



Sean Davenport

Position Sought: Gulf Coast Region Director

Candidate Q&A

1. How would you describe your leadership style, and how has it influenced your work in EMS?

I would describe my leadership style primarily as servant leadership. I believe my responsibility as a leader is to give people the support, resources, education, and opportunities they need to be successful. I have never believed that having a title makes someone a leader. Leadership is built through trust, being willing to listen, being present when things are difficult, and taking care of the people you are responsible for.

That philosophy has influenced how I approach nearly every aspect of my work in EMS. We work in a profession where mistakes and difficult decisions are inevitable. When something goes wrong, my first question is not, "Who do we blame?" I want to understand what happened, why it happened, and what we can do differently to prevent it from happening again. That is one of the reasons Just Culture fits so naturally with my leadership style.

To me, Just Culture does not mean that people are not held accountable. Accountability is important in EMS. It means understanding the difference between human error, an at-risk decision, and reckless behavior and responding appropriately. If we want clinicians to report mistakes, ask questions, and bring concerns forward, they have to know that leadership will listen and treat them fairly. That creates an opportunity to learn and improve instead of simply creating fear of discipline.

I also believe strongly in developing people. Some of the things I am most proud of in my career are not programs I have created or positions I have held, but watching clinicians and instructors I have worked with grow into stronger providers, educators, and leaders. I try to give people opportunities, challenge them when needed, and support them when they take on something new.

EMS continues to change, and leadership has to change with it. My goal has always been to create an environment where people feel supported but are also expected to perform at a high level. I believe when leaders take care of their people, communicate expectations clearly, and create a culture where it is safe to learn and improve, both the organization and the patients we serve benefit.

2. In what ways do you advocate for EMS? What strategies would you recommend for NAEMT to strengthen its advocacy efforts and gain recognition for EMS as an essential service?

Advocacy has been an important part of my EMS career, both formally and informally. I previously served for approximately a year as an NAEMT state advocacy representative in Kentucky, which gave me a better understanding of how important it is for EMS professionals to have a voice outside of our individual agencies and communities.

One thing I learned is that advocacy can sometimes feel like something that does not matter to us until it does. EMS professionals are busy taking care of patients, training, and handling the day-to-day demands of the job. Legislative and regulatory issues can seem far removed from that until a decision

directly affects our funding, staffing, education, scope of practice, reimbursement, or ability to care for patients. By then, we are often reacting instead of being part of the discussion from the beginning.

I believe NAEMT can make a difference by making advocacy easier for the average EMS professional to understand and participate in. Not everyone will travel to Washington or their state capitol, but they can understand the issues, communicate with elected officials, educate community leaders, and explain how decisions affect their patients and local EMS system.

I also believe EMS needs to be intentional about having a seat at the tables where decisions affecting our profession are being made. NAEMT has done a good job of building relationships and bringing other organizations into EMS conversations. We should continue strengthening those partnerships while also seeking opportunities for EMS representation within physician and nursing organizations, hospital and healthcare associations, public health, fire service organizations, and groups involved in healthcare policy and reimbursement. Decisions made by these groups can directly influence how EMS operates and cares for patients. We should not only be asked for input after decisions are already taking shape; EMS should be involved early enough to help shape the direction.

EMS looks different across the country, which can make speaking with one voice difficult. Regardless of the delivery model, however, we share many of the same challenges and goals. One of our strongest messages should be that EMS is much more than transportation. We provide emergency medical care, make complex clinical decisions, respond to disasters and public health emergencies, and serve as an important part of the healthcare system.

If we want EMS recognized as an essential service, we must consistently demonstrate our value, build relationships outside our profession, and advocate before there is a crisis. I believe NAEMT can lead that effort nationally while giving EMS professionals the tools and opportunities to help shape the future of our profession.

3. How can NAEMT better support and develop the EMS workforce, considering generational differences? How would you convey the value of membership to both current and prospective members?

