

CMH EMS Professional Development

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Certification Statement

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Signed: _____

Abstract

Citizens Memorial Hospital (CMH) does not have adequately prepared internal Emergency Medical Services (EMS) candidates for leadership positions. A professional development program is not in place to support employees wishing to be promoted. Current leaders have not completed a process to properly prepare them for the roles they currently serve. The purpose of this paper is to develop a career ladder proposal for CMH EMS for professional development. Using action research, questions were identified and addressed to examine the effects of not having a professional development program, what elements are necessary for a program, what existing programs already exist, and to create a program with an implementation plan. Peer reviewed articles and documents from national associations were evaluated for elements and examples of successful EMS professional development programs. An internal employee survey was conducted to solicit ideas for a successful CMH EMS professional development program. Research and the survey identified core concepts such as mentoring, a straightforward process, the controversial importance of college degree, and the desire for non-paramedic employees to be given the opportunity to serve in leadership roles. A draft professional development program was written for CMH EMS and teams were identified to assist in the further development and implementation of that plan.

Keywords: Career ladder, emergency, EMS, EMT, leader, manage, medical, paramedic, professional development, research, supervise

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Introduction

The problem is Citizens Memorial Hospital (CMH) does not have adequately prepared internal Emergency Medical Service (EMS) candidates for leadership positions. The purpose of this research is to develop a career ladder proposal for CMH EMS for professional development. The method applied to this study is action research.

Research questions used in this study include:

1. How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?
2. What elements are necessary in a professional development program to be considered “successful” at CMH EMS to address the problems identified in research question number one?
3. What documents, programs, and guidance already exist that describe professional development programs in EMS?
4. What does a draft program for CMH EMS look like utilizing identified elements in research question number three?
5. How should this draft program created in research question four be implemented and monitored for success and potential improvements?

Background and Significance

The background of this problem is that without a professional development program, CMH EMS has frustrated employees and leaders. The department has grown significantly from one supervisor and a small group of employees to a much larger group of employees, requirements, and geographical coverage area. Leadership roles have not kept pace with the rest of the growth. Current EMTs and paramedics do not know what classes to take and lack direction for advancement in EMS. This leads to dissatisfaction and retention problems. Those individuals that are driven to keep improving start looking elsewhere for career guidance and the challenges they crave. When they find what they are looking for, CMH EMS loses those employee resources. When high-performing employees leave, they take with them the personal drive and dedication that would make CMH EMS a better place to work and provide better care and services to the community.

Additionally, current leaders feel unprepared for the role they have which leads to frustrated leaders and fundamental differences in management and operations from division to division. CMH EMS is fractured from station to station both in operational activities and in employee cultures. An employee moving from one supervisor to the next feels they are almost moving into a completely new organization. The current promotional processes is not consistent over time and from case to case. This leads to employee frustration due to the appearance of favoritism or lack of transparency when it comes to promotions.

The significance of this problem is that has affected past and present organizational effectiveness and will continue to affect organizational effectiveness in the future. The number of paramedics available in the local workforce is greatly exceeded by the number of needed paramedics. To be able to meet community needs, many agencies have to rely on the “pulse and

a patch” method of hiring paramedics. If they have a pulse and state license to practice, they get the job. To be selective and hire only the best paramedics, CMH EMS needs to challenge those that want to advance and provide them a path to take. Employees that are content to maintain status quo, not be challenged, and resist change are going to be less likely to be progressive with changes in emergency medical practice. Emergency medicine and healthcare in general is constantly changing due to technology, regulations, and billing. CMH EMS needs to keep up with these changes with support from paramedics with their boots on the ground looking to the future.

In the 2010-2014 strategic plan, the United States Fire Administration (USFA) identified five strategic goals. Goal number four is “Improve the fire and emergency services’ professional status” (United States Fire Administration, 2014). This study applies to USFA goal number four by improving CMH EMS professional status. Identifying and utilizing a nationally-accepted professional development system for CMH EMS will improve professional status.

Course goal number two for the Executive Development course is “develop and integrate management and leadership techniques necessary in complex organizations” (Federal Emergency Management Agency, 2013). This study applies to the Executive Development course goal number two by improving CMH leader’s abilities. It does this by improving their management and leadership techniques through education and a defined support structure.

A situational assessment of what caused the problem addressed in this paper revealed recent growth of the department and the industry-wide lack of EMS leadership education. CMH EMS has grown from two stations with three on-duty ambulances to five stations and nine on-duty ambulances in the last five years. Previously, there were not very many management positions to strive for and few resources and employees to have formalized plans and processes.

Additionally, as an industry, EMS does not have the leadership education foundation that other emergency services have. Our fire-department cousins have company officer development courses routinely at local, regional, state, and national levels. If an EMT or paramedic wants to go to a leadership course specific for EMS, they will have to find it at the national level. The result is, smaller agencies and most individuals cannot obtain similar leadership education that their corresponding emergency service professionals can receive more easily.

Literature Review

To answer research question number one (How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?) three sources were identified. Suburban Portland, OR fire/EMS district “stands to lose 80% of its top management in the next six years” due to graying of America’s baby boomers (Erich, 2009). “...Very little time is spent preparing EMS personnel to be promoted into [leadership] positions. Typically, the good clinicians are promoted because of their experience. Unfortunately, the skill sets of a clinician and a supervisor are different, and this approach often ends poorly. So, many times, these employees fail and we lose both our best clinicians and the most promising employees because we, as current leaders, fail them” (Hagen, 2014). In his applied research paper Armstrong (Analysis of readiness of future leadership for the Roanoke Fire-EMS Department, 2010) cited several departments facing loss of chief officers which included both Roanoke, VA and Columbus, OH where 100% of chief officers are eligible for retirement. Armstrong goes on to describe only 10% of captains feel they are prepared to be promoted.

To answer research question number two (What elements are necessary in a professional development program to be considered “successful” at CMH EMS to address the problems identified in research question number one?) four sources were identified. “One of the most important means to teach and demonstrate [professional behaviors] is role-modeling” through instructors, preceptors, field training officers, and supervisors (Touchstone, 2010). In his applied research paper, Winter (Should mentoring be included in succession planning for the City of Rochester Fire Department, 2007) explored the merits and necessity of a mentoring program to find that a mentoring program should be incorporated into leadership succession planning. Carmichael (Developing leadership within Winchester Fire-EMS, 2014), in his applied research

paper, polled his upper and middle management to determine the top characteristics those individuals thought a leader should have. The most common responses included the words knowledgeable, communication, honest, and integrity. A survey conducted by Simmons (Professional development in the Atlanta Fire Rescue Department, 2013) of the Atlanta, GA Fire Department revealed that most employees (regardless of rank) thought a college degree would not improve their current position but upper ranks would be improved with a college degree.

To answer research question number three (What documents, programs, and guidance already exist that describe professional development programs in EMS?) three sources were identified. Suburban Portland, OR fire/EMS district used the 67 research-based competencies toolkit for the assessment and development of management and leadership skills to develop their leaders. For each position, the 67 competencies were categorized as essential, nice to have, or least important. Individuals identify competencies they would like to work on and are coached and directed to resources for self-help (Erich, 2009). Memphis, TN pairs new employees with a mentor for 30 shifts. “One of the most successful elements of the Memphis program has been the affective domain matching of new employees with compatible mentors to accentuate both paramedics’ attributes” (Logan, 2009). A manual is completed by the new employee with daily tasks and mentors evaluate on-the-job performance and behaviors. At the completion of the mentorship, the new employee is tested and interviewed for graduation from the program (Logan, 2009). In his applied research project, Stone (A career development guideline to prepare Houston fire fighters for executive level management positions, 2001) suggests employees should be rotated to other positions and departments to experience different viewpoints to better understand how decisions affect the entire organization.

To answer research question number four (What does a draft program for CMH EMS look like utilizing identified elements in research question number three?) one source was identified. A nationally standardized professional development program is currently being developed by the National EMS Management Association (NEMSMA). In 2014, NEMSMA released a document titled NEMSMA seven pillars of national EMS officer competencies. This document will be used as the foundation to build the CMH EMS professional development program.



Figure 1 - The EMS Professional Development Model (National Fire Academy, 2015) published by the National Fire Academy’s Fire and Emergency Services Higher Education network.

To answer research question number five (How should this draft program created in research question four be implemented and monitored for success and potential improvements?) no sources were found. Many sources of literature recommend implementing professional development plans and what components should be included. However, no research has identified specific steps and potential pitfalls for the actual implementation. Furthermore, program implementation should be tailored to CMH EMS with buy-in from CMH EMS employees to be fully successful.

To summarize the literature review, it is surprising the number of agencies facing this identical issue and the similar paths to find a solution. The current issues and partially formulated solutions at CMH EMS seem to be on track with other emergency services agencies throughout the nation. Various ideas from these sources will be integrated into the draft professional development plan for CMH EMS.

Procedures

Using descriptive research, a survey instrument was used to answer research question number one (How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?). Current CMH EMS management staff and field staff were polled to share their opinion of what effects inadequately prepared internal candidates for leadership positions has on CMH EMS. Currently, 64 individuals are employed by CMH EMS and all of them were provided the opportunity to complete the survey. Of those 64, 35 are EMTs, 28 are paramedics, and one supervisor that does not have paramedic responsibilities. Six paramedics also have supervisor responsibilities. The SurveyMonkey website (<http://www.surveymonkey.com>) was used to create an electronic survey that was emailed to all CMH EMS staff. Refer to Appendix A - Survey Questions (page 32) for the survey questions.

Using action research, a survey instrument was used to answer research question number two (What elements are necessary in a professional development program to be considered “successful” at CMH EMS to address the problems identified in research question number one?). Current CMH EMS management staff and field staff were polled to share their ideas of what specific and measurable outcomes they would like to see from a professional development program at CMH EMS. Using the same SurveyMonkey survey used to answer research question one, survey questions were added to answer this research question. Refer to Appendix A - Survey Questions (page 32) for the survey questions.

Using descriptive research, resources were gathered to answer research question number three (What documents, programs, and guidance already exist that describe professional development programs in EMS?). Internet resources, library resources, and interview techniques

via email were used to collect information and documents on the topic of EMS-specific professional development.

Using action research, a document was created to answer research question number four (What does a draft program for CMH EMS look like utilizing identified elements in research question number three?). A draft policy for professional development was developed and edited by a small team of managers and employees and then submitted to the director of CMH EMS. As part of the SurveyMonkey survey for research questions one and two, an additional survey question was added to identify individuals that would be interested in serving on this development team. Refer to Appendix A - Survey Questions (page 32) for the survey questions.

Using action research, a plan was created to answer research question number five (How should this draft program created in research question four be implemented and monitored for success and potential improvements?). An implementation and evaluation plan was developed to assist in the process of phasing in the professional development plan by a small team of managers and employees. As part of the SurveyMonkey survey for research questions one and two, an additional survey question was added to identify individuals that would be interested in serving on this development team. Refer to Appendix A - Survey Questions (page 32) for the survey questions.

The limitations of the two surveys are the small number of individuals that are targeted and the fraction that will actually take the survey. Results may not represent all of the opinions of the staff, only those that check their email and respond to the request. The limitations of the research are the lack of resources that fit our agency. Many professional development programs are built for fire departments and tweaked to fit EMS. Other programs are for healthcare and

nursing departments. CMH EMS is hospital-based and does not quite fit either of those situations.

Results

Results of each research question are reported out below. Overall, 31% of the staff responded to the survey with a total of 21 responses. EMT response rate was 30%. EMT-FTO response rate was 29%. Paramedic response rate was 24%. Paramedic-FTO response rate was 29%. Supervisor response rate was 57%. Detailed results can be found in Appendix B - Survey Responses (page 41).

