

RELATIVE STASIS OF PREHOSPITAL PROVIDER COMFORT LEVELS CONCERNING PEDIATRIC CARE

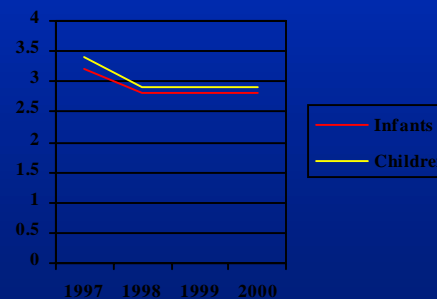
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Objective: To monitor the self-reported comfort levels of prehospital care providers relative to infant and pediatric care over time as a potential measure of EMSC program effectiveness.

Methods: From 1997 to 2000, all recertifying prehospital care providers in Kansas were asked to rank their comfort levels in caring for an infant < 1 and a child 1 to 8 years of age. A 5 point semantic differential, (1 very uncomfortable, 5 very comfortable) was used. Descriptive and non-parametric analyses were completed using SPSS v. 10.1 ($\alpha = .05$).

Results: The 4 year inclusion sample was 22,830. In each year the mean comfort response was lower for infants than for children ($p < .001$). An unexplained drop in comfort levels was noted for both infants ($p < .001$) and children ($p < .001$) between year one and two of the survey – prior to any EMSC activity. Comfort levels remained constant for the remaining years of the survey. When analyzed in a step-wise linear regression model the following independent variables did not account for variation in rankings: certification level, annual number of pediatric contacts, continuing education or longevity as a provider.

Conclusions: Comfort level has previously been used as a surrogate measure of the impact of EMSC programs generally, and pediatric training specifically. In this large sample, infant comfort level responses remained slightly below the mid-point and slightly above the same point in the care of a child. While comfort levels improve immediately following EMSC pediatric training, they appear to normalize over time and are resistant to variables that had been previously assumed to influence them.



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