

Henry Ford Allegiance Health EMS Track Curriculum Revised Jan 2020

Objectives:

Residents participating in the EMS track will:

- Develop the skills and knowledge required to become a service medical director following completion of the EMS Track.
- Be well prepared to begin an EMS fellowship position following completion of the EMS Track.
- Contribute to the knowledge base of EMS through research, education and/or policy development.
- Have the opportunity to pursue personal interests in EMS including but not limited to disaster medicine, search and rescue, hazardous materials, tactical medicine, and possible opportunities in aerospace medicine.

EMS Track Structure:

The EMS track will be longitudinal in nature. It will use a one month during each of the EM3 and EM4 years and provide a 1 shift per month reduction (determined by Dr. Fill) during time in the emergency department so that track members may attend organized didactic or operational sessions. All are strongly encouraged to take an additional elective time for a focused EMS or aeromedical experience. Successful completion of the EMS track will satisfy residency requirements for the EMS rotation, scholarly project, and continuous quality improvement (CQI) project.

EMS track residents will be assigned a primary community partner affiliated with the Jackson County Medical Control Authority in order to complete the EMS track curriculum. Specific examples include:

- Jackson Community Ambulance
- Somerset Fire Department
- Stockbridge Area Emergency Services Authority
- Jackson City Fire Department

EMS track residents will also have the opportunity to participate in “event medicine” in conjunction with Michigan International Speedway, as well as Michigan State EMS Committees, such as EMSCC and the MCEP EMS Committee.

Depending on specific interests, track residents may also be assigned to additional agencies, such as EMS specialty teams (Hazmat, TEMS, SRT, USAR, or others.)

The EMS Track will be overseen by the EMS Faculty. The EMS Faculty will consist of HFAH Emergency Medicine attending physicians with EMS interests who will lead didactic, operational, and research activities for EMS track members. EMS providers, supervisors, educators, and administrators from local EMS agencies may be invited to become adjunct faculty for the EMS track. Current faculty resources include Michael Fill,

D.O. (JCMCA Director), Jacob Sinkoff, D.O. (JCMCA Assistant Medical Director), Craig Kiss (JCMCA operations coordinator), John Maino, M.D. (MIS Medical Director), Betsy McDavid, EMT-P (JCA Quality Supervisor),

Curriculum:

Residents pursuing the EMS track will complete their curriculum within the 4 core areas of EMS medicine identified by the ABEM:

1. Clinical Aspects of EMS Medicine:

- a. Actively participate in the provision of care in the pre-hospital setting.
 - i. Understand the differences and limitations that pre-hospital providers work with on a daily basis.
 1. Participate in additional ride along shifts versus direct patient care (if holding a pre-hospital care certificate/license.)
 2. The residency program will support residents pursuing pre-hospital care certifications/licensure (NREMT-B/NREMT-P).
 - ii. Understand the needs and appropriate skill sets for safe inter-facility transfer.
 - iii. Understand the implications of special populations on pre-hospital care:
 1. Disabled
 2. Geriatric
 3. Pediatric
- b. Understand resource allocation, dispatch issues, pre-arrival instructions.
 - i. Participate in ride along shifts with supervisory staff as well as observation time in public safety answering points or dispatch (*HVA Dispatch, Jackson County Dispatch?*).
- c. Understand and demonstrate proficiency in pre-hospital specific procedures not routinely covered as a part of residency training.
 - i. Common pre-hospital airway rescue devices
 - ii. Pre-hospital spine immobilization procedures
 - iii. Pre-hospital traction splint devices:
 - iv. Pre-hospital triage procedures.
- d. Assist their assigned agency with company training in-services on new equipment, protocols, and policies as requested by the agency.
- e. Aeromedicine.

2. Medical Oversight of EMS:

- a. Online Medical Control:
 - i. When working clinically, will provide attending supervised medical direction for all requests for online medical control by pre-hospital care providers.
- b. EMS Education:

- i. Will assist the continuing education coordinator on at least a quarterly basis with skills sessions, didactic lectures, drills, run reviews, etc.
 - ii. Will assist EMS faculty in developing and delivering core EMS curriculum for non-EMS track residents.
- c. Medical Control Authority
 - i. Regular participation in monthly medical control/professional services review organization (PSRO) meetings
 - ii. Act as a liaison between the MCA and First Responder Agencies/local Fire Departments
 - iii. Regular attendance at state EMS committee meetings, such as EMSCC and MCEP EMS committee

3. Quality Management and Research:

- a. Continuous Quality Improvement:
 - i. Participate in the CQI system of his/her assigned agency, including attendance at regular CQI meetings, as well as addressing specific issues as identified by the agency's medical director, CQI supervisor, pre-hospital care personnel, or the resident.
 - ii. PSRO participation through the Jackson County MCA
 - iii. Assist in compiling CQI statistics and subsequently developing an action plan for problems identified.
 - 1. At least one CQI project should be directly related to the agency's interface with the Emergency Department and should be structured to satisfy the general EM residency requirement for a CQI project.
- b. Research:
 - i. Will work with their assigned agency and the program faculty to identify EMS medical questions and projects requiring physician input. A minimum of one project of sufficient complexity and depth will be agreed upon between the EMS faculty and resident. This project will fulfill the residency scholarly project requirement.
 - ii. Understand the implications of consent in pre-hospital care research.
- c. EMS Journal Club:
 - i. EMS residents will be responsible for posting and commenting on EMS-relevant articles published in peer-reviewed EM and other major medical journals on the EMS Journal Club Google Group. This group will be open to all local pre-hospital care providers.

4. Special Operations:

- a. Participate and, if necessary, help run disaster/mass casualty/mass gathering exercises with their assigned agency as well as the various health systems.

- b. Will have an awareness of disaster resources including Disaster Medical Assistance Teams (DMAT), ChemPack, the Strategic National Stockpile (SNS), and other relevant state and local resources.

Elective Study:

Residents may use one elective month to pursue further EMS interests. Electives may include in-program opportunities as well as off-site opportunities. EMS faculty will assist residents in setting up off-site electives. Possible electives include:

- In-program:
 - EMS Research
- Off-site:
 - Aeromedicine
 - Event Medicine (in conjunction with MIS)
 - International EMS
 - Wilderness Medicine

Didactic Training:

EMS faculty will provide regular lecture activities covering EMS topics, based on the NAEMSP medical directors course, such that major topics of the course will be covered every two years. Lectures will be supplemented with reading assignments in the required text, *Emergency Medical Services: Clinical Practice and Systems Oversight* (NAEMSP 2009.) EMS track members will also present topics to other track members on EMS topics of particular interest. *Lectures will occur on the two protected days per month reserved for EMS track activities*

Supplemental Educational Activities and Resources:

EMS track members will be provided with:

- A copy of the EMS track text, *Emergency Medical Services: Clinical Practice and Systems Oversight* (NAEMSP 2009)
- The opportunity to attend the NAEMSP national conference once during either EM3 or EM4 year

Documentation:

The resident will develop a portfolio documenting their activities. This will include content delivered to both pre-hospital care providers as well as physicians. Feedback from both the EMS faculty mentor as well as key pre-hospital providers will be included within the portfolio. A quarterly progress report will be submitted to the residency program by the EMS track supervisor.