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### **Learning Objectives**

- Discuss the challenges inherent in developing a new curriculum and identify best practices from other health professions
- Analyze the literature to determine best practices in curriculum design
- Discuss current educational models utilized to deliver community paramedicine training ie. Where are we now
- Describe a competency based model as a framework for the development of community paramedicine education

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## Questions that beget More Questions

 The quest for answers. As I developed this presentation I kept coming up with more and more questions with answers that seemed elusive.



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### Setting the stage

- The entire approach to the concept of healthcare provided by Paramedics requires LEADERSHIP.
- Paramedics have successfully demonstrated that they are capable of being stewards of their own profession. PARAMEDICS MUST CONTINUE TO LEAD.
- Many fundamental existential questions surrounding the identity of Parmedicine need to be resolved before we are able to develop a sustainable educational model.

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# Ponder this throughout the discussion

 Are we approaching this from the right perspective? Can Paramedicine carve out a distinct identity and should it? Some argue that paramedicine is a stepping stone to Nursing, PA or Medical School. What do you think?



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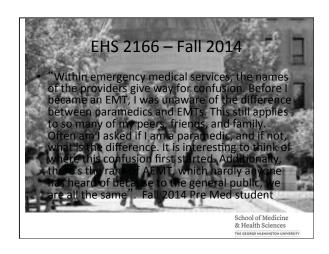
# Ponder this throughout the discussion

- Would the development of a Master's Degree be duplicative?
- Why would a potential employer want to hire a Community Paramedic educated at the Master's Level when they could hire a PA, or a NP?

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#### **Definitions**

- What is a Paramedic?
- What is Community Paramedicine?
- Is terminology and nomenclature important?



#### EHS 2166 – Freshmen Students

- ..."I agree that if Community Paramedicine and MIHC systems are to really take off and be of service to the public, there needs to be an initiative to educate the public on the available medical resources, and when it is more appropriate to activate one or the other. In my opinion, this is very much a sociological problem. Everyone is socialized to understand when it is appropriate to contact the police or the fire department, and what these two agencies' capabilities are. But there is always a confusion about what EMS actually can do and when it is appropriate to activate that resource. Before we go adding new systems and levels of care to EMS, we need to teach the public about the distinctions and objectives of the current resources, and then introduce new emerging concepts like CP and the control of the current resources.
- Fall 2013 Pre Med Student.



#### **Terminology**

- Why is agreement concerning terminology so important?
  - Basic marketing 101. Branding matters
  - You cannot build a sustainable product, or enterprise with a flawed branding or naming strategy.

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### **Corporate Examples**

Royal Mail re-brands with a name that the media beats to death. In 2002, Royal Mail (the post office in the UK) tried to re-brand itself under the name Consignia. What does that even mean?

Executives at Royal Mail wanted to re-brand in order to convey that its business was more than mail. But instead they ended up with a name that the public thought was ridiculous.

"The Consignia name has become a stick for the media to beat the group with. It won't escape until the name becomes a relic of history," They phased the name out over the next two years. – Source Business Insider.



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#### Mastercard

- MasterCard's logo is just plain ugly.
- MasterCard tried to introduce a new logo in 2006 and was met with a good deal of criticism. People weren't opposed to a new logo, they just thought this one looked really bad.
- One person said, "the problem comes from the center circle... Too big, too brown, too blurry," while others were more extreme ("absolutely horrible. ugly ugly ugly stuff... talk about mixed messaging") - Source Business Insider



#### Assumptions

- It would be presumptuous to assume that the healthcare community has an accurate understanding of our knowledge, skills and abilities.
- Grant participants need to be educated.
   Public Health, and other government agencies don't really know what we can do.

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### Terminology- Does it need to be so complicated?

- · Community Paramedicine
- Mobile Integrated Health Care
- EMS
- Prehospital Care

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### Terminology

- Coalescing around standardized nomenclature will help the profession (Paramedicine) advance it's standing in the healthcare community in the following ways:

  - Marketing a service delivery solution becomes understandable to purchasers
  - Securing funding becomes easier

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#### **Leading Change**

- Healthcare is changing faster than many anticipated. EMS delivery systems must change to remain relevant.
- Community Paramedicine is in the best position to lead change in EMS and directly influence the way in which healthcare is delivered by Paramedics. – There are numerous positive catalysts for this change to occur.

### Why can Community Paramedicine Be So Successful?

- · Catalysts for change.
  - Practitioners especially seasoned ones are aware that there are alternatives to the way patient care is delivered.
     Non-emergent calls
  - As demonstration projects begin producing measureable performance outcomes, additional funding will become available.
  - Practitioners want to have a career in healthcare.

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### A Nurse's View of CM

 "Frankly, I think we are going to change the industry. The paramedic course of the future is going to evolve because of community paramedic programs". Anne- Robinson-Montera, RN, BSN.

Integrated Healthcare Delivery Journal – July 2014

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#### **Asking more Questions**

- · James Cawley, PA-C, M.P.H
- Professor of the Department of Prevention and Community Health. He is also a Professor in the Department of Physician Assistant Studies at GW's School of Medicine and Health Sciences.
- One of the Fathers of the PA Profession A PA for 39 years.

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#### Key Points from the PA Profession

- · Competency Based
- · Clearly defined brand
- PA Led Professional Identity Prescribed body of knowledge and education
- Most of the 181 accredited programs are at the Master's Degree level.

#### Key Points from the PA Profession

 Educated in the medical model, a PA is defined by the AAPA as "a health professional who practices medicine with the supervision of a licensed physician."

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#### **Physicians Assistants**

- increasing accessibility to high quality health care.
- · providing comprehensive health care services,
- maintaining an atmosphere of caring and trust between the patient, the family, and the health care team, and
- improving the continuity of patient care within the health care system.

