



**INDIANA
EMERGENCY
MEDICAL
SERVICES
WORKFORCE**

November 2, 2024 – January 10, 2025

STUDENT DATA REPORT

Quarter 3 Student Data Report

Executive Summary

- Most of the students included in this report completed EMT programs and reported little previous experience with ambulance services.
- The average program cost across all respondents was about \$1,564, while the average expected wage was about \$25 an hour.
- About 40% of EMS students became aware of EMS career opportunities through someone they know who is already working in the field.
- The majority of students expressed a preference for working in a fire department (59%) and hospital ambulance department (55%) upon completing their program.
- Health insurance (82%) and paid time off (79%) were the most important benefits when considering future employment. Flexible scheduling (34%) and peer support (34%) were the top 2 influencing factors when thinking of future employment.

Introduction

Recognizing the need for a comprehensive assessment of Indiana's emergency medical services (EMS) workforce, the Indiana Department of Homeland Security (IDHS) sponsored the development of the [2023 Indiana EMS Workforce Assessment](#). EMS workforce issues such as shortages of qualified personnel able to provide services in the communities that need them have been documented. Indiana's training pipeline for EMS personnel is critically important to developing the workforce with the skills necessary to support Hoosiers. It is important to understand the distribution, outcomes, and opportunities in Indiana EMS training institutions, especially from the perspective of current students to enhance training.

Methodology

The [Indiana EMS Student Pulse Check](#) survey was developed to understand the experience of students regarding their recently completed EMS training program and provide IDHS with a better understanding of this aspect of the training pipeline. This survey asked questions regarding demographics, training and certification, professional experience, and employment plans.

The Bowen Center developed an electronic version of the survey in REDCap, and the link to this survey was embedded into the ACADIS certification and education management system by IDHS. When students complete their EMS training program, they are required to sign in to the ACADIS system to sign off on several final steps, including completing the embedded survey. A member of the IDHS team also sends out manual emails reminding students to complete the survey. This strategy was identified by IDHS and the Bowen Center as the most feasible

and appropriate given the ACADIS system specifications. As of January 10th, 2025, 192 individuals responded to the survey. Data were exported from REDCap and imported into Microsoft Excel. Incomplete responses (n=19) as well as responses for training completed outside of Indiana (n=5) were removed. Responses received outside of November 2, 2024, through January 10th, 2025, were also removed (n=67). Data from 101 individuals were then cleaned and analyzed using STATA.

Limitations

There are important limitations to this report that should be noted. First, the information presented is largely based on self-reported data, which introduces the potential for some level of response bias. Additionally, while it is unclear how many students completed training programs between November 2024 and January 2025, it is likely that a sample size of 101 represents a low response rate. It is important to note that this report does not aim to generalize findings from such a small sample across the entire student population but rather to describe the demographics and experiences of those who participated.

Findings

Demographics

Table 1 presents the demographics of EMS students. Males represented 60.4% of the survey respondents. Additionally, female EMS students reported greater racial diversity compared to male students; however, the majority of all respondents identified as White (80.2%).

Table 1 Demographic Characteristics for Indiana EMS Students

	Female		Male		Other		Total	
	N	%	N	%	N	%	N	%
Total	39		61		1		101	
Race/Ethnicity								
American Indian/Alaska Native	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	2	5.1%	0	0.0%	0	0.0%	2	2.0%
Black or African American	3	7.7%	0	0.0%	0	0.0%	3	3.0%
Hispanic or Latino	2	5.1%	3	4.9%	0	0.0%	5	5.0%
Latina/o or Spanish origin	3	7.7%	4	6.6%	0	0.0%	7	6.9%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
White	29	74.4%	51	83.6%	1	100.0%	81	80.2%
Some Other Race	0	0.0%	2	3.3%	0	0.0%	2	2.0%
Not Applicable	0	0.0%	1	1.6%	0	0.0%	1	1.0%

Student Background

Regarding current certifications, 20.8% of respondents reported holding Firefighter credentials (either I or II), making it the most common certification. This was followed closely by 19.8% of respondents who indicated they possess an emergency medical technician (EMT) certificate. Additional details can be found in Table 2.

