Emergency Medical Services
Hosted by Steven Roy Goodman, UDC-TV

Higher Education Today

Emergency Medical Services E-Booklet

Transcript of 29-minute conversation with Holly Frost, Assistant Dean, Emergency Medical Services, Northern Virginia Community College, and Checharna "CC" Wilson, EMS Captain, District of Columbia Fire and Emergency Services Department

Hosted by Steven Roy Goodman, Educational Consultant and Co-Author, *College Admissions Together: It Takes a Family*

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Emergency Medical Services

Steven Roy Goodman: Hello. I'm Steven Roy Goodman, host of HIGHER EDUCATION TODAY, a production of the University of the District of Columbia. Welcome back to the education program that connects you to contemporary issues, people, and institutions involved in the world of higher education.

Today, we'll be talking about Emergency Medical Services.

Holly Frost is Assistant Dean of Emergency Medical Services at Northern Virginia Community College. Holly is author of the "Instructor's Resource Manual: Anatomy & Physiology for Emergency Care."

Checharna Wilson, who goes by CC, is EMS Captain and Battalion EMS Supervisor for the District of Columbia Fire and Emergency Medical Services Department. CC is also an Advanced Life Support Instructor.

Welcome to both of you.

Holly Frost and Checharna Wilson: Thank you for having us.

Goodman: Holly, maybe we could start with you. Why would a student come to Northern Virginia Community College to study EMS?

Frost: Well, EMS education is actually pretty popular probably anywhere. There are a lot of reasons people want to do this. A lot of people join it because they've had a bad accident. They've had a good treatment by their EMS providers that responded to them and they want to try it from the other side. Maybe they've seen TV shows and it seemed like a glamorous thing to try.

In our region there's actually a volunteer EMS that is still alive and well, which is fairly unusual. Usually volunteer EMS is in more rural parts of the country. But in the Northern Virginia area there's active volunteer EMS. It's an unusual hobby, but it's a very rewarding one. So they may join it for that reason.

Goodman: And, CC, why did you decide to get involved in EMS work?

Wilson: Originally I moved to an area that actually had a strong volunteer department. It was a profession growing up here in the city that I'd never even considered. So when I moved here to Virginia I thought, "Okay this is something that sounds like it's fun and I could try it."

And so once I got a taste of it and started meeting all these new and interesting people and doing these things that I'd never envisioned myself doing, sixteen years later, I'm still in it and I still love it.

Goodman: And did you decide you were going to take some courses to advance in the field?

Wilson: I did. I was new to the whole system. I had no idea what I wanted to do. I knew there was this thing called EMT, Emergency Medical Technician, and I also knew there was this thing called firefighting, neither of which I ever thought that I was capable of doing. But once you get into it, hopefully you're at a place that promotes education like my original starting place did, and it was a thing of "just take any course that's offered." And the next thing you know you have many certificates and many things that you can do. It's a great profession to be in.

Goodman: Well in terms of the many certificates, Holly, what are some of the certificates or the subjects that a student would study if they were to not know anything about this and then just decide to jump in?

Frost: EMS is a multi-leveled or multi-tiered profession, as many are. So the entry-level position is EMT or Emergency Medical Technician. We used to be called EMT Basics, but the word "basic" has gone away. So EMT is the first level. There is actually one lower called Emergency Medical Responder. It used to be called "First Responder" but that isn't really pursued very much. That would sort of be a glorified first-aider, so to speak.

So EMT is first. And then Intermediate – as the name implies – is sort of an intermediary level. That's not a national level any longer, but that's very strong in this area and that's being continued here.

And then there is the Paramedic at the top level.

And there's a new level in between called an Advanced EMT. That's a brand new national level, and that's in between EMT and Intermediate. It gets very complicated.

In the spectrum of education, you don't really need to worry about it too much, because we take you on at that spectrum as you go. And in our college program it's about five semesters or about two and a half years of part-time education.

Goodman: And would I take courses in Anatomy and perhaps Nutrition?

Frost: Anatomy & Physiology is a mandatory prerequisite before you go on to Advanced Life Support, where you're doing more aggressive care. You're starting IVs, you're giving a lot of medications, you're doing advanced airway care. But you wouldn't do that at the EMT or the entry-level position.

