1. What are the most critical issues facing EMS education system that should be addressed in the revision of the EMS Education Agenda ? Please provide specific examples.

Moving from a skill-focused trade to a clinical-focused profession. At the root of this is ensuring a strong knowledge of anatomy, physiology, and pathophysiology as the foundation for patient assessment and paramedic diagnosis.

Access to education beyond larger metropolitan and suburban areas to address staffing shortages and inequity in the deliver of prehospital medicine in low population areas.

2. What progress has been made in implementing the EMS Education Agenda since 2000?

Publishers and programs have implemented the Education Standards, replacing the deprecated National Standard Curricula. This provides a framework of minimum standards that should be covered in the educational process while providing educators an opportunity to adapt content and include additional content as needed or requested by their communities of interest.

The Scope of Practice Model has been revised as the profession has evolved and as it has adapted to address staffing challenges and significant health events, like COVID-19.

With the NREMT requirement that paramedics must graduate from an accredited program in order to test, we have effectively mandated programmatic accreditation. The only exception would be the select few states that do not use the NREMT exam.

NREMT certification is required for at least initial entry as a paramedic in 47 states and as an optional entry in 1 more, and as an EMT in 46 states and as an optional entry in 2 more.

3. How have you used EMS Education Agenda? Please provide specific examples.

The Florida Association of EMS Educators recently hosted a state-wide training discussing the history and contents of both the EMS Education Agenda for the Future and the National EMS Education Standards to show the significant role they play for EMS education, testing and certification today.

4. As an EMS Stakeholder, how might a revised EMS Education Agenda be most useful to you?

Understanding future trends, challenges, and opportunities in EMS is essential for ensuring a well-prepared and resilient healthcare system. The EMS Agenda describes a vision for the nation's EMS Systems. As we leverage telemedicine and even new technologies such as AI, it will be necessary to help prepare EMS personnel to enhance training programs, protocols, and adoption of appropriate technologies. This document should guide that advancement.

5. What significant changes have occurred in the EMS education system at the national, Federal, State, and local levels since 2000?

Apart from the items listed in #2, one of the most significant impacts on EMS education came during the national shutdown for COVID-19. Education programs were forced to develop ways to deliver content effectively without being in-person. This also forced an increased reliance on simulation over live patient contacts, something that had been embraced more in other allied health fields than it had in EMS. While these changes were necessary at the time of the shut-down, they have remained to a great extent becoming part of the standard delivery model.

6. What significant changes will impact the EMS education system in the next 25 years?

It is reasonable to expect that the scope of EMS practice will continue to evolve and expand. That will require an education system that is able to efficiently delivery the content. This comes at the same time as the nation is experiencing a shortage, or possibly more accurately a misappropriation, of EMS human resources and a demand by employers to produce additional clinicians as quickly as possible. Finding a way to balance a demand for production speed with a need to deliver broad content quality will be critical in the system moving forward.

7. How might the revised EMS Education Agenda contribute to enhanced EMS for children?

With ties back to the standard curricula, pediatrics is often handled as a small portion of a special populations module. While pediatrics does need some special focus, I think it would be more important to include the pediatric implications integrated into the rest of the content. This is similar to how the NREMT has moved pediatrics from being a separate component of the test to instead be a percentage of the questions in the remaining 5 components. I believe that will elevate the medicine and allow the pediatrics specialty section to focus on the unique aspects of pediatric operations, like the safe transport of children.

8. How might the revised EMS Education Agenda support and/or promote data-driven and evidence-based improvements in EMS education systems and EMS practitioner practice?

Focusing on systems that can track clinicians from cradle to grave, essentially, we may be able to better see how what is done in education impacts patient care. As an example, Florida is proposing a rule revision that will require students to register for an EMS ID from the NREMT at the start of their training program. By implementing that concept nationally, and tracking that information through both education databases and ePCR databases and then further linking that information to hospital outcomes data, we can see how primary education effects front-line patient care.

9. How could the revised EMS Education Agenda enhance collaboration among EMS systems, health care providers and facilities, public safety answering points, public health, public safety, emergency management, insurers, and others?

A focus on raising the educational level of the paramedicine profession so paramedicine clinicians function and can communicate on an equal level to the other medical and allied health professions will provide for a greater continuity in care.

10. How could the revised EMS Education Agenda be used to promote community sustainability and resilience?

11. How could the revised EMS Education Agenda contribute to improved coordination for disaster response, recovery, preparedness, and mitigation?