Research question number one (How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?) was specifically addressed by two open-ended survey questions and two closed-ended survey questions asking the respondent to rank the effect of not having a professional development program has on CMH mission, vision, and value statements. All of the open-ended answers can be found in Appendix B - Survey Responses (page 41); however, there is an overall sense of inefficiency in organizational and personal effects of not having a professional development program.



Figure 2 - Word cloud results from survey question two (In your own words, please describe how the lack of a professional development plan effects CMH EMS, as an organization).



Figure 3 - Word cloud results from survey question three (In your own words, please describe how the lack of a professional development plan effects you, personally).

Within the CMH mission and vision category, the most important effects chosen were (listed in order of overall importance):

- CMH EMS would have improved patient care. Overall 43% top box. Chosen by EMTs [44% top box], EMT-FTOs [50% top box], paramedics [50% top box], and paramedic-FTOs [50% top box].
- CMH EMS would provide more exceptional services. Overall 29% top box. Chosen by EMT-FTOs [50% top box], paramedics [50% top box], paramedic-FTOs [50% top box], and supervisors [50% top box].

Within the CMH values category, the most important effects chosen were (listed in order of overall importance):

- I would be more positive. Overall 33% top box. Chosen by EMTs [44% top box] and supervisors [50% top box].
- I would be more empowered. Overall 24% top box. Chosen by EMT-FTOs [50% top box] and paramedic-FTOs [100% top box].
- I would be more respectful. Overall 14% top box. Chosen by paramedics [50% top box].
- I would be more innovative. Overall 5% top box. Chosen by EMT-FTOs [50% top box].

Research question number two (What elements are necessary in a professional development program to be considered “successful” at CMH EMS to address the problems identified in research question number one?) was specifically addressed by one open-ended survey question and eight closed-ended survey questions asking the respondent to rank elements from NEMSMA Seven Pillars of National EMS Officer Competencies (National EMS Management Association, 2014). All of the open-ended answers can be found in Appendix B - Survey Responses (page 41); however, there is an overall request for straightforwardness, clear plan, and transparency in the program.



Figure 4 - Word cloud results from survey question six (In your own words, please describe what elements are necessary in a successful professional development program at CMH EMS).

Accounting for the results of survey question number 14 where respondents were asked to rank the categories, the overall most important elements of a successful program at CMH EMS are listed below. These represent those elements that were in the top 90% of the scores. The most important elements EMTs chose were “Work attitude assessment (i.e. does employee have initiative and optimism?)” and “Influential development (i.e. curriculum to improve resolving conflicts and inspiring others).” The most important elements EMT-FTOs chose were “Problem solving development (i.e. curriculum to improve analytical thinking and decision making)” and “Executive task development (i.e. curriculum to improve delegating, coordinating, and multi-tasking).” The most important elements paramedics chose were “Developmental development (i.e. curriculum to improve coaching and developing others)” and “Human resources development (i.e. curriculum to improve supervising, managing, and executive leadership).” The most important elements paramedic-FTOs chose were “Developmental development (i.e. curriculum to improve coaching and developing others)” and “Creativity development (i.e. curriculum to improve critical thinking and problem solving).” Supervisors had

five selections in the top 90%: “Academic prerequisites (i.e. must have a college degree),” “Work habit assessment (i.e. can employee manage time effectively?),” “Learning assessment (i.e. is employee curious and continuously learning?),” “Developmental development (i.e. curriculum to improve coaching and developing others),” and “Problem solving development (i.e. curriculum to improve analytical thinking and decision making).”

Within the prequalification category, the most important elements chosen were (listed in order of overall importance):

- Operational prerequisites (i.e. must have three years experience). Overall 56% top box. Chosen by EMTs [83% top box], EMT-FTOs [100% top box], and paramedics [67% top box].
- Clinical prerequisites (i.e. must be a paramedic). Overall 25% top box. Chosen by paramedic-FTOs [100% top box].
- Academic prerequisites (i.e. must have a college degree). Overall 19% top box. Chosen by supervisors [75% top box].

Within the self attribute category, the most important elements chosen were (listed in order of overall importance):

- Work habit assessment (i.e. can employee manage time effectively?). Overall 31% top box. Chosen by EMTs [33% top box], EMT-FTOs [50% top box], paramedics [33% top box], and supervisors [25% top box].
- Learning assessment (i.e. is employee curious and continuously learning?). Overall 25% top box. Chosen by EMTs [33% top box], paramedic-FTOs [100% top box], and supervisors [25% top box].

- Self-insight assessment (i.e. does employee have self-confidence and humility?).
Overall 19% top box. Chosen by EMT-FTOs [50% top box] and supervisors [25% top box].
- Work attitude assessment (i.e. does the employee have initiative and optimism?).
Overall 13% top box. Chosen by paramedics [33% top box].
- Stress management assessment (i.e. can employee manage stress effectively?).
Overall 13% top box. Chosen by paramedics [33% top box] and supervisors [25% top box].

Within the leadership category, the most important elements chosen were (listed in order of overall importance):

- Influential development (i.e. curriculum to improve resolving conflicts and inspiring others). Overall 31% top box. Chosen by EMTs [33% top box] and EMT-FTOs [50% top box].
- Developmental development (i.e. curriculum to improve coaching and developing others). Overall 25% top box. Chosen by paramedic-FTOs [100% top box] and supervisors [50% top box].
- Communications development (i.e. curriculum to improve public speaking).
Overall 19% top box. Chosen by EMTs [33% top box].
- Human resources development (i.e. curriculum to improve supervising, managing, and executive leadership). Overall 13% top box. Chosen by paramedics [67% top box].
- Social development (i.e. curriculum to improve social interactions). Overall 6% top box. Chosen by EMT-FTOs [50% top box].

Within the clinical performance category, the most important elements chosen were (listed in order of overall importance):

- Education systems development (i.e. curriculum to improve development of field training, continuing education, and competencies). Overall 75% top box. Chosen by EMTs [67% top box], EMT-FTOs [100% top box], paramedics [100% top box], paramedic-FTOs [100% top box], and supervisors [50% top box].
- Quality and performance development (i.e. curriculum to improve using quality data to guide strategic and tactical decision making). Overall 25% top box. Chosen by supervisors [50% top box].

Within the task management category, the most important elements chosen were (listed in order of overall importance):

- Problem solving development (i.e. curriculum to improve analytical thinking and decision making). Overall 38% top box. Chosen by EMT-FTOs [50% top box], paramedics [33% top box], paramedic-FTOs [100% top box], and supervisors [50% top box].
- Logistics development (i.e. curriculum to improve maintaining fleet and supply resources). Overall 13% top box. Chosen by paramedics [33% top box].
- Emergency service delivery development (i.e. curriculum to improve emergency operations supervision and pre-incident planning). Overall 13% top box. Chosen by EMTs [33% top box].
- Administration development (i.e. curriculum to improve managing policies, preparing budgets, and soliciting bids). Overall 13% top box. Chosen by EMTs [33% top box].

- Executive task development (i.e. curriculum to improve delegating, coordinating, and multi-tasking). Overall 6% top box. Chosen by EMT-FTOs [50% top box].
- Performance development (i.e. curriculum to improve managing policies, preparing budgets, and soliciting bids). Overall 6% top box. Chosen by paramedics [33% top box].

Within the innovation category, the most important element chosen was:

- Creativity development (i.e. curriculum to improve critical thinking and problem solving). Overall 63% top box. Chosen by EMTs [50% top box], EMT-FTOs [100% top box], paramedics [67% top box], paramedic-FTOs [100% top box], and supervisors [50% top box].

Within the social responsibility category, the most important elements chosen were (listed in order of overall importance):

- Integrity development (i.e. curriculum to improve work-place ethics). Overall 31% top box. Chosen by EMTs [33% top box], paramedics [33% top box], and paramedic-FTOs [100% top box].
- Ethical development (i.e. curriculum to improve ensuring ethical behavior). Overall 19% top box. Chosen by paramedics [33% top box] and supervisors [50% top box].
- Civic responsibility development (i.e. curriculum to improve interacting with the community). Overall 19% top box. Chosen by EMT-FTOs [100% top box] and paramedics [33% top box].

- Health and safety development (i.e. curriculum to improve integrating safety plans, accident/injury reports, and risk management). Overall 19% top box. Chosen by EMTs [33% top box].
- Community development (i.e. curriculum to improve interacting with the community). Overall 13% top box. Chosen by EMTs [33% top box].

When asked to rank each category, the most important categories chose were (listed in order of overall importance):

- Pre-qualification category (survey question six). Overall 38% top box. Chosen by EMT-FTOs [50% top box], paramedics [100% top box], and supervisors [50% top box].
- Self attribute category (survey question seven). Overall 19% top box. Chosen by EMTs [50% top box].
- Innovation category (survey question ten). Overall 6% top box. Chosen by paramedic-FTOs [100% top box].
- Task management category (survey question nine). Overall 6% top box. Chosen by EMT-FTOs [50% top box].

Research question number three (What documents, programs, and guidance already exist that describe professional development programs in EMS?) was addressed in the literature review and the national document, NEMSMA seven pillars of national EMS officer competencies, will be used as guidance.

Research questions number four (What does a draft program for CMH EMS look like utilizing identified elements in research question number three?) and number five (How should this draft program created in research question four be implemented and monitored for success and potential improvements?) were not specifically addressed in the survey. A draft was created and is presented in Appendix C - Draft CMH EMS Professional Development Policy on page 57. Survey respondents were also asked if they would like to be part of a team to draft or proofread the professional development plan. Ten respondents (48%) indicated they would like to assist. From those responses, the following teams were created:

Professional development policy writing team:

- TEAM LEAD: Theron Becker, Supervisor
- Brice Flynn, EMT-FTO
- Emma Igo, EMT
- Jennifer Smiley, EMT
- Michael Minter, Paramedic
- Tom Liberty, Paramedic

Professional development policy review team:

- TEAM LEAD: Neal Taylor, Supervisor
- Cheryl Rhodes, EMT-FTO
- Morgan Young, Supervisor
- Tammi Clark, Paramedic-FTO

Implementation and evaluation writing team:

- TEAM LEAD: Theron Becker, Supervisor
- Brice Flynn, EMT-FTO
- Neal Taylor, Supervisor
- Tammi Clark, Paramedic-FTO

Implementation and evaluation review team:

- TEAM LEAD: Morgan Young, Supervisor
- Emma Igo, EMT
- Jennifer Smiley, EMT
- Michael Minter, Paramedic
- Tom Liberty, Paramedic

Discussion

The following is a discussion of each research question and results found through literature review and survey tools. Implications of these results are also discussed.

Several sources (Erich, 2009)(Armstrong, 2010) found during researching question number one (How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?) indicate problems with an aging population retiring from upper-level management causing gaps that are difficult to fill. At CMH EMS all levels of management are at least a decade or so away from retirement, so these issues are not urgent, but addressing them now will alleviate problems down the road. Another article (Hagen, 2014) discussed the poor preparation EMS, as a community, gives our upcoming managers. After promotion to a management position, there are some resources available at CMH but there is no current method to prepare prior to promotion. This project seeks to fix that issue. Results from the employee survey revealed that overall employees felt that without a professional development program, patient care and services are suffering at CMH. There was no statistically significant findings from asking employees which CMH values are most affected by not having a professional development program.

During research of question number two (What elements are necessary in a professional development program to be considered “successful” at CMH EMS to address the problems identified in research question number one?), two sources (Touchstone, 2010) (Winter, 2007) discuss some form of mentoring system is important to a successful professional development program. CMH EMS currently uses mentors for new hires but there is not a process to continue mentorship for management levels. Mentorship will continue to be a part of CMH EMS’s program. Another element described by one source (Simmons, 2013) explored the role a college

degree plays in professional development. The results of the employee survey found that current CMH EMS supervisors feel a college degree is the most important pre-qualification category. All other groups of employees felt it was the least important. Another result from the employee survey indicated that current paramedics feel that supervisors should be required to have a paramedic license. All other groups of employees (including current supervisors) felt a paramedic license should not be a prerequisite for leadership roles. Discussions with the CMH EMS director indicate his strong preference for academic prerequisites and his openness to EMT leadership positions.