EMT is the majority of EMS providers in America, but they don't have to have such advanced care.

Goodman: What is interesting about your field is that it's not just academic. I mean, yes you need to know the academics behind this, but at the end of the day, somebody is in pain, somebody needs emergency care right now. And somebody's got to make some pretty quick decisions.

Frost: Right.

Wilson: Those are the things you don't get taught in a classroom and that tends to come with your length of service in the field. One of the things that's great about it is, even if you run into the same type of call – say for instance another diabetic or another accident – they are different patients and different people in different circumstances and you just have to learn how to adapt and overcome it.

When you first start I think you're a little bit startled, and then you get to this place where it's like, "Okay I've seen this before, I can handle it." And then you get to an area where it's the medical portion of it, and you study it so much because you're never really done studying in this field, it's second nature. But then that's when you can focus more on becoming more of a caregiver. You're a little bit of a psychologist, a psychiatrist, a hand-holder, a friend -- those things kind of come along as you progress in the profession.

Goodman: That's an interesting point because as you can imagine the average person who is meeting you is scared at that very moment, right?

Frost and Wilson: Yes.

Goodman: So you've got to be that psychologist to calm them down in some way?

Wilson: Yes. I think that one of the best things that ever happened to my career was actually being a patient. You can go along in this and it becomes kind of second nature of what to say and what to do and you're just repeating things that you think will help the person, but you never really understand what that's like until you've been that person. And that gives you a whole new perspective on what it means to actually be a patient. I think 100% it helps you when you get

that person to say, "I've been you. I understand you. I know what you're going through and I'm here and I'm going to try to make this okay."

Goodman: I realize we can't completely teach that in the classroom, but how do we try to teach that in the classroom. Is that possible?

Frost: You mean compassion?

Goodman: And that ability to really care, right then and there.

Frost: Well, I think people probably don't come – at least we hope not – to the profession unless they are a caring person. But this assessment of what we call the affective domain, the affective personality traits, is becoming more and more of an important thing that we do evaluate in students. We are emphasizing it. It's actually a critical criteria on all of our national registry skill sheets and that's our national certification exam.

So we are emphasizing more, not just, "Are you doing the right cognitive testing abilities?" or "Are you doing your IVs appropriately? Are you interpreting the EKG appropriately?" but are you showing the right amount of compassion with not only the patient, but if it's, say, a scenario that is a parent with a sick child, are you showing the right interaction with the caregiver?

Goodman: My understanding is this has been a big thing in a lot of medical schools as well?

Frost: Very much so. You're right.

Wilson: It's important to understand that not everybody is going to be cut out for the position, and that's okay. It's just going to be up to you to determine how much you can handle and what area you can best serve in this.

That's another good thing about the profession – there are many areas that you can serve without actually always having to be frontline with patients. And there's only so much, and I think Holly would agree, that you can take from the classroom but it's going to be up to you as a person when you get out there. Every year there's a time you have to spend being evaluated by a higher level provider where you're going to have to reevaluate every call you go on. So while revisiting these calls you're going to have to ask yourself, "Hey, is this still for me?" And even once you've been in the profession a long time, there's still that where you have to evaluate, "Hey is this still what I can continue doing and serve best?"

Goodman: But let's assume you're having trouble communicating with the people who you're serving. We've got millions of tourists who come here every year. Whatever percentage has to get sick at some point and not all of the tourists speak English fluently. So what happens if all of a sudden you're called and you're near one of the Smithsonians, what do you do if you can't communicate with the person?

Wilson: We're lucky in that we have a lot of technology nowadays and I know that within my department we have a language line and a lot of our computer systems now have where you can tap on a certain button and type in a word or a sentence or a phrase and it will give you the language. Everyone has a smart phone at this point pretty much. So that's helped me quite a lot to have my smart phone on me. They have a lot of voice recognition programs that can help you translate. It's not always easy. It can be very frustrating, mostly because you want to help

the person but you have to try to understand. That's something else that also comes along as long as you're in the profession, because if you're not worried about the care portion when you have hiccups like these that happen you can still remain calm and do what you need to do to try to help. Also, there's always pointing and Pictionary, if you will. [Laughing]

[To Frost] Do you agree?

