A Descriptive Analysis of Demographic Factors of Students Enrolling in an EMT Course.

UCLA David Geffen School of Medicine

Michael Kaduce, MPS, NRP,

Edward Oliphant BA, NRP

Introduction

Emergency Medical Technicians (EMT) are the primary emergency care providers in the out of hospital environment and thus this workforce serves as an entry point to the healthcare system. Diversity in the healthcare workforce has been demonstrated to improve communication, reduce bias, and build the relationship between patient and provider[1,2,3,4]. Additionally, diversity in education has been shown to improve intellectual engagement, motivation, and critical thinking[5,6]. However due to difficulty in reporting and poor characterization of the workforce, there is limited accurate, comprehensive demographic data on who is an EMT[7,8]. Thus, the first step is to start counting.

Objective

This is a descriptive analysis of demographic factors (gender, race/ethnicity, education) of all students enrolling in the UCLA initial EMT education program from June 2021 – May 2022.

Methods

As part of the enrollment process, students are asked to complete a demographic survey. Candidates are asked their gender, race/ethnicity, and level of education. All students are required to complete the survey however are allowed to select "prefer not to answer" to any question. Race/ethnicity and education responses reflect similarly the 2020 U.S. Census and while no definition was provided, gender responses include how one perceives and/or expresses their gender[8]. Multiple responses were accepted in choosing race/ethnicity. This study received IRB exemption from the UCLA David Geffen School of Medicine.

The author team would like to thank the students who completed their EMT training and agreed to participate in research.

Race/ethnicity

Gender

### Level of Education

Results

The study population included 952 students entering EMT training over a 12-month period. Students entering the program reported their gender as 38% female, 60% male, 1% non-binary/third gender, and 1% prefer not to say; race as 43% white, 31% Hispanic or Latino, 22% Asian, 6% other ethnicity, 6% black or African American, 4% prefer not to say, 1% Native Hawaiian or Pacific Islander, 0.4% American Indian or Alaska Native; and education attained as 32% some college credit, no degree, 29% bachelor's degree, 27%, high school graduate, diploma, or equivalent, 6% associates degree, 2% master's degree, 1% prefer not to say, 1% trade/technical/vocational training, 1% doctorate.

Conclusion

The accurate collection of demographic information for those entering EMT training, serves as a starting point from which to investigate learner experience, student success, and workforce diversity. Future research is needed to: 1) determine the relationship between student diversity in EMS training and student outcomes such as attrition and success metrics; 2) compare student demographics between the EMT and Paramedic levels; and 3) to compare these results with local demographics and EMT workforce data.