Two themes presented themselves during research for question number three (What documents, programs, and guidance already exist that describe professional development programs in EMS?). The first finding was from two sources (Erich, 2009) (Logan, 2009) that describe a self-paced program supported by mentors and coaches. This is appealing because the most motivated employees will succeed and this supports the expanded mentoring program CMH EMS would like to encourage. The second finding from one source (Stone, 2001) indicated rotating supervisors and staff between assignments makes a more well-rounded manager. Due to the smaller size of CMH EMS, it would be difficult to rotate individuals.

Extensive use of the seven pillars of EMS officer competencies (National EMS Management Association, 2014) was used to address research question number four (What does a draft program for CMH EMS look like utilizing identified elements in research question number three?). Initially, this document was used as a road map to develop internal courses for employees to take and deliver to their peers to progress towards their professional development goals. However, by utilizing National Fire Academy (NFA) EMS courses, the large majority of the competencies identified by NEMSMA will be covered. A draft professional development

plan for CMH EMS has been created using the NEMSMA document and NFA courses (refer to Appendix C - Draft CMH EMS Professional Development Policy on page 57).

There was such limited resources to be found to answer research question number five (How should this draft program created in research question four be implemented and monitored for success and potential improvements?) that none have been included in this document. Those that were found were too out-of-date or did not apply to the EMS environment. A group of individuals identified themselves through the survey instrument that they would like to participate in formulating an implementation and monitoring plan. This report and draft program will be presented to the groups that asked to participate. The process will proceed with buy-in from all levels of the department instead of this report sitting on someone's shelf or desk and not being implemented.

Recommendations

A draft program has been written as part of this paper (see Appendix C - Draft CMH EMS Professional Development Policy on page 57). Many elements identified through literature review and survey instruments were integrated into the draft policy. Some specific elements include:

- The professional development plan will be straightforward and transparent to all levels of the organization.
- Mentorship plays a significant role in the professional development process.
- While a college degree may be important and is included, it does not represent a significant requirement for lower-level management levels.
- For a better-rounded leader, rotating employees through different locations and roles is integrated into professional development.
- National competencies, education, and models are used for local professional development.
- A strong representation of all levels of employees will be present in the creation and implementation of the professional development plan to promote buy-in.

Individuals have been identified that wish to assist with forming and implementing that policy into something that will be successful at CMH EMS. This document should be discussed and revised by those teams of individuals and presented to hospital administration and the rest of the staff. If those groups support this program, the implementation plan should be followed and the projects should be monitored for success.

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Appendix A - Survey Questions

The following survey was created using SurveyMonkey (<http://www.surveymonkey.com>) and distributed to all CMH EMS employees via email link.

Page one (1) introduction: EMS professional development at CMH is the focus of this year's research project for Theron's Executive Emergency Officer Program. Please complete this survey to help with the project that will be presented as a completed proposal when it is complete in August 2015. The term "professional development" is used to describe a policy and process similar to a career ladder to guide employees from entry-level through management positions all the way to the department director position. There are a total of 17 survey questions. The first page answers the research question: How does the lack of adequately prepared internal candidates for leadership positions affect CMH EMS?

Survey question one (1) text: Please select the title that best describes your position at CMH EMS. Answer options include:

- EMT,
- EMT - FTO,
- Paramedic,
- Paramedic - FTO, and
- Supervisor.

Survey question two (2) text: In your own words, please describe how the lack of a professional development plan affects CMH EMS, as an organization.

Survey question three (3) text: In your own words, please describe how the lack of a professional development plan affects you, personally.

Separator text: Please answer the following two survey questions by ranking the effects. Number one (#1) should be the most important effect a professional development plan would have on CMH EMS.

Survey question four (4) text: CMH Mission and Vision. For background information, CMH's mission is, "Caring for every generation through exceptional services by leading physicians and a compassionate healthcare team." CMH's vision is, "Be the first choice for customer focused healthcare to every generation." Answer options include (randomized for each respondent):

- CMH EMS would have improved patient care,
- CMH EMS would provide more exceptional services,
- CMH EMS would provide more compassionate healthcare,
- CMH EMS would more often be the first choice of healthcare, and
- CMH EMS would provide more customer-focused healthcare.

Survey question five (5) text: CMH Values. For background information, CMH's values are, "I am positive, respectful, innovative, dedicated, and empowered. Together we are CMH PRIDE." Answer options include:

- I would be more positive,
- I would be more respectful,
- I would be more innovative,
- I would be more dedicated, and
- I would be more empowered.

Page two (2) introduction: This second page answers the research question: What elements are necessary in a professional development program to be considered “successful” at CMH EMS?

Survey question six (6) text: In your own words, please describe what elements are necessary in a successful professional development program at CMH EMS.

Separator text: Please answer the following seven survey questions by ranking the elements of each category. Number one (#1) should be the most important element of a successful professional development program at CMH EMS. The following survey questions and answer options were developed from the NEMSMA Seven Pillars of National EMS Officer Competencies (National EMS Management Association, 2014).

Survey question seven (7) text: Pre-Qualification Category. Answer options include (randomized for each respondent):

- Clinical prerequisites (i.e. must be a paramedic),
- Academic prerequisites (i.e. must have a college degree), and
- Operational prerequisites (i.e. must have three years experience).

Survey question eight (8) text: Self Attribute Category. Answer options include (randomized for each respondent):

- Work habit assessment (i.e. can employee manage time effectively?),
- Work attitude assessment (i.e. does employee have initiative and optimism?),
- Stress management assessment (i.e. can employee manage stress effectively?),
- Self-insight assessment (i.e. does employee have self-confidence and humility?),
and
- Learning assessment (i.e. is employee curious and continuously learning?).

Survey question nine (9) text: Leadership Category. Answer options include (randomized for each respondent):

- Communications development (i.e. curriculum to improve public speaking),
- Social development (i.e. curriculum to improve social interactions),
- Motivational development (i.e. curriculum to improve motivating others),
- Developmental development (i.e. curriculum to improve coaching and developing others),
- Influential development (i.e. curriculum to improve resolving conflicts and inspiring others), and
- Human resources development (i.e. curriculum to improve supervising, managing, and executive leadership).

Survey question ten (10) text: Task Management Category. Answer options include (randomized for each respondent):

- Executive task development (i.e. curriculum to improve delegating, coordinating, and multi-tasking),
- Problem solving development (i.e. curriculum to improve analytical thinking and decision making),
- Information management development (i.e. curriculum to improve managing information resources and quality),
- Human resource management development (i.e. curriculum to improve recruitment and safety management),
- Performance development (i.e. curriculum to improve performance and bench marking),

- Emergency service delivery development (i.e. curriculum to improve emergency operations supervision and pre-incident planning),
- Administration development (i.e. curriculum to improve managing policies, preparing budgets, and soliciting bids), and
- Logistics development (i.e. curriculum to improve maintaining fleet and supply resources).

Survey question 11 text: Innovation Category. Answer options include (randomized for each respondent):

- Creativity development (i.e. curriculum to improve critical thinking and problem solving),
- Enterprising development (i.e. curriculum to improve technological savvy),
- Collaboration development (i.e. curriculum to improve research and collaborating),
- Forecasting development (i.e. curriculum to improve evaluating long-term consequences), and
- Change management development (i.e. curriculum to improve intelligent risk-taking).

Survey question 12 text: Social Responsibility Category. Answer options include (randomized for each respondent):

- Civic responsibility development (i.e. curriculum to improve interacting with the community),
- Social knowledge development (i.e. curriculum to improve sociology and anthropology),

- Ethical development (i.e. curriculum to improve ensuring ethical behavior),
- Integrity development (i.e. curriculum to improve work-place ethics),
- Health and safety development (i.e. curriculum to improve integrating safety plans, accident /injury reports, and risk management), and
- Community development (i.e. curriculum to improve delivering prevention education and build partnerships).

Survey question 13 text: Clinical Performance Category. Answer options include (randomized for each respondent):

- Quality and performance development (i.e. curriculum to improve using quality data to guide strategic and tactical decision making) and
- Education systems development (i.e. curriculum to improve development of field training, continuing education, and competencies).

Survey question 14 text: Please rank the categories (you have already sorted the parts of each category above). Answer options include:

- Pre-qualification (survey question 6),
- Self attributes (survey question 7),
- Leadership (survey question 8),
- Task management (survey question 9),
- Innovation (survey question 10),
- Social responsibility (survey question 11), and
- Clinical performance (survey question 12).

Survey question 15 text: Would you like to be part of a team to draft or proofread the professional development plan? Answer options include:

- Yes (respondents will be directed to survey question 16 on page three) and
- No (respondents will submit the survey).

Page three (3) introduction: This third page is to identify people that would like to be on a small team to help me answer the following research questions: What does a draft program for CMH EMS look like utilizing elements we like? How should this draft program be implemented and monitored for success and potential improvements?

Survey question 16 text: Complete the following if you would like to help complete the policy and plan for submission to the director of CMH EMS: Name and email address.

Survey question 17 text: How would you like to be involved? Answer options include (may select multiple options):

- Help write the professional development policy,
- Proofread the professional development policy,
- Help write the implementation plan,
- Help write the evaluation plan, and
- Proofread the implementation and evaluation plan.

Appendix B - Survey Responses

Narrative responses to the open-ended survey question “In your own words, please describe how the lack of a professional development plan effects CMH EMS, as an organization.”

- Ambulances and crews are less efficient. Crews without supervision tend to have greater division and disharmony.
- Direction.
- Drags the department down.
- I believe that employee satisfaction, dedication, and morale are low due to those being in higher positions having never been judged similarly themselves.
- I feel we lose a lot of CMH ideas and ways when leadership people come from outside the department. Our department as a whole suffers because of no median line as to how the department functions.
- I think it creates arguments and confusion when it is left to opinions and experiences that may be based on different experiences/areas/outlooks.
- If a person doesn't have an achievable goal and clear steps required to attain the goal, then they will become frustrated and there performance will dwindle.
- It is not much different than most other services. There is not much of ladder to climb so employees do not see a need to better themselves.
- Just seems like not everyone is in the same page and people don't get along as a team together anymore.
- Limited development does not foster department critical thinking and employees stagnate.

- No current line of succession, poor development of current leadership, poor decision making process, lack of ethics and sound judgment, EMS leadership has always been a difficult training role to undertake, but it must be done for a successful service to compete.
- Not allowing EMT Basics to hold positions other than EMT/FTO doesn't allow basics to become acquainted with the logistical aspects of EMS.
- Our lack of professional development affects our ability to improve diplomatic/professional interactions with increasing difficult coworkers, receiving RN's and/or doctors, patients and/or families, etc. for more effective and respected outcomes.
- Really.
- The lack of professionalism at CMH EMS will cause us to remain the same, never grow, and not attract "PRIDE" type employees.
- There is a lack of career ladder. This leads to not being able to set a goal and strive for it.
- There is lack of communication and chain of command.
- There is very little room for growth at CMH EMS. I believe some of that is because it is such a small system with only 5 types of positions at most.