Table 2 Current Credentials

	Total	
	N	%
None	3	3.0%
EMR certification	4	4.0%
EMT certification	20	19.8%
Advanced EMT certification	3	3.0%
Paramedic license	1	1.0%
Critical Care Paramedic (ISBC certification)	0	0.0%
Flight Paramedic certification (ISBC certification)	0	0.0%
Community Paramedic certification (ISBC certification)	0	0.0%
Tactical Paramedic certification (ISBC certification)	0	0.0%
Volunteer Firefighter	9	8.9%
Firefighter I	21	20.8%
Firefighter II	21	20.8%
Interagency Wildfire	0	0.0%
Physician assistant	0	0.0%
Nurse – ASN	0	0.0%
Nurse – BSN	0	0.0%
Physician	0	0.0%
Other health profession	6	5.9%
Other non-health profession	13	12.9%

Note: Percentages in this table do not add up to 100% because respondents were able to select multiple responses

Regarding the education programs students were enrolled in, a majority, 67.3%, reported pursuing an EMT certification, followed by 14.9% aiming for a Paramedic license, and 8.9% working toward an EMR certification (Table 3).

Table 3 Current Education Program

	Total	
	N	%
None	6	5.9%
EMR certification	9	8.9%
EMT certification	68	67.3%
Advanced EMT certification	2	2.0%
Paramedic license	15	14.9%
Critical Care Paramedic (ISBC certification)	0	0.0%
Flight Paramedic certification (ISBC certification)	0	0.0%
Community Paramedic certification (ISBC certification)	0	0.0%
Tactical Paramedic certification (ISBC certification)	0	0.0%
Volunteer Firefighter	0	0.0%
Firefighter I	3	3.0%
Firefighter II	3	3.0%
Interagency Wildfire	0	0.0%

Table 3 Current Education Program

	Total	
	N	%
Physician assistant	0	0.0%
Nurse – ASN	0	0.0%
Nurse – BSN	0	0.0%
Physician	0	0.0%
Other health profession	1	1.0%
Other non-health profession	0	0.0%

Note: Percentages in this table do not add up to 100% because respondents were able to select multiple responses

Students were asked to indicate how they developed an awareness of EMS careers, as shown in Table 4. 40.6% of respondents stated that they knew someone working in the EMS field, while approximately 23.8% reported learning about these careers through their own research.

Table 4 Knowledge of EMS Careers

	Total	
	N	%
I know someone who is an EMR, EMT, or paramedic	41	40.6%
I learned about it during academic advising through my school counselor (or related activity)	4	4.0%
I learned about this career at a job fair	0	0%
I did my own research to learn about these jobs	24	23.8%
I learned about careers in EMS on a television show or movie	3	2.97%
General knowledge	22	21.8%
Other	7	6.9%

Students were also asked about their prior experience working on an ambulance, as detailed in Table 5. The majority (69.3%) reported having no previous ambulance experience. Meanwhile, 10.9% indicated having 1-5 years of experience, and 9.9% reported having less than 1 year of experience.

Table 5 Previous Ambulance Experience

	Total	
	N	%
None	70	69.3%
Less than 1 year	10	9.9%
1-5 years	11	10.9%
6-10 years	5	5.0%
More than 10 years	5	5.0%

Estimated Costs and Anticipated Wages

To better understand the financial landscape of EMS training, students were asked to estimate the total cost of their EMS training program. Students were asked to include non-tuition expenses, such as educational materials or uniforms, in this estimated cost. Students were also asked to report what their expectations were for a realistic

hourly wage post-program completion. Averages and ranges are presented in Table 6 - 10.

Overall, respondents reported an average estimated program cost of approximately \$1,564.0, with an anticipated hourly wage of nearly \$24.6 (Table 6). When analyzed by certification type, the EMR program had the lowest average cost at \$177.8, with an expected hourly wage of \$26.2 (Table 7). In contrast, the Paramedic program had the highest average cost at approximately \$4,533.3, with an expected hourly wage of \$24.0 (Table 9).

