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Abstract

SIMULATION USE IN PARAMEDIC EDUCATION RESEARCH (SUPER)

A DESCRIPTIVE STUDY

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Objectives.

The purpose of this research was to characterize the use of simulation in initial paramedic education programs in order assist stakeholders' efforts to target educational initiatives and resources. This group sought to provide a snapshot of what simulation resources programs have or have access to and how they are used; faculty perceptions about simulation; whether program characteristics, resources, or faculty training influence simulation use; and if simulation resources are uniform for patients of all ages.

Methods.

This was a cross-sectional census survey of paramedic programs that were accredited or had a Letter of Review from the Committee on Accreditation of Educational Programs for the EMS Professions at the time of the study.

The data were analyzed using descriptive statistics and chisquare analyses.

Results.

Of the 638 surveys sent, 389 valid responses (61%) were analyzed.

Paramedic programs reported they have or have access to a wide range of simulation resources (task trainers [100%], simple manikins [100%], intermediate manikins [99%], advanced/fully programmable manikins [91%], live simulated patients [83%], computer based [71%], and virtual reality [19%]); however, they do not consistently use them, particularly advanced (71%), live simulated patients (66%), computer-based (games, scenarios) (31%), and virtual reality (4%).

Simulation equipment (of any type) reportedly sits idle and unused in (31%) of programs. Lack of training was cited as the most common reason. **Personnel support specific to simulation was available in 44% of programs.** Programs reported using simulation to replace skills more frequently than to replace field or clinical hours. Simulation goals included assessment, critical thinking, and problem-solving most frequently, and patient and crew safety least often. **Programs using advanced manikins report manufacturers as their primary means of training (87%)** and that 19% of faculty had no training specific to those manikins. **Many (78%) respondents felt they should use more simulation.**

Conclusions.

Paramedic programs have and have access to diverse simulation resources; however, **faculty training and other program resources appear to influence their use.**

Key words.

paramedic; education; simulation; emergency medical services; manikin

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