



Position Statement

Value of Continuing Medical Education in the Prehospital Arena

Summary: It is the position of the National Association of EMS Educators that continuing medical education (CME) is a valuable and essential component of assuring competent, efficacious, and contemporary patient care. This position is based on our belief that EMS professionals benefit by their involvement in CME because it provides exposure to the latest technologies and strategies for delivering EMS care that may not be available in other training and education programs that are required for recertification. We also believe that there is an association between the quality of care delivered by EMS prehospital care personnel and their participation in CME throughout their careers. Therefore, it is the recommendation of NAEMSE that, following primary education, all EMS providers maintain continuing education (new education and re-education) on an on-going basis.

Background

Continuing medical education is considered to be an essential component of maintaining licensure or certification. As referenced in the current Department of Transportation EMS curricula, EMS providers have a responsibility to achieve and retain competence in knowledge, skills and professional behaviors.² The majority of medical education credits are derived from both evidence bases and life experiences. Continuous advanced training and continuous medical education are essential, and quality must be checked and assured.³

While competence must be assured based on primary education, outcomes, and appropriate state and local protocols, the EMS provider must deliver precise patient care on an on-going basis. The delivery of quality patient care is established by accepted national guidelines, as well as state and local needs. Although competence is a must, retention of this knowledge base requires validation through a proven and recognized method. The goal of evaluation of the individual provider is to assure that minimum competency, and hopefully improving competency, is demonstrated over time.^{1&3}

If continuing medical education is not seen to be a viable solution to quality care issues, it will be replaced by other regulatory, financial, or organizational paradigms for improvement.⁴ The issue of quality in primary and continuing medical education is critical, yet separate from the issue of value. In order for CME to be valuable it must be of the highest quality. We therefore conclude that a separate position statement should be created relative to the quality of CME.



Healthcare is an evolving and dynamic profession; therefore, new knowledge and skills must be acquired throughout the professional career. The diverse scopes of practice seen in emergency medicine, both nationally and internationally, are widely varied. These variations are driven by differences in geography, culture, economy and much more. CME can and must be tailored to meet these disparate realities

Although there continues to be debate as to the value of following standardized curricula for CME, it is clear that one learns more intently when the subject matter is of interest or importance. Therefore, it is necessary to note that continuing medical education for emergency healthcare providers in extremely rural areas with lengthy response times would definitely be unique from those offered in a more metropolitan area.

Requirements for valuable continuing medical education must be ongoing and ever-changing, as is our world. While primary education provides the foundation for practice in EMS, continuing education is essential to keep up with the rapid change in the art and science of emergency medicine.³ With constant improvements in methodology and equipment, emergency healthcare providers are tasked to master new and innovative information not only cognitively, but also from the affective and psychomotor domains. As the profession endeavors to become knowledgeable and proficient in the delivery of prehospital care it must be known that continuing medical education is the cornerstone of our progression.

References

1. Anderson G., Measurement of the Outcome of Learning Health Care Performance Measurement and Continuing Medical Education. *Journal of Continuing Education*, Vol 19, pp. 222-226
2. Bledsoe, B., Brady Prentice Hall, *Paramedic Care: Principles and Practices*, Vol 1
3. Stoy W., National Guidelines for EMT Continuing Education. U.S. DOT/NHTSA
4. Grol R. Beliefs and evidence in changing clinical practice. *BMJ* 1997; 315:418-421

4th Draft: July 08, 2003

Accepted by NAEMSE Board of Directors: August 11, 2003