Emergency Medical Services

Management and Leadership Development in America: An Agenda for the Future

NATIONAL EMS MANAGEMENT ASSOCIATION

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I. The Vision

EMS officers are indispensible in the provision of prehospital emergency medical care from the smallest frontier volunteer response squad to the largest metropolitan EMS system. EMS officers include supervisors, managers, directors, administrators, coordinators, chiefs and anyone who has supervisory, management or leadership responsibilities.

This document envisions a future in which the roles of EMS officers are recognized as fundamental to the delivery of quality patient care, are clearly defined, and are supported with appropriate experience, training, education and credentialing.

EMS continues to evolve in both complexity and community importance. Demands for EMS continue to grow both in the volume of requests for service and in the scope of services provided. Since 9/11 and Hurricane Katrina, recognition and expectations that EMS will play a substantial role on the frontline of national disaster preparedness and response has risen. As the national healthcare crisis worsens, EMS is the healthcare safety net and entry point for many segments of society. Increasingly, EMS is expected to play an active role in the prevention of injury and illness. The provision of high-quality clinical care and the success of regionalized cardiac, stroke and trauma care demand that EMS systems consistently deliver peak performance.

This ongoing evolution has made the operation and management of the EMS delivery organization increasingly more complex in terms of design, operations, technology, finance, human resource management, quality assurance and clinical care. This complexity calls for EMS officers who are capable, experienced, educated and prepared. The EMS officers of today and tomorrow must not only understand EMS systems and operations, they must be skilled in people management and motivation, technology, finance, planning, problem solving and team building. Furthermore, they must be socially conscious, culturally sensitive and know how to manage complex systems in the midst of change and crisis.

Communities, the public and employees expect EMS agencies to evolve and to be managed and led by capable and qualified officers. The EMS systems of today and tomorrow demand more than a scattered, on-the-job approach to officer development. They demand a clear, responsive and adaptive pathway for EMS officer development that builds on work already done, recognizes the achievements of current officers and propels EMS officer development to a new level.

The collective EMS community in America knows what is needed to develop effective EMS officers. This knowledge is scattered among diverse individuals, agencies, systems, training programs and educational institutions and must be pulled together to effectively develop the quality and quantity of EMS officers needed in the future.

In the vision of this document, EMS patients, EMS systems, EMS providers and communities all benefit from a structured approach to the recognition, preparation and credentialing of the next generation of EMS officers.

In this vision, anyone desiring to explore a role in EMS supervision, management or leadership will be able to clearly see what the role requires in terms of experience, knowledge, training and education. The roles of EMS officers will be clearly defined and the competencies needed to perform in each role will be described. Model curricula will guide training programs and academic institutions in offering appropriate courses, programs and degrees. Training and educational opportunities will be easily available to developing officers and employers. The portability of an EMS officer's experience from agency to agency will be enhanced by a recognized credentialing process and employers will be able to prepare and recruit appropriately prepared officers for recognized job titles. Field providers will work with EMS officers who are appropriately prepared to create the optimum work setting for the best possible patient care and community service.

The path to accomplishing this vision is one that honors the diversity of EMS in America, recognizes the importance of EMS officers in every aspect of the EMS system and invites wide participation in a consensus process that will shape the details of this vision.

II. Introduction

The development of the emergency medical services manager and leader in America has been scattered, varied, uncoordinated and largely left to the individual and local EMS agency or system. The time has come for a more uniform approach.

When David Boyd, MD, was appointed by the President of the United States to serve as Chief of the Department of Health, Education and Welfare's Emergency Medical Services Division in 1974, he envisioned a regionalized systems approach to EMS development in which all regions would uniformly embrace 15 essential components as defined by his office. His vision was never realized. Instead, EMS in America has primarily evolved independently at the local level with the result being wide diversity in delivery models, patient care capabilities, funding mechanisms, staffing models, service levels, terminology, data collection, and performance measures.

Since the 1980s, an increasing number of EMS industry leaders, scholars, analysts, policy makers, administrators and chiefs have called for more uniformity in emergency medical services. Beginning in the late `80s and early `90s with such initiatives as the Utstein project[1] that created uniform definitions, terminology, and recommended data sets, and

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[1] "In June 1990 an international group of scientists concerned with research involving out-of-hospital cardiac arrest met at the Utstein Abbey in Stavanger, Norway. Participants discussed the lack of standardized nomenclature and definitions as a key problem in research reports. A second meeting, the Utstein Consensus Conference, was held in December 1990 in Brighton, England. Recommendations from this follow-up conference were published simultaneously in American and European journals. The report included uniform definitions, terminology, and recommended data sets (the "Utstein style") to assist clinical investigators in reporting human resuscitation studies." "Recommended Guidelines for Uniform Reporting of Data From Drowning: The Utstein Style" A.H. Idris, MD, et al., *Circulation.* 2003;108:2565.

continuing through NHTSA's *Uniform Prehospital EMS Dataset* (1994), the *EMS Agenda for the Future* (1996), the *EMS Education Agenda for the Future: A Systems Approach* (2000), the *National EMS Research Agenda* (2001), the National EMS Information System (2001), the *Rural and Frontier EMS Agenda for the Future* (2004), the *Trauma System Agenda for the Future* (2004) and the soon-to-be-released *EMS Workforce Agenda for the Future*, more uniformity and a basis of evidence have consistently been key features of the vision of the future.

In 2006, the Institute of Medicine's (IOM) landmark report on the *Future of Emergency Care: Emergency Medical Services At the Crossroads* described the current challenges facing EMS as: insufficient coordination; uncertain quality of care; lack of readiness for disasters; divided professional identity and limited evidence base. The IOM report recommended a direction for emergency care that envisioned a uniform systems approach "in which all communities will be served by well planned and highly coordinated emergency care services that are accountable for their performance."[2] A consistent theme of the IOM report is the development of regionalized, accountable systems of emergency care.

Today many national groups, associations, state EMS offices and local agencies are making strides toward more uniformity in some aspects of EMS. For instance, all states and four territorial EMS offices have signed a memorandum of understanding, agreeing to promote and support the implementation of the National EMS Information System (NEMSIS).[3] While there is still some resistance, there is increasing uniformity of information and data sharing and the identification of best practices.

It is in this spirit that we offer a vision for the future of EMS management and leadership development in America.

A. The Purpose
This document describes a vision for the future and the elements of a plan to move forward. The vision's aperture is wide and conceptual and recognizes that many of the detailed actions needed to fulfill this vision will be the products of future projects.

The specific purpose of this document is to:
- raise awareness about the current state of EMS management;
- organize industrywide concerns about management development;
- propose a broad vision for the future;
- outline a stepped process for realizing the vision;
- invite wide participation in future steps; and
- catalyze action.

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[2] *Future of Emergency Care: Emergency Medical Services At the Crossroads*, The National Academies Press, Washington, DC, 2006, p. 4.
[3] NHTSA EMS Update, March 2006, p. 2.

B. Background of Project and Process

Over the last decade, with growing urgency, EMS leaders have expressed concerns about EMS manager development in America. The urgency is being fueled by the aging of the first generation of EMS managers, a lack of uniform manager development and succession planning in many systems and agencies, the need for management know-how to manage growing system complexity and the general lack of attention, coordination and leadership in the area of management development.

In 2006, these concerns found a home in the National EMS Management Association (NEMSMA) – an association of more than 1,200 diverse EMS managers representing all types and sizes of EMS delivery models and all levels of EMS management.

As the NEMSMA board and officers brought forward and discussed these concerns, it became clear that a broad unbiased national evaluation and plan was needed. With no federal plans or calls to address this topic, NEMSMA formed a committee charged with exploring the state of EMS management today and formulating a broad inclusive vision for the future.

The committee included a diverse group of experienced managers, leaders and educators. Represented on the committee were EMS managers, chiefs and administrators with management and leadership experience in private, fire, hospital, public (non-fire), and volunteer EMS agencies. All had experience in EMS manager development including development and coordination of manager education and training programs, coaching managers, lecturing in university programs, writing and publishing on management and teaching in a variety of programs. (See Appendix A)

This document was based on:
- A review of relevant literature, documents, agendas, research and web material;
- Conversations with more than 70 key informants from all sectors of the industry;
- Formal interviews with key leaders from some of the largest EMS agencies and systems;
- A survey of more than 250 EMS managers from diverse organizations;
- A survey of 107 diverse EMS agencies representing all delivery models;
- In-depth committee discussions; and
- Document review by industry leaders not associated with the process.

Early in the process, the committee sought funding for the process that would enable it to hold national stakeholder meetings. However, because such a project has not been part of other federal plans or agendas, no monies were available. Because of the urgency and importance of the project, the committee decided to proceed using limited resources from NEMSMA and countless volunteer hours from the committee.

C. Note about Terminology
Because of the diverse manner in which EMS has developed and is provided in the United States, the authors found it beneficial to clarify the use of two important terms in this document.

EMS officers: Throughout the document, people in position of EMS supervision, management, or executive leadership will be referred to as EMS officers. This is simply a matter of convenience in describing a number of levels and roles together and does not imply any one style or model of leadership structure.

Near-future: Several of the published EMS Agenda documents refer to specific future dates for the accomplishment of milestones. Because those dates often become arbitrary and are subject to a number of variables, this document will use the term "near-future" to mean "as soon as reasonably and practically possible." As noted in the "Background" section of this project, the authors see the implementation of this vision as urgent.

Leadership Agenda: The use of this term refers to this project and the process of creating this document.

D. The Link between EMS Management/Leadership and Patient Care
It is often said that the moment of truth in EMS comes when an EMS practitioner kneels beside a patient to render care. While that moment is a unique human moment between patient and caregiver, it is also a moment that is profoundly influenced by managers and leaders.

In order for the EMS system to make a difference in the life of a patient, a complex and effective system must exist. The system must be activated, a medic must be properly positioned to respond, first having been trained, recruited, hired, oriented, equipped, and deployed to do the job. Recent evidence has established that experience in fact makes a difference, so the retention of qualified personnel contributes to the clinical performance of the system. The performance of the system, both clinically and operationally, must be monitored and feedback provided to individual practitioners, individual agencies, and the system as a whole.

All of these tasks require another class of skilled "practitioners" - the supervisors, managers, and executives who comprise the "officers" of the EMS system. Without officers who are properly experienced, trained and educated, those who provide hands-on care will not have the resources or the operating environment they need to successfully care for patients.

E. Assumptions
Implicit within this document and the proposed vision are the following assumptions:
- The quality of EMS management and leadership within the local agency impacts the quality of patient care;
- The ingredients of great EMS officer development is known informally by many EMS officers and agencies;

- EMS patients, EMS workers, EMS systems, communities and the general public will all benefit from a well-designed EMS management and leadership development process;
- EMS in the United States will continue to be provided by a diversity of delivery models with EMS officers moving between various models during their careers;
- Some EMS delivery models will continue their own internal development of leaders; and
- Small and volunteer EMS organizations will greatly benefit from more uniformity in the development of EMS officers (see note below)

A Note to Small and Volunteer EMS Systems
This process recognized that there are many small EMS agencies throughout the United States, many of which rely on volunteers or part-time staff for leadership. To those agencies we offer the following.

First, several members of the Leadership Agenda have strong commitments to the support of small, primarily volunteer agencies. We recognize that these agencies also need to develop leaders, often at a pace much more rapid than larger career agencies.

Second, this agenda does not focus on the "how" of program delivery methodology but on the "what" the need for programs to develop EMS officers (supervisors, managers and executives). We look to the experience of our colleagues in the fire service and law enforcement for how such programs might be delivered. Participation in courses such as the National Fire Academy and the various university-based police institutes are not determined by the size of the sponsoring organization.

And for those prospective officers for whom time, distance, and funding are all issues, both law enforcement and the fire service provide leadership development programs at all levels through community college networks, through state POST or criminal justice and fire standards certification agencies, and through state and regional professional associations.

III. The Evolution of EMS Officers and Current Challenges

A. A Collective Blind Spot
In more than 40 years of visioning and creating modern EMS, the industry has been blind to the need for structured EMS leadership and management development. This collective blind spot can be graphically seen in a historical look at national and federal EMS projects and publications that have critiqued EMS and articulated a vision for the future.

The birth of modern EMS is often linked to the 1966 National Academy of Sciences publication, *Accidental Death and Disability: The Neglected Disease of Modern Society*. The publication called for attention to be focused on trauma care and envisioned the development of an emergency medical system with trained EMS workers responding to emergencies and providing care for victims before they reached the hospital. As the authors, mostly physicians, described this new emergency medical care they did not include any significant leadership or management components. The document only obliquely referred to EMS management and supervision when they recommended the "Implementation of recent traffic safety legislation to ensure completely adequate standards for ambulance design, and construction, for ambulance equipment and supplies, *and for the qualifications and supervision of ambulance personnel* [emphasis added]."[4]

Thirty years later, in 1996, the National Highway Traffic Safety Administration (NHTSA) published the *EMS Agenda for the Future* – a document authored and reviewed by industry stakeholders that narrated a picture of the ideal EMS future – spelled out "guiding principles for the continued evolution of EMS…"[5] However, the document only mentioned EMS management and leadership development in saying that "education opportunities sought should include recognized management course work for EMS system managers/administrators."[6]

In 1998, the NHTSA-funded EMS Quality Project produced *A Leadership Guide to Quality Improvement for Emergency Medical Services Systems.* This document recognized the importance of EMS leaders in organizations and described an ambitious role for leaders in promoting and developing quality practices. However, the document did not speak to the qualifications or development of EMS leaders.

The 2000 *Education Agenda for the Future: A Systems Approach* (another NHTSA document) was published as "a vision for the future of EMS education, and a proposal for an improved structured system to educate the next generation of EMS professionals."[7] The structured system described in this document focused only on the education of clinical providers and did not address the next generation of supervisors, managers or executives.

