EDUCATION/TRAINING

A "Basic" Fallacy in EMS Education

BY JON LEROY ON APR 23, 2015

I've been a basic EMT my entire career by choice. I haven't written off pursuing the "bigger and better" world of wearing a Paramedic patch. It's just that I've seen the merit of having well-trained, experienced EMTs complementing the strong ALS system we have in place in our region.

I often hear "I'm/you're just a basic" in response to different situations. Often this is an excuse for someone not learning things outside the scope of an EMT's foundational knowledge. For example, when preparing to teach a transition class on cardiology, I was asked why I was using EKG rhythm strips. I replied that, in my opinion, EMTs should know the difference between a normal sinus rhythm, asystole, coarse and fine v-fib, v-tach, and PEA (among others). The reply I received: "Basics don't need to know that." I asked the students to back up their position and they replied with "We're just basics, we don't interpret rhythms."

Though factually correct, is learning something new harmful? Some would say it sets up unreasonable expectations of performance and that EMTs need to focus on "the basics." In my experience, mixing things up and throwing in new material is a way to keep EMTs involved and enthusiastic about learning.

There is nothing wrong with teaching EMT-Basics more than "the basics" of assessment and treatment. Knowledge is power, and I believe learning everything you can makes you a better provider. When time is dedicated to soaking up knowledge, one can start to see the subtle differences in patient presentations. As providers, we can also start to see the not-so-subtle differences in our colleagues and partners who've taken education seriously.

The cohort of "just a basic" is "BLS calls don't help us become better providers." Here, again, I say stop: this is absolutely the best opportunity to gain experience. Truthfully, are we going to "save a life" when transporting a patient BLS? Probably not. But this is where EMTs have the opportunity to hone their interview, assessment and intervention skills.

Don't use the "It's only a nausea/vomiting/diarrhea patient" excuse to ignore your patient during transport. Get your BSI on, get your hands on the patient, and assess him. You might find that what is causing your patient's dysfunction is completely unrelated to what he ate last night. Or in the event of the "simple fall," find out during an interview that your patient is falling more frequently and may be in need of a social intervention. In these cases, you can certainly "save a life" by taking the short time you have to learn as much as you can about your patient and sharing it with those who have specialized resources at their disposal.

Don't think of yourself as being "just a basic." Take the time to invest in your education, attend continuing education and dedicate yourself to being a clinician instead of a technician. In doing this, you may find greater satisfaction in your position and understand that you are a bigger part of the system than you originally thought.

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