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#### Physician Assistants -Cont

 The PA is distinguished from other health care professionals by his education as a generalist, by the breadth of his clinical knowledge, by the extent to which he is given decisionmaking authority regarding patient care, diagnosis, and treatment, and by the depth of his clinical experience.

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#### Characteristics of a Profession

- a basis in systematic theory a distinct way of viewing phenomena surrounding the knowledge base of the profession
- specialized competencies and practitioners who are effective in practicing the professional role
- dedication to raise the standards of the profession's education and practice
- availability of professional education as a life-long process and mechanisms to advance the education of professionals established by the profession
- the presence within the profession of individuals with varied identities and values forming groupings and coalitions that coalesce into unified segments – known as specialties with specific missions

- · authority recognized by society and the clientele of the profession
- approval of the authority sanctioned by a broader community or society
- a code of ethics to regulate the relationships between professionals and
- self-regulation that protects practitioners and supports disciplinary criteria and actions to censure, suspend, or remove code violators
- a professional culture sustained by formal professional associations, such that the membership may develop a biased perspective through their profession's lenses.
- Cogan, M. L. (1955). The problem of defining a profession. Annals of the American Academy of Political and Social Science, 297, 105–111. Available: www.jstor.org/stable/1029845.

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#### You have probably heard this

 "A significant concern is that community paramedics don't have the appropriate education and training to do this work.... In order to get the respect and buy-in from nursing those education pieces need to be in place." Anne- Robinson-Montera, RN, BSN.

Integrated Healthcare Delivery Journal – July 2014

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### Designing a Curriculum

- · Professional Questions to Ponder
  - What is the purpose of a program of study in Community Paramedicine?
  - Who will pay for this?
  - Are their jobs available?
  - What constitutes the body of knowledge that is required to practice?

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#### Designing a Curriculum

- Additional Pertinent Questions to consider
  - Is it possible that we add to the constellation of courses Paramedics can take that is considered additional trainining/ CE – Would we be perhaps short changing the future workforce?

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#### **Clinical Pathways**

- Associate Degree Curriculum
- Bachelor's Degree Curriculum
- Master's Degree Curriculum This one is probably the most problematic and requires careful consideration and discussion.

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# We don't Have to Reinvent the Wheel



PARAMEDIC
PRACTICE

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# We don't Have to Reinvent the Wheel

- Version 3 of the Standardized Community Paramedic Educational Curriculum is available
- Developed by the Community Healthcare and Emergency Collaborative.
- More than 200 educational institutions are using it, with California adopting the curriculum at the State level.

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#### Framework for Curriculum

IOM Report Health Professions Education: A
Bridge to Quality (Institutes of Medicine,
2003). Articulates the vision for all institutions
engaged in clinical education. Advocated for a
core set of competencies in the following
domains: patient-centered care,
interdisciplinary teams, outcomes based
practice, quality improvement and informatics

#### Framework for Curriculum

- Competency Based Education Goal is to design curricula based on the roles that graduates will assume after completing their degree and to incorporate the specific knowledge, skills and abilities that future employees will need.
- Is well recognized and sustained support in the literature.

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#### Framework for Curriculum-cont

- Provide an important link between classroom based learning and outcomes produced on the iob.
- Competencies are required to be aligned for programs that will eventually seek accreditation

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#### Framework for Curriculum-cont

 Linking program competencies to important professional criteria requires that classroom experience be aligned with the specific competency knowledge, skills, values and attitudes. This then allows programs to quantify and measure the level at which identified educational outcomes ie. competencies have been achieved.

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### Program Mission, Vision, Philosophy

 Formulation of program vision and philosophy statement – built upon a mission that centers on the need for a competency based curriculum built upon the educational requirements of individuals already working in the field.

#### Mission Clarification

- Drucker (1990) emphasized the importance of mission clarification in order to answer the following questions: Why does the organization exist? Ie. What is its purpose? In other words, whom does it seek to serve – what need is it seeking to meet? What differentiates this particular organization form those that are similar?
- Drucker, P.F. (1990). Managing the Non- Profit Organization: New York: Harper Collins

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#### Other considerations

- · Market Who is being served?
- Targeted Students Who is the program for?
- Program Philosophy
- Self Concept- Refers to the organization's distinctive competence- aspects of the program that create a competitive advantage
- Faculty Teaching vs Research Experience as a practitioner and qualified academically

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#### Other considerations

- · Industry champions
- Program Development Group
- Executive Advisory Board Advisory board may provide a diverse stakeholder perspective that can help enable programs to align educational offerings with practitioner expectations.

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# Competency and Curriculum Development

- · Review of existing competency models
- Development and refinement of a competency model
  - Identification of domains (core buckets in terms of what paramedics do or should do. eg. Public Health Domains – Analytical/ Assessment Skills, Policy Development/ Communication Skills, Cultural Competency Skills etc.

# Competency and Curriculum Development- Cont

- Align specific competencies and associated measures and dimensions with content areas.
- Sequence courses

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# What Academic Institutions are Discussing

- Who are we? A discussion of our identity; State of students seeking bachelor degrees in EMS
- · What are they seeking
- · What has proven to be useful/beneficial
- · What are their sentiments regarding the education
- What the future holds for graduates possessing a bachelor degree in EMS
- · Where should we be in the future as academic programs Etc.

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## Future Developments and Continued Discussion

- Consortium of Academic Programs in EMS (CAPEMS) – Meets at NAEMSE September 18, 2014.
- Now approximately 28 degree granting institution in the U.S.
- Discussion of a Clinical Master's Degree for EMS