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[4] *Accidental Death and Disability: The Neglected Disease of Modern Society*, Committee on Trauma and Committee on Shock, National Academy of Sciences, Washington, D.C., 1966, p.35.
[5] *EMS Agenda for the Future*, National Highway Traffic Safety Administration, 1996, p. 4.
[6] Ibid, p.27.
[7] *EMS Education Agenda for the Future*, National Highway Traffic Safety Administration, 2000, p. 3.

In 2004, the *Rural and Frontier Emergency Medical Services Agenda for the Future*, produced by the National Rural Health Association, recognized the blind spot to EMS management and leadership development and recommended the following: "A national EMS service leadership and service management training model should be developed and shared with all state, territorial and tribal governments. This model should include successful practices in EMS volunteer and paid human resources management."[8] However, no such model was created.

In 2006, 40 years after original white paper, The Institutes of Medicine and the National Academies published the findings of a comprehensive multi-year review of EMS in America. *Future of Emergency Care: Emergency Medical Services at the Crossroads*, found EMS to be in the midst of an "evolving and emerging crisis." The authors described a unique set of problems facing EMS including fragmented delivery models, uneven care, scarce resources, dwindling workers, recruitment and retention problems, and an inadequate reimbursement model. While the 200-page report examined the numerous aspects of EMS systems that are influenced by EMS management and leadership, it did not recognize or address EMS management or leadership development.

In 2008, NHTSA funded a study of the national EMS workforce by the Center for Health Professions at the University of California at San Francisco. The multi-year study looked at all aspects of the EMS workforce but did not specifically examine EMS leadership or management development. The project report, *EMS Workforce for the 21st Century: A National Assessment* noted concerns across all sectors of EMS that "[t]he quality of management has the potential to affect both recruitment and retention" and referenced a study of 250 rural EMTs that found "supervisory practices encouraging open expression and group problem-solving led to more supportive relationships among EMTs, decreasing occupational stress and depression." It also noted that smaller rural EMS agencies lack skilled managers with management training and yet perform multiple roles and have less time to develop management skills.[9]

A 2008 draft of the NHTSA-funded *EMS Workforce Agenda for the Future* document acknowledges that "the management structure in EMS systems and agencies and the competency of EMS managers are important components of any long-term strategy to enhance worker retention." While the document does not outline a strategy for ensuring the competency of EMS managers it does state that "the successful implementation of EMS Workforce Agenda depends upon a coordinated systems approach" and proposes elements that will require prepared and competent managers. [10]

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[8] *Rural and Frontier Emergency Medical Services Agenda for the Future,* National Highway Traffic Safety Administration, 2004, p. 28.
[9] *EMS Workforce for the 21st Century: A National Assessment,* Center for Health Professions at the University of California at San Francisco, 2008, pp.59-60, 73.
[10] *EMS Workforce for the Future* (draft), National Highway Traffic Safety Administration, 2008, pp. 2,6,9.

B. The Historical Development of EMS Officers

Through the years managers have developed despite the industry's blindness to their needs. During the late 1960s, the `70s and `80s, EMS development was rapid. Systems emerged almost overnight. Physicians and nurses often played prominent roles not only in training paramedics but in management and strategic direction. The field was dominated by youthful EMTs and paramedics – some of whom were quickly promoted into management and leadership positions.

As modern EMS emerged, it presented a challenging management model. It was a uniformed service that operated in a public safety environment in which rapid credibility and authority with the public and co-responders were essential operational imperatives. Yet, unlike other uniformed services, EMS did not have the historically established quasi-military-style rank and officer structure ubiquitous in the law enforcement and fire service. Many early EMS practitioners identified with healthcare and viewed themselves as medical professionals blessed with a special dispensation to perform advanced medical procedures heretofore reserved for physicians only. While the education necessary to do the job was minimal, the work itself demanded a great deal of confidence and many of the practitioners had no interest in transitioning from "field work" into management.

In the early years, EMS managers came to the job through a variety of paths: some aspired to the job, others were promoted into the position after excelling in field work, some joined management ranks after an injury. Still others came to management with management experience in other professions or occupations. Some had managed ambulance services prior to the "modern era" and did not accept the changes occurring in EMS and stifled development in some locations.

During the first two decades of modern EMS, it was not uncommon for EMS agencies and systems to be managed and led by people in their 20s.

These early managers learned primarily by doing. There were no textbooks, management associations, training programs or uniformly defined titles. Competency to perform the job was judged by success or failure in the position.

Managers turned to a variety of sources for development including: non-EMS specific management training and education programs, officer development programs in other uniformed services or industries and mentors within EMS. Some simply copied those around them. Often manager development was heavily influenced by the paradigm of the delivery system model the manager worked in. For example, those working for private-for-profit ambulance companies followed models from the small business and corporate world, those in the fire services followed a quasi-military style model, those working in hospital based systems follow models of hospital and healthcare administration and those in public (non-fire) systems adapted other models from the public sector, often from law enforcement.

Small agencies, and especially volunteer services, had no models and struggled to develop managers. Key informants from small and rural services report that often

management was a job that no one wanted and therefore became a revolving door with very little development.

Formal management specific opportunities were slow to emerge and first came in the form of seminars and conference sessions, and then as short training sessions. In 1981, the first EMS Today conference in Kansas City was marketed as a gathering for EMS leaders. In 1987, *Beyond the Street: A Handbook for EMS Leadership and Management* by Jay Fitch became a tool for management development with Fitch teaching a short program with the same name.

As EMS matured and moved beyond the heady early days of rapid evolution, EMS systems and agencies each developed their own concept of the manager in terms of management levels, titles and qualifications. Job descriptions and the qualifications to perform those jobs began to be shared. By the late 1980s, some common roles and titles began to be recognized throughout the industry. In 1992, an industry salary survey recognized the following distinct management positions:
- Executive Director
- Administrative Director
- Operations Manager
- Div./Ops. Supervisor
- Field Supervisor[11]

 In 1994, recognizing the need for a focused manager development program, the American Ambulance Association in conjunction with the consulting firm Fitch and Associates, began the Ambulance Service Manager program, a two-week-long intensive course on EMS management.

Specific conferences on EMS management became more common and eventually several academic institutions developed degree programs specifically geared toward EMS management and administration. In the late 1970s, R Adams Cowley, MD, had a vision for an "EMS School" to train leaders for newly developing EMS systems. In 1980, this vision became the Emergency Health Services Program at The University of Maryland, Baltimore County, graduating its first baccalaureate degrees in 1984 and first master's degrees in 1986. The George Washington University began graduating students with baccalaureate degrees in EMS Management in 1991.

C. The EMS Officer Today
Today, EMS management development mirrors the scattered evolution of the industry. There is no uniform developmental path or common career ladder for managers. There has been no consensus on management levels and titles, and the competencies needed to fulfill those levels. There are no common educational paths or widely accepted curricula for manager development and no widely recognized credentials for EMS managers.

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[11] "The 1992 EMS Salary Survey," *JEMS*, 17(10), 1992 p. 28, 38

Despite this scattered approach, EMS managers have developed. Those who have experienced great career success appear to be highly motivated, lifelong learners who participate in professional development programs, both for self development and as explorers seeking opportunities that may benefit their subordinates and colleagues.

A review of biographies of the current officers and directors from various EMS agencies and systems representing all delivery models suggests that a majority are experienced field EMS providers whose advancement followed a variety of paths. Many have been involved in EMS for several decades and were part of the early evolution of the industry.

The Leadership Agenda's EMS Officer Survey (OS) of more than 250 current EMS officers representing all delivery models and agency sizes found that 80 percent of respondents have worked in EMS more than 15 years and 40 percent had more than 25 years of experience. Sixty-one percent of respondents reported being senior or chief executives for their agencies.

While some EMS officers have no formal academic background beyond EMT or paramedic training, the OS found that most of the surveyed officers (94 percent) had taken some college courses. While 54 percent indicate some of their college education was related to EMS, the most prevalent management training comes through employer-sponsored programs. According to key informants, participation in officer development programs in many organizations may not occur until the individual has been promoted or, in some cases, until some time has passed since the promotion occurred. The Leadership Agenda's Agency Survey (AS) of more than 100 EMS agencies found that formal mentor programs – once an officer is promoted – are rare.

The review of current EMS officer biographies found officers with undergraduate and graduate degrees in biology, psychology, business, public administration, education, the humanities, emergency health services, health services administration, law and public health. While the majority of respondents to the OS (67 percent) indicated that a degree was not a requirement of their current position, 17 percent had associate's degrees, 30 percent had baccalaureate degrees and 21 percent had master's degrees. However, 88 percent indicated no management-specific course work was a requirement for their position.

Currently, EMS agencies value experience as a qualification for management positions. Of current officers, 75 percent indicated that experience was a requirement of their position with a majority indicating the requirement was for five or more years. The AS found that experience weighed heavily in the requirements for EMS supervisors, mid-level managers and executives. Only 14 percent of agencies required associate's degrees for supervisors, 28 percent required baccalaureate degrees for mid-level managers and 44 percent required baccalaureate degrees for executives.

Officers follow a variety of developmental paths. While some have come from positions in other fields such as military leadership, public administration, the fire service, private

business and corporations, it appears that most come from within EMS, with more than 90 percent having 11 or more years in the field of EMS.

Almost all of the key informants believe there is currently a shortage of qualified EMS officers. Several large EMS agencies reported having significant difficulty finding qualified candidates for senior management positions in the last year. One organization reported having an operations manager position unfilled for nearly a year.

According to key informants, shortages are believed to be related to the following:
- No clear uniform industry-wide career ladder;
- A perception that EMS management positions are poorly compensated;
- Better opportunities in other industries;
- The lack of educational requirements for field providers (some believe field providers are not given the foundations to transition into management, others believe the educational distance between field work and that needed by managers is too great);
- Industry apathy toward creating managers;
- The lack of a practical stepped process that field providers can follow; and
- A lack of local developmental opportunities.

Key informants from all sizes of agencies and systems reported a variety of requirements or qualifications for management positions. Key informants from large EMS agencies and systems expect new managers to have (or to be working on) a baccalaureate degree in a related field such as human resources, public administration or business. Few reported having advanced degrees as a minimal requirement for any position.

A review of EMS management position announcements and advertisements from EMS trade journals and the Web for a six-month period in 2007-2008 reveals more about the various requirements. Announcements were classified as supervisor, manager, or executive level positions, and grouped generally by service type (fire, municipal, hospital or private service). The following were the findings of this survey:

- *Supervisor positions*: Fully 50 percent of the first-line supervisor positions had no formal academic requirements. Forty percent required associate level education, and 10 percent required a baccalaureate degree. A paramedic certification was required 95 percent of the time, and the mean experience requirement was five years field experience (range two to six years). Hospital-operated services had visibly more stringent requirements for supervisors than did the other service types.

- *Manager positions:* These mid-level positions required either a baccalaureate degree (40 percent) or an associate's degree (60 percent) with many of the associate's degrees expressing preference for a baccalaureate degree. Eighty percent specified a paramedic certificate, with most adding various NIMS courses. A smattering of requirements for EMS "merit badge" courses was included. The average experience requirement was four years of supervisory

experience. Manager positions included "operations manager," "clinical/QI coordinator," "EMS battalion chief" and similar functional titles.

- *Executive positions:* These positions, consisting primarily of EMS chief and deputy announcements, had a higher percentage (65 percent) seeking baccalaureate degrees. Again, hospital services announced distinctly higher educational requirements, seeking master's-level education in 75 percent of announcements. The average experience requirement was 7.5 years of "management" experience (range three to 10 years).

Key informants from medium and small agencies reported concerns about a lack of resources and opportunities for manager development. They reported manager retention problems related to their ability to compete with other agencies in terms of salaries for experienced managers. One informant reported abandoning the practice of investing in formal supervisor and management development after a number of managers were hired away by larger agencies after receiving education and experience at his organization.

Key informants reported that all experience is not equal – that a manager in one organization with a specific title may not have the needed qualifications to fulfill that role in another organization. Today there is no common terminology or definition of levels of EMS officer. There is no equivalent to NFPA 1021 (a standard in the fire services for fire officer professional qualifications). For the last two years, both NEMSMA and the former National Association of Emergency Medical Technicians (NAEMT) National EMS Chiefs, Officers and Administrators Division invested a significant amount of work into defining levels of EMS officers and the competencies associated with each. However, neither organization has taken steps to operationalize or to gain more broad industry consensus concerning those competencies. (See Appendix C.)

As the current generation of EMS managers ages, there is growing concern about how the experience and knowledge will be passed on to the next generation. The concept of "succession planning" is foreign to many EMS organizations. One key informant said, "We have no idea where the next generation will come from. We're not developing them. We're not passing on our knowledge. Are they going to have to start all over again?"

In today's environment, in most organizations, preparation of future officers continues to be left to chance. Individuals with aspirations to officer positions have no clear road map and often seek informal guidance from existing officers. Many stumble from "program" to "program," attempting to better themselves, but without an agreed-upon set of competencies, valuable time is wasted and the actual development of the knowledge, skills, and abilities necessary to achieve promotion and success at the next level may never be developed.

D. Current Training and Education Opportunities
There are a number of formal officer preparation programs. The fact that there is significant demand for these programs, even in the absence of a defined officer development structure, suggests that there is both a need for formal officer development programs and an interest in actually attending them.

Mini-Courses and "Boot Camp"
A common formal officer development is the supervisor boot camps presented locally, and as pre-conference workshops at national EMS conferences. Both EMS Today and EMS Expo feature supervisor boot camps on a regular basis. These workshops present an overview of knowledge deemed essential by their presenters, typically including "the knowledge that you need to have to not get fired during the first year, while you stumble around actually learning to be a supervisor by doing it."[12] Subject matter is presented in a lecture-discussion format, but there is no effort to measure learning and no process of developing or validating competencies.