Narrative responses to the open-ended survey question “In your own words, please describe how the lack of a professional development plan effects on you, personally:”

- Already having reached the career goal I had set for myself upon being hired, there seems to be no other attainable goals to strive for. I see where I want to be in the end, I have absolutely no clue how to get there.
- As a new EMT, in areas where there were not clear cut guidelines, I was left to follow in my medic's opinions and experiences/choices. While this provides plenty of good insight, it also narrows your thinking- because pleasing your partner's way of thinking somewhat becomes your task without your fully being aware of that.
- As an employee I don't want to move up yet but it makes it hard for the team to function correctly when all supervisors are not on the same page.
- Can't move up.
- I am capable and qualified to handle a variety of tasks which are unrelated to my licensure, but which CMH requires a Paramedic licensure to hold a title i.e. Station coordinator.
- I do not want to work with, or for some members of our team due to their lack of professionalism.
- I don't feel that it does affect me.
- I feel I lack very important and valuable professional/diplomatic skills and would GREATLY appreciate being given the opportunity to learn better skills of diplomacy and professionalism in difficult situations. We all have different tools in our toolboxes and become much more effective and professional the more tools we can add.

- I feel like any development I have had has been based on my own initiative. If there is a development plan at CMH, I have missed it.
- I have goals to attain but the lack of incentives and an actual ladder to obtain those goals at CMH is lacking.
- It affects the interaction with the other manager and staff.
- It brings the entire department down!
- It creates a communication problem between myself and management.
- Many times I feel confused about what I should be doing to improve and be a better employee.
- There is a lack of chain of command.
- With current middle leadership in place and the lack of sufficient leadership training in the areas needed for a successful service, it makes difficult to determine the condition of the service. With no current line of succession, it would be hard to determine who was in charge.
- Without saying.

Narrative responses to the open-ended survey question “In your own words, please describe what elements are necessary in a successful professional development program at CMH EMS:”

- A program to develop a well-rounded public safety employee who is able to converse professionally with others in the medical community as well as the fire service, emergency management, and law enforcement. Communication skills are paramount, both traditional communication skills i.e. written and spoken, but technology based as well.
- Allowing EMTs to hold titles which do not require a paramedic licensure not only serves to foster improved morale among EMTs, it also provides a more well-rounded experience base for those that do transition to paramedic.
- Communication.
- I do think the different experiences of our medics help steer us the best. Perhaps bringing those together and balancing it with open-mindedness. Clear cut guidelines on paper and repetitive practice help me the most, as far as any kind of direct tasks.
- It needs to be obtainable, but not easy for employees to complete it. It should have actual results in professionalism, not just another paper to hang on the wall or put in the person's file. The successful completion of project might be a good component of it.
- Multilevel stepping stones within the system to reach a set goal. The increased responsibility in clear smaller steps will better prepare them and build confidence for the goal they wish to attain. Attaining this smaller goals will also help them to stay productive and motivated to attain their next goal.

- Offer the chance of goal achievement and incentives to reach those goals.
- People strive for same goals.
- Self-leadership, leadership principles, business principles, regulatory knowledge, QA, education principles, HR aspect.
- Suggestions for inclusion in an EMS based leadership Class: Problem Solving, Decision-making Styles, Planning Skills, Communications, Managing Multiple Roles, Ethics, Situational Leadership, Delegating, Coaching/Mentoring, and Discipline.
- Team effort.
- The program needs to be consistent and transparent.
- Vision of the department, where it is, and where it is going. How CMH EMS operates or should be operating now. Communication, how to get information out to everyone. How to deal with troubled/problematic coworkers. How to stay on the same page with other officers even if it is not how you would deal with the issue.
- You need to know what is expected of you. You need to perform a self-assessment and set personal goals and create a plan to achieve those goals within a time frame. You need to have consequences for goals uncompleted. You need consistency throughout the organization.

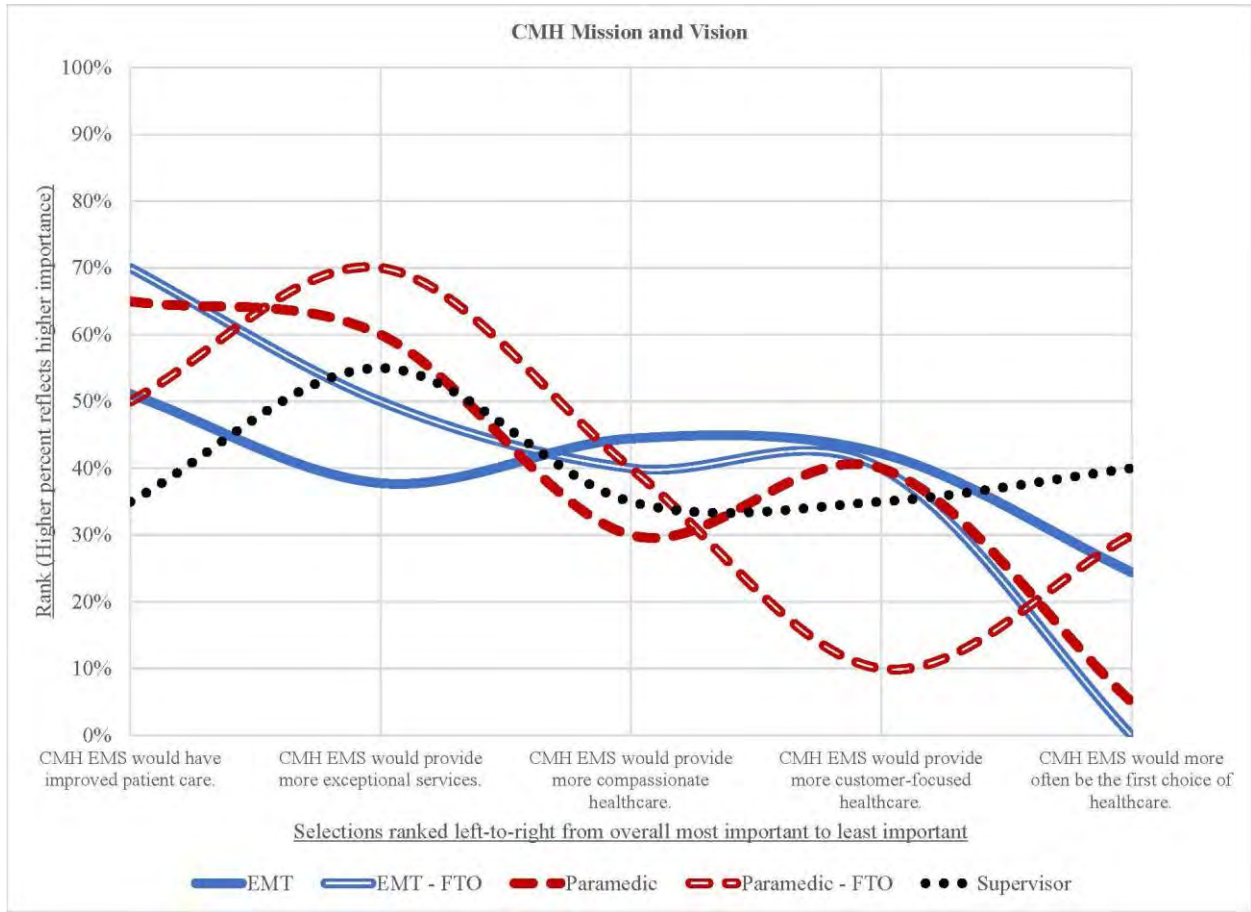


Figure 5 - Results from survey question four (CMH mission and vision).

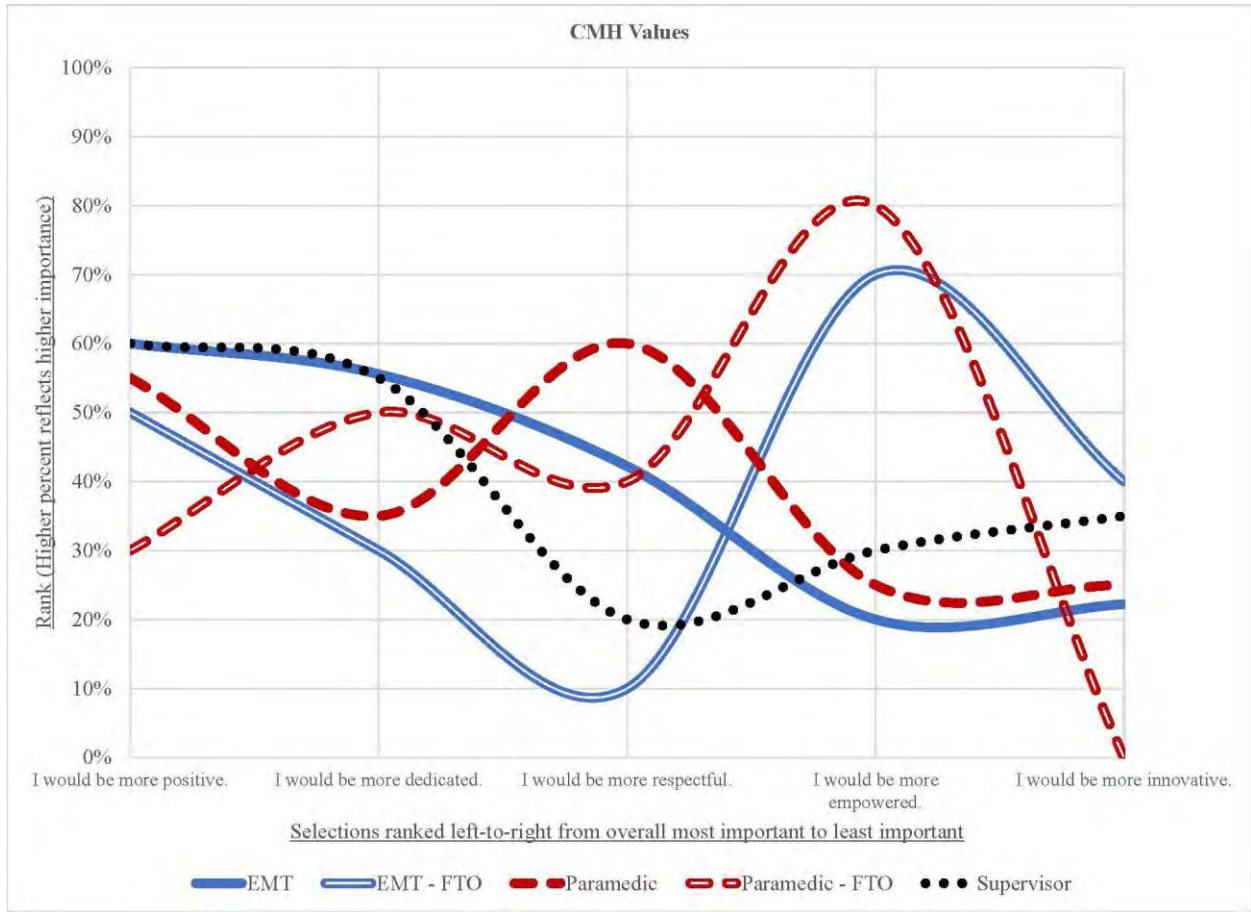


Figure 6 - Results from survey question four (CMH values).

