

Six Brave Men

By Jim Nagle

Most traditions in the fire service are decades older than anyone currently wearing the uniform. But at the EFD, it was only twenty-five years ago that a new tradition began. The year was 1982 when six brave men--Murray Gordon, Jack Robinson, Mike Lambert, Tim Ross, Chuck King and Bill Langus--became the very first group of EFD firefighters to attend the University of Washington's Paramedic Training Program at Harborview Medical Center.

What was so brave about going down to Harborview back then? It was uncharted territory. "We really had no idea of what to expect," Chuck King said. Yet, still they went and dozens have followed, no less courageously given what we now *know* about the program. Most recently, Steve Goforth and Brian Ash graduated with class #33.

By all accounts, both fuzzy and fresh, little has changed at Harborview. It's always been a challenging, intense program that's very good at what it does—turning firefighter/EMT's into paramedics.

Of course, the program at Harborview started long before the EFD had any part of it. It began back in 1969 when two men, Leonard Cobb, a University of Washington physician and professor, and Gordon Vickery, former Chief of the Seattle Fire Department, joined forces for an ambitious experiment--train Seattle firefighters to bring advanced life saving knowledge and skills out into the community.

As expected, the program has evolved since it started 38 years ago. For example, the program started out at 900 hours long, 200 of which was spent in the classroom and 700 in Harborview's Operating Room and Emergency Room. Today, the program is longer, no surprise considering the expanded role of paramedics since the early 70's. The program is now approximately 2000 hours long and is completed in nine to ten months.

Students still begin with a schedule that splits time between the classroom and hands-on patient care. The classes are still taught by Harborview physicians and Seattle Fire paramedics. As for the patients, they come in droves from two of Seattle's busiest paramedic units, Medic 1 and Medic 10. The students begin riding these rigs within two weeks of starting the program, working around their class schedules.

Another source for patient contact is Harborview's ER, as well as many of the hospital's other critical care facilities including the Operating Room and Burn Unit. The comprehensive curriculum has students

delivering babies in the Obstetrics department, and observing autopsies at the morgue. They also complete a rotation at Children's Hospital.

As the program progresses, classroom time decreases, replaced by more hands-on patient care. By March, five months into it, the focus is almost entirely on treating patients.

If you Google the Program, you'll find plenty of snippets describing the kinds of skills students are expected to master such as defibrillation, endotracheal intubation, starting IV's, administering medications. What you'll also find is that there's no shortage of accolades for the Program. Standing out among these is the phrase, "considered to be one of the best in the world." I encountered this several times in the course of my research, and it made me wonder what was so special about Harborview as compared to other programs.

I asked Roy Waugh for his take on what makes Harborview stand out above other programs. I figured he would have some ideas, considering he's been part of Medic One since 1972. That's the year he graduated from the program and began his 24 year career as a Seattle paramedic. He often taught in the paramedic training program. In 1996 he retired from the SFD and became Program Director of the Paramedic Training Program, a position he's retiring from this October.

As for his answer, he credits a combination of factors; however, the very first thing he mentions is the students. Harborview is unique in that acceptance into the program is not open to the public. On the contrary, the students are primarily firefighters who work for fire departments and other public safety agencies in King, Snohomish and Island Counties. Class size is typically 17.

In addition, the candidates have to be trained to at least the EMT Basic level, typically with a couple of years of experience. Waugh says this benefits the program since it translates into highly professional students. "The people who come here are usually very motivated. The participating agencies tend to send us good students, so I don't have to worry about teaching someone how to be a professional. They've already got that, and that's a very large part of being successful in this program and as a medic."

Waugh also credits the supportive relationships that exist between all the program's participating organizations. This is no surprise considering just what those organizations are. There's the University of Washington, the actual administrator of the program. There's the Medical Center at Harborview, a UW teaching hospital and the only Level 1 Trauma Center in the northwest region of the U.S. They provide the physicians, the classrooms and, of course, the multitudes of sick and injured patients.

There's also the Seattle fire Department providing the teaching paramedics (referred to as Seniors) and the two medic units, Medic 1 and Medic 10, which collectively respond to nearly 5000 calls per year. There are the dozens of participating agencies that send students. Waugh says that every agency is given the opportunity to lend input on how to improve the program.

But perhaps the most important player is the one that pays the bills-- The Medic One Foundation. This non-profit, non-governmental organization completely funds the program with money from private donations. The foundation has been around since the beginning, created by Cobb and Vickery as a replacement for the original grant funds. Waugh points out the tremendous advantage of having a non-profit funding source that's insulated from government bureaucracy.

But above everything else, Waugh finally comes to the core of what's so special about the program: "It's the combination of seeing lots of patients and having very close medical oversight throughout the program," he says.

Just how many patients is he talking about? Waugh says that "on average a student will be involved with the care of over 700 patients." That's a lot when you compare it to the national average for paramedic programs, which is at about one third that number. Surprisingly, the number of patient contacts required for a program to receive national accreditation is only 50.

And as for the oversight component, Waugh says that beginning very early in the program, students are constantly evaluated. And the evaluations become increasingly difficult with time. Initially, over 120 formal evaluations per student are performed by the Seniors, along with constant observation by Harborview physicians. This occurs primarily through the interface that takes place between student and physician in the course of patient care.

Here's how this happens: By month three of the program, the student is basically making all the patient care decisions in the field under the watchful eye of a Senior. In addition, the student must interface with a physician regarding the patient via telephone, just as any fully trained paramedic in King County must do, only in this case the student often times is speaking to a physician who is also one of his teachers. This interface continues, face to face, in the ER when the student hands the patient off to the physician/instructor, accountable for every action taken or not taken. In this way, each patient essentially becomes an assignment that's packaged and presented to the instructor. And what's more, since the student is usually stationed at the ER in between calls, a unique opportunity often exists to

follow the patient throughout the course of his treatment and care.

Also, in the late stages of the program the student must pass 8 formal field evaluations by a physician who rides along in the medic unit. And in case that's not enough oversight, the Medical Director of the program, Dr. Michael Copass, is intimately involved with the students, as he has been for years, conducting both daily and weekly reviews of virtually every medical aid-call the students respond to.

I asked Brian Ash and Steve Goforth about their recent experiences at Harborview. Both had mostly good things to say. Brian Ash says he doubts he could have gotten any better training anywhere else. He says he saw nearly 1000 patients in the time he was at Harborview. "You see so many patients, and such a variety of patients. I feel pretty confident that even if a couple of years go by here in Everett before I see a certain type of patient, I'll be able to call upon my experience at Harborview to help me in that situation.

So as for the answer to my original question: what makes Harborview the best? It seems there are many contributing factors. But from my perspective, it's the finished product. Those who complete the program probably come away with a deeper knowledge of emergency medicine than they would acquire elsewhere. Or as Waugh puts it, "It's a total emersion of the student into the world of emergency medicine."

So if your career path someday takes you down the same road that six brave men took back in 1982, consider yourself fortunate. It's not everyday you get a chance to be a part of something that's the best in the world.