing in our field, because they fear if they "go up" they could lose their job, or be easily replaced. I've even heard this statement, "why pay an Advanced EMT to do what an EMT can do on a call when there is already a medic"…? Thats like asking why hire an LPN when we could hire a CNA to work while an RN is on… What people forget is how much more an Advanced can do over an EMT.

I can say as a Medic, it would be wonderful to have a partner who can start an IV, hang fluid, and push a few drugs that an EMT can't. This frees up my hands for 12 lead placement, second line, and my ALS Head to Toe assessment.

We need to provide growth and encouragement in EMS. One of the best ways of doing this is providing further education and opportunities. I can argue that ****** is in the market for expansion of its ALS service. Look at what has been accomplished in the last year, 8 medics, new protocols, better approaches to procedures, and competitive pay. However our EMTs are begging for similar treatment.

Finally, the last issue to deal with is the "time spent on the class and how much time and money it takes away from their regular hours". A "real" investment in education/training is never a "bad" investment. Let me address this by saying, nobody here wants to teach more than I do. Anybody who has been a part of my classes (last EMT class here, excluded) can tell you it isn't a goof off and slack off time for the student or the instructors. We are being asked to cover/help in many areas of the hospital. This is fine. This isn't difficult. But, there should never be a question of paying an instructor to teach a class. To help educate and train new minds into the EMS world should take a dedicated instructor who holds students accountable. I also love bringing in other instructors/educators when appropriate, but investing in my time to invest in future EMTs is good business. I had people actively ask for my EMT classes. I have people who still call me up and ask when I'm going to put on another PHTLS class, or Health Care Provider CPR Class, or when I'm going to do an Advanced class. Consider this: Paying me 4 hours for

an advanced class and 8 hours for an EMT class might be difficult to justify now. But EMS education is one of the best PR programs for potential income. If people like their education they will travel and pay for it. These classes are also supposed to be for 4 months at most, or to have a rotating Fall Advanced Class, Spring EMT class. I love being a medic. I enjoy my career immensely. I love being an educator more. I haven't personally asked for anything other than to have the hospital pay for my PHTLS instructor update.

From my point of view we have several solutions. First, we need to provide an active growth program. This means: Advanced classes, active monthly training, a clinical compliance program, and most importantly a measurable process of skills and techniques. Second, a new aggressive EMT program. Ignore the pathetic 3-4 month death by powerpoint program that is literally designed by robots for 20% of student's learning style. I would ask that you take a look at my EMT/AEMT program outline. I have formulated an aggressive class/study/internship schedule. The best part would be the AEMT class schedule of 4 months 1 day a week. The majority of the class would be a self study program. If we had bad weather days, we could video conference. (that's easy).

Also you may get a push from some of our peeps about an teaching an EMT class. I have the utmost respect for *******, but we can't have a repeat of last time. ******* has asked to teach (help teach) the class. I think this is a great idea, however, and more importantly, no-one should ever be thrust into the primary instructor roll without having supervised instruction prior. Check out my aggressive EMT syllabus and course schedule again. I would also demand, yes I use the word demand, that I would be the course(s) coordinator/lead instruction/course supervisor. There are three reasons behind this. I was an instructor coordinator for ****** for 2 years, and I have personally lead dozens of EMT classes and co-instructed at least three dozen more. From my classes about half of my students have gone on to paramedic programs. 100% of my students who have gone on to paramedic school have passed. Secondly, I'm an educator. Before ever being a Paramedic, I was an environmental education ranger with the ******. This means I used a variety of themes, goals, and objectives through a combination of tangible, intangible, and universal concepts, and targeted as many learning styles, by challenging the core fundamentals of education. By utilizing multiple techniques, we can provide the most beneficial program for students to grow. Lastly, it is very hard to schedule final testing days, activate student status, or "sign off students to test", when I'm not able to coordinate the class.

With all these things on the table, I have one more thought to toss your way…
Just because we may not "get more" EMTs from an Advanced Class, we would drastically improve the quality of care for our neighbors, friends, community, and associated services. Imagine having one, just one more person in ***** who could start an IV in the field before they arrive to ******… Imagine ****** having a patient who was in a trauma call, started on fluid resuscitation before arriving. When it comes to EMS, investing in our neighbors ***is*** investing in ******. Some of these other services might have people interested in covering us a little bit if we offer more opportunities.

My understanding is that as of right now, August 27th 20**, we have close to 15 people interested in an advanced class, and 2 people who "might" be interested in an EMT class. If we had an annual EMT class with a little bit more of a job opportunity (meaning application of

skills, and some kind of reward for the effort), we may start getting more people interested in EMT programs.

I have been approached by several organizations about starting EMS programs. I have also been building an online business, for the resources and education of Rural Personnel. I may be creating an online EMS program for students to achieve their EMT/AEMT certs in the local/ state/regional area. If the hospital doesn't wish to support it's community and neighbors in an aggressive approach to train and improve EMS personnel, I could. I won't. I have the resources. But the truth is, I would much rather have the positive support of ***** than the negative attitude of "what I think is best for the hospital." I think what is best for the community might be the best for the hospital.