Structured Multi-Week Training Courses
Another level of EMS officer development is the multi-week, structured educational programs that often include residential sessions.

Since 1994, the American Ambulance Association's Management Training Institute and Fitch & Associates LLC have collaborated to deliver the Ambulance Service Manager (ASM) certificate program. A small group of 40 participants moves together through two weeks of face-to-face instruction and experiential learning led by industry leading faculty bridged by several weeks of online discussion and group project work. To date, the program has graduated 622 managers.

The National Fire Academy offers two programs aimed at prospective and serving EMS officers. Both are two weeks in length, in residence at the National Fire Academy. Enrollment in these courses is not restricted to fire service members. The first of these programs is the Management of Emergency Medical Services, is intended for aspiring or newly appointed first-line EMS supervisors. This interactive and fast-moving course will enable participants to deal more effectively with day-to-day management issues that supervisory-level managers are likely to encounter. Personnel, resource management, research and quality improvement techniques are some of the major components of this course. Upon completion of this course, the students will be able to enhance the quality and overall effectiveness of their EMS operation through the use of management techniques.

The second Fire Academy program, Advanced Leadership Issues in EMS, is aimed at individuals who have management responsibility for part of an EMS system at the organizational level. With a broader focus than the initial course, this course covers organizational development issues in providing the emergency medical services function in the fire-based, hospital-based and third service environments. Establishing and directing emergency medical services' work teams is also covered.

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[12] Politis, J. , introducing the *EMS SUPERVISOR BOOT CAMP* at the 2007 EMS EXPO, Baltimore, MD.

Another short course is the EMS OFFICER I course presented by the Maryland Fire –
Rescue Institute (MFRI). This 48-hour course, which includes homework assignments
and a preceptorship component, provides the student with entry-level training in
"company/department emergency medical services operations and administration at the
first-line supervisory level."[13] Subject matter includes human resources administration,
community/public relations, and EMS company/departmental organization and
administration, including budgets, reports, incident pre-planning, compliance, quality
management, public EMS education, safety, and emergency services delivery. It is
accredited for three credit hours at the baccalaureate level.

The Association of Air Medical Services (AAMS) conducts the Medical Transport
Leadership Institute. The mission of the Medical Transport Leadership Institute (MTLI)
is to enhance leadership and management of medical transportation services through
formal education programs stressing management theory and its direct practical
application. In conjunction with this training, the Certified Medical Transportation
Executive (CMTE) program credentials managers who have met the prescribed
standards.

The University of North Carolina – Charlotte annually offers the Management Institute
for EMS. Billed as the "only university-sponsored professional development certificate
program for EMS,"[13] the 15-day Management Institute is a professional development
program designed for directors, supervisors, training officers and future leaders in EMS.
Topics include management, leadership, team building, communication, interpersonal
skills, people skills, personal effectiveness, and additional beneficial topics.

The Texas Engineering Extension Service (TEEX) Emergency Services Training Institute
offers a three-level EMS Leadership Academy.[14] The series includes Basic Supervisory
Practices for EMS supervisors, EMS System Management for mid-level officers, and
Executive Development for top officers. Each course is 24 hours in length.

The University of Florida offers an Executive EMS Officer certificate upon completion
of the prescribed 15 credit-hour course of instruction, which can be completed via
distance learning.[15]

The Center for Emergency Medicine in Pittsburgh offers a Certificate in EMS
Leadership.[16] This program includes four required courses and offers a variety of
electives. Completion of the core courses entitles the participant to the certificate.

There are no "capstone" or national level leadership development programs in EMS, and
there is no national EMS education center or academy. For the last several years, the

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[13]The Management Institute for EMS Web site (http://www.continuinged.uncc.edu/ems/).
[14] "New Leadership Academy Trains EMS Supervisors" press release from Texas Engineering Extension
Service (http://www.teex.com/teex.cfm?pageid=resources&area=teex&templateid=23&storyid=373).
[15] Distance Learning at the University of Florida Web site
(http://www.distancelearning.ufl.edu/program.aspx?p=40).
[16] EMS leadership certificate program offered by the Center for Emergency Medicine of Western
Pennsylvania (http://www.centerem.org/page.php?20).

former NAEMT National EMS Chiefs,Officers and Administrators Division, in cooperation with Advanced Data Processing Inc. (a large and prominent EMS billing firm) has sponsored a fellowship program that sent a rising EMS leader to the "Program for Senior Executives in State and Local Government" at the Harvard University Kennedy School of Government.

These courses all share some common factors:

- Participation is voluntary.
- They are not based on a validated or agreed-upon set of competencies.
- There is little if any technical content. Unlike law enforcement programs (described later), these programs do not address technical, operational, or clinical EMS subjects.
- There is little if any testing, and no verification of competencies.
- There is no associated certification or credentialing.

Educational Programs – The Role of Academic Degrees

There are a number of EMS degree programs at the baccalaureate level, and a small number at the graduate (master's) level. There are no known doctoral programs in EMS disciplines.

A significant percentage of baccalaureate programs in EMS combine pre-service paramedic education with upper division courses in management. Some of these courses have an EMS focus, while others are more general courses in business and management. The EMS programs at the University of Maryland, Baltimore County, and at The George Washington University are examples [17],[18]. It is likely that these courses produce excellent paramedics, with greater reading, writing, and critical thinking skills than those that graduate from certificate or associate level programs. However, key informants observed that these individuals, highly motivated and better educated, become quickly frustrated by the realities of advancement in today's EMS systems, with flat hierarchies and truncated career ladders. Expectations that management opportunities will appear in the first few years of an EMS career, bolstered by the knowledge, skills, and confidence that comes with a degree in EMS management, lead to frustration when it becomes evident that the first promotion is five or more years away.

In addition to a track that produces baccalaureate prepared paramedics who also take management courses, the University of Maryland, Baltimore County, offers a track that is totally dedicated to the preparation of EMS managers at the entry level.

Another group of baccalaureate programs, in EMS and related subject matter (for example, the Bachelor of Health Sciences degree offered by Campbell University), offer the holder of an associate degree in EMS (or a variety of other allied health professions) the opportunity to receive full credit for prior coursework and to complete a degree with a

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[17] Emergency health services undergraduate degree programs offered at the University of Maryland, Baltimore County (http://ehs.umbc.edu/undergrad).

[18] EMS management bachelor's degree program offered at The George Washington University (http://www.gwumc.edu/healthsci/programs/ems_bs/).

management or education focus while gaining, or after having gained, the necessary field experience to be considered for promotion in a career EMS agency. Upper division coursework in business, policy, and related subjects lead to a baccalaureate degree designed to prepare entry level health services managers from various healthcare disciplines, including EMS.

At the graduate level, there are several programs offering EMS programs such as The George Washington University and the University of Maryland, Baltimore County.[19,20] These programs are targeted at experienced EMS clinicians who aspire to management or teaching positions. The University of Maryland, Baltimore County, has a specifically identified EMS management track within its master's program.

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[19] MSHS emergency services management degree offered at The George Washington University (http://www.gwumc.edu/healthsci/programs/ems_ms/).

[20] University of Maryland, Baltimore County, graduate degree in emergency health services (http://www.umbc.edu/gradschool/gradcatalog/programs/ehs.html).

IV. An Agenda for the Future

This document envisions an EMS community in which the roles of EMS officers are: recognized as fundamental to the delivery of quality patient care, clearly defined, and supported with appropriate experience, training, education and credentialing.

The EMS systems of today and tomorrow will benefit from a more uniform approach to officer development and on-the-job-training. Needed is a clear, responsive and adaptive pathway for EMS officer development that builds on work already done, recognizes the achievements of current officers and propels EMS officer development to a new level.

A developmental pathway for the EMS officer of future *must*:
- ensure officers have appropriate experience, training and education and credentials for the jobs they perform;
- distinguish between the jobs officers perform at various levels within the organization or system;
- clearly define the steps of a career ladder for officer development;
- ensure officers are not promoted beyond their competency;
- recognize that officers in some organizations will fill more than one level; and
- enable the portability of skills, experience and knowledge from agency to agency.

This pathway will require a national effort to accomplish the following tasks:
- Define commonly recognized roles and levels in EMS supervision, management and executive leadership;
- Identify the core competencies needed to perform in these roles;
- Create a network of opportunities to meet the defined competencies in terms of curricula, experience, training and education;
- Establish a national credentialing process for each defined level; and
- Seek broad consensus in developing this pathway.

These tasks conceptually fit into three component areas:
- Levels and Competencies
- Training and Education Network
- EMS Officer Credentialing

EMS Leadership Development Agenda

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                    │  EMS Officer Levels and │
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                    │ Experience, Training and│
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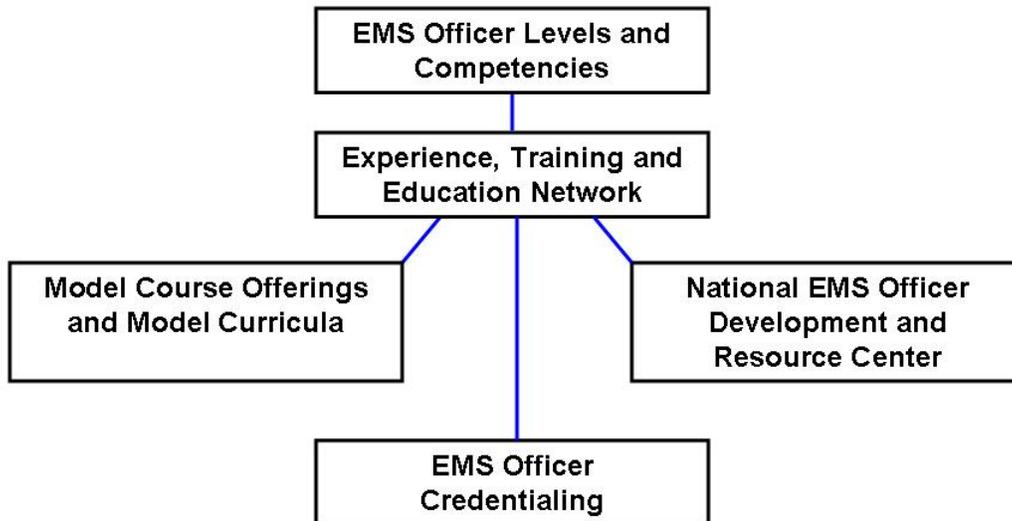
Addressing these component projects requires the involvement of all major stakeholders in the national EMS community, including national associations and organizations, government, management training organizations and academic institutions.

This document will define the goals of each of these component areas by examining:
    Where we are
    Where we want to be
    How to get there

V. EMS Officer Levels and Competencies
Identifying specific management and leadership roles and levels are common in many uniformed service professions (the fire service, law enforcement and the military) where basic education requirements are low and a basic liberal arts education is not required. Identifying levels and competencies are beneficial to organizations, the public and people in, or aspiring to, management or leadership roles.

A. Where We Are
While a document establishing uniform definitions for EMS field provider levels is being finalized (National EMS Scope of Practice), no such clarification exists for those supervising, managing and leading emergency medical services. So, too, there is no nationally accepted outline of the competencies needed to fulfill EMS officer roles.

Many EMS agencies recognize similar officer levels with a variety of titles such as EMS crew chief, supervisor, shift officer, shift coordinator, manager, chief, director, executive director, administrator and chief executive officer.

Many of the various training programs, boot camps and academic program recognize the existence of various levels under a variety of names. Between 2004 and 2008, members of NEMSMA and the former NAEMT National EMS Chiefs, Officers and Administrators Division worked on a draft of a document that defines four levels of EMS officers with a list of competencies (see Appendix C). In 2007, the Commission on Professional Credentialing (an organization that credentials fire service officers) began recognizing a single level, the Chief Medical Officer, and began offering a credential based on specific experiences, training and education.

However, there is no national consensus on common EMS officer roles and levels, common names for officer roles and levels, and a list of competencies needed to fulfill those levels.

B. Where We Want To Be
In the near-future, basic common roles and levels of EMS officers will be identified, named and matched with a clear definition of the competencies required for each level through an industry-accepted consensus process with involvement for all major EMS stakeholder groups. The competencies will broadly identify the skills, experience, training and education needed for each officer level.

EMS agencies of all sizes will accept the agreed-upon levels of EMS officers, and the competencies and required education and training, as elements of hiring, organizational succession plans, staff development efforts and promotional processes.

C. How To Get There
Defining roles and competencies will be the result of a consensus process, led by a national group consisting of EMS administrators, agency directors, executives and chief officers representing public, private, fire, hospital and volunteer agencies, with input

from all the major EMS national stakeholder groups. Input will also be provided by educators and EMS providers, with extensive peer and community review of drafts.

The definition of roles and competencies will be developed using input from a number of sources, including work already begun (as described elsewhere in this document) and models used in other industries and disciplines.

Following the model used in the development of the component parts of the *EMS Education Agenda for the Future*, this process will be funded by federal dollars and organized as a specific project called the National EMS Officers Levels and Competencies Project and coordinated by a credible national association or educational institution that has no bias toward any specific EMS delivery model. The goals of the project will be to indentify and name common EMS officers levels and define the competencies needed to fulfill each level.

VI. EMS Officer Experience, Training and Education Network

The ability to obtain appropriate experience, training and education is essential to the preparation and development of EMS officers. Public safety, healthcare, the military and the fire services all have extensive resources and networks for the development of officers.

Education, training, experience and education may be considered the three interrelated dimensions of a leadership development model.

Education and training are not synonymous. *Education* introduces the student to general fundamental concepts of a body of knowledge that will allow the student to understand relevant concepts in their broadest sense, in a manner that may be applicable to more than just one particular job, program or environment. Education usually spans a much longer time frame than training, and is usually provided by an educational or academic institution, as opposed to a training program or employer.

