

Editorial

EMS Continuing Education - By Merit Badge or Comprehensive Review?

For many years, the American Heart Association's Advanced Cardiac Life Support (ACLS) course was the only nationally recognized continuing education curriculum for EMS. The American Heart Association did an outstanding job developing and implementing this program.

Early on in the emergence of EMS, the ACLS program had little competition in continuing education/national certification programs. This is no longer the case. Trauma is now finding the kind of attention that cardiac care had in the 70's. In the 1980's, the American College of Surgeons introduced the Advanced Trauma Life Support (ATLS) course for physicians. A group from the Alabama Chapter of the American College of Emergency Physicians modified that curriculum for paramedics and nurses, calling it the Basic Trauma Life Support (BTLS) course. The National Association of Emergency Medical Technicians in conjunction with the American College of Surgeons later implemented a paramedic trauma course, called the Prehospital Trauma Life Support (PHTLS) course. Prehospital EMS now has ACLS, BTLS and PHTLS. Is that enough? Modified versions of these courses are rumored for pediatrics. Will we see PACLS, PBTLS and PPHTLS?

Cardiac and trauma care account for most of the cases in prehospital EMS, but not all. Will there be similar national standard curricula for other areas? Pediatric versions?

A series of separate national standard continuing education programs has advantages. It allows the academic communities of the various specialties to establish standards of EMS care for their disciplines. Each is responsible for course content, faculty and testing standards. This relieves EMS agencies and individual hospitals of the need to independently develop courses in those fields.

If continuing education became focused upon those specialty courses, subjects outside those courses could easily become neglected. Compare the amount of training and emphasis given to paramedics over the past ten years in trauma training, without a national standard curriculum, to that received in cardiac care with a curriculum during that same time period.

These national standard courses are usually not free. Tuition, books, and possibly travel and per diem can amount to a considerable expense per course. What will the financial burden become with pediatric versions of the courses? What of other national standard specialty courses for EMS in the future? Where will we put all of the wallet cards?

A continuing education program based on a series of discrete specialty courses can lack continuity. Such a scheme is likely to suffer in putting together aspects of trauma, cardiac, psychological and other care that must be integrated in managing real patients who usually have more than one isolated problem.

What will we have to do to maintain complete credentials if the trend of multiple separate national standard courses continues?

Would it be possible to develop a comprehensive national standard continuing education curriculum for EMS? The American College of Emergency Physicians has done so for its physicians with the Comprehensive Review of Emergency Medicine (CREM). Consider taking the best of both approaches - A comprehensive review course for EMS with the specialty groups taking responsibility for developing segments pertaining to their disciplines. The multidisciplinary emergency medicine specialty could develop the later segments which bring all the pieces together into a practical overall approach to prehospital patient care. Final didactic and clinical evaluation should reflect the goal of caring for the whole patient.

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Editor