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# Editorial

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## Professional or Vocational Career Development

Modern prehospital EMS has evolved from a not so distant legacy of ambulance attendants and first aid squads. While training requirements and logistics have become more sophisticated, the work environment remains largely vocational rather than professional. In this context, the difference is largely in the perception of field personnel.

In a vocational environment, field personnel are perceived as technicians, taught to do specific tasks under specific circumstances. They are not responsible for insight on the rationale or problem solving approaches behind their actions. Their training and accountability becomes limited to identification of a circumstance and execution of a corresponding set of procedures. There is no expectation for continued academic advancement, contribution to the discipline through research, peer review, or participatory management.

A professional environment has field clinicians. Their education is based on an understanding of the pathogenesis for common patterns of critical disease and injury. This is used as a template for evaluation and treatment of real patients on a case by case basis, often involving more than one problem. Initial certification is the minimum requirement to enter the profession. The responsibility for continued academic growth and contribution to the state of the art rests with the individual, not their EMS agency. However, their support staff in administration builds programs into the system and workplace that facilitates and encourages these professional behaviors. Through participatory management practices, each field professional has an opportunity to develop a niche where they can take an issue into their charge and work to resolve it. They develop personal accountability.

There are many very talented individuals in the substations. Shifting the trend away from vocationalism towards professionalism will take leadership. EMS administrators should try to develop participatory management, continuing education, support for research, and peer review programs. The field clinicians should take the primary initiative, regardless of management support, to build their careers from a professional perspective. Position along the vocational - professional spectrum is a significant discriminator between the mediocre and superior systems and paramedics. A superior system and its paramedics must have the capacity for clinical and academic excellence. That is what the Acute Care Foundation is all about.

## Proposed Changes in 10D-66

The State of Florida EMS Office is considering several changes to Chapter 10D-66, the rules which regulate EMS throughout the State. In the draft, dated 7/30/87, are items regarding the procedures and drugs that will be authorized for paramedic use in the State of Florida. In current rules, 10D-66.057 gives examples of the types of procedures and drugs that are allowed, in addition to "Other drugs deemed necessary by the Advanced Life Support Medical Director, subject to the provision of these rules." This current language does not restrict what procedures or drugs can be used, so long as the ALS medical director authorizes it and they are not in conflict with other parts of 10D-66.

In the proposed version of 10D-66.057, the language will be changed in such a way that places all responsibility for authorized drugs and procedures with the DOT Paramedic Curriculum. The medical director will apparently lose the ability to authorize any procedures or drugs that are not in the DOT curriculum. This language would seem to prohibit EMS agencies in the State of Florida from participating in any innovation or research efforts that include items outside the scope of the DOT curriculum.

Standards can be useful in bringing the lower end of the spectrum up to a higher level. The net effect of standardization becomes detrimental when it restricts efforts to reach higher.

Michael R. Gunderson, REMT-P  
Editor