Frost: Oh yeah. We get a lot accomplished through medical charades, if you will. And we often assess patients that are unconscious. We get a surprising amount of information just from tactile assessment/observation. We hook virtually every patient up to an EKG monitor. So even though we are certainly the blue-collar workers of medicine, if you will, we get a lot accomplished through our rudimentary assessment methods. And while I don't speak any other languages, I have assessed patients who speak everything from Russian to Farsi to everything else. You get a lot accomplished through acting that out. "Medical Pictionary," I like that.

Goodman: Well in terms of the reference you just made in terms of your place in the medical world, how do you interact with the nursing profession, the doctors, the surgeons? Do you interact with them?

Frost: Oh yeah, absolutely. First of all we communicate with them en route to the hospital. It's very important that they know what they're about to receive. And in an educational environment we have a medical director that is essential in order for us to manage our program. And they have to assist us in creating our operating protocols like CC's agency has to have a medical director – at least one – if not multiple.

Wilson: Yes, we have multiple. And then you have to realize that, especially when you're in the street a lot, you're going to be interacting with these people quite a bit. When you're transporting people to the emergency room you're going to be interacting with a nurse that essentially performs triage. That's where they take the information you've received from the field. Sometimes doctors come over and do that and you're in and out of these facilities so much, it behooves you to learn these people and learn their names and faces. If you have to speak to them over the radio, if you're requesting some orders or information from them, you want to know who you're talking to. You want them to understand you, so that they know you as a provider and understand your level of care. We interact with these people quite a bit. I work in an urban system and it's a very busy system. We're in and out of the hospital a lot. Because of my position as a supervisor, one of my tasks most days is to go into the hospitals to count beds and to make sure that they're not too busy, speak with the nurses, figure out how we can help and continue what we call "continuity of care." When they get care in the field you want to continue that throughout the ER and not have it be like a stop, start, and new. So we do end up working with the people quite a bit – nurses and doctors and all.

Goodman: So you might actually call and know the person who is answering the phone?

Wilson: Yes.

Goodman: And you might say something like, "This is very, very serious," or "This isn't that serious," or "I'm not sure how serious it is…"?

Wilson: It's something that, again, you learn as the profession goes on. When you're giving your report you learn the things that are necessary to say so that the person on the other end

understands. Medical terminology is medical terminology. So you have to learn how to present that in a way where they understand that, number one, you understand what it is that you're seeing and working on, so they feel more comfortable allowing you to continue down that path or possibly go even further. And two, that they understand what they're about to receive. Because if we have, what we consider most places, priority one or high acuity patients, you want them to know what they're going to receive so that they know what type of medical care needs to come down to the emergency room to take care of that person.

Goodman: In terms of terminology and protocols, are they different from region to region and place to place?

Wilson: Yes. In some places they are. We have a national standard and there is an organization called the National Registry of EMTs and they set the levels that Holly was speaking about earlier. It's not a requirement in some places but most urban places around here it is. So what you have is, each level has their basic set of circumstances. And then when you get into individual departments, the medical director would set, "Okay maybe you can start IVs," or "Maybe you can't," but everyone would be trained in that. Whether or not you can actually perform it in your jurisdiction is up to that system.

So the terminology itself would stay the same and then the doctors and nurses in that environment get an idea after a while of what your levels are and what you can perform. Do you agree with that Holly?

Frost: I do. Yes. I was going to go back to something else you were saying, about relationships. In the volunteer system where CC and I met many years ago, building those relationships is very important to having a positive interaction with the whole medical team. When I would call in and I would say, "You know this is paramedic Holly Frost and this is my patient," whether it was a nurse or a doctor answering that, you would hear their tone of voice change. "Oh, I know Holly" and – I'm sure CC has the same relationship – you would get more likely to be approved for something, if I would call and want to perhaps skip a step in a protocol, for example. The protocol or guidelines are, "You should do ABCDE," and because of the specific patient scenario I would want to skip A and go directly to B because it would be in the patient's best interest. And I would be calling to request permission to do that. You hear the doctor's or nurse's voice change because they would know you and they would recognize you. And in a system with hundreds of medical providers that's an important thing to have positive relationships.