Table 6 Student Reported Cost and Expected Wages, all students

Total Costs			Expected Wage		
Mean	Minimum	Maximum	Mean	Minimum	Maximum
\$1,564.0	0	\$12,000.0	\$24.6	\$13.0	\$45.0

Table 7 Student Reported Cost and Expected Wages, EMR students

Total Costs			Expected Wage		
Mean	Minimum	Maximum	Mean	Minimum	Maximum
\$177.8	0	\$550.0	\$26.2	\$18.5	\$45.0

Table 8 Student Reported Cost and Expected Wages, EMT students

Total Costs			Expected Wage		
Mean	Minimum	Maximum	Mean	Minimum	Maximum
\$1,303.6	0	\$11,000.0	\$22.8	\$15.0	\$40.0

Table 9 Student Reported Cost and Expected Wages, AEMT students

Total Costs			Expected Wage		
Mean	Minimum	Maximum	Mean	Minimum	Maximum
\$600.0	0	\$1,200.0	\$24.8	\$23.5	\$26.0

Table 10 Student Reported Cost and Expected Wages, Paramedic students

Total Costs			Expected Wage		
Mean	Minimum	Maximum	Mean	Minimum	Maximum
\$4,533.3	0	\$12,000.0	\$31.7	\$24.0	\$45.0

Student Comfort Level

Students were asked to report their level of comfort handling common or complex EMS runs, as shown in Table 11. A majority, 69.31%, expressed confidence in managing accident-related cases, while 61.39% felt comfortable providing care for patients with COVID-19 or individuals involved in accidents. Notably, 15.84% of respondents reported feeling the least comfortable when faced with situations involving the death of a child, representing the highest level of discomfort reported.

Table 11 Comfort level with difficult runs

	Very Comfortable		Somewhat Comfortable		Not Very Comfortable		Unsure		Not Applicable	
	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Caring for patients with or suspected to have COVID-19	62	61.39%	32	31.68%	2	1.98%	3	2.97%	2	1.98%
Accidents	70	69.31%	25	24.75%	2	1.98%	3	2.97%	1	0.99%
Your own friend or family member needing care	60	59.41%	29	28.71%	4	3.96%	7	6.93%	1	0.99%
Massive traumatic injury	56	55.45%	36	35.64%	4	3.96%	4	3.96%	1	0.99%
Domestic violence	49	48.51%	43	42.57%	3	2.97%	4	3.96%	2	1.98%
Burns	51	50.50%	40	39.60%	6	5.94%	3	2.97%	1	0.99%
Disasters	48	47.52%	45	44.55%	2	1.98%	5	4.95%	1	0.99%
Other types of crime	44	43.56%	45	44.55%	4	3.96%	6	5.94%	4	3.96%
Sexual assault	41	40.59%	44	43.56%	9	8.91%	5	4.95%	2	1.98%
Death of a child	27	26.73%	47	46.53%	16	15.84%	10	9.90%	1	0.99%

Employment Plans

Students were asked several questions to understand their employment plans post-program completion. These questions covered employment hours, setting, job title, community factors, benefits and other factors.

Desired Employment

For EMT students, around 38.2% of survey respondents desire full-time employment after program completion, while only 17.6% were looking for part-time employment (Table 12). For EMR students, 44.4% (n=4) were uncertain about their employment preferences, whereas 22.2% indicated a desire for full-time employment (Table 13). Among Paramedic students, 40% reported an interest in securing full-time positions, followed by 26.7% who were open to either full-time or part-time employment (Table 14). All AEMT students (n=2) expressed a preference for full-time employment.

Table 12 Desired employment for EMR students

	Total	
	N	%
Yes, full-time	2	22.2%
No - other	2	22.2%
Unsure	4	44.4%
No, seeking further non-health care-related training	1	11.1%

Table 13 Desired employment for EMT students

	Total	
	N	%
Yes, full-time	26	38.2%
Yes, either full- or part-time	21	30.9%
Yes, part-time	12	17.6%
No - other	3	4.4%
Unsure	5	7.4%
No, seeking further health care-related training	0	0.0%
No, seeking further non-health care-related training	0	0.0%
No, seeking work with a hospital	0	0.0%
No, seeking work in another health care related service	1	1.5%

Table 14 Desired employment for AEMT students

	Total	
	N	%
Yes, full-time	2	100.0%
Yes, either full- or part-time	0	0.0%
Yes, part-time	0	0.0%
No - other	0	0.0%
Unsure	0	0.0%
No, seeking further health care-related training	0	0.0%
No, seeking further non-health care-related training	0	0.0%
No, seeking work with a hospital	0	0.0%
No, seeking work in another health care related service	0	0.0%

Table 15 Desired employment for Paramedic students

	Total	
	N	%
Yes, full-time	6	40.0%
Yes, either full- or part-time	4	26.7%
Yes, part-time	1	6.7%
No - other	2	13.3%
Unsure	0	0.0%
No, seeking further health care-related training	0	0.0%
No, seeking further non-health care-related training	0	0.0%
No, seeking work with a hospital	2	13.3%
No, seeking work in another health care related service	0	0.0%

Employer Type

Table 16 presents the desired employment settings of EMS students. Nearly 60% of students expressed a preference for working in a fire department upon completing their program. Approximately 55% indicated a preference for employment in a hospital ambulance department, followed by 35% who preferred working in a third

service setting.

