Best Practice in Residency Training – EMS Curriculum

Best Practices in Residency Training
Reaching for Excellence
February 22-23, 2003
Washington, DC

EMS Curriculum
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Best Practice
• Not sure what best practice is.
• SVMMC
  – No historical issues/citations in EMS
  – Unique aspects in EMS Experience
  – Strong aeromedical
• Willing and available

Philosophically
• Yin/ yang - Balance
• Cannot do everything the best
• Time is an issue
• Key is a dedicated EMS guru/fanatic

Fundamentals First
• ACGME/RRC EM Out-of-hospital Reqs.
• ACGME PIF’s

ACGME/RRC
Program Requirements
• Out of Hospital Care
  – Formal structured experience
  – Base station experience
  – Emergency transport and field care
  – Ground and preferably air
  – Teaching and oversight
  – Disaster planning and drills
  – Notification if required to ride/fly

RRC PIF’s
E. Out of Hospital Care (See P.R. IV.B.11)
• Does the program offer a paramedic base station experience?
• Does the program require a structured EMS rotation?
• Do residents ride with ground units?
  d. Do residents have the opportunity to ride with air ambulance units?
  e. Do residents participate in teaching prehospital personnel?
  f. Do residents participate in disaster planning and drills?
  g. Do residents participate in prehospital care quality assurance audits?
  h. Do EM faculty teach/supervise EMS to EM residents?
  i. What is the average number of hours of EMS conferences held each year?
  j. What is the average number of base station runs directed by a resident during training?
  k. What is the average number of hours spent by each resident in riding with ground units during training?

Base Station
• Tuesday lectures/ didactics
• SVMMC Base Station
  – Ground = 2,800/ year to SVMMC
    • Volunteer basics to Paramedic
    • All protocol driven
  – Air = 2,400 year (1440 to SVMMC)
    • MD/ Nurse and Nurse/ paramedic
  – Mobile ICU = 2,500/ year
• Run sheets
  – Information and QA and Procedure documentation

Structured EMS Rotation
• EM3 = I month
  – Lectures to Squads = 6
  – Assigned Reading
  – QA/ review Activities
  – Aeromedical coverage
  – Ride alongs
  – Vehicle – EMS Director Ride Alongs
  – Didactic Test

Residents Ride with Ground/ Air Units
• EM1 = 3 months x 2 rides => 6
• EM2 = 3 months x 2 rides => 6
• EM3 = Aeromedical and ground
  – More on aeromedical later

Residents Teach Prehospital Personnel
• EM1 = 2 lectures
• EM2 = 2 lectures
• EM3 = 6 lectures
• Heat is On Conference → 400-600 participants
• Other

Disaster Planning and Drills
• Residents are built into system
• EMS committee - participants
• Disaster committee - participants
• All page system for drills and disasters
• DMAT – Disaster medical Assistance Team

Prehospital QA
• EM3 → EMS month
• Monthly conference
• Other

Faculty Teach EMS
• Yes
• In department
• Didactics
• EMS Skill Day
• Primarily 2 dedicated interested faculty

Didactics
• Tuesday conferences 7:00A to 12:00
  – Basic concepts in EMS
  – Start Triage System
  – Incident EMS/Hospital Command
  – HAZMAT
  – Base Station
  – Disaster Management
  – Medical Director
  – DMAT Teams

References
• Tintinalli – Fifth Ed. Section One
• EMS Medical Directors Course Book
  – Ohio ACEP
• Brady – Paramedic Emergency Care
• AAOS (American Academy of OrthopedicSurgeons)– Emergency Care and Transportation of the Sick and Injured– Instructors Research Kit

EMS Med Directors’ Course – OACEP
• Ohio history and structure
• Legislative/ legal
• EMS system integration
• Direct/Indirect Oversight
• Operational issues
• Levels of prehospital providers
• EMS education
• Adult education
• Grants and funding
• EMS QA/ and Performance Improvement
• Remediation
• Protocols and standing orders
• Protocol development
• Disaster planning
EMS Clinic Days

- Concept of IM, FP, Peds continuity clinics
- EMS dedicated time
  - EMS Director ride alongs – scary!!
  - Aeromedical time
  - Protocol manuals
  - Process, base station
  - Other

EMS Skills Day

- Once per year – stations
- “Immersion” day at the training site
- Scene safety/ Command/ radio procedures
- Extrication
- Splinting
- Packaging
- Intubation in bad positions/ environments/ windshield
- SWAT – Tactical
- Destroy vehicles
- "FUN"

EMS Vehicle

- First iteration
  - County vehicle
  - Equipment, radio, lights and siren
  - Mandatory driving course
  - Residents took it for shifts
  - No longer → issues

EMS Vehicle II

- Second iteration
  - EMR and Foundation
  - EMS Director vehicle
  - Residents Ride with Him
  - Respond to calls and assume med control
  - Squad visits
  - Etc.

Aeromedical

- Current
  - Voluntary – 99% do participate
  - 2,400 flights/yr (55% trauma) (30% scene)
  - 4 helicopters/ 4 base sites/ Strategic
  - 2 out of 4 teams (sites) are MD/RN
  - EM2 residents start in January
  - Orientation from beginning EM1
    - LF Rounds – QA, reviews, didactics
    - Skills stations day
    - Buddy Flights (observe/hands) – Orientation flights
    - Review committee final approval – multi-factorial

EMS Associate Directorships

- EMS Director – 18 Directorships
- Resident associate directorships (6)
  - 2 year minimum commitment from resident
  - Run/own the squad under supervision
  - Work to improve the squad
  - Education
  - “Develop relationships”
  - Needs assessments
  - Grants assistance
  - Other

Tactical EMS (TEMS)

- Medicine through the barricade
- 5 years
- Resident created program - Voluntary
- Medical assistance to SWAT
- 3 day training
- Arms/ Tactics/ Safety/ Command/ etc.
- Not in the “Hot” zone
- Not armed

TADMAT

- Toledo Area Disaster Medical Assistance Team
- Community Team – crosses hospital/network borders. Large residency contingent
- Voluntary – but all support
- Training/ Drills/ Meetings
- Federalized – PAPERWORK
- When called up – some are released

Activity History……..

Activities

- Hurricane Andrew......... August 1992
- Lonz Winery............... July 2001
- World Trade Center........ September 2000
- Olympic Games Salt Lake. February 2002
- School Bus v 16 wheeler... October 2002
- Pon Fon Ga Typhoon Guam December 2002

Quotes

- Director
  - “The paperwork is a nightmare”
  - “I need a cattle prod for these guys”
  - “They just need to understand the environment”
  - “I need another secretary – NOW”
- Residents
  - “Why do I need this”
- After graduation
  - “Why didn’t you tell me how much I would need this”

Horizon

- Beef up the QA stuff
- Associate director for EMS
- Aeromedical/ EMS Fellowship
- More Research
- More TADMAT
- Other ?????

EMS Curriculum

END

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