In times of accident or injury, an ambulance arriving on the scene with two trained emergency medical technicians is a welcome sight—especially when the nearest hospital is 30 minutes away.

Before the late 1960s, in 50 percent of communities, morticians were dispatched to pick up the sick and injured and get them to the hospital, providing minimal—if any—care en route.

In the last century, medical advances in treating traumatic injuries were generally developed on the battlefield. Helicopters were first used to pick up injured soldiers in the Korean War. During the Vietnam War, field medics were introduced, and it was learned that soldiers injured in battle had a better chance of survival than a person involved in a car accident on a U.S. highway.

In 1972, the hit TV show Emergency! premiered, featuring a new breed of firefighters in Los Angeles who were also medics, at that time one of only five EMS programs in the country. In 1973 the national Emergency Medical System Act was passed, requiring improvement of medical techniques and standards. In 1975 technical innovations such as portable monitors/defibrillators allowed more sophisticated life support to be brought to patients. By the time Emergency! went off the air in 1977, there were more than 60 emergency programs nationwide.

Today there are three levels of Emergency Medical Technicians: EMT-Basic; EMT-Intermediate and EMT-Paramedic.

Each provides a specific set of skills. Meet Linda Avery Patz and Laurie Smith, paramedics at Lakeview Medical Center in Rice Lake, and instructors for the WITC EMT program.

But it’s not like you see on TV

Patz and Smith both feel that TV glamorizes the roles of paramedics—racing to bloody, gory trauma scenes and focusing the story on them. But in real life “it’s about the patients—listening, empathizing, holding their hands and comforting them” while providing medical care. The calls can range from a bad asthma or diabetic attack that calls for medication, broken bones that require pain management, dealing with a confused elderly patient or stabilizing a heart attack victim. Patients receive the same lifesaving medical procedures that would be available in the first 30 minutes in a hospital emergency room.

Biography and chemistry were her favorite classes, leading Patz to become a Certified Nursing Assistant while still in high school. After getting married and having kids, she decided to attend WITC to become an EMT-Basic. Patz then went on to graduate from the EMT-Paramedic program at Chippewa Valley Technical College. She worked in the Trauma/Emergency Room at Bloomer Hospital and Luther Hospital in Eau Claire and has been at Lakeview for the last nine years. She also is director of the Chetek Ambulance Service.

While on a call, paramedics are “an extension of the doctor,” Patz says. They know the protocols and have the skills to deal with all trauma situations. They don’t need to consult with the doctor back at the hospital unless there are unforeseen circumstances.

Smith went through EMT-Basic at WITC in 2003, worked at Barron Memorial Medical Center, and then graduated as an EMT-Paramedic in 2008. She has worked at Lakeview since then.

Being a hospital-based paramedic has had some advantages. Smith says, because she tends to patients in the ER, working alongside nurses and doctors. She describes the paramedic/nurse team as “a good mix because they have complementary mindsets: the paramedic is working at stabilizing the patient, while the nurse is looking ahead at treatment needed for the long term. In this way, the patient gets top care.”

The field of emergency medicine is continuously growing and expanding and, Linda says, as in past wars, they continue to learn more from medics and doctors returning from Iraq and Afghanistan.

Steve Mackiewicz, WITC associate dean of Emergency/Fire Services, is adamant that people skills are just as important for EMTs as knowing the protocols and having the technical skills. He praises Patz and Smith, as “prime examples of good practitioners” in the field, and is thankful to have them as WITC faculty so they can now teach others.

Smith says that being a paramedic is rewarding because she can provide more treatments for patients. “I love my job. I feel it’s a privilege to take care of the patients. Sometimes I can’t believe they pay me to do it.”

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Laurie Smith

EMT-Basic Technicians are able to assess a patient’s respiratory, cardiac and trauma conditions and can perform simple invasive procedures. Often on-call or volunteer positions, they fulfill a community’s need for emergency services.

EMT-Intermediate Technicians are able to perform more sophisticated treatments including administering a small number of medications intravenously and intramuscularly and advanced airway techniques to help patients having trouble breathing.

EMT-Paramedics have advanced patient assessment skills, can administer 80 drugs, perform endotracheal intubations, interpret electrocardiograms and use other complex equipment.

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