



Deriving National Continued Competency Priorities for EMS Professionals

Mark Terry, MPA, NRP; Jonathan R. Powell, MPA, NRP; Owen T. Traynor, MD; W. Scott Gilmore, MD, NRP; David P. Way, MED; Andrew Dwyer, PhD; Farhan Bhanji, MD, MSc; Jordan D. Kurth, MSED; Ashish R. Panchal, MD, PhD

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Introduction: Continued competency in EMS is poorly defined with many models used for assessment. Furthermore, a national construct of what is necessary to verify continued competency has not yet been described. The objective of this study was to develop consensus on continued competency priorities for EMS professionals in the US.

Methods: A panel of 14 EMS managers, educators, medical directors, and experts in competency assessment, simulation, and certification used a modified Delphi method to address two questions: “What is the content for continued competency in EMS that should be assessed or verified?” (content) and “How do we demonstrate continued competency in EMS professionals?” (process) The Delphi was conducted through electronic conferencing and surveys over a 1-year period. In round 1, panelists responded to open-ended prompts and their contributions were analyzed and categorized into themes by three independent reviewers. In round 2, the panel rated theme importance using a 5-point Likert-type scales. In round 3, the panel ranked their top 10 themes and in round 4, the panel developed final consensus by voting on the most important themes for each of the two questions. Descriptive statistics and thematic analysis were performed with Excel and STATA 16.

Results: Fourteen invited experts were engaged throughout process. The panel generated 70 content and 45 process submissions from the prompts. Following thematic analysis, this resulted in 18 and 13 unique themes for content and process. The final prioritized list for the needed content for continued competency included 1) airway, respiration, and ventilation, 2) patient assessment, 3) pharmacology, 4) pediatrics, and 5) management of time critical disease processes. The finalized list for the processes by which continued competency should be assessed included: 1) assessments of evidence-based practice, 2) performance-based assessments, 3) combined knowledge and skills assessments, 4) performance improvement over time, and 5) frequent, shorter knowledge assessments.

Conclusion: This modified Delphi method established priorities for continued competency content and assessment for EMS professionals. This data can be leveraged by national task forces and organizations to develop transparent and consistent guidelines for systems that verify continued competency related to certification, licensure, and local credentialing.