



A descriptive needs-based assessment of paramedic **Continuing medical education** L. Leggatt^{1,2}, S. Romano¹, K. Van Aarsen², M. Davis^{1,2} ¹Southwest Ontario Regional Base Hospital Program, London Health Sciences Centre, London, Canada ²Division of Emergency Medicine, Department of Medicine, The University of Western Ontario, London, Canada

Introduction

 Paramedic scope of acute practice continues to grow

• As such, there is a need for Continuing Medical Education (CME) to ensure new knowledge and skills are taught, in addition to the maintenance of current knowledge and skills

• It is important for paramedics to self reflect and identify areas of self-perceived knowledge deficits in order to assist with self-directed learning

 Knowledge of barriers to training and desired methods of education delivery is required in order to facilitate efficient and effective CME

Objective

 To identify self-perceived knowledge deficits of paramedics, barriers to training and desired methods of self-directed continuing education

Methods

• A written 58 question survey was delivered to all 1262 paramedics under the jurisdiction of a single base-hospital in Ontario, Canada.

• Respondents were asked to select "deficit", "no deficit" or "not applicable" from a 37-point, anatomic systems-based list.

• They were then asked to identify from a 15-point list which educational modalities they would choose to address any knowledge deficits.

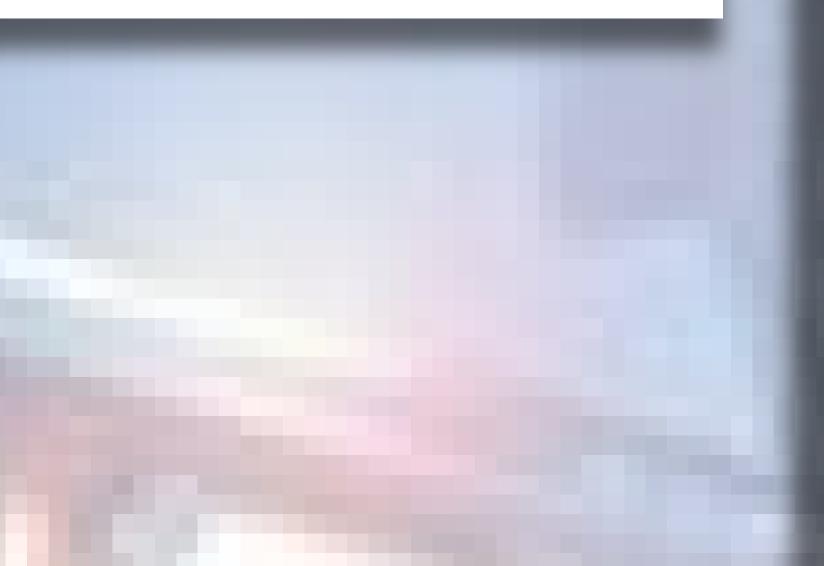
• Finally, they were asked which factors they took into consideration when choosing their self-directed continuing education.

Results

 Seven hundred forty-six of 1262 paramedics (59.11%) completed the surveys.

• Of these respondents, 82 (10.99%) were advanced care paramedics, while 664 (89.01%) were primary care paramedics.

 Of the 645 who responded with their primary geographical setting: 136 (21.09%) listed a primary urban practice, 126 (19.53%) listed a primary rural practice and 287 (44.50%) reported a split urban and rural practice



Results

Conclusions

• Paramedics in this base hospital system identified pediatric critical care situations, electrolyte abnormalities and cardiac arrhythmia as self-perceived deficits.

• The most commonly selected educational opportunities included online learning, in-person training and peer consult.

• These preferred modalities are consistent with the identified barriers of work scheduling, ease of attending and cost.

 Targeted educational needs based assessments can help ensure that appropriate topics are delivered in a fashion that help overcome identified barriers to self-directed learning.



