Journal of Prehospital Medicine
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Volume 2, Number 2
October - December, 1988

Editorial

Graduation from Paramedic School: A Beginning or an End?

Upon graduation from a paramedic training program, students as well as their employing agencies consider the event as a culmination of their medical education. Having met the criteria for certification in advanced cardiac life support, basic trauma life support or prehospital trauma life support, perhaps one of the various pediatric life support programs, in addition to the entire set of behavioral and skills objectives of the National Standard Paramedic Training Cirrciculum, these health care professionals are now fully qualified to assume complete clinical responsibilies for the care of the critically ill or injured during the crucial period prior to hospital arrival. Their didactic and clinical training is so complete that an occasional refresher and update are all that's necessary for them to provide the best possible care an EMS system can offer.

It sounds nice and unfortunately, it seems to reflect a prevailing attitude about paramedics and their continuing education. Many give lip service to the need for real continuing education, but very few do anything significantly more than engage in an endless cycle of renewing their various acronym merit badges and filtering through redendant refresher classes - the curricula of which are carefully homogenized so as not to go beyond the absolute minimum requirements, lest risk teaching a paramedic something that might be considered too advanced or only appropriate for the hospital environment. When does something become too advanced or only appropriate for the hospital environment? When it exceeds the minimum requirements of the acronym courses or the basic paramedic curriculum? Do we plan, educate, certify and authorize to the level of the least common denominator? If that is the case, we should stop this charade to ourselves, the rest of the medical community and the public about our professional status and quietly accept our place as simple technicians trained by rote to perform a rigid and specific set of proceedures under well defined circumstances only under direct authorization of an on-line medical control physician. To do anything more under that type of educational system is dangerous. Most systems try to do more than this with standing orders and various degrees of clinical discretion in the field. However, these same systems frequently do little more than the aforementioned acronym chasing and refreshers.

Continuing education is something more than that. The philosophy in real continuing education has to consider that graduation from a paramedic training program is only the beginning and not the essential end of an individual's medical education. Having met the absolute minimum equirements to be certified as a field provider of advanced life support, the newly graduated paramedics are now in a position to begin to obtain clinical experience, to accept clinical responsibility, and to begin the career-long continuing education process that will take them from the very rudimentary education of a basic paramedic program to higher and higher levels of didactic knowledge and clinical skill.

Consider a career scenario in EMS. Begining as an EMT, a year or more as a basic life support provider establishes some confidence and clinical experience in working with the critically ill and injured. Proven ability at this level qualifies one for entry into the paramedic program. A year or so later, upon graduation, the paramedic and their EMS system should be looking ahead to 20 more years of progressively advanced and sophisticated didactic and clinical education. Modeled after the training of physicians, of which paramedics act as surrogates, this sequence of career-long education should begin with a rigorous internship under the tutelage of an exceptionally talented and experienced paramedic mentor who has demonstrated highly advanced knowledge and skill combined with the ability to teach in the unique one on one setting between senior and junior partners on an ALS unit. This relationship is complemented by participation in case study conferences, journal clubs and other such programs found in the internship and residency training of physicians. The objective is not to make paramedics into physicans (although an aggressive CME program conbined with particpation in a pre-med program would seem to be an extraordinary vehicle for preparing the next generation of EMS physicians for medical school). Rather, it is to provide for the education of highly skilled health care professionals who work towards the prevention and amelioration of acute illness and injury in direct collaboration with the EMS physicians who assume ultimate responsibility for their actions. Without this type of professional development process or something akin to it, our dicipline will fail to attract or retain substatial numbers of personnel of the calibre this mission of acute prehospital care deserves.

Our challenge is to have the vision and initiative to create progressively challenging CME rograms that can provoke and stimulate intellectual curiosity and professional growth throughout the entire career of a paramedic. It doesn't start with some elaborate national standard or task force. It begins in your agency with your personnel and your initiative in your CME program.

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Editor