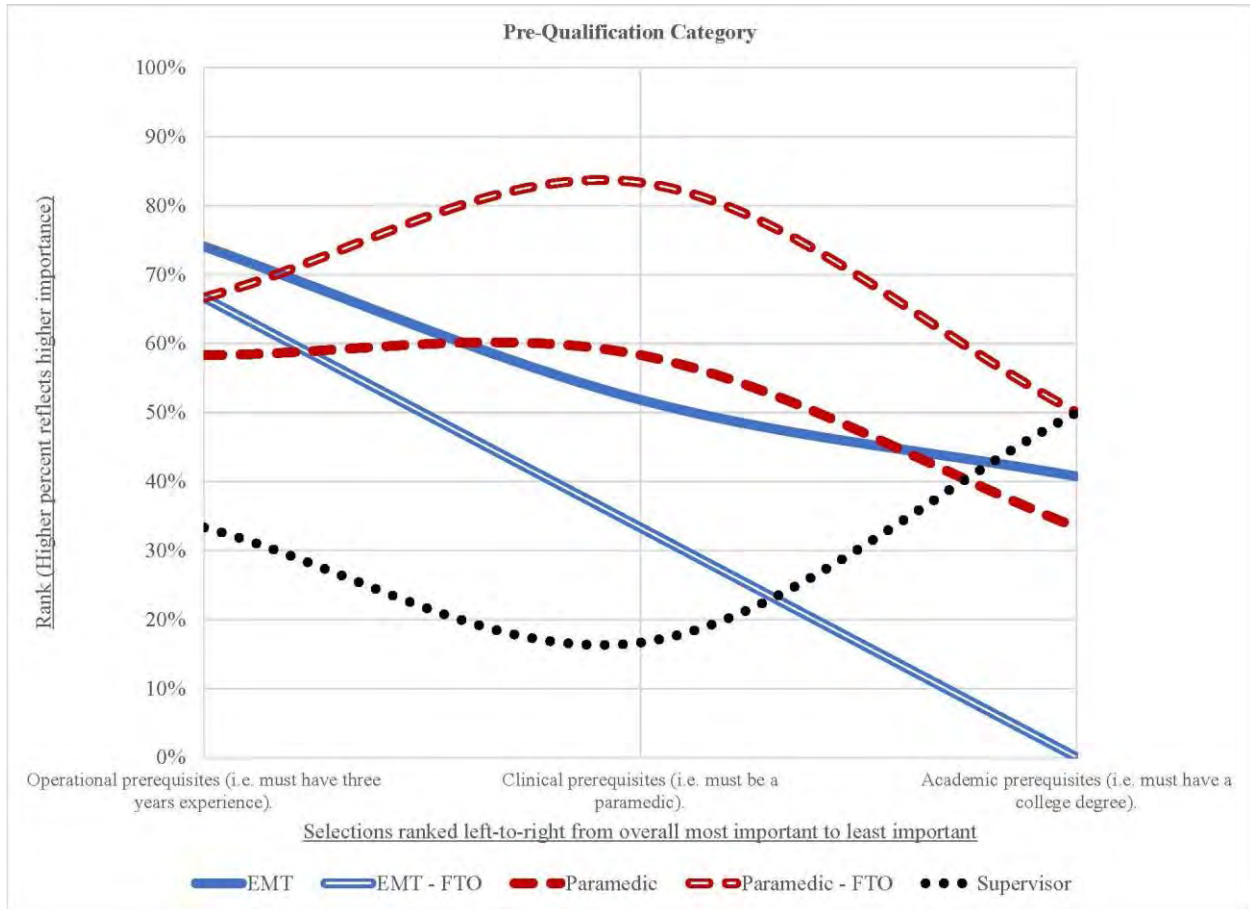


Figure 7 - Results from survey question seven (pre-qualification category).

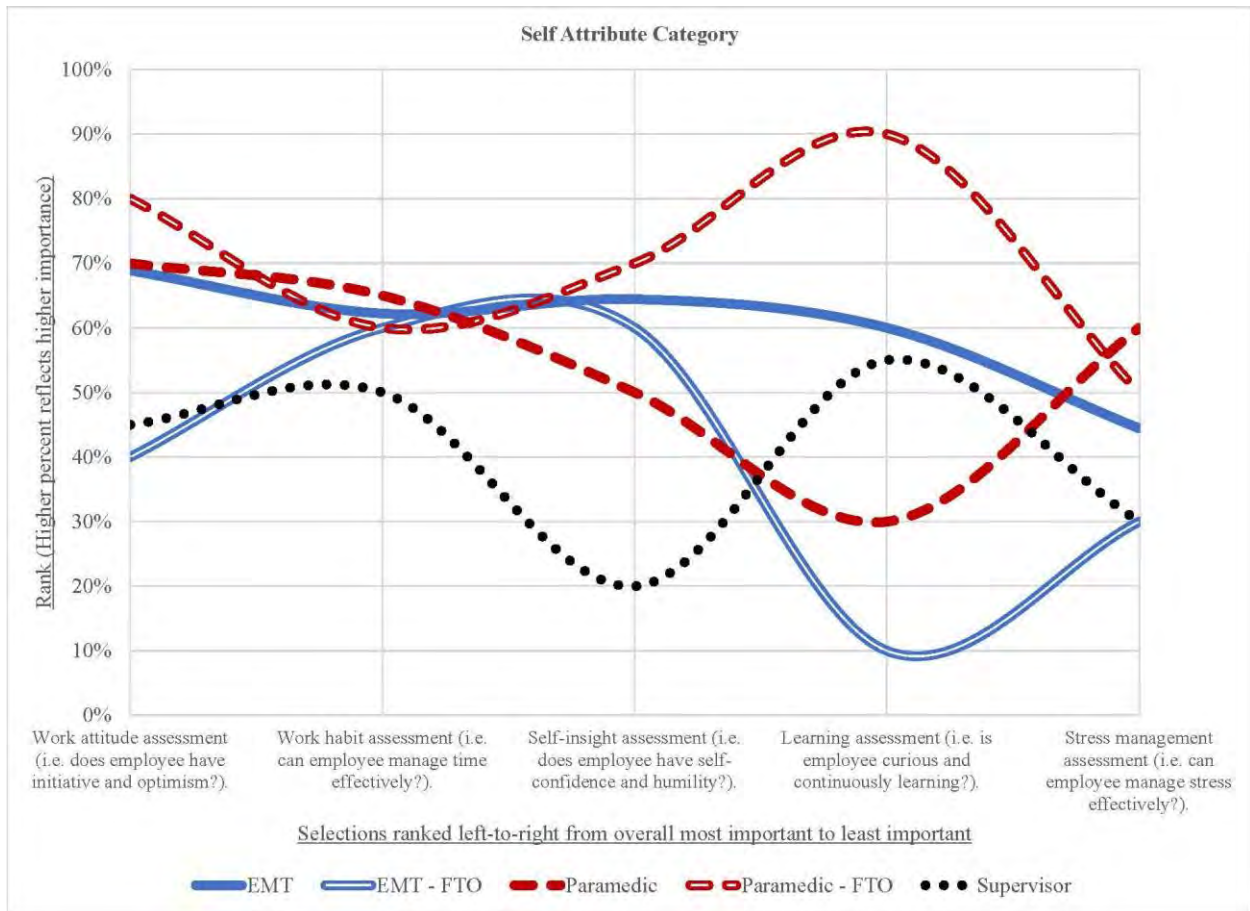


Figure 8 - Results from survey question eight (self attribute category).

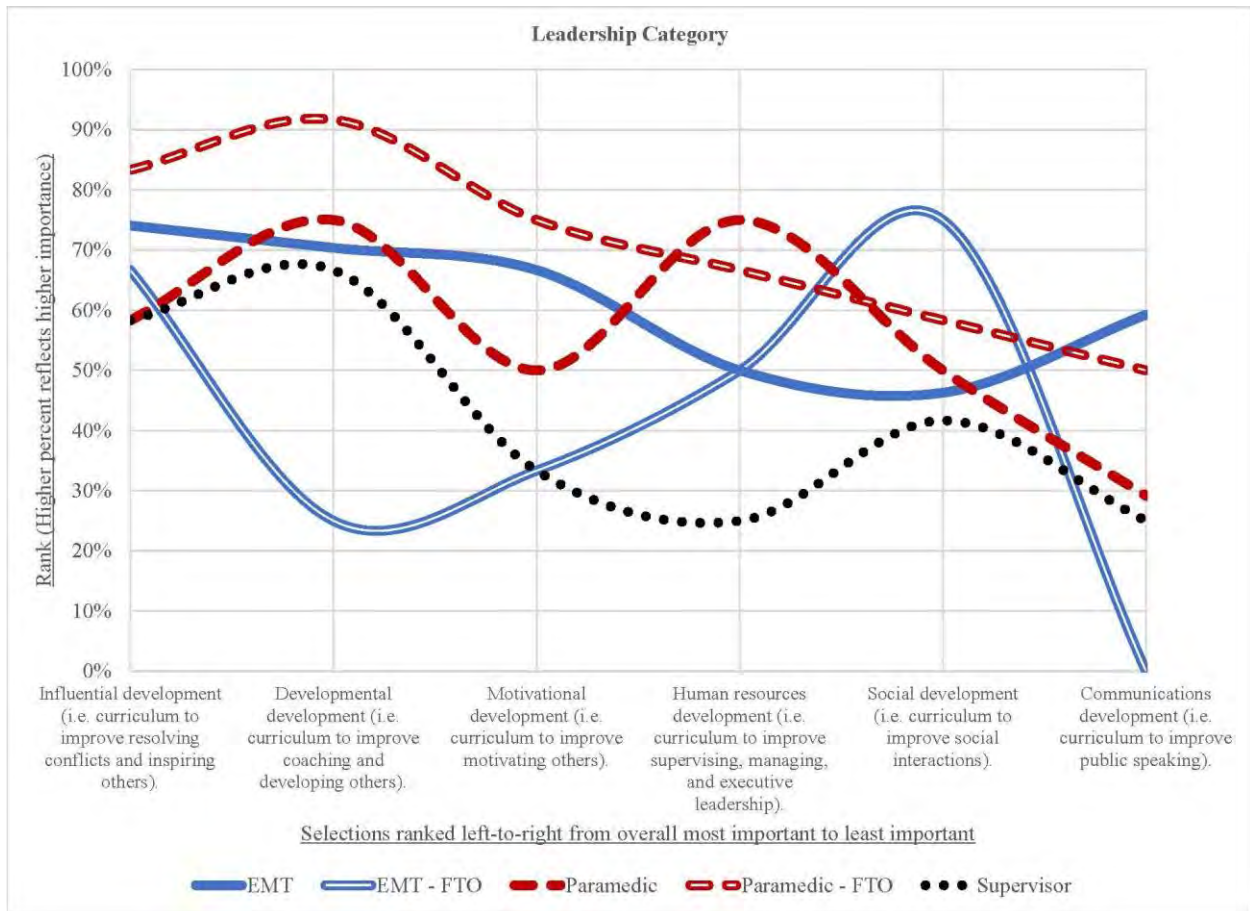


Figure 9 - Results from survey question nine (leadership category).