Limitations

The research is limited to one program and thus may have geographic disparity and inclusion bias. Additionally, students self-select their options from pre-filled choices, so data are both self-reported and limited in choice set. It is possible students were not offered a choice that represented their characteristics ideally.
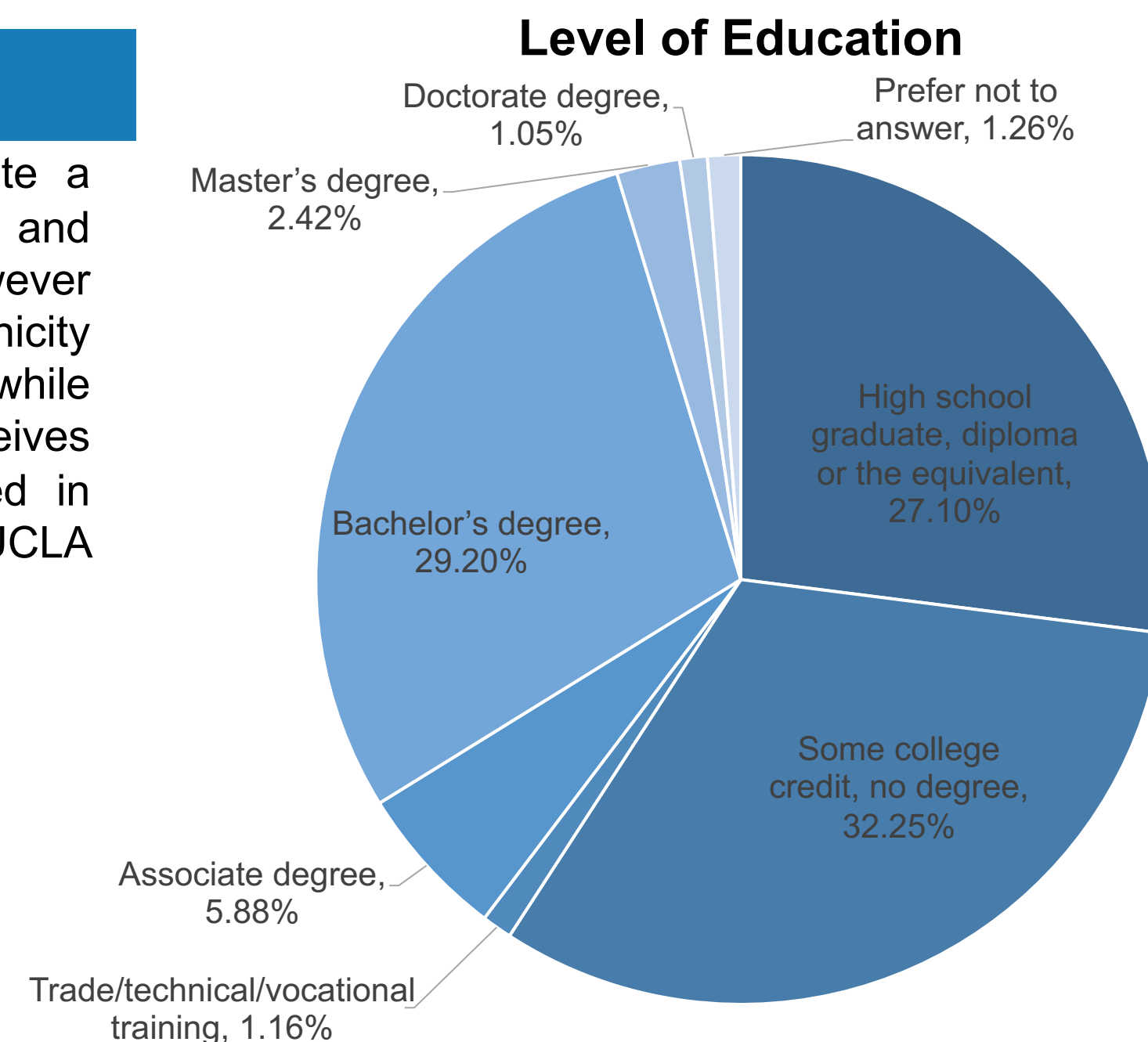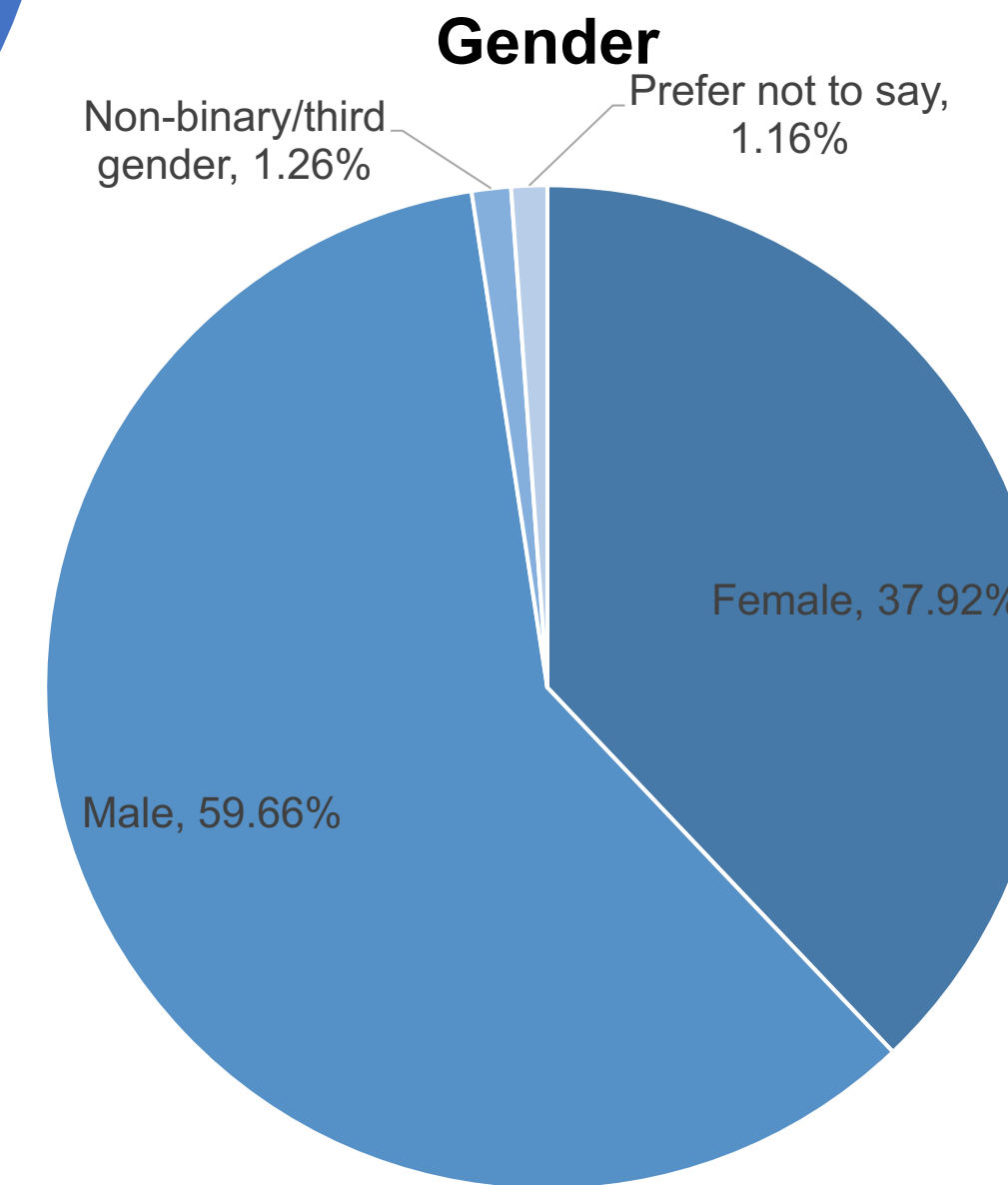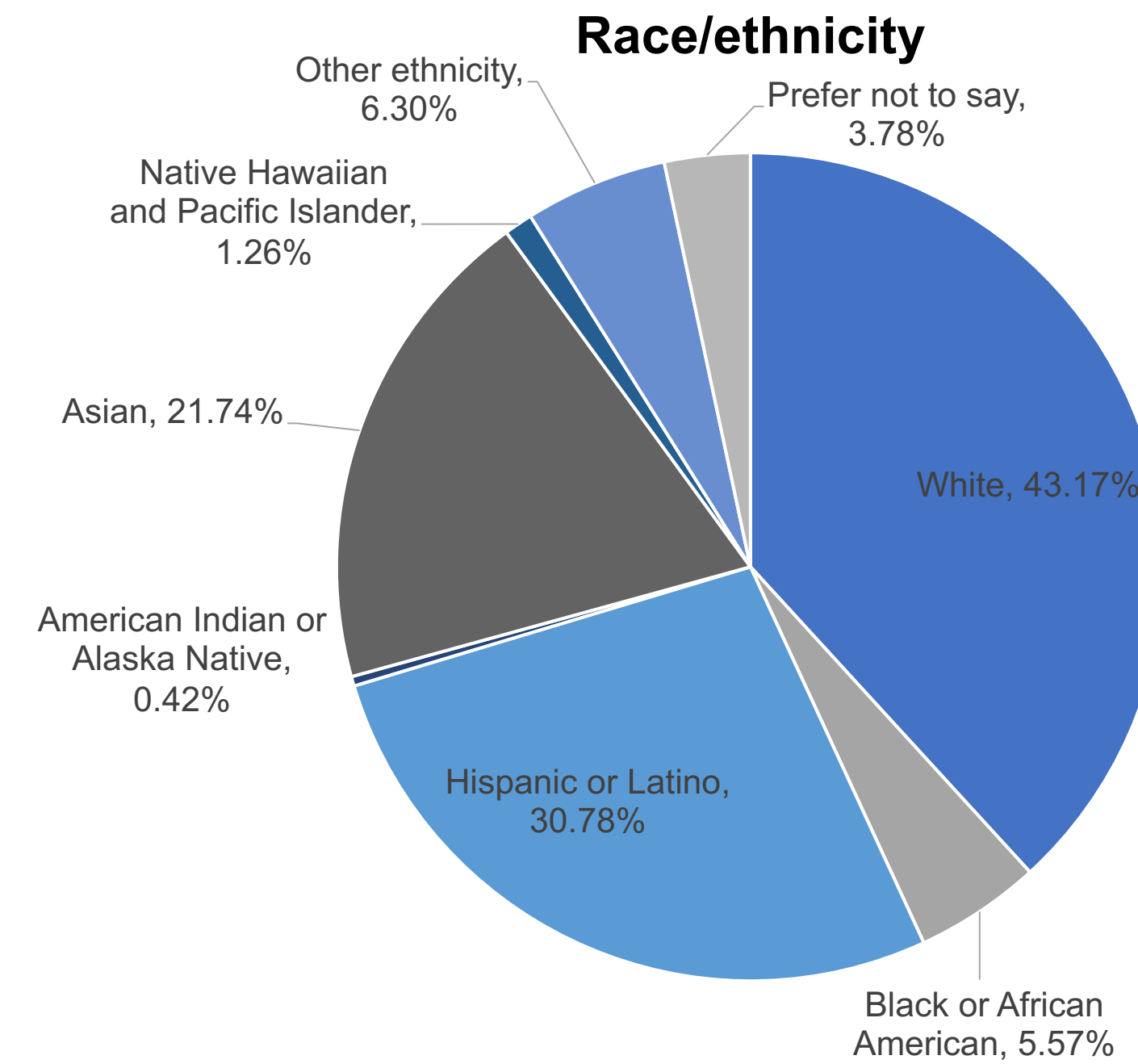
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