Ensuring a standardized foundational framework for baseline education is critical to ensuring that an EMT or a paramedic that responds to a disaster will know at least "X," even if they know and can do much more.

12. How could the revised EMS Education Agenda enhance the exchange of evidence-based practices between national, Federal (and military), State, and local levels?

EMS remains very local in its nature, but a nationalized model is not the solution. Those states with tight regulatory control over protocols tend to be limiting in the evolution of the system. A national model could do the same on an exponentially larger scale. But providing systems where best practices can be easily shared, effectively a clearinghouse of protocols, guidelines, and education resources could help smaller local agencies benefit from the advances of larger services.

13. How could the revised EMS Education Agenda support the seamless and unimpeded transfer of military EMS personnel to roles as civilian EMS providers?

The Agenda should emphasize both one, a cross-walk of military curricula to the civilian education standards, and two, a process to facilitate bridge programs to fill the gaps between a military level and the next higher civilian level. As an example, most military medic programs now earn at a minimum a NREMT EMT certification, but the level of training exceeds the scope of an EMT. By either increasing the amount of training on the military side to perhaps Advanced EMT, or by encouraging the development of programs that recognize and accept the existing level of training and fill in the perhaps medical versus trauma gaps that exist to get the military medic to that Advanced level.

14. How could the revised EMS Education Agenda support interstate credentialing of EMS personnel?

REPLICA needs to be a core component of the Agenda. The existing Agenda, and presumably this revision, will emphasize a national certification, currently the NREMT. That lays the groundwork for implementing REPLICA, but this revision needs to make the recognition of

national certification by each state without excessive individual state hurdles is critical to making EMS certification portable and addressing the duplication of effort to license in individual states a priority. Doing so should open a greater pool of clinicians to address staffing needs in various locations.

15. How could the revised EMS Education Agenda support improved patient outcomes in rural and frontier communities?

Leveraging the new delivery models that came to the forefront during the COVID 19 shutdowns provides an opportunity to better reach rural populations that have limited education access due to distance limitations. Combining this with shared asset mobile simulation units would allow rural communities with limited call volumes to also obtain necessary clinical experiences.

16. How could the revised EMS Education Agenda lead to improved EMS systems in tribal communities?

Will defer to members of the tribal communities.

17. How could the revised EMS Education Agenda promote a culture of safety among EMS personnel, agencies, and organizations?

Since the original Agenda, the profession has made great strides in looking at the overall wellbeing of the EMS clinician. Increased focus on the holistic health and safety of the clinician beyond a focus primarily on scene safety to one including mental and physical wellness overall would be important. Additionally, the safety of the patient and overall patient advocacy needs to be a greater emphasis in all aspects of the Agenda.

18. Are there additional EMS attributes that should be included in the revised EMS Education Agenda ? If so, please provide an explanation for why these additional EMS attributes should be included.

To align better with the evolving EMS practice of other developed nations, a greater emphasis should be placed on raising the educational bar to move from the current model of delegated practice to one of independent practice with self-regulation by the profession of paramedicine.

19. Are there EMS attributes in the 2000 EMS Education Agenda that should be eliminated from the revised edition? If so, please provide an explanation for why these EMS attributes should be eliminated.

While there are some things from scope of practice that have changed, the overall Agenda concepts remain current.

20. What are your suggestions for the process that should be used in revising the EMS Education Agenda ?

The Agenda should be a consensus document, but the consensus needs to focus on the patients, not the various delivery models and organizations. EMS is first and foremost medicine, serving as the medical

21. What specific agencies/organizations/entities are essential to involve, in a revision of the EMS Education Agenda ?

Obviously organizations that are representing the communities of interest in EMS delivery should be represented (IAFC, NASEMSO, NAEMSP, NAEMSE, NEMSMA, AAA), but care should be made to make that representation balanced. There should be field clinicians from the various deliver models (fire, third-service governmental, hospital, private, volunteer) and specialty fields (mobile integrated healthcare, tactical, aeromedical and critical care). While NAEMSP was listed already, physician involvement in the various specialty areas other than EMS should be consulted. Researchers should be involved to help keep this Agenda data-driven and founded in best practice research, both clinical and education. Finally, while potentially a radical departure from our US norms, I would encourage involvement by EMS education leaders from other developed nations where there is more of a career versus trade focus (i.e., Australia, UK, Ireland, Canada) to see where we can find common ground and again make paramedicine a more transportable certification.

22. Do you have any additional comments regarding the revision of the EMS Education Agenda ?

No