

## 77 Residency EMS Education Passport-based Curriculum

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**Introduction:** Emergency Medicine (EM) has the closest link to the Emergency Medical Services (EMS). The EM Residency Review Committee states that residents must have “experience in out-of-hospital” patient care, but leaves the content and implementation up to individual residencies.

**Educational Objectives:** We sought to more clearly define EMS education objectives and improve resident involvement and satisfaction with EMS curriculum.

**Curricular Design:** We evaluated the current state of EM residency EMS education via literature review and satisfaction survey. We then constructed a passport (Figure 1) with clear objectives in several broad categories (core literature, protocol development, field experience, medical direction, EMS education). The passport provides options so residents can identify personal knowledge gaps and interests, creating a personalized education. To facilitate participation, each resident has a dedicated EMS education day scheduled on EM rotation months. On these days residents have EMS ride-alongs, call center observations, give EMS lectures, and participate in mass gathering or disaster drills.

**Impact/Effectiveness:** Prior to implementation of the new curriculum, residents were uncertain of specific objectives for EMS education and lacked protected time for adequate involvement. Mean field time over 1 year was 0.4 days/year/resident, with greater than 50% of residents lacking any EMS field experience. Only 3.5% of residents reported satisfaction with the curriculum. In the four months post implementation, the mean field time has improved to 1.5 days/resident, with 55% of residents completing at least one field day. Residents report increased satisfaction, with 65.5% reporting somewhat or very satisfied with the EMS curriculum. We propose that a structured passport coupled with protected EMS time will have a positive impact on resident EMS education and a statistically significant improvement on resident participation post implementation.

**Prehospital care—Complete at least 10 of these**  
**Signature from activity leader, can do more if desired**

AMR Ridealong (in R1)	
911 Dispatch Center (R1 re- quired)	
MRH Observation	
Medical Director Ridealong 1	
Medical Director Ridealong 2	
Medical Director Ridealong 3	
Medical Director Ridealong 4	
Medical Director Ridealong 5	
Chief ridealong 1	
Chief ridealong 2	
Chief ridealong 3	
Chief ridealong 4	
Chief ridealong 5	
Chief ridealong 6	
Chief ridealong 7	
Chief ridealong 8	

**Online Medical Direction—Take 10 calls in R3**

MRH training		MRH Call 6	
MRH Call 1		MRH Call 7	
MRH Call 2		MRH Call 8	
MRH Call 3		MRH Call 9	
MRH Call 4		MRH Call 10	
MRH Call 5			

**EMS Education—Participate in at least 2**

Paramedic training (lecture, sim, cadaver lab, etc.)	
Annual EMS inservice	
Annual EMS inservice	

**EMS Systems—Participate in at least 1**

Tri-county protocol committee	
EMS Operations committee	
EMS CQI committee	
State Oversight Committee	

**Figure 1.** Passport illustrating objectives.