Goodman: But your students who are going through your classes have no relationships because they're starting, right? So how do you talk about that?

Frost: Well, you encourage them. A lot of EMS education is clinical experience, as it is in all areas of medicine. What I say to my students all the time is, "Sick people teach you far more than we ever could in a classroom." And it's true in medicine. My husband is a physician and he is about to finish his fellowship, which is his 11th year of medical education. Four years of med school, four years of residency, and three years of fellowship. Well basically that's a lot of time, more time being spent with sick people than it was in the classroom. Because the nuances of the human body give you slight variances of every single disease there possibly could be. So my students spend hundreds and hundreds and hundreds of hours with patients. And that's a critical component.

The philosophy is that they are spending time with patients, but they're also interacting with the entire medical community. They have to learn to play well with others. And you're going to have preceptors that love to teach, you're going to have preceptors that don't love to teach, and you have to learn to be a little bit of a chameleon in how you interact with them. Therefore, that teaches you how to work with partners in the future that will also have a spectrum of personalities. Even if they don't go on and pursue EMS as a career, as the two of us have, it will teach them lessons about life regardless.

Goodman: In terms of that communication, I think that's a fair point. CC in terms of that, do you have the same team that you communicate with every day or do you start on day one and the team is together? Or do you have different partners every other day, every third day, or every fourth day?

Wilson: It depends on where you are placed for the day. When I was riding on what they call a transport unit, which is basically the ambulance that people know, I would be assigned with the same partner but there are vacation days and there are sick days and you can get a fill-in person. And, like Holly said, you're going to have to learn how to interact with different personalities and that plays with patients as well. Your patients are not always going to be the same. And you have to understand how to work with patients who are mean to you, who are nice to you, who are scared, who are younger or older.

In my current position, I'm lucky in that it's just myself in a car. But then I also have to deal with more personalities because I'm a supervisor, so I have to deal with a greater spectrum of people throughout the day. And even when I know the person, sometimes they're having a good day, a bad day, an up day, a down day, and they always look to you to be that center person. Keeping in mind that I may be having a good day or a bad day, but you have to sort of pull that together. You have to be able to be a chameleon, like Holly said, and just go with the flow of the day, the flow of the person, and overcome.

Goodman: If you don't mind me saying this sounds a little stressful. What do you do to decompress at the end of the day? You've seen very bad things happen, and you've done a good job and saved people, but this is stressful, right?

Wilson: It is. And that's, again, something that you're going to learn as you go along in the profession. When I first started my end of the day was, "Wow I can't believe all of the things that I've seen." And then as I went along in the profession, it was like, "Wow, I can't believe all of the things that I've seen. I think I just need to be alone for a little while."

And then once you digest all of that, you have to find something else to do – whether it's exercising, running… I like to read, I like to bowl – you have to find a way to leave this behind. It's a little hard in the beginning to hear sirens and not want to take a look. Whereas I think now I can hear a siren and I can just keep on going. Because when you're not there dealing with it, you have to be able to separate yourself from it. And it's not something you can teach, it's something that you have to learn. If you don't learn it, your career will definitely be short. It will take a toll on you and it will burn you out.

Goodman: Do you address some of this in the classroom?

Frost: Very much so. Well, we have what I call built-in group therapy. As opposed to police officers who are generally alone in their patrol cars, you always have at least one other person

in your ambulance. You probably went to that scene with your ambulance and engine crew and fire truck. And so while you didn't see exactly the same thing because you don't do everything together, you have an opportunity, and probably to some degree have to talk about that call afterwards. And so you have an opportunity to debrief, so to speak. That's an important exercise.

Not everyone gets a benefit out of talking through things. Some people prefer to go and be alone. But that has been shown to be very beneficial, to have an opportunity to do some sort of stress relief. That's what we know in our profession to be the case.