Training is about practice and building skills. Training is usually what a company, corporation or an institution offers to its employees to develop or update their skills in performing a specific task, such as learning particular or new aspects of a software title, or acquiring new specific skills. Training usually takes place during short and intensive sessions.

There has been much debate with the EMS community about "paramedic training" and "paramedic education," and which term accurately describes what is needed at entry level positions and in the leadership and management realm. Both are needed. At the clinical level, those aspiring to be paramedics need education – anatomy and physiology, cardiology, pharmacology, mathematics and technical writing. They also need training – practice in the application of the skills necessary to turn academic knowledge in to useful acts – interventions that help to assess a patient's condition, or to use tools with manual proficiency, etc. Aspiring officers need both education in relevant disciplines, and training in the application of those disciplines to the specifics and realities of EMS agencies.

Experience is also a critical ingredient in the overall development of EMS clinicians as well as officers. Experience relates to the knowledge, skill or wisdom acquired through direct observation of, participation in, or practicing elements of leadership. It is the bridge that links education and training to work. One may have education and training but not be able to apply them to actual practice. Conversely, the value of experience is limited by lack of education and training.

A. Where We Are

Currently EMS officers obtain experience, training and education from disparate sources, including on-the-job-training, mentorships, seminars, conferences, mini-courses and boot camps, structured multi-week training courses and traditional academic degree programs in a wide variety of areas. It is not uncommon for field providers to be promoted to managerial positions without meaningful managerial experience, training or education.

Currently, there is no national source for EMS officer development information. Agencies and those interested in becoming EMS officers must rely on a scattered approach to learning about competencies, training and educational opportunities.

In 2006, the U.S. Fire Administration's National Fire Academy formed a committee to create educational resources to assist existing EMS management degree programs in designing and delivering EMS-appropriate courses. The committee worked to create national undergraduate EMS management curricula and to provide a template for other colleges and universities to follow. Using the Fire and Emergency Services Higher Education (FESHE) process, the committee worked with existing academic programs in identifying EMS management levels and competencies as well as courses that meet those competencies. While a significant body of work has been accomplished by this committee, its work has not been matched with a national consensus process for identifying levels and competencies.

Currently, there is no national focal point for the coordination of EMS officer development. There is no established network of training and education programs working together to support a common vision of EMS officer development. While many quality training and education opportunities exist today, each subscribes to its own vision of the EMS officer.

B. Where We Want To Be

In the near-future, consensus-defined EMS officer levels and competencies will be matched with appropriately defined education and training experiences and supported by a national network of academic institutions, training programs and a centralized national EMS officer development center.

Model course offerings and curricula will guide training programs and academic institutions in creating appropriate programs for officer development. Unlike the specific standard national curricula used in the development of EMTs and paramedics, model curricula will provide general guidance. Training programs and academic institutions will have the capacity to modify or supplement model curricula to meet the specific needs of small EMS agencies and EMS agencies with other unique features.

A network of educational institutions will offer associate's, baccalaureate, master's and doctoral programs in emergency medical services that conform to the consensus-identified EMS officer levels and competencies. Training programs and academic institutions will regularly offer appropriate officer development courses of instruction in a variety of formats.

Courses for first-line supervisors will be readily available through training programs, community colleges and other local institutions. Courses for middle managers will be available in every state. Courses for senior (chief) officers and EMS executives will be available throughout the nation.

A national EMS officer development and resource center will be created and serve as a focal point for the development of the body of knowledge unique to the delivery of emergency medical services, continue to update model curricula and present high-level specialized programs for EMS officers and technical specialists. The center's mission will be to support, promote and enhance the personal and professional development of EMS leaders by preparing them for complex, dynamic and contemporary challenges through innovative techniques, facilitating excellence in education and research, and forging partnerships throughout the world.

The center will assist individuals, agencies, systems, states, training programs and academic institutions in unifying and integrating EMS officer development. It will offer services that improve the leadership and management in EMS agencies nationally and internationally to raise EMS standards, knowledge, and cooperation worldwide.

C. How To Get There
The National EMS Officers Levels and Competencies Project will provide the foundation for creating a network of training and education program and institutions, creating model curricula and planning an EMS officer development and resource center. The network, model curricula and plan for an EMS officer development and resource center will be the result of a consensus process led by a group of expert educators, EMS administrators, agency directors, executives and chief officers representing public, private, fire, hospital and volunteer agencies with input from all the major EMS national stakeholder groups.

This process will include and build upon the work begun by the FESHE EMS Management Committee as well as work begun in the various academic institutions offering education programs in EMS management.

The goals of this process will be to:
- Match EMS officer competencies with appropriate experience, training and education courses, programs and academic degrees. This process will include the input of experts and the major training and educational programs and institutions;
- Create basic model course offerings and model curricula that will guide training programs and academic institutions in supporting the consensus-identified competencies;
- Bring together all the major training programs and educational institutions engaged in EMS officer development to encourage input, support, identify offering deficiencies and to create a network of EMS officer development opportunities; and
- Create a vision and plan for the national EMS officer development and resource center. This plan will serve as a guide for future funding and development of the center.

Following in the model used in the development of the component parts of the *EMS Education Agenda for the Future*, this process will be funded by federal dollars and organized as a specific project called the National EMS Officers Training and Education

Project and be coordinated by an academic institution or credible national association that has no bias toward any specific EMS delivery model.

VII. EMS Officer Credentialing

Credentialing is a generic term applied to a variety of concepts that may include certification, designation and accreditation. In many professions, credentialing is used to protect the public and ensure those providing specific services have the appropriate training, education and experience. The call for the national certification of field providers a clear tool for states, communities and organizations to ensure the basic qualifications of field providers. The Leadership Agenda's use of this term refers to a process to ensure that an individual person is qualified to perform a job.

A. Where We Are

There is currently no formal credentialing process for EMS officers that recognizes anything more than a single level of EMS officer designation. Many organizations utilize various levels of education, training and experience in an effort to ensure that supervisors, managers and executives are qualified. Some agencies look for business, EMS, fire science, public health or public administration degrees as qualifiers when hiring management candidates. Other agencies create their own management development programs made up of a combination of on-the-job training, special education programs and mentoring. Many small- and medium-size agencies do not have the resources to create their own programs or hire degreed personnel and simply promote their best field providers to management and leadership positions.

There is no national standard by which organizations can evaluate EMS officer candidates, and many EMS officer candidates have no formal, portable process for demonstrating their particular skill level, preparation and experience for a management position. Would-be EMS officers have no clear path outlined by which they can credential themselves.

B. Where We Want To Be

There will be a nationally accepted credentialing body that provides credentialing based on the identified levels and competencies. Credentialing, while not mandated, will be accepted by most EMS systems, agencies and EMS officers, and it will be the preferred process for ensuring the qualification of an EMS officer.

C. How To Get There

As EMS officer levels and competencies are matched with appropriate education and training and a national EMS officer development and resource center is created, a single national credentialing body will be identified and accepted industrywide. This body must be free of bias toward any one EMS delivery model and must present a credentialing process that the market deems useful, practical and credible. It is likely that several potential credentialing bodies will explore providing this service, but ultimately the users of this service will validate the credentialing process.

VIII. Observations and Lessons from Related Disciplines

While emergency medical services are distinctly unique in operating within the arenas of public health, public safety and healthcare, it is instructional to observe how related professions have addressed managers and leader development.

A. Law Enforcement

Officer (Supervisor) Development Training Programs

Many states have mandatory training and credentialing requirements for law enforcement supervisors, managers, and executives. For example, the State of Oregon requires certification by the Department of Public Safety Standards and training, at the appropriate level, within one year of appointment as a supervisor, middle manager, or executive in law enforcement.[21]

The typical law enforcement leadership development program begins with a job task analysis conducted or adopted by the POST agency. Although law enforcement organizations are often multi-layered, supervisory positions are typically grouped in classifications of "supervisor" (first-line supervisors, typically sergeants), "managers" (lieutenants and captains), and "executives" (majors, assistant and deputy chiefs, and chiefs of police). Individuals are either required to hold the appropriate level of certificate at appointment or to obtain same within one year of appointment.

Certificates are obtained through one of two methods. The promotee either attends the POST certification course for the specified level, or attends a course of instruction that has been pre-approved by the POST agency as meeting the requirements for certification. In the more progressive state certification systems, there is a requirement for the completion of a "field training manual" documenting the successful performance of certain tasks, or the demonstration of certain competencies, and a requirement of successful performance in the supervisory position for one year prior to certification.

At the higher levels, there exists a well-developed network of law enforcement command and general staff schools or institutes to which agencies send those believed to be on the track to promotion. Examples of these include

- The Southern Police Institute in Louisville, Kentucky,[22] which offers a 12-week Administrative Officers' Course, as well as short courses for newly appointed chief officers and command officers. A unique offering is a week-long program entitled Management of the Small Law Enforcement Agency, for officers from agencies employing four to 30 officers.

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[21] See the Oregon Administrative Rules (http://arcweb.sos.state.or.us/rules/OARS_200/OAR_259/259_008.html) for definitions and requirements.
[22] University of Louisville, Southern Police Institute, course catalog (http://louisville.edu/spi/course-offerings).

- The Northwestern University Center for Public Safety *School of Police Command and Staff* in Evanston, Illinois,[23] which offers this and a host of other leadership programs including supervision, senior management, instructor development, and other programs across the United States.

- The Law Enforcement Administrative Officers Management Program at North Carolina State University,[24] a 12-week graduate-credit program offered by the Public Safety Leadership Initiative in the School of Public and International Affairs.

- The Johns Hopkins University offers a "Police Executive Leadership Program" that facilitates law enforcement officers in advancing from the associate to the baccalaureate or from the baccalaureate to the master's level[25] and a "Public Safety Aspiring Leaders Program."[26] Recently, they have initiated a "Fire/EMS Executive Leadership Program"[27] leading to a Master of Science in Management degree.

- The Alabama Association of Chiefs of Police and the University of Alabama offers "Certificate of Achievement in Police Management" (40 hours) and "Certified Law Enforcement Executive" (240 hours) programs.

At the pinnacle of this network lies the FBI National Academy. The FBI National Academy is a professional course of study for U.S. and international law enforcement leaders that serves to improve the administration of justice in police departments and agencies at home and abroad and to raise law enforcement standards, knowledge, and cooperation worldwide. Its mission is "to support, promote, and enhance the personal and professional development of law enforcement leaders by preparing them for complex, dynamic, and contemporary challenges through innovative techniques, facilitating excellence in education and research, and forging partnerships throughout the world." The 10-week program, in residence at Quantico, Virginia, accepts 250 officers per session. The curriculum includes law, behavioral science, forensic science, leadership development, communication, and health/fitness. Officers participate in a wide range of leadership and specialized training, and they share ideas, techniques, and experiences with each other, creating lifelong partnerships that span state and national lines.

Recently, the FBI added another level to its executive development pyramid – the Police Executive Fellowship Program (PEFP). PEFP is a six-month program that offers an

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[23]Northwestern University Center for Public Safety School of Police Command and Staff course catalog (http://nucps.northwestern.edu/course/documents/SPSC_Brochure.pdf).

[24] North Carolina State University Administrative Officers Management Program Web site (http://www2.chass.ncsu.edu/aomp/).

[25] Johns Hopkins University Police Executive Leadership Program Web site (http://psl.jhu.edu/programs/pelp/).

[26] Johns Hopkins University Public Safety Aspiring Leaders Program Web site (http://psl.jhu.edu/programs/palp/).

[27] Johns Hopkins University Fire/EMS Executive Leadership Program Web site (http://psl.jhu.edu/programs/felp/).

opportunity for state, local, tribal and campus law enforcement executives to provide their expertise in areas that will mutually improve information and intelligence sharing within the law enforcement community. PEFP involves the selection of management-level law enforcement officials to work at FBI Headquarters in Washington, D.C., to contribute expertise and to provide a local perspective to national and international law enforcement issues. Some of the FBI components that participate in the program include the Directorate of Intelligence, the Office of International Operations, and the Criminal, Cyber, and Counterterrorism Divisions.

Academic Degrees in Criminal Justice
The role of academic degrees is well-established in the law enforcement professions. Many law enforcement agencies require a baccalaureate degree for employment as a line law enforcement officer, ranging from the FBI to the Multnomah County (OR) Sheriff's Office. Baccalaureate and master's degree programs abound, and 29 universities award doctoral degrees in criminal justice or criminology.[28] The Kennedy School of Government graduate program in "Criminal Justice Policy and Management" has 12 faculty, fellows and researchers currently conducting seven major research projects related to the police service.

B. The Fire Service

A system similar to that for law enforcement exists within and for the American fire service. Moreover, this system is bolstered by a national set of consensus standards developed by the National Fire Protection Association, which set forth the competencies required for fire officers at the levels of supervisor, manager, administrator, and executive,[29] and an internationally recognized credentialing body, the National Board on Fire Service Professional Qualifications (the Pro Board), which operates a national professional qualification system.

