making the most of INTERNAL training

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Tim Nowak

- Founder & CEO | Emergency Medical Solutions, LLC
  - Content creator, development consultant, solutions advisor
  - 200+ articles, 100+ hours online CE, 1000+ training delivery hours

- Fire & EMS Consultant | Public Consulting Group
- 20 years in EMS – WI, MN, CO, FL, WI
- Training/QA program development in over 10 EMS agencies
WHAT • HOW • WHO
Objectives

• Outline resources and methods to determine required and requested training content for EMS providers and agencies.

• Examine opportunities to utilize current equipment, low-cost training aids, and self-constructed training aids to accomplish skills training & competency evaluation.

• Incorporate current staff, external resources, and distance learning options into a versatile and comprehensive internal training program to capitalize on subject matter expertise and different learning styles & preferences.
(help you do it yourself)
Discussion

• Your EMS agency has cut its onboarding training in half over the past year ...
  
  • How many hours would that make your onboarding program, recruit academy?
  
  • What percentage of focus would your program dedicate to Medical/Trauma vs. Operations/Response vs. Administrative topics?
• What is “required” vs. “requested” training (for EMS agencies)?
  • HIPAA/PHI
  • BBP, respiratory protection
  • Financial best practices
  • Skills competency
  • Protocol updates
  • Certification/Licensure CE
Onboarding

• People are already licensed ... now you need to verify that they are **competent** and **prepared** to work for you.
  • Less clinical ... more operational
    • Policies, guidelines, and procedures
    • Daily operations, chain-of-command
    • Compliance & reporting, documentation
    • Safety, scene response, incident management
    • Agency relations, partnerships
  • Skills/Competency verification – assurance, correction
    • *If you allow it, you need to verify it!*
  • Protocol education, compliance
• Continued Education
  • Focus is on maintenance
  • BLS, ACLS, PALS
  • State/NREMT

• In-Service
  • Focus is on updates
  • Protocols, skills, equipment, QA/CQI

• Professional Development
  • Focus is on growth
  • Supervisor, FTO, company officer, admin. topics
• How should you train?
  • What delivery methods work for your agency?
  • What reception methods work for your people?

• How do you track - document - training?
  • How/what to track
Discussion

• What has the impact of COVID been on how your agency trains ... onboards?
Teaching

• Environment/Format
  • Classroom, lab, “streets”
  • In-person, online
  • Academy, in-service, individual/group
Learning

• Environment/Format
  • Classroom, lab, “streets”
  • In-person, online
  • Academy, in-service, individual/group
Methods

- Lecture
  - Visual aids - with/without, PPT, slides, whiteboards
  - Discussions - group, class

- Hands-on
  - Skills - commercial/homemade mannequins/aids
  - Tabletops

- Web-based
  - Recorded/Live - external source, LMS
Proof

- Verification
  - LMS, spreadsheet/database, none?
  - Records, tracking

- Documentation
  - Rosters/Sign-in/Attendance
  - Lesson plans – date, title, topic, hours, objectives
  - *This defines what is “valid”*
• Who can educate - train - validate - your providers?

• Leading examples, standard of care

• TO, FTO, MD, SME
Discussion

• A newer employee comes to you with a question – a problem ... their FTO told them to document a procedure differently – incorrectly related to what was actually done – so that the agency could “more easily bill the patient.”

• The employee did it because their FTO was watching over them and felt that they would face consequences if they didn’t make the edit – but has approached you at the end of their shift to address this
People, Employees, FTOs, Admin.

Experience

Interest

↑E ↑I

↑E ↓I

↓E ↑I

↓E ↓I
Status Check

• ↑E ↑I INVESTED
  • Maintain

• ↓E ↑I ENGAGED
  • Build

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• ↑E ↓I BURNED OUT
  • Inspire

• ↓E ↓I LIABILITY
  • Transition
Consistency

• Maintaining a consistent FTO/training staff for as long/often as possible
  • Less benefit to always having a different FTO
  • Inconsistent messaging with multiple “chefs in the kitchen” (Re: new hires)

• When someone else (a new FTO) is needed ...
  • Personalities clash (that’s okay ... we’ve all been involved in “Elaine” moments)
  • Prior to discipline (change it up ... a new voice may be all someone needs!)
• Internal/External Experience
• Strong clinical rapport, acumen, reputation
• E I employee
• Ability to teach; not just have others watch as they perform
• Affective ("soft") skills
• “Best practice,” lead by example
FTO Role

- Preceptor (students, prospective employees)
  - Representative of the agency, voice for recruitment

- Orienteer (new employees)
  - Representative of the staff, voice for retention

- Facilitator, Evaluator (current employees)
  - Representative of the standard of care
• MD (although, he/she *should* be internal)

• Clinical SME – specialist, service line clinician, community stakeholder, multiple disciplinary options

• Consultants - (ah hem ...)

• Conferences, seminars, workshops

• Platforms, apps, LMS
• Effective
  • Teach/Learn
  • Shows improvement in quality of care

• Efficient
  • Reaches all staff
  • Cost/Impact, responsible
• STRENGTHS
  • What are we currently doing well?

• CHALLENGES
  • Where do we need improvement?