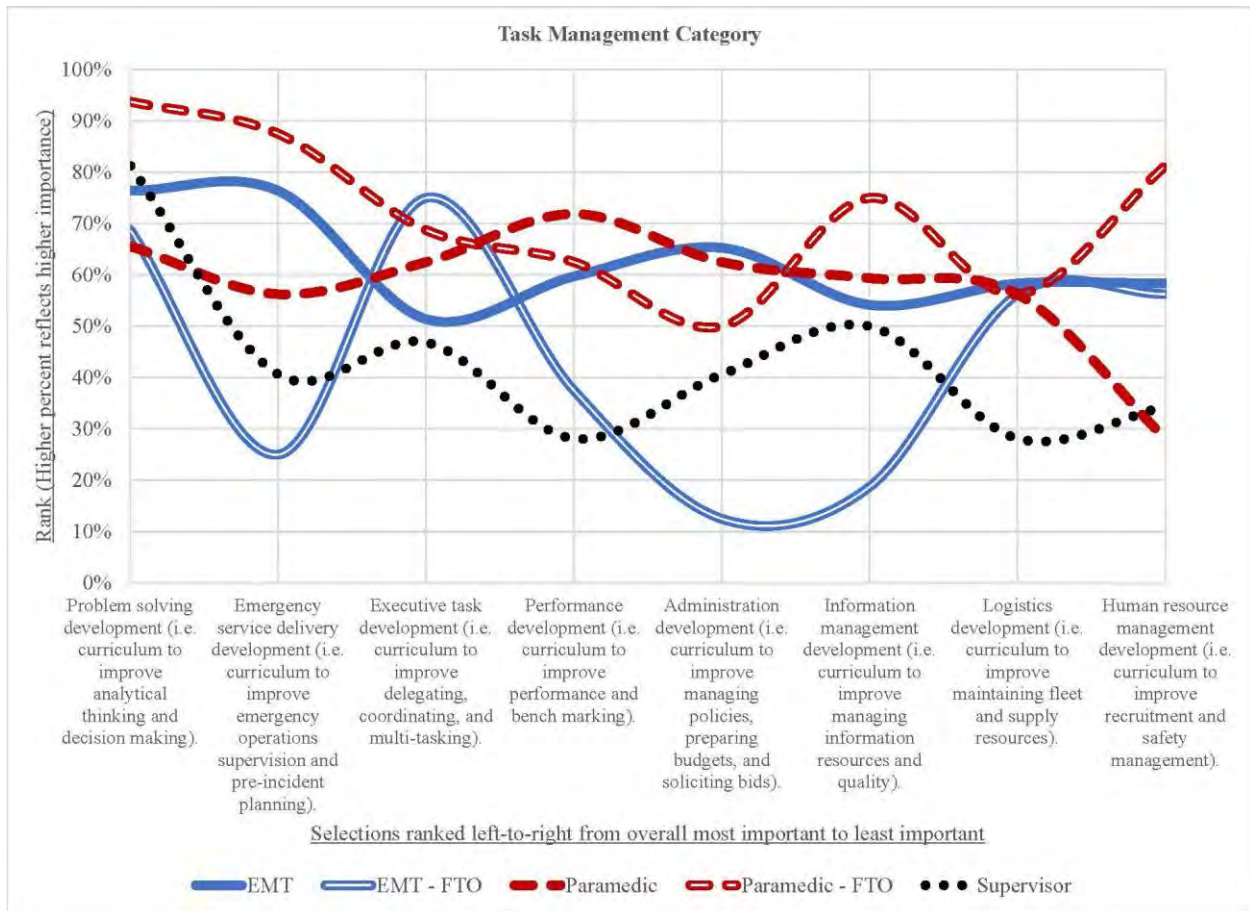


Figure 10 - Results from survey question ten (task management category).

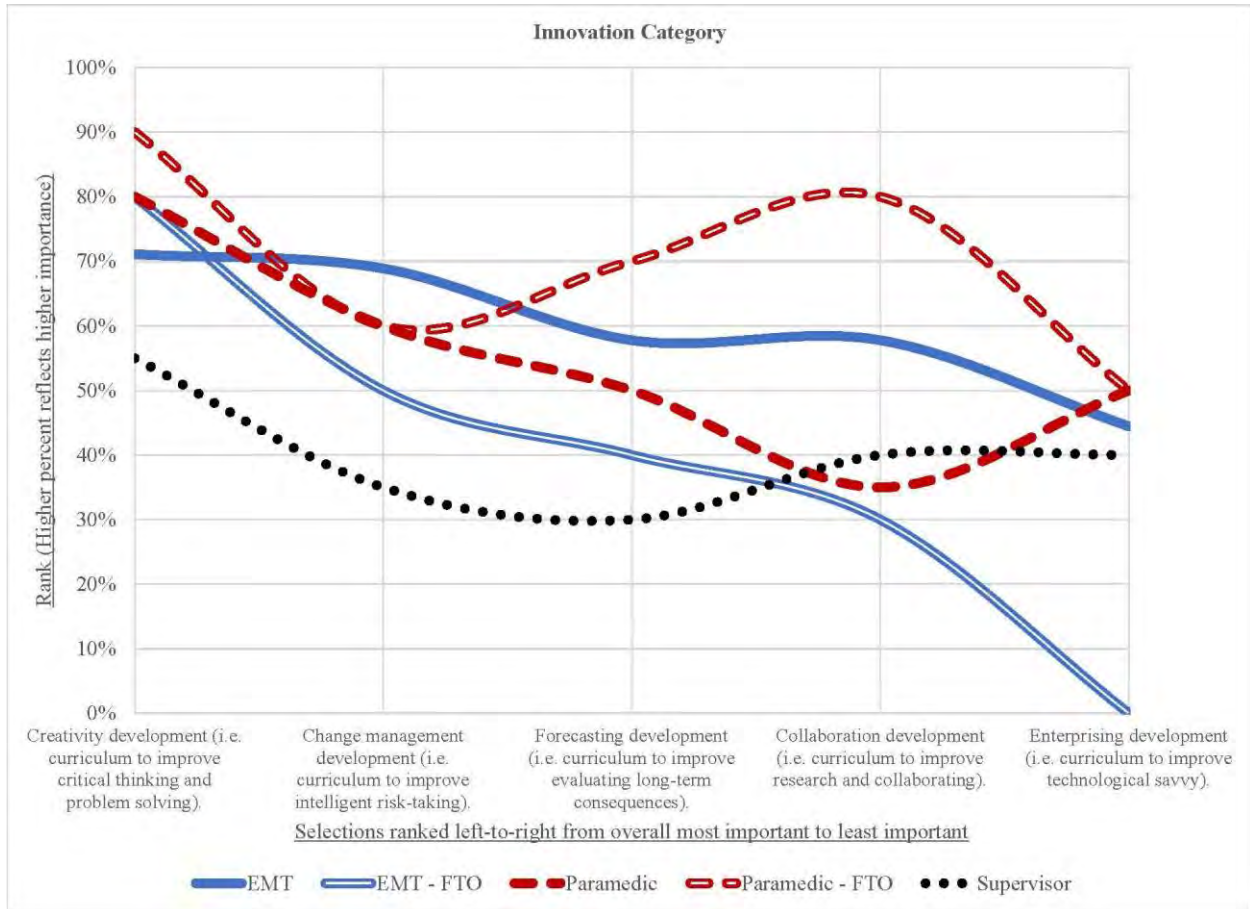


Figure 11 - Results from survey question 11 (innovation category).

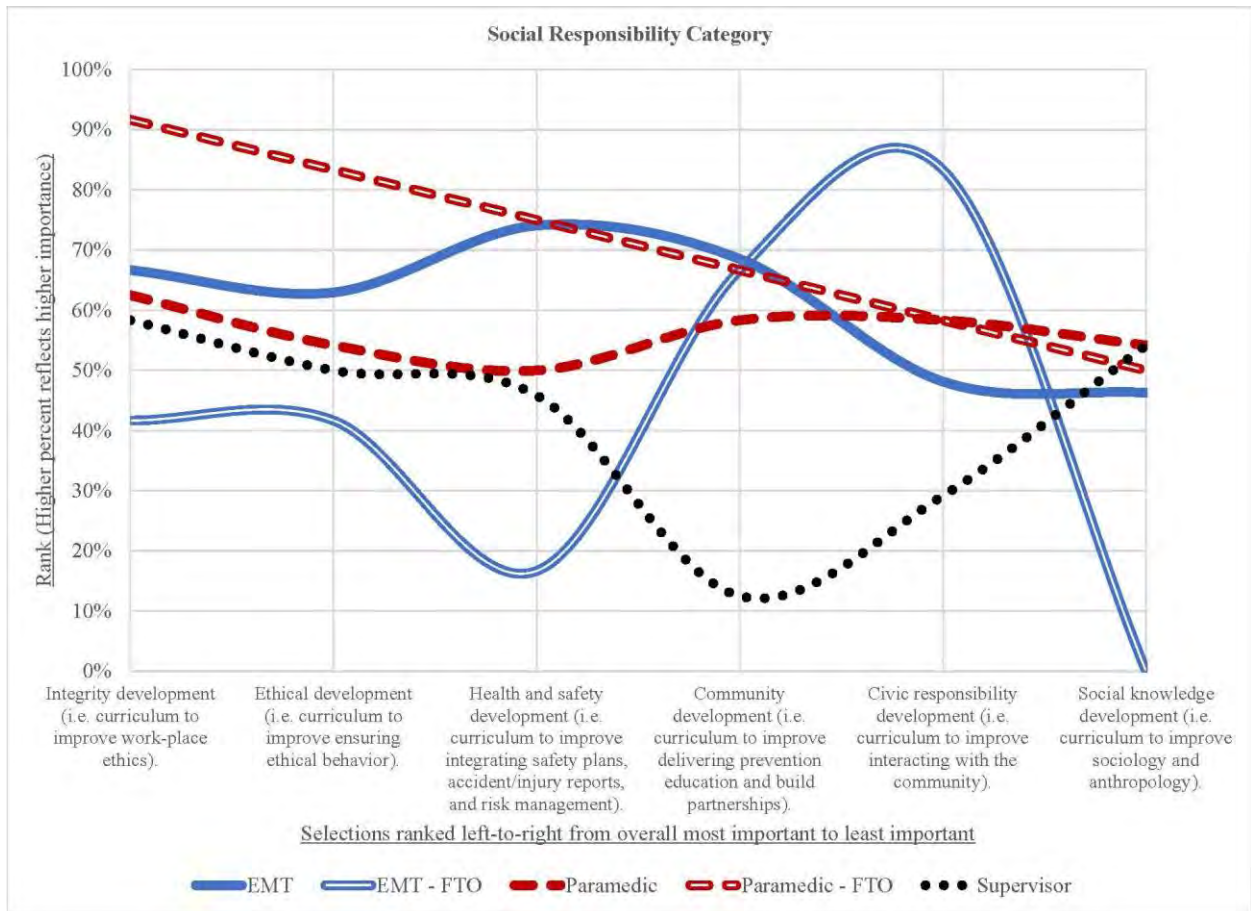


Figure 12 - Results from survey question 12 (social responsibility category).

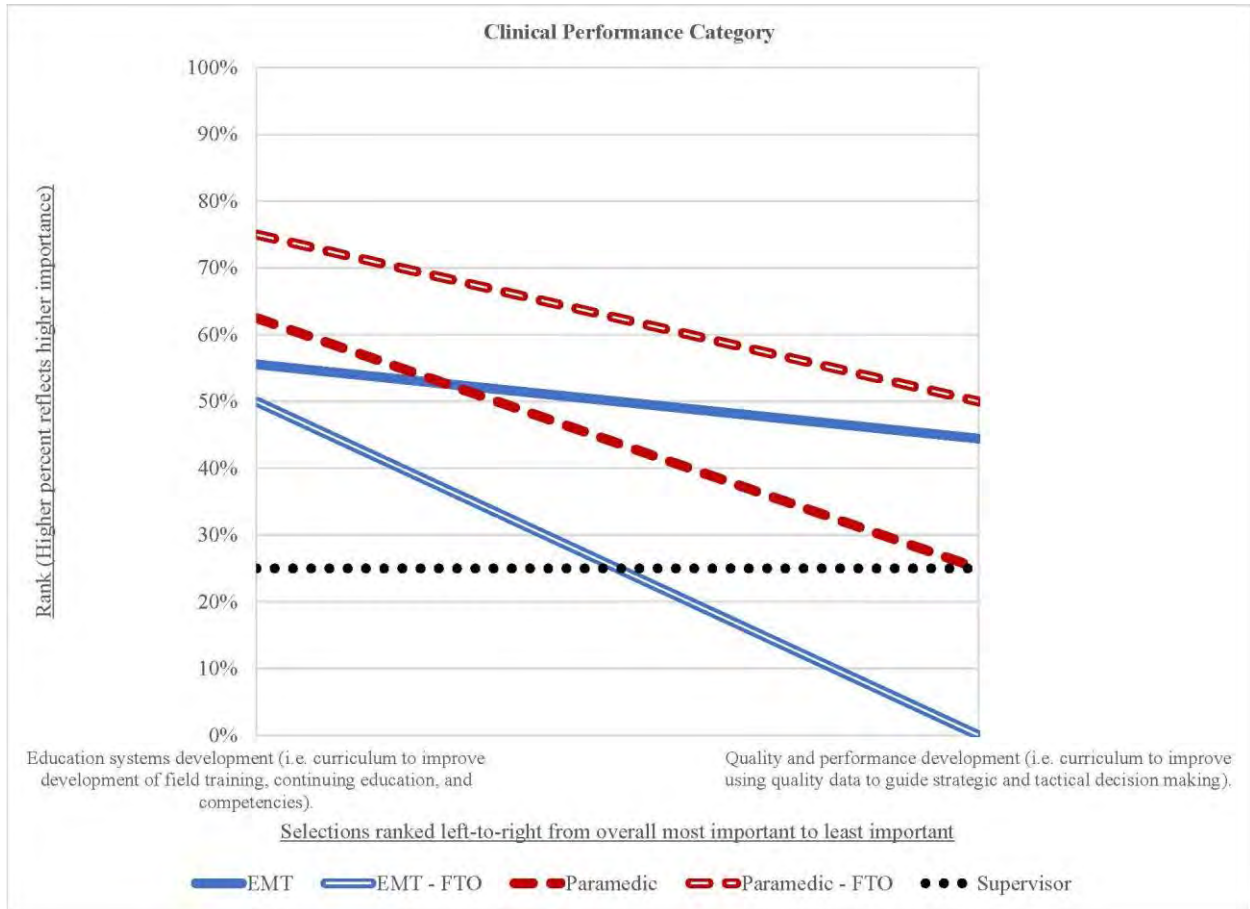


Figure 13 - Results from survey question 13 (clinical performance category).