One of the biggest challenges facing EMS is developing and retaining a workforce that now includes several generations with different experiences, expectations, and reasons for choosing this profession. I do not believe one generation is better than another. I believe they are different, and successful organizations have to recognize those differences while maintaining the same high professional standards.

I have seen this firsthand as an educator and now as a clinical manager. What motivated me early in my career may not be what motivates someone entering EMS today. Newer clinicians often want opportunities for professional growth, mentorship, education, involvement, and a better understanding of where their career can take them. More experienced clinicians have tremendous knowledge and experience that we cannot afford to lose. NAEMT has an opportunity to help connect those groups.

I believe mentorship should be a major part of that effort. We should create opportunities for experienced EMS professionals to mentor newer clinicians while recognizing that mentorship can work both ways. Younger members bring new ideas, technology, and different perspectives that can benefit those of us who have been in EMS for many years. Bringing generations together instead of focusing on their differences strengthens the profession.

With its national reach, NAEMT can also help create connections and professional development opportunities that may not be available within someone's individual agency. Education, mentorship, networking, leadership development, and opportunities to become involved can help clinicians at different stages of their careers continue to grow.

When discussing membership, I think we have to answer a simple question: "What does membership mean to me?" For a newer clinician, that may be education, mentorship, networking, scholarships, or opportunities to become involved. For an experienced professional, it may be advocacy, leadership, giving back, mentoring others, or having a voice in the future of EMS.

NAEMT already does a great deal to communicate with and engage its members through education, advocacy, conferences, professional development, and opportunities to become involved. I think the opportunity is to continue expanding how we communicate that work beyond our existing membership. We should regularly show the larger EMS community what NAEMT and its members are accomplishing. Rather than simply telling someone why they should join, we should help them see what they could be part of.

We also need to recognize that the message may be different depending on who we are trying to reach. What demonstrates value to a new EMT may be very different from what matters to an experienced paramedic, educator, or EMS leader.

Ultimately, I want EMS professionals to see NAEMT as their professional association, an organization that represents their interests, provides opportunities to grow, connects them with the larger EMS community, and gives them an opportunity to help shape the future of our profession.

4. What is a pressing issue currently facing EMS, and how could NAEMT help address it?

I believe one of the most pressing issues facing EMS is workforce recruitment and retention, but I think the issue goes deeper than simply saying we have a staffing shortage. We have to look at why people choose EMS, how we present our profession to the next generation, and whether we have created a clear pathway for them to build a career once they enter it.

Young people should see EMS alongside other healthcare and public safety professions and understand that it can provide a meaningful career, continued education, professional advancement, and many different opportunities for growth. The fire service has done a good job in many communities of creating an identity people want to be part of and actively recruiting the next generation. I think EMS can learn from that.

Another challenge is that our educational and career pathways are not always easy to understand. We have established standards for initial EMT and paramedic education and certification, but after that the pathway becomes much less consistent. Someone wanting to continue their education may find degrees in EMS, paramedicine, EMS management, EMS leadership, emergency services, or other related areas. Many are excellent programs, but we do not have the same easily recognized academic progression seen in some other healthcare professions.

I am not suggesting EMS should copy nursing or that everyone needs to follow one educational pathway. However, I do believe a new paramedic should be able to see a roadmap for where this profession can take them. That might include advanced clinical practice, critical care, flight medicine, community paramedicine, education, leadership, research, or administration, with education supporting that progression.

I believe NAEMT can help bring educators, employers, clinicians, and other national EMS stakeholders together to better define and communicate those pathways. NAEMT can also provide agencies with recruitment resources, national messaging, career pathway materials, and partnerships with high schools, technical schools, and colleges, particularly helping smaller EMS organizations that may not have those resources themselves.

Recruitment alone will not solve the problem. We also need workplaces where people want to stay, with strong leadership, mentorship, appropriate compensation, professional development, and opportunities to grow.

If we want to solve the EMS workforce problem long term, we cannot just ask where the applicants went. We need to show people why EMS is worth choosing and, just as importantly, where that choice can take them.