Building on the NFPA standards (including but not limited to NFPA 1021), The Pro Board accredits fire service training agencies that use the National Fire Protection Association's (NFPA's) professional qualification standards. An agency that is accredited by the Pro Board makes national certification available to its members. Members are then eligible to be placed on the Pro Board's national register and receive a Certificate of National Certification. In addition, the Pro Board encourages reciprocity among certifying agencies. This helps assure that Pro Board certification will be recognized by the department as the members seek advancement, and by other departments should they seek to transfer within the fire service. The Pro Board is sponsored by five prominent fire service organizations. Each organization seats one member on the Board of Directors whose task it is to set policy and oversee operations of the system. The Committee on Accreditation is comprised of representatives appointed by each of the sponsoring organizations and representatives elected by the accredited agencies, and is charged with the task of accreditation through review of applications, site visits and implementation of

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[28] "Who Needs a PhD?" *Firehouse* Magazine, May 2007
(http://firehouse.com/mz/images/2007/05/who_needs_a_phd.pdf).
[29] See NFPA Standard 1021, Standard for Fire Officer Professional Qualifications, 2003 ed.
(http://www.nfpa.org/catalog/product.asp?pid=102103&src=nfpa&order_src=A292).

policy set by the Board of Directors. The Advisory Committee is comprised of delegates from all of the accredited agencies, serving as a conduit for policy questions and suggestions to be addressed by the Board of Directors and/or the COA.[30]

Pro Board certifications are granted by hundreds of accredited training programs offered by provider agencies, associations, and institutions of higher education, but principally through official state and provincial fire training organizations. Among the accredited training programs are Fire Officer I (supervising or company fire officer), Fire Officer II (managing fire officer – typically a battalion fire chief), Fire Officer III (administrative fire officer), and Fire Officer IV.

Regional Fire Command/Staff Schools

There is a lesser-developed network of regional fire service command and staff schools. Perhaps the best known of these is the National Fire Service Command and Staff College, a seven-day program offered annually by the International Association of Fire Chiefs and the Maryland Fire Rescue Institute.[31]

Larger fire service organizations and regional or state associations have also developed leadership development programs. For example, Chesterfield County Fire and EMS has developed in-house programs that bundle several NFPA certifications and other subjects into ongoing leadership development programs. "Officer Development Program 1" is required of all candidates for company officer positions (supervising three to six people) and lasts 220 hours. "Officer Development Program II" is required for prospective station officers (captains) and battalion commanders and includes 220 hours of instruction. In addition to the second level course, prospective captains and BCs must have a baccalaureate degree prior to promotion. All chief officers (not just candidates for promotion) complete a three-day Chief Officer School.

National Fire Academy

The National Fire Academy is a unique institution. Located in Emmitsburg, Maryland, the NFA offers a variety of programs in leadership, program management, technical fire service disciplines (arson investigation, hazardous materials, etc.), and manages a program of distributed and on-line course delivery. The mission of the NFA is to "Promote the professional development of the fire and the emergency response community and its allied professionals. To supplement and support State and local fire service training programs, the National Fire Academy delivers educational and training courses having a National focus."

The NFA offers an EMS curriculum that includes a course for entry-level supervisors (Management of Emergency Medical Services) and a course for more experienced supervisors (Advanced Leadership Issues in EMS), as well as technical EMS courses (EMS Special Operations addresses mass gatherings and MCI management, Managing

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[30] National Board on Fire Service Professional Qualifications Web site (http://www.theproboard.org/).
[31] "2007 National Fire Service Staff and Command Course offered in Ocean City, Md., this March" press release from the International Association of Fire Chiefs (http://www.iafc.org/displayindustryarticle.cfm?articlenbr=32572).

Community Health Risks addresses illness and injury prevention and control, and ALS Hazardous Materials addresses advanced toxicology and hazmat medical management).

These courses contain relevant content, although the curricula is not competency based. Moreover, the quality of the content is dependent on the experience of the instructor, inasmuch as the vast majority of instructors have experience in only one system model. The curricula of these programs are developed by external contractors, and to the best of our knowledge are not referenced to any known competency matrix. Essential content such as financial management, operational analysis, and EMS technology is not addressed.

Executive Fire Officer Program
The Executive Fire Officer program is a four-year (two weeks per year) course of instruction with a focus on transformational leadership. Each course requires the writing of an applied research paper on a topic relevant to advancing the body of knowledge of the fire service. The required coursework is primarily focused on leadership, with required courses in community risk prevention and large-scale incident management. The curriculum does not include information about firefighting or EMS technology.

The IAFC, in cooperation with the National Fire Academy and other fire service professional associations, offers the Harvard Fire Executive Fellowship Program at the John F. Kennedy School of Government. Each year, eight senior fire executives are sponsored to attend the three-week "Program for Senior Executives in State and Local Government." Preference is given to graduates of the Executive Fire Officer program.

Credentialing by the Commission on Public Safety Excellence
The mission of the Commission on Professional Credentialing (CPC, a unit of the Center for Public Safety Excellence, which is a free-standing not-for-profit corporation) is to assist in the professional development of the fire and emergency service personnel by providing guidance for career planning through participation in the Professional Designation Program[32]. The CPC's chief fire officer (CFO) designation process has, as of this date, credentialed 554 fire service leaders.

Recently, the CPC began the process of designating chief medical officers (CMO) using a process similar to that used in the CFO process. Although complex, the basis for designation is not clear, given that there is no similar document to NFPA 1021 establishing competencies for EMS officers. It appears that the standards were adopted from those for the CFO process with little modification. Details on the requirements for CFO and CMO designation can be downloaded at
 http://publicsafetyexcellence.org/Portals/0/resources/applications/Version%204-1.doc.

Education - The Role of Academic Degrees in the Fire Service
Academic degrees are similarly well established in the fire service. NFPA 1021 specifies educational requirements for each level of fire officer.

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[32] Center for Public Safety Excellence Web site (www.publicsafetyexcellence.org).

There has been an extended effort in the fire service to incorporate academia to greater lengths. In 1868, Sir Eyre Massey Shaw, chief of the London Fire Brigade, visited major fire departments in the U.S. and observed:

> *When I was last in America, it struck me very forcibly that, although most of the chiefs were intelligent and zealous in their work, not one that I met made even a pretension to the kind of professional knowledge which I consider so essential. Indeed, one went as far as to say that the only way to learn the business of a fireman was to go to fires — a statement about as monstrous and contrary to reason as if he had said that the only way to become a surgeon would be to commence cutting off limbs without any knowledge of anatomy or of the implements required.*

Chief Shaw's observation serves as the groundwork for the writings of Burton Clark, Ed.D., and Denis O'Nieal, Ed.D, both of the National Fire Academy. Dr. Clark describes the importance of doctoral education as follows:

> *The doctoral degree/research academic infrastructure is what creates "... a knowledge base [for a discipline] that is acceptable to the academic community," according to David Lucht. He notes that doctoral programs offer degrees in the discrete discipline, prepare highly specialized expertise for industry, and create a pipeline of qualified personnel to serve as faculty and doctoral students to help professors with their teaching and research, making major contributions to the body of knowledge. College and university faculty with doctoral degrees in the discipline teach future practitioners, who conduct important research to add to the body of knowledge and write definitive textbooks.*[34, 35]

C. Healthcare Disciplines

In its earliest days, healthcare management was undertaken by physicians. Like many EMS organizations, the senior clinical provider was tasked with managing the organization. As organizations became more complex, it became apparent that the education and training of a clinician did not prepare one for the complex business environment of the large healthcare organization.

The next phase involved the development of the professional hospital (later healthcare) administrator. The entry level credential for these general manager/CEO positions was for many years, and in many cases still is, the Master of Hospital Administration (MHA) degree. MHA programs, similar in structure to MBA programs, focus on the unique environment of healthcare and often included a year of "administrative residency" where new MHA graduates learned from more experienced administrators. The professional credential for healthcare executives is awarded by the American College of Health Care Executives, whose designation of "fellow" (FACHE) is widely respected.

These professional administrators are most often not drawn from the ranks of the many clinical disciplines that co-exist in the hospital environment. Those professional groups and professional group clusters (nursing, medical technology, respiratory therapy) also needed leadership that cannot be provided by those without in-depth knowledge of the professional practices of the group. Department-level leadership remained a requirement, even after the advent of the professional hospital administrator.

Historically, there were no formal leadership development programs for nurse supervisors or managers, or for managers in other allied health disciplines. Over the last 20 or more years, leadership positions in nursing have increasingly required a baccalaureate degree, despite the fact that baccalaureate nursing programs concentrate on developing the competencies for entry-level nurses and contain little or no development of leadership competencies. Unlike the military environment, new nursing school baccalaureate graduates are rarely assigned to supervisory or management positions until they have first worked for an extended period as a clinical staff nurse.

Until recently, preparation for management positions in nursing and hospital-based allied health professions was either completely academic in nature, or academics plus "trial and error." More recently, the need for management training has been established. Today, hospitals often provide newly appointed supervisors or managers with a short course designed to teach management and leadership skills. These courses are often focused on methods and procedures for human resources administration within the hospital's own administrative environment. There have recently emerged some "academy style" leadership programs for nurse managers, such as the Nurse Manager Academy and the Advanced Nurse Leadership Academy offered by the Johns Hopkins University.[33] The American Nurse Credentialing Center offers several certifications for Nurse Administrators, in additional to a variety of other credentialing programs.[34] Many nurse manager positions, and nearly all nurse executive positions, require master's level degrees. A large number of schools offer doctorate degrees in nursing, including 75 schools offering doctorate of nursing practice (DNP) degrees[35] (DNP is a doctoral degree focused on clinical nurse practice, for example, for nurse practitioners), while 132 additional schools offer the PhD in nursing.[36]

D. Military Leadership Development Models

Leadership is a core competency of the military services. The management structure is unique in the military services, in two respects. First, there are dual career tracks requiring both leadership and technical competencies (officer personnel and enlisted personnel). Second, both of these tracks involve a significant "up or out" mechanism wherein the failure to promote at prescribed intervals may result in separation from the services. Unlike the civilian world, in the military world individuals do not remain at the bottom of the career ladder for the duration of their careers (we routinely see individuals retire as patrol officers, deputy sheriffs, firefighters, staff paramedics and staff nurses, but one does not see individuals retire from the military as privates, seamen, airmen, or as ensigns or second lieutenants).

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[33] Institute for Johns Hopkins Nursing Web site (http://www.ijhn.jhmi.edu/contEd_3rdLevel_Class.asp?id=LeadDevHomeNew&numContEdID).
[34] American Nurses Credentialing Center Web site (http://www.nursecredentialing.org/cert/eligibility.html).
[35] Doctor of nursing practice program list from the American Association of Colleges of Nursing (http://www.aacn.nche.edu/dnp/DNPProgramList.htm). An additional 140 nursing schools are in various stages of starting DNP programs.
[36] Fall 2007 list of institutions offering doctoral programs in nursing from the American Association of Colleges of Nursing (http://www.aacn.nche.edu/IDS/pdf/DOC.pdf).

Leadership development in the armed forces occurs from the very first days of training, where trainees (both enlisted and officer) are placed in positions where they are responsible for others and expected to perform in those roles. At each level, professional development curricula include leadership, management, and technical materials relevant to the profession.

Military leadership programs operate within a framework that includes the following
- Self-development – lifelong learning, self-assessment, values and ethics, professionalism, military theory and leadership theory.
- Thinking skills – critical thinking, creativity and innovation, persuasive writing, decision-making and problem-solving.
- Communication skills – writing, speaking, listening, interviewing, cultural awareness, mediation and facilitation, media relations and non-verbal communications.
- Leading organizations – command and control, organizational learning, strategic planning, risk management and process improvement.
- Leading people – combat leadership, counseling, mentoring and negotiation.
- Leading change and transformation – military transformation, lessons learned, future studies, strategic planning, creativity and innovation, and adoption of innovation.

Both leadership and management training and education are integrated into a curriculum that also develops and reinforces technical proficiency (which, parenthetically, is true of law enforcement professional development but not often true of fire, EMS or healthcare professional development programs).

 In the course of a military career, an officer who is destined for and ultimately achieves general officer (senior manager) rank will likely have attended at least four distinct year-long schools. These schools will move from a tactical focus at the lower ranks to a more strategic focus at the higher ranks.

A newly graduated junior officer (second lieutenant or ensign), having just completed college and pre-service training (college at a service academy or a university that includes ROTC training) that included basic technical and leadership skills, the officer will have an initial assignment "with troops," serving as a platoon commander or a similar position with the responsibility for 100 or less personnel. Here he or she builds "primary job proficiency," meaning the ability to lead soldiers, sailors, airmen, and marines. A specialty school, such as the Amphibious Warfare School, might be the next stop for a Marine captain destined for higher position. Having served time as a captain and destined for major, the next stop might be a joint services Command and Staff College, where mid-level officers from all the services learn to work together on larger problems and missions. Colonels destined for general officer positions will attend one of the War Colleges, the some of the most prestigious high-level military institutions in the world. They will study strategic and international issues, and they will be taught by senators, cabinet officers, corporate executives and very senior military officers from the

U.S. and abroad. In the meantime, most of those on the "path to the stars" will also complete master's-level, and in some cases, doctoral degrees.[37]

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[37] *Corps Business: The 30 Management Principles of the U.S. Marines,* David H. Freedman. pp.76-80. 2000, Harper-Collins, New York.

IX. Conclusions and Next Steps

Fulfilling the vision described in this document will demand an unprecedented national focus on EMS leadership and management development. It will require key organizations and associations, EMS leaders and government officials all recognize the importance and urgency of this issue, engage in meaningful dialogue about this vision and make it a matter of discussion at appropriate national meetings and gatherings.

The next step is for national leaders and organizations to explore funding for the National EMS Officers Levels and Competencies Project and the National EMS Officers Training and Education Project.

Ensuring there are enough appropriately experienced, trained and educated EMS officers for the future will be a collective journey for EMS in America. It will continue to evolve as steps are taken. It will not be an easy process. It will demand input, openness and compromise from every sector of the EMS community.

The results have the potential of strengthening every facet of the emergency medical services – especially the care provided to Americans everywhere.

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Appendix A

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Appendix B – Sample documents

The following documents created by the National EMS Management Association (NEMSMA) and the former National Association of Emergency Medical Technicians (NAEMT) National EMS Chiefs, Officers and Administrators Division define levels of EMS officers and the competencies associated with each.