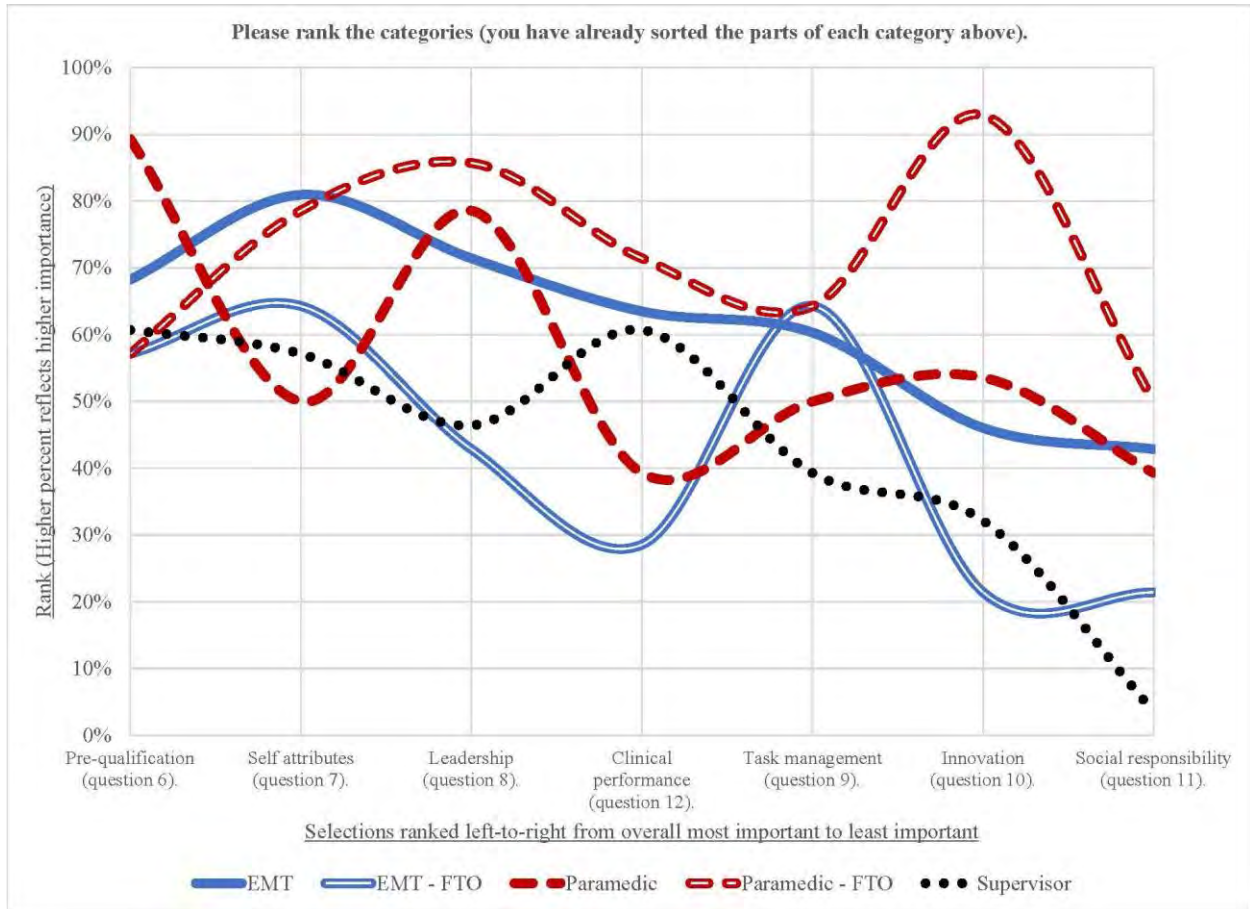


Figure 14 - Results from survey questionn 14 (category ranking).

Appendix C - Draft CMH EMS Professional Development Policy

Introduction: This document has been prepared using input from current CMH EMS staff, industry research, peer-reviewed journals, and is based heavily on seven pillars of national EMS officer competencies developed by the National EMS Management Association (2014).

Table 1 - CMH EMS Professional Development Requirement Overview Matrix

Level	Licenses	NIMS	Certifications	Experience	NFA courses	Degree
1 Volunteer	None or EMR	100	BLS	None	None	None
2 EMT	EMT, DL class E	100, 700	BLS, ITLS	None	None	HS/GED
3 BLS FTO/SME	EMT, DL class E	100, 700	BLS, ITLS, FTO	100 EMT shifts (2 in each station)	None	HS/GED
4 BLS Supervisor	EMT, DL class E	100, 700, 200	BLS, ITLS, FTO	200 EMT shifts (4 in each station & 10 as FTO)	147	HS/GED
5 Paramedic	DL class E, Paramedic	100, 700, 200	BLS, ITLS, ACLS, PALS, NRP	None	None	HS/GED
6 ALS FTO/SME	DL class E, Paramedic	100, 700, 200	BLS, ITLS, ACLS, PALS, NRP, FTO	100 Paramedic shifts (2 in each station)	None	HS/GED
7 ALS Supervisor	DL class E, Paramedic	100, 700, 200, 300	BLS, ITLS, ACLS, PALS, NRP, FTO	200 Paramedic shifts (4 in each station & 10 as ALS FTO)	147	HS/GED
8 Manager	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	300 Paramedic shifts (6 in each station, 20 as ALS FTO, & 100 as Supervisor)	147, 150	Associate's
9 Officer	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	2 yrs as ALS Supervisor or Manager	147, 150, 151	Bachelor's
9a Safety Officer	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	2 yrs as ALS Supervisor or Manager	147, 150, 151, 154	Bachelor's
9b Information Officer	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	2 yrs as ALS Supervisor or Manager	147, 150, 151, 513, 152	Bachelor's
9c Clinical Officer	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	2 yrs as ALS Supervisor or Manager	147, 150, 151, 139, 158, 342	Bachelor's
10 Executive	DL class E, Paramedic	100, 700, 200, 300, 400	BLS, ITLS, ACLS, PALS, NRP, FTO	2 yrs as Manager or Officer	147, 150, 151	Master's

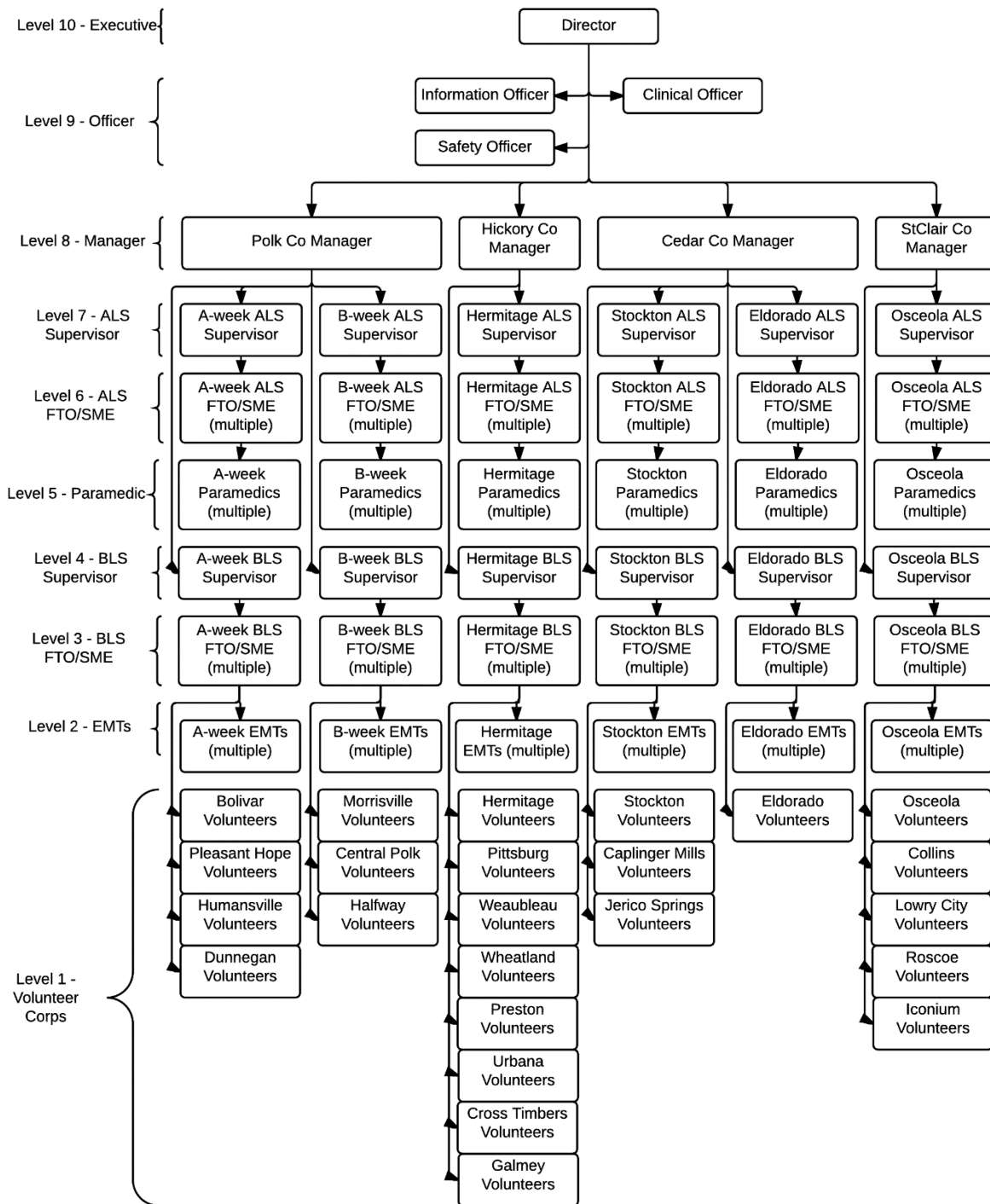


Figure 15 - CMH EMS Professional Development Generic Organizational Chart

Level 1 - CMH EMS Volunteer Corps

- Description: A volunteer corps member is the entry position into a career in EMS. He or she is encouraged to associate with his or her local fire department and respond to emergencies in a volunteer capacity with that agency. They may ride on an ambulance as part of the job shadow program and participate in trainings and education provided by CMH EMS.
- Prerequisites for entry:
 - 18 years old.
- Prerequisites for response status:
 - NIMS 100 (ICS Intro) [1-hr online course]
<https://training.fema.gov/IS/courseOverview.aspx?code=IS-100.HCb>.
 - AHA Basic Life Support [6-hr in-house course] (*Must be renewed every two years) <http://www.citizensmemorial.com/1calendar/index.html>.
 - Emergency Medical Responder [80-hr in-house course]
<http://www.citizensmemorial.com/1calendar/index.html>.

