



James Dinsch

Position Sought: Great Plains Region Director

Candidate Q&A

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

No effective leader can have “a” leadership style. Given how dynamic the emergency medical services profession is, an effective leader must employ multiple leadership styles to adapt to the situations they encounter. For many emergency services leaders that have been in field supervisory roles, the default leadership style is autocratic because that is the leadership style of command. While employing that approach is critical to managing the complex, time-sensitive incidents we find in the field, with top-down control and limited team inputs, applying that same style to day-to-day operations or more to the work of the NAEMT promoting and growing the organization and profession will most likely fail because of its unilateral nature.

That work requires a more collaborative approach. For me, historically this means a blend of transformational and servant leadership. Servant leadership can easily become just a corporate buzzword today, but I truly believe that unless you are willing to do the work and put your people first, the rest of your efforts will be in vain. I probably take that to an extreme, so much so that I am often seen more as a partner than a boss while still holding their respect. (I've even had my union president offer being an employment reference for me as a chief.) I think that's important for NAEMT as well. The NAEMT board needs to be seen as partners—as us not them—to our field providers, championing their causes as the one national EMS association that is the EMS professionals' representation.

Yet servant leadership alone does not lead to change. That is where transformational leadership comes in. I have found myself in a change management role multiple times in my career, often without going in intentionally to those roles. By being a servant/partner to the existing staff, I've been able to take the time to observe current operations and formulate a clear vision for the future, and then being willing to work together to achieve that vision and continue to accept the inputs from all parties has led to several successful projects including shoring up an education program that had a strong history but was drifting, being part of the team that turned around a failing ambulance service that was hemorrhaging money and staff, and setting up a brand new agency from scratch to fill the growing void from the challenges of a primarily volunteer serviced area.

This is where NAEMT is standing today. The board needs to be seen as true partners with the membership while setting a clear vision for the future of EMS with a focus on that membership—the clinicians. Then that same board need to march arm-in-arm with those clinicians, the NAEMT membership, to accomplish that vision.

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 is one of the areas where the NAEMT probably does some of its best work nationally. Many don't realize how active the NAEMT is all year long in DC and the various states, but having board

members and our lobbyists on the Hill regularly is a great benefit of membership in the association that most of us could not afford the time or money to do. As a capstone of those efforts, the most visible part of that work is EMS Day on the Hill, with this past year marking an important step forward as the NAEMT partnered with other national EMS associations to champion the causes we all agree upon and make a united ask of our legislators. I've had the privilege of attending this event the past several years.

Since moving to my current state two years ago, I've tried to encourage greater participation in EMS Day on the Hill because Congress wants to hear from their constituents more than the national groups. Two years ago, I was the sole delegate, and this past year there were two of us. But the challenge for many is travel. In rural and volunteer EMS in America, so many agency leaders ARE their agencies—one person leaving for a couple days in DC results in a couple days that the ambulance has no coverage. Or the desire and scheduling may be there, but the funding is not. I respect that, but advocacy is more than that single day, and it doesn't need to be in DC.

We often say that true advocacy and where we can have the greatest impact is at the local and state level. That must include developing a relationship with the local offices of your federal senators and representatives, which I have done, and taking the opportunities to meet with both local staff and the elected officials when they are back in-state. But it's also important to be involved with your state legislators. I am privileged to have strong personal relationships with my local senator and representative, the latter of which is a party leader in our state House and very in touch with the challenges and needs of EMS in the state. Iowa is one of the few states that have passed essential service legislation, and this past session when almost all levies were being cut or capped at the state level, the available cap for essential service levies was doubled.

To foster improved advocacy at the local level, the NAEMT needs to continue engaging membership through its advocacy coordinators, but it also needs to provide training resources for those people that can't make it to Hill Day. By helping train the local providers, we have force multiplication in front of our elected officials.

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?

It's hard to answer this question in isolation as my answer relies somewhat on my answer to the most pressing issue—identity. Supporting and developing the EMS workforce requires having a definition of what that workforce is. Beyond that, if we want to develop EMS, there needs to be a path for EMS professionals to grow into as today the options are seriously limited. You can get some specialty paramedic certifications, but the scope doesn't expand that much. A few will opt to do the job in the air instead of on 4 or 6 wheels, but the job doesn't fundamentally change, only the vehicle. And some will choose to go into management or leadership roles, but those roles are few.

If we want to grow the workforce, we need to professionalize the workforce. American EMS has resources that many other countries would love to have but a hierarchy that professionally pales in comparison to our international counterparts. We need to educate clinicians, not train technicians. We need to help people rise to clinical excellence instead of only “rising” to the minimum standards. We need to provide truly advanced practice opportunities, not CCP, but true advanced practice paramedics that get graduate medical training on par with PAs and NPs with a comparable prehospital scope. We need to be a profession where people enter to grow in and up, not enter to ultimately exit to another medical field, not that for some that isn't still going to be their calling.

We also need to recognize that tomorrow's clinicians are not the same as us, recognizing and embracing generational and cultural differences and meeting them where they are. That doesn't mean

sacrificing quality, but it may mean taking a different approach. And we need to recognize the value that a younger workforce brings in tech fluency and encouraging us to be more well-rounded individuals instead of all-in diehards where the job is everything. The NAEMT has the opportunity to bring us together to grow together.

That is the value in NAEMT—being part of something bigger, a group that has as its mission “to educate, support, and advocate for ALL EMS PROFESSIONALS” (emphasis mine). While we as individual clinicians can impact the lives of our patients and the quality of the medicine we provide, we cannot individually change the tide of the profession. But together as members of NAEMT, through asking the NAEMT board members to truly support and advocate for the PROFESSIONALS, we can. EMS is nothing without the local clinician, and that cannot be emphasized enough, but we as a unified whole will make the profession better for all clinicians and ultimately for the people that truly matter—our patients. If you are an EMS professional—importantly, defined by your clinical dedication not whether you collect a paycheck—and you want to make EMS better, you need to be part of the NAEMT. And at the same time, you need to hold your board accountable to representing you, the professional.

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

Many often say, and I have agreed with them, that funding, or more specifically reimbursement, is the core issue facing EMS as so many other issues could be fixed if we had better funding. But I've recently shifted my view on this. I believe the most pressing issue facing EMS is who we are. EMS has no identity in the United States. Even within the profession, we can't agree on what we are, which calls into question whether we are even a profession then. Are we healthcare, public safety, public health? Are we paramedicine, EMS, prehospital medicine? What do we call the people providing the medicine—paramedics, EMTs, ambulance drivers, first responders? What's the delivery model for the service we provide? What is the service we provide—transportation as Medicare views it, or medicine as many of us see it?

The NAEMT, as the association that represents the people that are this profession, needs to take the lead on championing our identity. In my opinion, that identity needs to be as healthcare clinicians, which for some will be a hard pill to swallow because they may take more of their identity from the rest of their job even though the largest percentage of their job is the medicine. The medicine we provide includes, but shouldn't be defined by, just the one of the many treatments we provide, namely transportation. We need a name that is uniformly recognized like nurse or doctor or even firefighter, without getting into the weeds of all the levels or more even by what type of agency is employing us. But most importantly, if we want to make an impact on the advocacy front, every federal bureaucrat, senator, representative, governor, state legislator, county supervisor, and city councilperson, needs to be able to refer to use with the same terms so that when we make the ask, they know who is making the ask. The same goes for our interaction with the media and the general public.

With a defined identity, we build a unified front. The NAEMT and other organizations have started this in joint advocacy efforts, but people still don't know what EMS or paramedicine is. It's time that the NAEMT take the lead and do what no other organization in EMS is willing to do—define it.