



# Contra Costa County Fire EMS Training Consortium 2008 Annual Needs Assessment

The purpose of this anonymous survey is to identify what topics, skills, and training, EMS providers need to do their job better. Information from this survey will be compiled and used to address both agency level and countywide priorities for education and training. Thank you.

**Provider level (circle):    EMT                          Paramedic**  
**Do you work for (circle):   Fire Service      Private Ambulance**

### Self-Assessment: How comfortable are you performing the following skills?

Skill	Expert	Competent	Need practice	Not applicable
Intubation				
IV infant/pediatric/adult				
EZIO infant/pediatric/adult				
12 lead EKG				
Defibrillation				
External Cardiac Pacing				
Cardioversion				
CPAP				
IV medications				
ETDLA (King Tube)				
Thoracotomy				
Bag Valve Mask Ventilation (pedi/adult)				
CPR infant/pediatric/adult				
Pain Assessment pedi/adult				
Spinal Immobilization				
AED				
Pediatric Assessment				
Trauma Assessment				
Documentation using ePCR (Zoll or MEDS)				

**Rate (circle) your experience with Meti Man/Pedi Sim in 2007:    poor    fair    good    excellent**

**If you had a fair to poor experience what would have made it better? \_\_\_\_\_**

**I would like to have more training/education in the following areas: (check)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Trauma, Adult  | <input type="checkbox"/> Cardiac                              | <input type="checkbox"/> Seizures                       |
| <input type="checkbox"/> Burns Adult  | <input type="checkbox"/> Respiratory (Asthma, COPD)           | <input type="checkbox"/> Stroke                         |
| <input type="checkbox"/> OB/GYN Emergencies   | <input type="checkbox"/> Altered LOC                          | <input type="checkbox"/> Syncope                        |
| <input type="checkbox"/> Drug overdoses/poisonings/ingestions                               | <input type="checkbox"/> Special Needs Kids                   |   |
| <input type="checkbox"/> Environmental Emergencies/hyperthermia/hypothermia/toxic exposures |   |   |
| <input type="checkbox"/> Advanced/difficult adult and pediatric airway    Other: _____      |   |   |
| <input type="checkbox"/> Pediatric IO and IV access   | <input type="checkbox"/> Field Decontamination & pt Transport |   |
| <input type="checkbox"/> Child abuse  | <input type="checkbox"/> Pediatric Emergencies                | <input type="checkbox"/> Triage                         |
| <input type="checkbox"/> Elder abuse  | <input type="checkbox"/> Medical Legal                        | <input type="checkbox"/> 5150                           |
| <input type="checkbox"/> Infectious Disease   | <input type="checkbox"/> Behavioral Emergencies               | <input type="checkbox"/> Dealing with Death and Loss    |
| <input type="checkbox"/> Patient Communication  | <input type="checkbox"/> Rhythm interpretation                | <input type="checkbox"/> Verbal de-escalation           |
| <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Pharmacology/Drug Therapy            | <input type="checkbox"/> Assessment of pre-arrest state |

**Rank the quality of the following 2007 Consortium trainings: 1=poor 2=fair 3=good 4=excellent**

COPD	MCI	Pediatric Airway	2007 Update	Advances in Effective Airway Mgt

**I read EMS Best Practices:            YES    NO**

**EMS Best Practices informs me about issues I need to do my job:    YES    NO**

**What would make EMS Best Practices more useful to you?**



## **Contra Costa County Fire EMS Training Consortium 2008 Annual Needs Assessment**

### **Survey Instructions:**

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1. The survey period will be from April 1, 2008 to June 30, 2008.
2. Each Fire and Transport agency will distribute this needs assessment and collect responses during a mandatory training to capture as many responses as possible.
3. Each Consortium Training Coordinator will review and summarize the results of the survey for their agency.
4. Agency specific learning needs may be identified during this process.
5. Each agency's summary should be submitted to Pat Frost EMS QI coordinator for a countywide needs assessment report by June 30, 2008.
6. If agencies do not have the resources to summarize their needs assessment, copies of the surveys can be sent directly to Pat for inclusion in the data analysis.
7. A Countywide Needs Assessment Report will be compiled by the EMS Agency upon completion of data analysis and distributed to all stakeholders.
8. Needs assessment data is a valuable tool for Local EMS provider agency and Fire EMS Consortium curriculum planning.
9. Data from the needs assessment will be used by the EMS Agency to anticipate and support stakeholder training for a competent workforce.
10. If you have any questions or need assistance contact Pat Frost at [pfrost@hsd.cccounty.us](mailto:pfrost@hsd.cccounty.us)

**Thank you for your participation!**

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