Level 2 - CMH EMT

- Description: An EMT serves as field staff to provide BLS care to the sick and injured while working as part of a team.
- Prerequisites include Level 1 in addition to:
 - Missouri Class E driver license <http://dor.mo.gov/drivers/>.
 - NIMS 700 (NIMS Intro) [1-hr online course]
<https://training.fema.gov/IS/courseOverview.aspx?code=IS-700.a>.
 - ITLS [8-hr in-house course] (*Must be renewed every three years)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - Missouri Emergency Medical Technician License [150-hr community college course] <http://health.mo.gov/safety/ems/licensing.php>.
 - Successful completion of CMH hiring process.

Level 3 - CMH BLS FTO/SME

- Description: A BLS FTO/SME serves as a field training officer to EMT students and new hire EMTs and serves as a subject matter expert for a specific BLS skill or piece of equipment of his or her choosing. They are seen as senior EMTs and mentors to junior EMTs. They assist in protocol development, quality improvement, and education when it pertains to their selected subject area.
- Prerequisites include Level 2 in addition to:
 - FTO/SME (Field Training Officer / Subject Matter Expert) [8-hr in-house course]
(*Must be taken annually to maintain FTO/SME or higher status.)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - Minimum of 100 EMT shifts.
 - Minimum of two (2) EMT shifts in each station.
 - Shifts are defined as 12-hour or 24-hour shifts on an ambulance as a full employee not in orientation or restriction. Additionally, standby, long distance transfers, or other special shifts do not count towards the minimum requirement.
 - Recommendation by Manager and appointment by Clinical Officer.

Level 4 - CMH BLS Supervisor

- Description: A BLS supervisor's primary role is to provide first-line supervision to on-duty EMTs and manage small projects around his or her assigned station. The BLS supervisor responds to routine emergencies (i.e. multi-patient incidents or echo-level calls) and assists the ALS supervisor or serves as initial incident commander or EMS branch director in the absence of an ALS supervisor (National EMS Management Association, 2014).
- Prerequisites include Level 3 in addition to:
 - NIMS 200 (ICS for single resources) [3-hr online course]
<https://training.fema.gov/IS/courseOverview.aspx?code=IS-200.b>.
 - NFA 147 (EMS Operations) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA) <https://apps.usfa.fema.gov/nfacourses/catalog/details/10431>.
 - Minimum of 200 EMT shifts.
 - Minimum of ten (10) FTO shifts with a student or new hire.
 - Minimum of four (4) EMT shifts in each station.
 - Shifts are defined as 12-hour or 24-hour shifts on an ambulance as a full employee not in orientation or restriction. Additionally, standby, long distance transfers, or other special shifts do not count towards the minimum requirement.
 - Recommended to be working towards an Associate's Degree.
 - Recommendation by Peer Review Committee and appointment by Manager.

Level 5 - CMH Paramedic

- Description: A paramedic serves as field staff to provide ALS care to the sick and injured while working as part of a team.
- Prerequisites include Level 2 in addition to:
 - NIMS 200 (ICS for single resources) [3-hr online course]
<https://training.fema.gov/IS/courseOverview.aspx?code=IS-200.b>.
 - AHA ACLS [8-hr in-house course] (*Must be renewed every two years)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - AHA PALS [8-hr in-house course] (*Must be renewed every two years)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - AHA NRP [8-hr in-house course] (*Must be renewed every two years)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - Missouri Paramedic License [1,800-hr community college course] (*Two EMTs are selected annually to receive tuition funding for paramedic class - Level 4 BLS Supervisor status is preferred to be selected)
<http://health.mo.gov/safety/ems/licensing.php>.
 - Successful completion of CMH hiring process.

Level 6 - CMH ALS FTO/SME

- Description: An ALS FTO/SME serves as a field training officer to paramedic students and new hire paramedics and serves as a subject matter expert for a specific ALS skill or piece of equipment of his or her choosing. They are seen as senior paramedics and mentors to junior paramedics. They assist in protocol development, quality improvement, and education when it pertains to their selected subject area.
- Prerequisites include Level 5 in addition to:
 - FTO/SME (Field Training Officer / Subject Matter Expert) [8-hr in-house course]
(*Must be taken annually to maintain FTO/SME or higher status.)
<http://www.citizensmemorial.com/1calendar/index.html>.
 - Minimum of 100 paramedic shifts.
 - Minimum of two (2) paramedic shifts in each station.
 - Shifts are defined as 12-hour or 24-hour shifts on an ambulance as a full employee not in orientation or restriction. Additionally, standby, long distance transfers, or other special shifts do not count towards the minimum requirement.
 - Recommendation by Manager and appointment by Clinical Officer.

Level 7 - CMH ALS Supervisor

- Description: An ALS supervisor's primary role is to provide first-line supervision to on-duty paramedics and manage small projects around his or her assigned station. The ALS supervisor responds to routine emergencies (i.e. multi-patient incidents or echo-level calls) and serves as initial incident commander or EMS branch director (National EMS Management Association, 2014).
- Prerequisites include Level 6 in addition to:
 - NIMS 300 (Intermediate ICS) [2-day classroom available for free throughout the state] <https://training.dps.mo.gov/sematraining.nsf/trainingschedule>.
 - NFA 147 (EMS Operations) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA) <https://apps.usfa.fema.gov/nfacourses/catalog/details/10431>.
 - Minimum of 200 paramedic shifts.
 - Minimum of ten (10) FTO shifts with an ALS student or new hire.
 - Minimum of four (4) paramedic shifts in each station.
 - Shifts are defined as 12-hour or 24-hour shifts on an ambulance as a full employee not in orientation or restriction. Additionally, standby, long distance transfers, or other special shifts do not count towards the minimum requirement.
 - Recommended to be working towards an Associate's Degree.
 - Recommendation by Peer Review Committee and appointment by Manager.

Level 8 - CMH EMS Manager

- Description: A manager's primary role is managing major components or divisions, such as county divisions, at CMH. He or she plans, directs, and coordinates the work of subordinate BLS and ALS supervisors. The manager responds to major incidents (i.e. mass casualties or extended multi-agency operations) and operates as part of the unified command structure. Managers also support specialized programs within their division such as staff education, deployment plans, staff scheduling, maintenance, budgeting, human resources, and quality improvement. Their primary role is to ensure daily operations have all the resources needed in order to run smoothly and often function primarily from an office but still actively participate in field as needed (National EMS Management Association, 2014).
- Prerequisites include Level 7 in addition to:
 - NIMS 400 (Advanced ICS) [2-day classroom available for free throughout the state] <https://training.dps.mo.gov/sematraining.nsf/trainingschedule>.
 - NFA 150 (EMS Management) [10-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA) <https://apps.usfa.fema.gov/nfacourses/catalog/details/23>.
 - Associate's Degree.
 - Minimum of 300 paramedic shifts.
 - Minimum of 100 shifts as BLS or ALS supervisor.
 - Minimum of ten (20) FTO shifts with an ALS student or new hire.
 - Minimum of six (6) paramedic shifts in each station.

- Shifts are defined as 12-hour or 24-hour shifts on an ambulance as a full employee not in orientation or restriction. Additionally, standby, long distance transfers, or other special shifts do not count towards the minimum requirement.
- Recommended to be working towards a Bachelor's Degree.
- Recommendation by Peer Review Committee and appointment by Director.

Level 9 - CMH EMS Officer

- Description: An officer's primary role is to act as a specialist responsible for a specific program area. Three EMS officer program areas are defined for CMH EMS: Safety, Information, and Clinical. These officer's primary roles are to ensure the success of their specific program areas and often function primarily from an office but still actively participate in field as needed (National EMS Management Association, 2014).
 - The Safety Officer responds to major incidents (i.e. mass casualties or extended multi-agency operations) and operate as part of the command staff as the EMS Incident Safety Officer. Refer to the job description for all the duties of the Safety Officer, however, some responsibilities include health and safety of the staff, driver's training program, and general welfare of employees.
 - The Information Officer responds to major incidents (i.e. mass casualties or extended multi-agency operations) and operates as part of the command staff, general staff, or at the Hospital Emergency Operations Center as needed. Refer to the job description for all the duties of the Information Officer, however, some responsibilities include maintenance of radio and communication networks, administration of electronic patient care reporting software, support of computer-based hardware, and liaison between EMS and Hospital Information Services departments.

- The Clinical Officer responds to major incidents (i.e. mass casualties or extended multi-agency operations) and operates as part of the general staff or at the Hospital Emergency Operations Center as Planning Sector Chief as needed. Refer to the job description for all the duties of the Clinical Officer, however, some responsibilities include administration of staff training and education, staff licensure maintenance, interface with the medical director, development and maintenance of medical protocols, and administration of quality improvement programs.
- Prerequisites include Level 8 in addition to:
 - NFA 151 (Advanced EMS Leadership) [10-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA) <https://apps.usfa.fema.gov/nfacourses/catalog/details/24>.
 - Bachelor Degree.
 - Minimum of two (2) years employed full-time by CMH EMS as either ALS Supervisor or EMS Manager (or combination of those titles).
 - Recommended to be working towards Master's Degree.
 - Recommendation by Peer Review Committee and appointment by Director.
 - Additional Safety Officer prerequisites:
 - NFA 154 (Safety Program Operations) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA) <https://apps.usfa.fema.gov/nfacourses/catalog/details/440>.

- Additional Information Officer prerequisites:
 - NFA 513 (Emergency Services Technology) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA)
<https://apps.usfa.fema.gov/nfacourses/catalog/details/10541>.
 - NFA 152 (EMS Special Operations) [10-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA)
<https://apps.usfa.fema.gov/nfacourses/catalog/details/25>.
- Additional Clinical Officer prerequisites:
 - NFA 139 (EMS Research) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA)
<https://apps.usfa.fema.gov/nfacourses/catalog/details/10433>.
 - NFA 158 (EMS Quality Management) [6-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA)
<https://apps.usfa.fema.gov/nfacourses/catalog/details/10411>.
 - NFA 342 (Training Program Management) [10-day on-campus course at National Fire Academy] (*All NFA courses are free and include reimbursement for travel expenses by FEMA)
<https://apps.usfa.fema.gov/nfacourses/catalog/details/54>.

Level 10 - CMH EMS Executive

- Description: The executive's primary role is senior management of the EMS team and is referred to as the EMS Director. He or she is responsible for providing general management and top-level leadership to the EMS department. The executive reports to the Hospital Chief Operating Officer and county ambulance boards. In addition to executive-level leadership, managerial, and administrative duties, he or she typically responds to major incidents (i.e. mass casualties or extended multi-agency operations) and operates as part of the multi-agency unified command structure in a command or general staff position or responds to the Hospital Emergency Operations Center. Their primary role is to ensure overall operational performance and that the department is meeting goals and expectations. They provide support to other EMS managerial levels and work not only to ensure today's operations are meeting expectations but also to prepare for changes and to meet expectations for the department in the future (National EMS Management Association, 2014).
- Prerequisites include the general requirements for Level 9 in addition to:
 - Master's Degree.
 - Minimum of two (2) years employed full-time by CMH EMS as either EMS Manager or EMS Officer (or combination of those titles).
 - Recommendation by Peer Review Committee and appointment by Hospital Chief Executive Officer.