Annotated Bibliography

Neveu, C., & Pavoni, K. (2019). SC51' Mind the gap': Avoiding' training scars' in paramedic undergraduate education to promote preparedness for and resilience in clinical practice. *BMJ Simulation & Technology Enhanced Learning, 5*(2), A48. http://dx.doi.org/10.1136/bmjstel-2019-aspihconf.87

After poor results on safety audits and low staff morale and retention rates, the authors restructured the education of the students. They identified 12 topics to teach students over 12 months (one per month). However, the delivery of the curriculum deviated from the prior traditions of classroom learning and working with mannequins. Instead, they included e-learning, group work, and high-fidelity audio/visual training. However, the authors caution those using simulators not to traumatize the students in pursuit of realistic training scenarios. Instead, they suggest the Department of Paramedics provide this equipment needed training and be mindful of that technology's cognitive and emotional impact.

Though it was published in a forum specializing in technology-based learning for health and social care, I am skeptical about using this source. The article is brief and seems to only focus on one group of learners for one year. However, this article could simply be an illustration of how programs change when audited. In that case, this source could be combined with the *Journal of Allied Health* as an example of the benefits of accreditation.

Rodriguez, S., Crowe, R., Cash, R. E., Broussard, A., Panchal, A. (Winter 2018). Graduates from accredited paramedic programs have higher pass rates on a national certification examination. *Journal of Allied Health, 47*(4), 250. https://www.proquest.com/scholarly-

journals/graduates-accredited-paramedic-programs-have/docview/2162376453/se-2?accountid=30659

This study compared students who graduated from both accredited and non-accredited paramedic initial education programs in 2012 and took the National EMS Certification between 2012 and 2014. Accreditation was defined as a program that had undergone internal and external peer review. The study involved 8,404 paramedic candidates and determined students from accredited programs performed nearly 10 percent higher on the exam and illustrated higher cognitive skills in clinical content such as ventilation, cardiology, obstetrics, and resuscitation. The conclusion is that accredited programs would better benefit the interest of public safety/health.

The article is not only recent but was published in a peer-reviewed journal. In addition, the lead author of the piece is the executive director of the National Registry of Emergency Medical Technicians. I did not know the difference between accredited and non-accredited programs before reading this research, but I agree the distinction is essential. My only concern about the reliability of the results is that only 1,093 of the 8,404 people studied attended non-accredited programs. This raises questions about the results or how pertinent the "problem" is with non-accredited graduates.