

Marble Falls Area EMS
Clinical Education and Operations Plan

The great thing in this world is not so much where we are, but in what direction we are going.

Oliver Wendell Holmes

Abstract

This document provides a summary and overview for a clinical education and management plan for Marble Falls Area EMS. The quality of care provided to the sick and injured people cared for by MFAEMS is of paramount concern for our service, as it represents the ultimate in customer service. This plan covers all aspects of clinical performance and education related to care providers within our system, including students, first responders, new full-time and part-time employees, along with existing medics.

Overview of Program – What makes it different?

The Clinical Education and Management Plan outlined within this document is a work-in-progress that has resulted from careful evaluation of our system and system needs with a comparison to existing Quality Improvement and Quality Assurance Models over the past several months. The most significant difference between our plan and most other programs is that this proposal supports the “education based system” and not an evaluation-response (corrective) system. The education based system is one that strives for excellence through teaching and shared experience and not through punitive actions.

Additionally, many EMS services have clinical evaluation/improvement programs that provide education to the staff. In the education based system, the educators provide the clinical improvement tools and evaluation. The whole concept of “Continuing Education” is to provide information and evaluation that will further improve the care. Our conclusion is that all EMS education is clinical improvement.

In most clinical evaluation programs, the individuals selected as evaluators are chosen based off of exceptional clinical performance and operational knowledge. Obviously, both aspects are important, however, very few programs focus on the educational aspects of the evaluator/field trainer. The education based system will develop educators that can not only evaluate, but develop meaningful improvement plans that will meet the patients’ needs while considering the medic’s learning style and needs. The ultimate goal of the educators, in this capacity, is to have and promote mastery of all aspects of care to our staff, first responder agencies, and any other group or person that helps us care for the people of our community.

Overview

Definitions

QA = Quality Assurance (maintaining the minimum standard)

QI = Quality Improvement (striving for excellence)

QE = Quality Evaluation (haven't heard of this...)

Benchmarking = Evaluation of the whole by looking at the parts (usually involves standards)

Internal & external focus

growth is primarily internal, but must also include people external to our department

looks at the patient beyond transfer of care at Emergency Department

ICU

Rehab

Private Physician

"Needs" and "Outcome" based

both are independent

both are significant driving factors, sometimes in conflict

outcome

actual is tracked and corrected, with education

potential is tracked and integrated into future education plans

Focused on Mastery of the Profession, not on Expertise

Execution history is important for growth and change

Education Based System

Knowledge is the only instrument of production that is not subject to diminishing returns.

J .M. Clark

not punitive

based on growth of the medic and shared experience

proactive (slower) vs. reactive (faster)

educator vs. evaluator – one only reports... the other offers change

Education is QA/QI

traditionally, education is done by QA/QI

evaluators chosen by (perceived) performance operationally and medically

may know what is wrong but can't fix it

our model, QA/QI is done by educators

educators have excellent evaluation tools, can evaluate in positive light

educators can package the message for delivery...

Evaluation

expectations must be established

must not go against ("violate") the mission of the service

goal based

internal & external

should exceed the expectations of the administration, medical director, and

individual providers

self-evaluation is a very significant part

must be done with mastery of evaluation

done by those trained to evaluate to a goal

evaluator must be able to create change through education, effectively & affectively

must not lessen the standard for our patients

must be appropriate for the individual(s) learning style

Functions

field education (baselining, orientation, all CE, case studies, tracking QA goals, remediation & professional development)
college / professional education programs (preception & mentoring, presentation in classroom)
public education (assist in implementation & support of CPR, FA, DWI, child safety, and other EWMS related programs)
new employment recommendations (ALS student recommendations, hiring process)
external evaluation (patient, family, other agencies, care providers, governing bodies, and non-users)
run review process (peer based 100% run review, tracking of critical points for system)
Medical Practice Guidelines (needs analysis, education, implementation, and evaluation)

Implementation

The only things that evolve by themselves in an organization are disorder, friction, and mal-performance.

Peter Drucker

must have mastery of concepts in place prior to initiation of program
bottom up is most likely
preceptor plan is being implemented
allows for the growth and development of personnel to fill spots
allows time for the generation of positions

Progression of Model

The causes I'm inclined to think are there all along, and the events which we see, and which look like freaks of chance, are only the last steps in long lines of causation.

Alfred North Whitehead

Steps Needed for Improved Clinical Performance

- Benchmarking – Establish Goals based off of EXTERNAL needs
- Data Collection & Evaluation (DC&E)
- Field Education Based on DC&E
- Improvement Phase, - Implementation & Revision based on FEB/DC&E
- Feedback Cycle (DC&E)
- External Follow-up and Education

Steps for Educator Development

- Education Program (Goals/Relevance Based)*
- Programmed learning
- External Follow-up and education

Elements / Positions

Preception (perception)
FTOs / Field Educators (internally focused/"Needs" based)
provides the steering and the propulsion to the goal
Clinical Education Evaluators/Coordinators (externally focused/"Outcome" based)
establishes the clear vision - goals