

Comment from Marshall Washick

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The re-envisioning of the 2000 EMS Education Agenda for the Future: A Systems Approach should incorporate a detailed description and definition of what 'emergency medical services' is in the context of the U.S. Given the creation and development of EMS, post-'Accidental Death and Disability white paper' has focused on responding to the gaps in socio-cultural agreements, political and policy arenas, and systemic health care disparities and inequities - it is incumbent that this be placed at the forefront of EMS education.

Industry advancements in clinical skills and acumen have far exceeded 'the why' these particular advancements are needed in the first place. As physician groups, advanced practice providers, researchers and scientists push the boundaries and limits of the 'standard EMS provider', the critical thinking and reasoning that is paramount is resoundingly lacking in our EMS educational practices and systems. Education must move beyond the 'technical' or 'technician' and embrace complex, interdisciplinary theories that produce more capable providers. For example, EMS providers should have a greater understanding of social and political determinants of health, the effects of urban planning on health outcomes, and systems engineering. Developing curricula that incorporate these additional domains is essential as long as EMS continues along a path that is community-health focused with an emphasis on prevention and mitigation of undesirable health outcomes.