Table 16 Desired Employer Setting

	Total	
	N	%
Fire department	60	59.41%
Hospital ambulance department	55	54.46%
Third service (county, city, township, municipal)	35	34.65%
Hospital in a non-ambulance position	19	18.81%
Private non-profit	19	18.81%
Private for-profit	26	25.74%
Law enforcement/corrections	10	9.90%
No preference	15	14.85%
Federal or military ambulance department	9	8.91%
Government service in a non-ambulance position	4	3.96%
Public health agency	8	7.92%
Unsure	3	2.97%
Higher education in a staff or faculty role	7	6.93%
Plan to continue education and not enter workforce in the near term	3	2.97%
Military in a non-ambulance position	3	2.97%
Research institution	2	1.98%
Other	1	0.99%
None of the Above	3	2.97%

Job Type

Among 9 students who reported completing EMR programs, the majority (55.6%) expressed a preference for pursuing careers as Firefighters (EMR). This was followed by 22.2% of students who indicated interest in roles as EMRs in ambulance services, EMRs in other settings, and EMTs in other capacities (Table 17).

Table 17 Desired job type for EMR students

	Total	
	N	%
EMR (ambulance)	2	22.2%
EMR (hospital/clinic)	0	0.0%
EMR (other)	2	22.2%
EMT (ambulance)	1	11.1%
EMT (hospital/clinic)	1	11.1%
EMT (other)	2	22.2%
Advanced EMT (ambulance)	1	11.1%
Advanced EMT (hospital/clinic)	1	11.1%
Advanced EMT (other)	1	11.1%
Paramedic (ground ambulance 911)	1	11.1%
Paramedic (community paramedic)	1	11.1%
Paramedic (other)	1	11.1%
Firefighter (EMR)	5	55.6%
Firefighter (EMT)	1	11.1%

Table 17 Desired job type for EMR students

	Total	
	N	%
Firefighter (Educator)	1	11.1%
Educator (ambulance)	1	11.1%
Educator (fire department)	1	11.1%
Leadership (ambulance)	1	11.1%
Leadership (fire department)	1	11.1%
Leadership (hospital/clinic)	1	11.1%
Leadership (other)	1	11.1%
Other	1	11.1%
None of the above	2	22.2%

Among the 68 students currently completing their EMT program, a significant majority (80.9%) expressed a preference for pursuing EMT roles in ambulance services after graduation. Additionally, 36.8% of students indicated an interest in EMT positions within hospital or clinic settings (Table 18).

Table 18 Desired job type for EMT students

	Total	
	N	%
EMR (hospital/clinic)	1	1.5%
EMT (ambulance)	55	80.9%
EMT (hospital/clinic)	25	36.8%
EMT (other)	19	27.9%
Advanced EMT (ambulance)	1	1.5%
Paramedic (ground ambulance 911)	1	1.5%
Paramedic (ground ambulance critical care)	1	1.5%
Firefighter (EMT)	22	32.4%
Firefighter (Paramedic)	2	2.9%
Firefighter (Educator)	2	2.9%
Firefighter (Leadership)	2	2.9%
Physician Assistant	1	1.5%
Nurse (rotor/fixed wing ambulance)	1	1.5%
Nurse (hospital/clinic)	1	1.5%
Educator (ambulance)	1	1.5%
Leadership (ambulance)	1	1.5%
Leadership (fire department)	2	2.9%
Physician (agency affiliated)	2	2.9%
Military	3	4.4%
Other	1	1.5%

Among students completing their Paramedic training, 73.3% indicated that their preferred job type was working as a Paramedic in ground ambulance 911 services. This was followed by 66.7% who expressed interest in becoming Firefighter Paramedics, and 53.3% who preferred roles as Paramedics in ground ambulance critical care services

(Table 19).

