The future of EMS needs to be fueled & supported

Although being on the road can be grueling, I get energized being with EMS providers—particularly watching the new millennials as they learn about, get involved in, and get excited about EMS. After all, these are the folks who will carry the EMS torch and create or adapt to changes and programs to take EMS systems to the next level.

It’s also refreshing to talk to and observe upcoming EMS personnel because they’re free of the biases and attitudes many seasoned veterans have developed over time. Most experienced and dedicated caregivers accept the changes occurring in EMS and the management requirements necessary to get them accomplished. Complacent or disenfranchised caregivers find change or management issues bothersome and often morph into “haters,” providers who you couldn’t please if you gave them a 14-carat gold clipboard and a chauffeured ride to and from work.

In addition, many agencies have dropped or failed to cultivate their Explorer programs or junior squads, and it’s beginning to show as volunteers and seasoned veterans retire and quality recruits take different job paths.

Some recent trips and experiences with the youth of EMS really charged my EMS battery.

In British Columbia, I met a young lady who has only been a paramedic for six months. One of the nice things about the BC system is that it pairs young paramedics like this with seasoned veterans who have the correct attitude about EMS. In this case, the recently certified paramedic was teamed with paramedics who had 20–23 years experience.

They mentored her and taught her not just the right medical procedures, but also the right attitude, care, compassion and customer service tips critical for quality EMS delivery. As an example, when they taught her about bringing their stretcher and gear to a Royal Canadian emergency response boat dock, they showed her why they always cover it with a tarp (to protect it from water and debris). In some busy systems, personnel neglect to even cover the patient with a sheet.

In Gloucester County, N.J., while teaching a two-day mass casualty incident (MCI) management workshop at Rowen University, I had the privilege of teaching 15 of the college’s student-staffed, well-functioning ambulance service. They embraced the material presented to them and jumped in to handle complex scenarios during the second day of the program. It was also refreshing to encounter one young EMT, Kathleen Broeker, from Mt. Laurel (NJ) EMS, who advocated for one of the scenario’s patients when I tried to teach a lesson about transporting patients during an MCI.

With patients backed up in the transportation group’s patient assignment and loading area, I stepped in to attempt to get it back on track by forcing the students to load two patients—a Priority 1 pneumothorax and a Priority 2 burn patient—into the next ambulance.

Almost immediately, the young lady serving as the lead Transportation Group leader politely got in my face, asking, “Do you really want to send a pneumothorax in the same ambulance with a seriously burned patient?”

While comfortable that the Priority 2 burn patient with stable vital signs could survive a trip to a hospital in the same ambulance with a stable pneumothorax Priority 1 patient, I could see in the young student’s eyes that she didn’t feel the Priority 1 patient should have to share a unit. I yielded to her advocated position and told her, “I’ll trust your judgment—just send the pneumo in that unit.” She smiled and walked away.

It was a teaching moment for both of us. She was confident and aggressive throughout the rest of the incident.

In New York City, I rode with an FDNY crew comprised of a nine-year paramedic and a 28-year paramedic. Each was highly skilled, had great EMS personalities and treated every patient with equal respect.

Our first call of the morning was to “2–3
people" down on a Manhattan sidewalk. It turned out to be just two men down on their luck, sleeping in urine-soaked clothing on a city street. But those two "gentlemen" were handled by the crew like they were Wall Street bankers.

That was impressive enough, but I was even more impressed with how much patience and respect the "younger" paramedic had for the more tenured paramedic, who had his own way of approaching and handling patients, and the respect the senior medic showed when the younger showered his patients with a more social approach.

I left the Big Apple and spent quality time at the New York State Volunteer Ambulance and Rescue Association's (NYSVARA) Pulse Check Conference. There, I watched a very well-run youth EMS skills competition that involved 19 teams that practiced 2–3 times a week—all trying to win trophies in 12 categories including best overall team and individual performance.

Think about that—that's over 10,000 hours of practice in one year by tomorrow's leaders. But that's only part of a great story. The better part is that five years earlier, only four youth teams signed up to participate.

Realizing the decline in young volunteer crews, NYSVARA President Mike Mastrianni and Drill Coordinator Teresa McLaughlin, the Board, and NYSVARA districts banded together and increased support and efforts to rejuvenate the programs statewide. It's worked and should be a model for other states.

These examples show why tomorrow's caregivers are important to today's EMS. Cultivate the youth in your organization and your community to ensure that your system continues to progress—or survive—in the ever-changing and challenging days ahead.

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