• OPPORTUNITIES
  • What could positively happen if we improve? How/where else can the program expand?

• THREATS
  • What do we risk happening if we don’t improve?
Baseline

• State requirements
• NREMT requirements
  • Airway/Respiratory
  • Cardiovascular
  • Medical
  • Trauma
  • Operations
<table>
<thead>
<tr>
<th>NATIONAL CONTINUED COMPETENCY REQUIREMENTS (NCCR)</th>
<th>Hours Obtained:</th>
<th>OPERATIONS (6.5 hours)</th>
<th>Hours Obtained:</th>
<th>CARDIOVASCULAR (8.5 hours)</th>
<th>Hours Obtained:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRWAY, RESPIRATION, and VENTILATION (3.5 hours)</td>
<td>Ventilation (2)</td>
<td>Airway, Respiration, and Ventilation (3.5 hours)</td>
<td>At-Risk Populations (1) (Pediatric, geriatric, violence, abuse, etc.)</td>
<td>Post-Resuscitation Care (0.5) (ICD5, oxygenation, TH/TTM, etc.)</td>
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<tr>
<td>Capnography (1)</td>
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<td>Ambulance Safety (0.5)</td>
<td>Ventricular Assist Devices (0.5)</td>
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<tr>
<td>Oxygenation (0.5)</td>
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<td>Oxygenation (0.5)</td>
<td>Field Triage – Disasters/MCI (1)</td>
<td>Stroke (1.5) (Assessment, treatment, transport destination, etc.)</td>
<td></td>
</tr>
<tr>
<td>MEDICAL (8.5 hours)</td>
<td>Special Healthcare Needs (2) (Tubing, ports, disorders, etc.)</td>
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<td>EMS Provider Hygiene, Safety, and Vaccinations (0.5)</td>
<td>Cardiac Arrest (2) (Chest compressions, airway, TOR, EtCO2, etc.)</td>
<td></td>
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<tr>
<td>OB Emergencies (0.5) (Neonatal resuscitation, abnormal presentation, etc.)</td>
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<td>EMS Culture of Safety (0.5) (Adverse event reporting, medication safety, etc.)</td>
<td>Pediatric Cardiac Arrest (2.5) (ALS, vent/compress, causes, etc.)</td>
<td></td>
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<tr>
<td>MEDICAL (8.5 hours)</td>
<td>Infectious Diseases (0.5) (SIRS, hygiene, public health, etc.)</td>
<td>Infectious Diseases (0.5)</td>
<td>Crew Resource Management (1)</td>
<td>Acute Coronary Syndrome (1) (12-Lead, STEMI mimics, etc.)</td>
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<tr>
<td>Medication Delivery (1) (IV, IO, IM, SC, etc.)</td>
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<td>EMS Research (1)</td>
<td>Congestive Heart Failure (0.5)</td>
<td></td>
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<tr>
<td>PAIN MANAGEMENT (1) (NAEMSP/AAP recommendations, etc.)</td>
<td>Pain Management (1)</td>
<td>Pain Management (1)</td>
<td>Evidence Based Guidelines (0.5)</td>
<td>Elective (15 hours) (10 of 15 hours allowed via distance education)</td>
<td></td>
</tr>
<tr>
<td>PSYCHIATRIC &amp; BEHAVIORAL EMERGENCIES (1)</td>
<td>Psychiatric &amp; Behavioral Emergencies (1)</td>
<td>Psychiatric &amp; Behavioral Emergencies (1)</td>
<td>Trauma Triage (1)</td>
<td></td>
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</tr>
<tr>
<td>TOXICOLOGICAL EMERGENCIES – OPIOIDS (0.5)</td>
<td>Toxidogical Emergencies – Opioids (0.5)</td>
<td>Toxidogical Emergencies – Opioids (0.5)</td>
<td>CNS Injury (1) (Concussion, EtCO2 monitoring, etc.)</td>
<td>Elective (15 hours) (15 of 15 hours allowed via distance education)</td>
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<tr>
<td>NEUROLOGICAL EMERGENCIES – SEIZURES (0.5)</td>
<td>Neurological Emergencies – Seizures (0.5)</td>
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<td>Hemorrhage Control (0.5)</td>
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<tr>
<td>ENDOCRINE EMERGENCIES – DIABETES (1)</td>
<td>Endocrine Emergencies – Diabetes (1)</td>
<td>Endocrine Emergencies – Diabetes (1)</td>
<td>Fluid Resuscitation (0.5 hours) (Physiology, effects of over-loading, etc.)</td>
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<tr>
<td>IMMUNOLOGICAL EMERGENCIES (0.5) (Allergic reactions, encephalitis, etc.)</td>
<td>Immunological Emergencies (0.5)</td>
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**TOTAL HOURS:** 60
Creativity

- **Topics**
  - Daily intubation challenge
  - QA-based, call volume-based (focus on high-acuity, low-frequency ... AND ... low-acuity, high-frequency)

- **Equipment/Tools/Aids**
  - Expensive, high-fidelity mannequins are NOT required
  - Use what you have!
Recap

- Required vs. Requested (impact of one without the other)
- Choose your “who” wisely
- Use what you have ... be creative
- Document
- Strive for improvement

Start!