NATIONAL ASSOCIATION OF EMTs
Chiefs, Officers, and Administrators Division

DRAFT - OCTOBER 10, 2007

PROFESSIONAL COMPETENCIES FOR EMS UNIT LEADER

NO.	SUB.	KNOWLEDGE	SKILL	COMPETENCY
X.1				*GENERAL PREREQUISITES*
	x.1.1			Current certification/license at the highest level of service required by the employing agency.
	x.1.2			At least two years full time experience as a line EMS provider at the highest level of medical service provided by the employing agency
	x.1.3			Completion of a formal Field Training Officer program following an accepted model and accredited by a unit of government or other authority having jurisdiction.
	x1.4			The individual meets the departmentally defined physical performance standards.
				JOB PERFORMANCE PREREQUISITES
X.2				General Prerequisite Knowledge. The organizational structure of the EMS agency; geographical configuration and characteristics of response districts; emergency operations, incident management systems, and safety; and policies and procedures regarding the operation of the agency as they involve line EMS providers.
X.3				General Prerequisite Skills. The ability to effectively communicate verbally and in writing utilizing technology provided by the AHJ; write reports, letters, and memos utilizing word process-ing and spreadsheet programs; and effectively operate at intial incident management levels in the incident management system utilized by the AHJ
X.2				*HUMAN RESOURCES MANAGEMENT*
				This duty involves leading the EMS unit team (2-3 persons) in the performance of daily duties, and the one-on-one training, development, and evaluation of new members of the EMS agency.
	x.2.1			Assign tasks or responsibilities to team members, so that the instruc-tions are complete, clear, and concise; safety considerations are addressed; and the desired outcomes are conveyed.
		X		Verbal communications during various situations, techniques used to make assignments under all situations, and methods of confirming understanding.
			X	The ability to condense instructions for frequently assigned tasks based on situations, training and standard operating procedures.
	x.2.2			Instructs and orients new members to agency-specific policies, protocols, and procedures
		X		Verbal communication techniques to facilitate learning.
			X	The ability to distribute task specific directions to unit members during training evolutions.
	X.X.3			Evaluates the performance of new members against established standardized evaluation guidelines, documents performance on daily and other observation reports, and provides daily feedback to new members.
		X		Knowledge of the agency's standardized evaluation guidelines and field training officer program, including the use of daily observation reports and other required forms and documents.
			X	The ability to write narrative reports and to provide feedback concerning clinical and adminstrative performance matters.
	X.X.X			Develops improvement plans for assigned new members, assigns reading or other study matters, prepares and implements scenarios, exercises, and drills to improve new member skills
		X		Knowledge of the principles of one-to-one education and coaching; knowledge of agency policies, procedures, and clinical protocols.
			X	The ability to communicate verbally and in writing, and to establish hand-on individual training scenarios.
	X.X.5			Coordinate the completion of assigned tasks and projects by members, given a list of projects and tasks and the job requirements of subordinates, so that the assignments are prioritized, a plan for the completion of each assignment is developed, and members are assigned to specific tasks and supervised during the completion of the assignments.
		X		Principles of supervision and basic human resource management
			X	The ability to set priorities, plan, observe the plan in action, and make adjustments as needed to ensure the successful completion of the task. .
X.5				*COMMUNITY AND GOVERNMENT RELATIONS*

			This duty in-volves dealing with inquiries of the community and projecting the culture of the agency to the public and delivering safety, injury, and illness prevention education programs, according to the following job performance requirements
	X.5.1		Conduct a prepared public awareness forum ("show and tell" for community groups, schools, etc.
		x	Inter-personal communication skills, and basic understanding of the role of the EMS system in the community.
		x	The ability to clearly and simply describe EMS equipment and procedures to lay persons including young children.
	X.5.2		Initiate action to a citizen's concern, so that the concern is answered or referred to the correct individual for action.
		X	Interpersonal communication skills, policies and procedures for handling concerns.
		X	Familiarity with public relations, the ability to communicate verbally or in writing
	X.5.3		Respond to a public inquiry, so that the inquiry is answered accurately, courteously, and in accordance with applicable policies and procedures.
		X	Written and oral communication techniques, knowledge of the EMS operation.
		X	The ability to relate interpersonally while responding to public inquiries
X.6			**ADMINISTRATION**
	X.6.1		*This duty involves performing routine administrative duties in connection with the operation of an EMS unit, the response to EMS dispatches of all types, and the ability to manage unit level administrative work including documentation associated with the agency's field training program.*
		X	Knowledge of the agency's unit-level administrative requirements, including the agency's field training and evaluation program.
		X	The ability to communicate effectively and appropriately, both verbally and in writing..
	X.6.2		Execute routine multi-unit-level administrative functions, given forms and record-management systems, so that the reports and logs are complete and files are maintained in accordance with policies and procedures.
		X	Administrative policies and proce-dures and records management.
		X	The ability to communicate effectively and appropriately, both orally and in writing
	X.7		**EMERGENCY SERVICE DELIVERY**
			This duty involves responding to requests for service, managing smaller scope incidents completely, and managing the initial aspects of an incident of any size, while providing appropriate coordination and supervision to other members of the assigned unit.
	X.7.1		Function as a primary clinical responder normally assigned to that type resource and within the scope of the agency having jurisdiction.
		X	Knowledge of EMS system protocols and procedures
		X	Ability to perform all medical procedures appropriate to their level of certification/licensure
	X.7.2		Functions within the Incident Command System at appropriate levels during initial at-scene activities.
		X	Knowledge of the Incident Command System
		X	Ability to fulfill the functions of ICS positions during times of stress
	X.7.3		Serve as preceptor, coach, and evaluator of new agency members, assuring appropriate clinical opportunities for assigned trainees, while assuring the safe and effective care of the patient.
		X	Knowledge of EMS system protocols and procedures, and knowledge of the principles of coaching and precepting.
		X	The ability to interact appropriately with trainees, family members, and other responders during emergency and non-emergency patient contacts..
X.8			**HEALTH AND SAFETY**
			This duty involves serving as a role model, teacher, and evaluator of safe work practices, and prepareing new members to work unsupervised in a safe manner.
	X.8.1		Apply safety regulations, practices and procedures at the unit level, given safety policies and procedures, so that operations are conducted in a healthy and safe manner.
		X	Be familiar with the most common causes of personal injury and accidents to members and ability to apply or initiate the proper safety policies and procedures. Be familiar with the infectious disease control program.
		X	The ability to identify and report safety hazards.
X.9			**QUALITY MANAGEMENT**
			This duty involves conducting, demonstrating, and teaching basic quality management practices at the unit level.
	X.9.1		Perform a complete and accurate chart review, make corrections consistent with agency policy
		X	Knowledge of agency documentation procedures and practices, including acceptable methods of modifying charts after completion.
		X	Ability to communicate effectively, both verbally and in writing
	X.9.3		Provide feedback to unit personnel concerning a quality management issue.
		X	Agency policies and procedures including awards, recognition, and corrective action
		X	Ability to communicate effectively, both orally and in writing

NATIONAL ASSOCIATION OF EMTs
Chiefs, Officers, and Administrators Division

DRAFT - OCTOBER 10, 2007

PROFESSIONAL COMPETENCIES FOR SUPERVISING EMS OFFICERS

NO.	SUB.	KNOWLEDGE	SKILL	COMPETENCY
4.1				*GENERAL PREREQUISITES*
	4.1.1			Current clinical certification at the highest EMS level provided by the employing organization.
	4.1.2			Associate level degree from a regionally accredited post-secondary educational institution.
	4.1.3			A minimum of 3 years full time experience as a field provider a the highest EMS level provided by the employing organization.
				JOB PERFORMANCE PREREQUISITES
4.2				General Prerequisite Knowledge. The organizational structure of the EMS agency; geographical configuration and characteristics of response districts and the medical components therein; , emergency operations, inci-dent management systems, and safety;; basic understanding of information management and recordkeeping; current trends, technologies, and socioeconomic factors that impact the emergency medical ser-vice; cultural diversity; methods used by supervisors to obtain cooperation within a group of subordinates; the rights of man-agement and members; agreements in force between the or-ganization and members; ethical practices, including a professional code of ethics; basic understanding of methods, procedures and practices of internal and external quality management system, and policies and pro-cedures regarding the operation of the agency as they involve supervisors and members.
4.3				General Prerequisite Skills. The ability to effectively communicate in writing utilizing technology provided by the AHJ; write reports, letters, and memos utilizing word process-ing and spreadsheet programs; operate in an information management system; and effectively operate at all levels in the incident management system utilized by the AHJ.
4.4				*HUMAN RESOURCES MANAGEMENT*
				This duty involves providing direct and indirect supervision to line EMS providers during field and station operations; conducting small group training sessions, performance feedback, complaint and investigation management.
	4.4.1			Assign tasks or responsibilities to unit members, given an assignment, so that the instruc-tions are complete, clear, and concise; safety considerations are addressed; and the desired outcomes are conveyed.
		X		Verbal communications during various situations, techniques used to make assignments under all situations, and methods of confirming understanding.
		X		Knowledge of basic employment law principles including FMLA, FLSA, ADA, harassment, etc., at an awareness level.
			X	The ability to condense instructions for frequently assigned unit tasks based on training and standard operating procedures.
	4.4.2			Direct unit members during a training evolution, given a multi-unit training evolution and training policies and proce-dures, so that the evolution is performed in accordance with safety plans, efficiently, and as directed.
		X		Verbal communication techniques to facilitate learning.
			X	The ability to distribute issue-guided directions to unit members during training evolutions.

	4.4.3			Given a member with a situation requiring assistance and the member assistance policies and procedures, recommend action for member-related problems, so that the situa-tion is identified and the actions taken are within the estab-lished policies and procedures.
		X		The signs and symptoms of member-related problems, causes of stress in emergency services personnel, and adverse effects of stress on the performance of emergency service personnel and other related pathologies that may inhibit performance.
			X	The ability to recognize a member related problem and the ability to recommend a course of action for a member in need of assistance.
	4.4.4			Apply human resource policies and procedures of the AHJ, given an administrative situation requiring action, so that policies and procedures are followed.
		X		Human resource policies and procedures; inter-personal communications skills.
			X	The ability to communicate orally and in writing and to relate interpersonally in an effective and appropriate manner.
	4.4.5			Coordinate the completion of assigned tasks and projects by members, given a list of projects and tasks and the job requirements of subordinates, so that the assignments are prioritized, a plan for the completion of each assignment is developed, and members are assigned to specific tasks and supervised during the completion of the assignments.
		X		Principles of supervision and basic human resource management
			X	The ability to set priorities, plan, observe the plan in action, and make adjustments as needed to ensure the successful completion of the task. .
4.5				***COMMUNITY AND GOVERNMENT RELATIONS***
				This duty in-volves dealing with inquiries of the community and projecting the culture of the agency to the public and delivering safety, injury, and illness prevention education programs, according to the following job performance requirements
	4.5.1			Initiate action on a community need, given policies and procedures, so that the need is addressed
		x		Inter-personal communication skills, a basic understanding of the roles of community members and how they fit into the solution of the community need.
			x	Familiarity with public relations, community activists or leaders, and inter-personal communications skills..
	4.5.2			Initiate action to a citizen's concern, so that the concern is answered or referred to the correct individual for action.
		X		Interpersonal communication skills, policies and procedures for handling concerns.
			X	The ability to recognize situations which require immediate access to and interventions by higher EMS authorities.
			X	Familiarity with public relations, the ability to communicate verbally or in writing
	4.5.3			Respond to a public inquiry, so that the inquiry is answered accurately, courteously, and in accordance with applicable policies and procedures.
		X		Written and oral communication techniques, knowledge of the EMS operation.
			X	The ability to relate interpersonally while responding to public inquiries.
	4.5.4			Deliver a public education program, given the target audi-ence and topic, so that the intended message is conveyed clearly.
		X		Contents of the EMS agency's public education program as it relates to the target audience, knowledge of basic speechmaking and/or adult/child education tools and techniques.
			X	The ability to communicate to the target audience in an effective and appropriate manner..
	4.5.5			The ability to function as a Public Information Officer at an incident.
		x		The knowledge of the expectations of an incident PIO.
			x	The ability to respond appropriately to media representatives and to present the agency's perspective in an appropriate manner.
4.6				***ADMINISTRATION***
	4.6.1			*Recommend changes to existing agency policies and/or implement a new agency policy at the multi unit level, given a new agency policy, so that the policy is communicated to and understood by unit members.*
		X		How to communicate effectively and appropriately using written and/or oral communication.
			X	The ability to communicate effectively and appropriately.
	4.6.2			Execute routine multi-unit-level administrative functions, given forms and record-management systems, so that the reports and logs are complete and files are maintained in accordance with policies and procedures.