I've been a paramedic for over 30 years. When I first started, everybody was supposed to be John Wayne – hold it in, show emotion and you were weak. I came in as one of the few women in Denver at the time and that was just not me. But the pendulum swung the other direction and then everybody was supposed to cry at the end of an emotional call and if you didn't there was something wrong with you.

We've now come to a more reasonable middle of the road. Everyone has recognized we have an extraordinarily stressful profession and that this sort of emotional debriefing is important.

I have a little exercise I do in the classroom while our computers are warming up. I will say, "Who has had a good call?" A good call in our profession is not what you would call a good call. It means a big one. And then somebody will always say, "Well here I ran into that." It's not violating HIPAA. Nobody's telling an address or a name. Then we'll discuss it as a group. It gives us an opportunity to bring up any topics – medical, pathophysiologic – but also to talk. My students know I'm a warm and fuzzy person anyway, so it gives me an opportunity to bring up any of those dynamics.

Goodman: So you mean you're warm and fuzzy if the person is bleeding a lot compared to a little? [Laughing]

Frost: Well, I mean that I use it as an exercise to discuss anything like, "How did that feel? Was that an emotional thing for you? Did you guys discuss that? Did anybody bring up any need for what we call a critical incident stress debriefing?"

Goodman: But wouldn't you be scared, if a person is bleeding a lot as opposed to a little? As someone who is not an EMS provider, I'm wondering, aren't you scared?

Wilson: It's where your training comes into play. When you first start, you sort of have this terror on the inside that sometimes can come to the outside. And as you progress in the profession, sometimes you feel like your guts are churning on the inside. Then you learn that you have to keep it together on the outside, especially when you get in a position where other people look to you for calm and comfort. And if you have a paramedic that's at a scene and they're kind of frazzled and running around, then that's what the scene is going to be like. If you go and you're calm and you speak in a calm voice, even if on the inside you're still like, "Okay, this is out of control," if you portray calmness on the outside, your members tend to take that cue from you, you hope. Your patient takes that cue from you. And everything can be calm.

It becomes second nature because you've trained for these things, and it's gonna be okay. You've trained for these things. You do what your training tells you to do, and it's just a matter

of taking a deep breath, calming down, going through the steps, and making sure that you provide the best care possible.

Goodman: Well I am taking a deep breath, but we only have one minute left or so. Can you give our viewers some last minute tips? Because I'm stressed. I'm thinking, "Wow this is a tough job!" But what tips would you have for somebody thinking of going into this field?

Wilson: I would just say that you really should probably research it. More than you think, like with what Holly said in the beginning, a lot of people are drawn to it because they have an idea of what it might be like. But for me, myself, and for Holly as well, we started as volunteers. That gives you a chance to get your foot in the door and learn what's going on. You can run a few calls. You have to just be okay with understanding that if it's not for you, it's not for you. So if you can get out there and get your foot in the door, try a few things and make sure that you can handle the bleeding and the crying and all of those things that come along with it, then it will help you quite a bit.

Frost: I would say, actually, the more EMTs that we have in the world, the better. Obviously, the Boston bombing and what happened in West Texas are testimony to that. And what a lot of people don't know is that one hundred percent of the responders to the West Texas explosion were volunteers. They did a remarkable job. And so the more first responders that we have in the world the better off that we all are. You can do EMT and not invest that much time and effort, see if it's for you, and for most it won't be. They'll say, "This is great knowledge, but it's too much for me to pursue." But that's okay. You'll have great information.

Goodman: Fair enough. Good luck to both of you.

Frost and Wilson: Thank you.

If you would like additional information about Holly Frost or CC Wilson, please visit:

http://www.nvcc.edu

or

http://fems.dc.gov

If you have comments or suggestions about HIGHER EDUCATION TODAY please send an email to our viewer mailbox at:

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Thank you for watching. We will continue to bring you quality discussions about important matters in today's college and university world. Please join me again for another edition of HIGHER EDUCATION TODAY. I'm Steven Roy Goodman and you've been watching HIGHER EDUCATION TODAY.

Higher Education Today is an education program on UDC-TV that connects viewers to contemporary issues, people, and institutions involved in the world of higher education.

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