Table 19 Desired job type for Paramedic students

	Total	
	N	%
EMT (ambulance)	2	13.3%
EMT (hospital/clinic)	1	6.7%
Advanced EMT (ambulance)	1	6.7%
Paramedic (ground ambulance 911)	11	73.3%
Paramedic (ground ambulance critical care)	8	53.3%
Paramedic (rotor/fixed wing ambulance)	4	26.7%
Paramedic (community paramedic)	2	13.3%
Paramedic (hospital/clinic)	5	33.3%
Paramedic (other)	5	33.3%
Firefighter (EMT)	3	20.0%
Firefighter (Paramedic)	10	66.7%
Firefighter (Educator)	1	6.7%
Nurse (ground ambulance 911)	1	6.7%
Nurse (hospital/clinic)	1	6.7%
Educator (ambulance)	3	20.0%
Educator (fire department)	2	13.3%
Educator (hospital/clinic)	1	6.7%
Educator (other)	2	13.3%
Leadership (ambulance)	2	13.3%
Leadership (fire department)	1	6.7%
Leadership (hospital/clinic)	1	6.7%
Military	1	6.7%
None of the above	1	6.7%

Among the two AEMT students surveyed, both expressed interest in pursuing roles as Advanced EMTs in ambulance services. Additionally, they indicated interest in Advanced EMT positions within hospital or clinic settings, as well as in other roles (Table 20).

Table 20 Desired job type for AEMT students

	Total	
	N	%
Advanced EMT (ambulance)	2	100.0%
Advanced EMT (hospital/clinic)	1	50.0%
Advanced EMT (other)	1	50.0%

Recruitment

To better understand the interactions between ambulance services and EMS students, respondents were asked whether they had been contacted by ambulance services (Table 21). Findings indicated that only 11.9% of respondents reported being contacted by Indiana-based ambulance services, while fewer (4%) were contacted by

out-of-state ambulance services. These results suggest potential opportunities for Indiana EMS providers to enhance engagement with students completing training programs, which could play a critical role in improving recruitment and retention efforts.

Table 21 Interactions with Ambulance Services

	Yes		No	
	N	%	N	%
Have any Indiana ambulance services contacted you?	12	11.9%	89	88.1%
Have any non-Indiana ambulance services contacted you?	4	4.0%	97	96.0%

Community Factors

The majority (70.3%) indicated that the cost of living in the community was a very important factor in their decision-making process. Additionally, commute time (49.5%) and crime rates/safety (45.5%) were also considered very important by a significant portion of respondents. In contrast, factors such as nightlife and an urban lifestyle were deemed not important by more than half of the respondents (Table 22).

Table 22 Desired Community for Employment

	Very Important		Somewhat Important		Not too Important	
	N	%	N	%	N	%
Cost of living	71	70.3%	21	20.8%	8	7.9%
Commute time	50	49.5%	40	39.6%	9	8.9%
Crime rates/safety	46	45.5%	37	36.6%	17	16.8%
Proximity to spouse work/school	48	47.5%	30	29.7%	19	18.8%
Hospital/health system reputation (not the employer)	47	46.5%	41	40.6%	11	10.9%
Small town or a more rural lifestyle	34	33.7%	29	28.7%	34	33.7%
Quality of schools for children	42	41.6%	19	18.8%	38	37.6%
Recreational opportunities	39	38.6%	40	39.6%	21	20.8%
Proximity to extended family & friends	37	36.6%	38	37.6%	24	23.8%
Proximity to co-parent	25	24.8%	20	19.8%	40	39.6%
Proximity to higher education	37	36.6%	34	33.7%	28	27.7%
Diversity in the community members	31	30.7%	31	30.7%	37	36.6%
Proximity to major travel routes (airport, interstate, etc.)	18	17.8%	41	40.6%	40	39.6%
Big city or a more urban lifestyle	22	21.8%	23	22.8%	51	50.5%
Cultural amenities	21	20.8%	39	38.6%	39	38.6%
Nightlife	16	15.8%	26	25.7%	54	53.5%

Note: Individuals who reported not sure have been removed from this table.

Desired Benefits and Employer Factors

To identify desirable employment benefits, respondents were asked to indicate which benefits they considered important when evaluating job opportunities after completing their program. As shown in Table 23, health insurance and paid time off were rated as very important by 82.2% of respondents, with paid time off alone receiving a high importance rating from 79.2% of participants. Additionally, around 70% of respondents considered tax-deferred retirement accounts, such as 401(k) plans, and short-term disability coverage to be very

important. On the other hand, benefits such as gym memberships and sign-on bonuses were deemed less important, with 27.2% and 22.8% of respondents, respectively, indicating they were not too important.