		X		Administrative policies and procedures and records management.
			X	The ability to communicate effectively and appropriately, both orally and in writing.
	4.6.3			Prepare a budget request for a project, program, or process, given a need and budget forms, so that the request is in the proper format and is supported with data.
		X		Policies and procedures and a basic understanding of the revenue sources and budget process. Understands basic payroll operation.
			X	The ability to communicate effectively and appropriately in writing.
	4.7			***EMERGENCY SERVICE DELIVERY***
				This duty involves supervising emergency operations, conducting pre-incident planning, and deploying assigned resources in accordance with the local emergency plan and according to the following job perfor-mance requirements.
	4.7.1			Function as a primary responder at the highest service delivery level of the agency having jurisdiction.
		X		EMS system protocols and procedures
			X	Ability to perform basic and advanced life support medical procedures.
	4.7.2			Function within the Incident Command System as incident commander in the initial phases of an incident or for the totality of a smaller incident; as Medical Branch Director at larger incidents involving multiple casualties; as a Division/Group supervisor at an incident of any size, or as a Task Force/Strike Team Leader for an out-of-jurisdiction response to a major event.
		X		Knowledge of the Incident Command System
			X	Ability to fulfill the functions of ICS positions during times of stress.
	4.7.3			Develop a pre-incident plan, given an assigned facility and preplanning policies, procedures, and forms, so that all required elements are identified and the approved forms are completed and processed in accordance with policies and procedures.
		X		Elements of the local emergency plan, a pre-incident plan, basic elements of emergency response and mass-gathering planning.
			X	The ability to write reports, to communi-cate orally and written in an effective and appropriate manner.
	4.7.4			Develop an initial incident action plan, given size-up information for an incident and assigned emergency response resources, so that resources are appropriately deployed to control the emergency.
		X		Elements of a size-up, standard op-erating procedures for emergency operations, and incident dynamics; a thorough understanding of the EMS delivery system.
			X	The ability to analyze emergency scene conditions; to activate the local emergency plan, including lo-calized evacuation procedures; to allocate resources; and to communicate orally.
	4.7.5			Implement an action plan at an emergency operation, given assigned resources, type of incident, and a preliminary plan, so that resources are deployed to mitigate the situation.
		X		Standard operating procedures, re-sources available for the mitigation of emergency incidents, an incident management system, scene safety, and a personnel accountability system.
			X	The ability to implement an incident management system, to communicate orally, to manage scene safety, and to supervise and account for assigned personnel under emergency conditions.
	4.7.6			Develop and conduct a post-incident analysis, given a single or small multi-unit incident and post-incident analysis policies, pro-cedures, and forms, so that all required critical elements are identified and communicated, and the approved forms are completed and processed in accordance with policies and procedures.
		X		Elements of a post-incident analysis, and agency proce-dures relating to dispatch response tactics and operations and customer service.
			X	The ability to write reports, to communi-cate orally, and to evaluate skills.
4.8				***HEALTH AND SAFETY***
				This duty involves integrating safety plans, policies, and procedures into the daily activities as well as the emergency scene, including the donning of appropriate levels of personal protective equipment to ensure a work envi-ronment, in accordance with health and safety plans, for all assigned members, according to the following job perfor-mance requirements.

	4.8.1			Apply safety regulations at the unit level, given safety policies and procedures, so that required reports are com-pleted, in-service training is conducted, and member responsibilities are conveyed.
		X		The most common causes of personal injury and accident to members, safety policies and procedures, basic workplace safety, and the components of an infectious disease control program.
			X	The ability to identify safety hazards and to communicate orally and in writing.
	4.8.2			Conduct an initial accident investigation, given an incident and investigation forms, so that the incident is documented and reports are processed in accordance with policies and procedures
		X		Procedures for conducting an acci-dent investigation and safety policies and procedures.
			X	The ability to communicate orally and in writing and to conduct interviews.
	4.8.3			The ability to identify a member with incident-related stress and to initiate appropriate interventions.
		x		Knowledge of the concepts, signs and symptoms of incident-related stress.
			x	The ability to interact with stressed responders and to marshal appropriate resources on their behalf.
	4.8.4			The ability to safely and effective control the scene of an emergency, and to minimize or mitigate threats to responders.
		x		Knowledge of scene management issues, crisis de-escalation, and force control.
			x	Ability to effectively control emergency response personnel and to interact effectively with allied responders.
4.9				***QUALITY MANAGEMENT***
				Understand and apply the principles of prospective, concurrent, and retrospective quality management.
	4.9.1			Receive a complaint from a patient, citizen, public safety officer, or health care professional concerning an operational or clinical issue.
		X		Interviewing and crisis intervention techniques
		x		Knowledge of the requirements of HIPAA as pertains to accessing, using, and sharing protected patient data in the course of performing supervisory duties.
			X	Ability to de-fuse stressful situations; ability to communicate verbally and in writing.
	4.9.2			Conduct an investigation of a complaint received concerning an operational or clinical issue.
		X		Agency policies and procedures, EMS clinical protocols and practices; interviewing techniques.
			X	Ability to interview witnesses and accused; ability to document findings in written reports.
	4.9.3			Provide feedback to a service member or team concerning a quality management issue.
		X		Agency policies and procedures including awards, recognition, and corrective action
			X	Ability to communicate verbally and in writing.
4.10				***Logistics***
				This duty involves ensuring fleet resources are fully operational and that adequate maintenance needs ensure fleet reliability. Ensures all medical supplies both durable and disposable are sufficiently stocked and able to sustain the operation.
	4.10.1	X		Basic knowledge of ambulance design and performance. An understanding of periodic maintenance requirements and intervals between such.
			X	The ability to perform a comprehensive vehicle preventative maintenance check.
	4.10.2	X		Knowledge of durable medical equipment. This includes knowledge of operation of devices, knowledge of what is entailed in a PM check, and knowledge of how to perform basic repairs to devices when needed.
			X	Ability to operate all types of durable medical devices, ability to perform a PM check on a device, and an ability to perform basic repairs on devices.
	4.10.3	X		Knowledge of all types of disposable medical equipment. This includes keeping up with the latest technological advancements in disposable medical equipment.
			X	Ability to utilize all types of disposable medical equipment on patients.

NATIONAL ASSOCIATION OF EMTs
Chiefs, Officers, and Administrators Division

PROFESSIONAL COMPETENCIES FOR MANAGING EMS OFFICERS

DRAFT - OCTOBER 10, 2007

NO.	SUB.	KNOWLEDGE	SKILL	COMPETENCY
5.1				***GENERAL PREREQUISITES***
	5.1.1			Current clinical certification at the highest EMS level provided by the employing organization.
	5.1.2			Hold a bachelor's degree from a regionally accredited post-secondary educational institution.
	5.1.3			A minimum of 3 years experience as a supervising EMS officer.
				JOB PERFORMANCE PREREQUISITES
5.2				Meet the job performance requirements defined in Sections 5.2 through 5.7 of this standard.
	5.2.1	x		The organization of local government; enabling and regulatory legislation and the law-making process at the local, state/provincial, and federal levels; and the functions of other bureaus, divisions, agencies, and organizations and their roles and responsibilities that re-late to the emergency medical service. Current national and international trends and developments related to emergency medical service organization, management, and administrative principles; public and private organizations that support the emergency medical services and the functions of each.
	5.2.2		x	Intergovernmental and in-interagency cooperation. The ability to research, to use evaluative methods, to analyze data, to communicate orally and in writing, and to motivate members.
	5.2.3	x	x	Demonstrate all competencies required of a Supervising EMS Officer.
5.3				***HUMAN RESOURCES MANAGEMENT***
				This duty involves providing leadership to the agency's human resources function, including recruitment, retention, assignment, evaluation, discipline and termination of employees.
	5.3.1			Establish personnel assignments to maximize efficiency, given knowledge, training, and experience of the members available in accordance with policies and procedures.
		X		Minimum staffing requirements, available human resources, and policies and procedures.
			X	The ability to relate interpersonally and to communicate orally and in writing.
	5.3.2			Develop procedures for hiring members, given policies of the AHJ and legal requirements, so that the process is valid and reliable.
		X		Applicable federal, state/ provincial, and local laws; regulations and standards; and poli-cies and procedures.
			X	The ability to communicate orally and in writing.
	5.3.3			Initiate actions to maximize member performance and/or to correct unacceptable performance, given human resource policies and procedures, so that member and/or unit performance improves or the issue is referred to the next level of supervision.
		X		Human resource policies and pro-cedures, problem identification, organizational behavior, group dynamics, leadership styles, types of power, and inter-personal dynamics.
		X		Knowledge of basic employment law principles including FMLA, FLSA, ADA, harassment, etc., at an operations level.
			X	The ability to communicate orally and in writing, to solve problems, to increase team work, and to counsel members.
	5.3.4			Evaluate the job performance of assigned members, given personnel records and evaluation forms, so each mem-ber's performance is evaluated accurately and reported ac-cording to human resource policies and procedures.
		X		Human resource policies and pro-cedures, job descriptions, objectives of a member evaluation program, and common errors in evaluating.

			X	The ability to communicate orally and in writing and to plan and conduct evaluations.
	5.3.5			Develop procedures and programs for promoting mem-bers, given applicable policies and legal requirements, so that the process is valid and reliable, job-related, and nondiscriminatory.
		X		Applicable federal, state/provincial, and local laws; regulations and standards; and policies and procedures.
			X	The ability to communicate orally and in writing, to encourage professional development, and to mentor members
	5.3.6			Describe methods to facilitate and encourage members to participate in professional development to achieve their full potential.
		X		Interpersonal and motivational techniques.
			X	The ability to evaluate potential, to com-municate orally, and to counsel members.
5.4				***COMMUNITY AND GOVERNMENT RELATIONS***
				This duty in-volves developing programs that improve and expand service and build partnerships with the public, according to the fol-lowing job performance requirements.
	5.4.1			Prepare community awareness programs to enhance the quality of life by developing nontraditional services that provide for increased safety, injury prevention, and conve-nient public services.
		X		Community demographics, resource availability, community needs, and customer service principles.
			X	The ability to relate interpersonally and to communicate orally and in writing.
	5.4.2			Develop marketing plans for the agency, a subdivision thereof, or for a specific agency program or project.
		X		Knowledge of basic marketing principles and practices, including customer relations, customer data collection, focus groups, etc.
			X	Ability to communicate effectively, verbally, in writing, and using broadcast or on-line media.
5.5				***ADMINISTRATION***
				This duty involves preparing a project or divisional budget, news releases, and policy changes, preparing a divisional or agency budget, developing a budget management system, soliciting bids, planning for resource allocation, and working with information management systems, according to the following job performance requirements.
	5.5.1			Develop a policy or procedure, given an assignment, so that the recommended policy or procedure identifies the problem and proposes a solution.
		X		Policies and procedures and prob-lem identification.
			X	The ability to communicate in writing and to solve problems.
	5.5.2			Develop a divisional or agency budget, given sched-ules and guidelines concerning its preparation, so that capital, operating, and personnel costs are determined and justified
		X		The supplies and equipment neces-sary for existing and new programs; repairs to existing facilities; new equipment, apparatus maintenance, and personnel costs; and approved budgeting system.
			X	The ability to allocate finances, to relate interpersonally, and to communicate orally and in writing.
	5.5.3			Develop a budget management system, given fiscal and financial policies, so that the division or department stays within the budgetary authority.
		X		Identify and report revenue to date, anticipated rev-enue, expenditures to date, encumbered amounts, and antici-pated expenditures.
			X	The ability to interpret financial data and to communicate orally and in writing.
	5.5.4			Describe the process of purchasing, including soliciting and awarding bids, given established specifications, in order to ensure competitive bidding.
		X		Purchasing laws, policies, and procedures.
			X	The ability to use evaluative methods and to communicate orally and in writing.
	5.5.5			Prepare a news release, given an event or topic, so that the information is accurate and formatted correctly.
		X		Policies and procedures and the format used for news releases.
			X	The ability to communicate orally and in writing.
	5.5.6			Prepare a concise report for transmittal to an EMS executive, given EMS agency department record (s) and a specific request for de-tails such as trends, variances, or other related topics.
		X		The data processing system.
			X	The ability to communicate in writing and to interpret data.

	5.5.7			
				Direct the development, maintenance, and evaluation of a department record-keeping system, given policies and procedures, so that completeness and accuracy are achieved.
		X		The principles involved in the ac-quisition, implementation, and retrieval of information by data processing as it applies to the record and budgetary pro-cesses, capabilities, and limitations of information manage-ment systems.
			X	The ability to use evaluative methods, to communicate orally and in writing, and to organize data.
	5.5.8			Analyze and interpret records and data, given a EMS agency records system, so that validity is determined and improvements are recommended.
		X		The principles involved in the acqui-sition, implementation, and retrieval of information and data.
		x		Knowledge of data protection requirements including the application of HIPAA.
			X	The ability to use evaluative methods, to communicate orally and in writing, and to organize and analyze data.
	5.5.9			Develop a model plan, given resources for an area to be protected, so that resource utilization is maximized.
		X		Policies and procedures; physical and geographic characteristics and hazards; demographics; community plan; staffing requirements; response time bench-marks; contractual agreements; and local, state/provincial, and federal regulations.
			X	The ability to research, use evaluative methods, and analyze data, to communicate orally and in writing, and to organize.
	5.5.10			Development of a new or revised policy or proce-dure, so that the recommended policy or procedure addresses the need.
		X		Policies and procedures and prob-lem identification.
			X	The ability to communicate orally and in writing, to relate interpersonally, to delegate authority, to analyze data, and to solve problems.
	5.5.11			Develop a plan, given an identified illness/injury problem, so that the approval for a new program, piece of legislation, form of public education, or statute or regulation is facilitated.
		X		Policies and procedures and appli-cable codes, ordinances, and standards and their development process.
			X	The ability to use evaluative methods, to use consensus-building techniques, to communicate orally and in writing, and to organize plans.
5.6				**EMERGENCY SERVICE DELIVERY**
				This duty involves supervis-ing multi-unit emergency operations, conducting pre-incident planning, and deploying assigned resources, according to the following job requirements.
	5.6.1			Function within the Incident Command System as
	5.6.1.1	x	x	Incident Commander at any size incident that is primarily EMS in nature.
	5.6.1.2	x	x	Member of the Unified Command or Command and General staff.
	5.6.1.3	x	x	Task Force or Strike Team leader for an out-of-jurisdiction response.
	5.6.1.4	x	x	EMS representative in the jurisdiction's Emergency Operations Center
	5.6.1.5	x	x	EMS Branch Director at a larger incident involving multiple casualties.
	5.6.1.6	x	x	Division/Group Supervisor.
	5.6.2			Produce operational plans, given an emergency incident requiring multi-unit operations, so that required resources and their assignments are obtained and plans are carried out in com-pliance with approved safety procedures resulting in the mitiga-tion of the incident
		X		Standard operating procedures; national, state/provincial, and local information resources available for the mitigation of emergency incidents; an incident management system; and a personnel accountability system.
			X	The ability to implement an incident management system, to communicate orally, to supervise and account for assigned personnel under emergency conditions; and to serve in command staff and unit supervision positions within the Incident Management System.
	5.6.3			Prepare an action plan, given an emergency incident requiring multiple agency operations, so that the required re-sources are determined and the resources are assigned and placed to mitigate the incident.
		X		Policies and procedures, resources, capabilities, roles, responsibilities, and authority of support agencies.
			X	The ability to use evaluative methods, to delegate authority, to communicate orally and in writing, and to organize plans.
	5.6.4			Develop and conduct a post-incident analysis, given a multi-agency incident and post-incident analysis policies, procedures, and forms, so that all required critical elements are identified and communicated, and the appropriate forms are completed and processed in accordance with policies and procedures.

		X		Elements of a post-incident analysis, emergency management plan, critical issues, involved agencies' resources and responsibilities, procedures relating to dispatch response, strategy tactics and operations, and customer service.
			X	The ability to write reports, to communi-cate orally, and to evaluate skills.
5.7				**HEALTH AND SAFETY**
				This duty involves reviewing injury, acci-dent, and health exposure reports, identifying unsafe work envi-ronments or behaviors, and taking approved action to prevent reoccurrence, according to the following job requirements.
	5.7.1			Analyze a member's accident, injury, or health exposure history, given a case study, so that a report including action taken and recommendations made is prepared for a supervisor.
		X		The causes of unsafe acts, health exposures, or conditions that result in accidents, injuries, oc-cupational illnesses, or deaths.
			X	Develop and implement safety-related policies based on risk analysis.
			X	The ability to communicate in writing and to interpret accidents, injuries, occupational illnesses, or death reports.
5.8				**QUALITY AND PERFORMANCE MANAGEMENT**
				This duty involves providing oversight and leadership to the agency's quality and performance management activities; developing and using data to guide the agency's strategic and tactical decision-making process.
	5.8.1			Develop a quality management plan, including operational and clinical quality measures, at the EMS agency level.
		X		Knowledge of quality management principles and practices, key performance indicators, statistical reporting techniques.
5.9	5.9.1		X	Ability to perform quantitative analyses, present data in useful formats, and develop broad-scope improvement plans based on sound quality management principles.
				Logistics
				This duty involves ensuring fleet resources are fully operational and that adequate maintenance needs ensure fleet reliability. Ensures all medical supplies both durable and disposable are sufficiently stocked and able to sustain the operation.
		X		Basic knowledge of ambulance design and performance. An understanding of periodic maintenance requirements and intervals between such.
			X	The ability to develop and manage a comprehensive fleet management program.
		X		Knowledge of durable medical equipment devices and the risk management issues associated therewith.
			X	Knowledge of medical device failure reporting requirements and appropriate actions in response thereto.
		X		Knowledge of all types of disposable medical equipment. This includes knowledge of the latest technological advancements in disposable medical equipment.
			X	Ability to systematically resolve issues related to durable medical equipment.
5.10	5.10.1			***Education and Learning Systems***
				This duty involves ensuring members are adequately oriented to the operation and that a program for field training new employees sufficiently addresses areas of need. This duty also involves ensuring all members are provided with education and training that meets the requirements of local, state, and national recertifying agencies. This duty involves close cooperation with QI to ensure that identified system needs are adequately addressed in continuing education training and/or mandatory sessions.
		X		Understand the principles and practices of adult education and be able to apply them in a systematic manner.
			X	Demonstrate the ability to develop and deliver a comprehensive professional education program.
		X		This duty requires the manager to have an understanding of the relationship between QI and education and how this relationship is beneficial to the improvement of clinical quality.
			X	Ability to translate QI charts, graphs, or statistically derived clinical data to ensure that education is targeted and comprehensive.

NATIONAL ASSOCIATION OF EMTs
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PROFESSIONAL COMPETENCIES FOR EXECUTIVE EMS OFFICERS

DEFINITION

An Executive EMS Officer has general oversight responsibilities for an entire EMS agency. In addition to executive-level leadership, managerial, and administrative duties, this officer typically responds to major incidents involving mass casualties and multi-agency operations, and operates at those incidents as part of a multi-agency unified command structure in a command or general staff position. Executive EMS Officer positions are typically Chief of Department and Deputy Chief positions. In larger organizations, Assistant Chiefs and Deputy Assistant Chiefs may also be required to meet Executive EMS Officer Qualifications.

NO.	SUB.	KNOWLEDGE	SKILL	COMPETENCY
6.1				*GENERAL PREREQUISITES*
	6.1.1			Current clinical certification at the highest EMS level provided by the employing organization.
	6.1.2			Hold an academic credential equivalent to a Master's degree in a discipline demonstrably related to the emergency services, management/administration, or communications from a regionally-accredited post-secondary educational institution.
	6.1.3			A minimum of three years full time service at the Managing EMS Officer or higher level.
				JOB PERFORMANCE PREREQUISITES
	6.1.3			Meet the job performance requirements defined in Sections 6.2 through 6.7 of this standard.
		x		Advanced administrative, financial, communications, political, legal, managerial, analytical, and information management.
			x	The ability to effectively apply prerequisite knowledge.
	6.1.4	x	x	Demonstrate all competencies required of a Managing EMS Officer.
6.2				*HUMAN RESOURCES MANAGEMENT*
				This duty involves administrating job performance requirements and evaluating and improving the EMS agency, according to the following job per-formance requirements.
	6.2.1			Develop, implement, oversee, and operate a comprehensive human resources management system as is appropriate within the particular agency structure.
		X		Executive level knowledge of human resources issues, practices, laws and regulations
	6.2.2			Manage the agency's labor relations affairs.

		x		Knowledge of labor-management matters including collective bargaining if appropriate, principles and techniques of contract negotiations.
			x	The ability to negotiate labor-relations matters in the context of applicable state and federal laws and regulations.
			X	The ability to relate interpersonally and to communicate orally and in writing.
	6.2.2			Develop procedures for dealing with complex human resources, given policies of the AHJ and legal requirements, so that the process is valid and reliable.
		X		Applicable human resources expertise, federal, state/ provincial, and local laws; regulations and standards; and policies and procedures.
			X	The ability to communicate orally and in writing.
6.3				**COMMUNITY AND GOVERNMENT RELATIONS**
				This duty involves managing the interface between the EMS agency, the jurisdiction and the citizens it serves, and other governmental entities whose activities impact the EMS system.
	6.3.1			Monitor, local, state and federal legislative activities, given emergency medical service issues, in order to enhance the effectiveness of the EMS agency and system.
		X		Community demographics, issues, and needs; formal and informal community and legislative leaders; and familiarity with legislative processes.
			X	The ability to communicate orally and in writing, and to develop and support effective relationships among diverse groups. Includes the ability to deal with controversial issues in the legislative domain and in the media.
	6.3.2			Understands and is able to apply basic marketing principles to the EMS agency environment, including an understanding of the wants, needs, and desires of the community served, and the processes for developing and delivering the products and services desired by the community.
		X		Executive level of understanding of applied marketing principles including surveying, focus groups, advertising, the measurement of customer satisfaction.
			X	The ability to communicate effectively verbally, in writing, and through the use of broadcast and interactive media. The ability to plan, organize, and direct appropriate marketing activities in support of the organization's mission.
6.4				**ADMINISTRATION**
				This duty involves long-range planning and fiscal projections; creating and managing an organizational environment wherein administrative processes, procedures, and practices facilitate optimal delivery of service to the community and to individual patients.
	6.4.1			Develop a comprehensive long-range plan, given community requirements, current department status, and resources, so that the projected needs of the community are met.
		X		Policies and procedures, physical and geographic characteristics, demographics, community plan, staffing requirements, response time benchmarks, contractual agreements, and local, state/provincial, and federal regulations.
			X	The ability to communicate orally and in writing and familiarity with fiscal analysis, public policy processes, forecasting resources, and analyzing current department status requirements.
	6.4.2			Evaluate and project capital requirements, facilities, vehicular, and building needs, given data that reflect community needs and resources, to meet agency training goal
		X		Policies and procedures, physical and geographic characteristics, building and fire codes, agency plan, staffing requirements, training standards, needs assessment, contractual agreements, and local, state/ provincial, and federal regulations.

			X	The ability to communicate orally and in writing and familiarity with fiscal analysis, forecasting needs, and analyzing data. The ability to clearly frame questions and to request demographic, fiscal, and geographic data to facilitate analysis and discussion of relevant issues.
	6.4.3			The ability to manage ambulance and other EMS-related billing and collection procedures and regulations, particularly Medicare and Medicaid regulations, in a manner appropriate to the organization's financial model.
		X		Statutes, regulations, reimbursement agency regulations, jurisdictional requirements.
			X	Ability to communicate effectively, verbally and in writing. Ability to work with and manage the work of specialized knowledge-based teams, consultants, and contractors.
	6.4.4			Evaluate an organization's data security and integrity situation including, but not limited to, personnel information, patient and "protected health information" (PHI) data, and processes for legal release of PHI.
		X		Knowledge of HIPAA and state or provincial-level data protection requirements.
			X	Ability to communicate effectively, verbally and in writing. Ability to work with and manage the work of specialized knowledge-based teams, consultants, and contractors.
	6.4.5			Develop and manage the EMS agency's technical infrastructure to include data collection and analysis for EMS operations, administration, finance, and clinical affairs.
		X		Knowledge of principles and practices of information systems infrastructure and architecture; knowledge of industry standards and practices concerning receipt of emergency calls, dispatch, system status management, patient care recordkeeping, data extraction and analysis, geographic information systems.
			X	Ability to lead planning and project teams, ability to provide strategic direction to subordinates involved with planning, implementing, and using technology to facilitate improved EMS agency operations.
	6.4.6			Oversee an efficient and effective purchasing and contracting program.
		x		Knowledge of appropriate public or private sector purchasing and contracting procedures and practices.
			x	Ability to draft, review, negotiate and execute appropriate purchasing and contractual documents.
6.5				**EMERGENCY SERVICE DELIVERY**
				This duty involves develop-ing plans for major emergencies, and performing at a high level during major emergencies and large-scale non-emergency events requiring emergency medical services involvement or support
	6.5.1			Function within the Incident Command System as:
	6.5.1.1	x	x	Incident Commander at an incident that is primarily EMS in nature.
	6.5.1.2	x	x	Member of the Unified Command group
	6.5.1.3	x	x	EMS representative in the jurisdiction's Emergency Operations Center
	6.5.1.4	x	x	Member of the Command and General staff
	6.5.1.5	x	x	EMS Branch Director
	6.5.2			Develop a comprehensive major emergency plan that integrates other agencies' resources, given data, in order to rapidly and effectively mitigate the impact on a community.
		X		Major incident policies and proce-dures, physical and geographic characteristics, demographics, target hazards, incident management systems, communications systems, contractual and mutual-aid agreements, and local, state/provincial, and federal regulations and resources.

			X	The ability to communicate orally and in writing and to organize a plan; familiarity with inter-agency planning and coordination.
	6.5.3			Develop a comprehensive plan, given data (including agency data), so that the agency operates effectively, integrates with other agencies' actions, and provides for the safety and protection of members.
		X		Major incident policies and procedures, physical and geographic characteristics, demographics, incident management systems, communications systems, contractual and mutual-aid agreements, and local, state/ provincial, and federal regulations and resources.
			X	The ability to communicate orally and in writing and to organize a plan; and familiarity with inter-agency planning and coordination.
	6.5.4			The ability to manage unanticipated events involving multiple agencies including public health, public safety, and ancillary agencies
		x		Knowledge of the community's public health, public safety, and ancillary agencies resources, abilities, and limitations.
			x	The ability to mobilized non-EMS resources to manage unanticipated events.
	6.5.5			Plan and execute post-incident analysis for complex multi-agency incidents.
		x		Knowledge of post-incident analysis principles and techniques, after-action reports, and the business and operating structures of related public health, public safety, and ancillary agencies.
			x	The ability to communicate effectively with senior officials of related public health, public safety, and ancillary agencies, including the management of potential interagency conflicts and the process for interagency operational approval.
6.6				**HEALTH AND SAFETY**
				This duty involves administering a comprehensive risk management program that includes, at a minimum, member health, safety and wellness and accident/injury prevention, including communicable disease prevention.
	6.6.1			Maintain, develop, and provide leadership for a risk management program, given specific data, so that illnesses, injuries and property damage accidents are reduced.
		X		Health, safety, and risk management concepts, retire-ment qualifications, occupational hazards analysis, and disability procedures, regulations, and laws.
			X	The ability to communicate orally and in writing, to analyze data, and to use evaluative methods.
6.7				**QUALITY MANAGEMENT**
				This duty involves developing, managing, and utilizing data, personnel, and appropriate techniques to manage the quality of service provided to the jurisdiction, its citizens and visitors, internal and external customers.
	6.7.1			Provide a focused strategy for identifying, measuring, reporting, and improving operational and clinical performance, as well as to foster a culture that allows ideas (and ultimately solutions) for performance problems to be generated, developed, and executed by personnel at any level in the organization.
		X		Process and data analysis skills sufficient to understand whether variation in available data streams are normal variation, represent a change in performance, or suggest a sentinel event has occurred; common performance improvement terminology; industry standards and peers for benchmarking
			X	The ability to utilize the a structured performance improvement tool set to effect changes in process, communicate plans for (and actual) changes in process, and the ability to allow any member of the organization the opportunity to plan and implement changes with a goal of improving performance.