Table 23 Desired Benefits from Employers

	Very Important		Somewhat Important		Not too Important	
	N	%	N	%	N	%
Health insurance	83	82.2%	10	9.9%	7	6.9%
Paid time off	80	79.2%	19	18.8%	1	1.0%
401k/403b/457b/IRA	70	69.3%	22	21.8%	8	7.9%
Short-term disability coverage	70	69.3%	21	20.8%	8	7.9%
Long-term disability coverage	68	67.3%	22	21.8%	9	8.9%
Recertification costs and reimbursement	69	68.3%	27	26.7%	4	4.0%
Life insurance	70	69.3%	22	21.8%	8	7.9%
Uniform allowance	60	59.4%	37	36.6%	3	3.0%
Pension/OPERS	61	60.4%	26	25.7%	10	9.9%
Extra compensation for working a less desirable shift	59	58.4%	31	30.7%	10	9.9%
Retention bonus	47	46.5%	39	38.6%	12	11.9%
Tuition reimbursement	48	47.5%	37	36.6%	15	14.9%
Social security payments	60	59.4%	27	26.7%	11	10.9%
Other retirement programs	49	48.5%	37	36.6%	13	12.9%
Relocation reimbursement	41	40.6%	37	36.6%	20	19.8%
Scholarships	36	35.6%	45	44.6%	17	16.8%
Conference support	39	38.6%	41	40.6%	17	16.8%
Sign-on bonus	27	26.7%	49	48.5%	23	22.8%
Gym membership	34	33.7%	36	35.6%	28	27.7%

Note: Individuals who reported not sure have been removed from this table.

Employers can attract students by offering innovative employment arrangements beyond traditional benefits. Table 24 outlines the employment options that students considered important. Flexible scheduling and peer support were identified as key factors by 33.7% of respondents each. Furthermore, 30.7% of respondents emphasized the importance of a fatigue management plan, while 29.7% valued policies that prevent staff from being held over to cover uncovered shifts.

Table 24 Desired Employment Options by Importance

	Most Important		Moderately Important		Somewhat Important		Not at all Important	
	N	%	N	%	N	%	N	%
Flexible scheduling	34	33.7%	31	30.7%	28	27.7%	8	7.9%
At least three days off for full time employees	28	27.7%	29	28.7%	29	28.7%	15	14.9%
Ensuring staff are not held over to cover uncovered shifts	30	29.7%	37	36.6%	21	20.8%	13	12.9%
Scheduling additional staff shifts to cover known busy periods	25	24.8%	42	41.6%	23	22.8%	11	10.9%
Peer support (mental health)	34	33.7%	26	25.7%	26	25.7%	15	14.9%
48-hour workweek or less	20	19.8%	30	29.7%	38	37.6%	13	12.9%

Table 24 Desired Employment Options by Importance

	Most Important		Moderately Important		Somewhat Important		Not at all Important	
	N	%	N	%	N	%	N	%
Rotating crews between busy and slow assignments	19	18.8%	40	39.6%	28	27.7%	14	13.9%
Minimum time for calling off a shift before it is considered disciplinary	19	18.8%	28	27.7%	43	42.6%	11	10.9%
Fatigue management plan	31	30.7%	32	31.7%	27	26.7%	11	10.9%
Employer assisted scheduling of time-off coverage	24	23.8%	32	31.7%	35	34.7%	10	9.9%
Minimum time off between shifts	16	15.8%	26	25.7%	43	42.6%	16	15.8%
Staff support for extended drop-off/wait/boarding times	19	18.8%	32	31.7%	38	37.6%	12	11.9%
Short time requirement for ePCR completion at end of shift	14	13.9%	39	38.6%	34	33.7%	14	13.9%
Maximum number of dispatches per time/shift	11	10.9%	25	24.8%	37	36.6%	28	27.7%
Maximum duty time policy	14	13.9%	31	30.7%	42	41.6%	14	13.9%

Ranking of Important Factors

Respondents were asked to select and rank the three most important factors influencing their choice of an employer after completing their program. Nearly half (47.5%) identified the location of the ambulance service as the most significant factor. This was followed by staffing patterns, including shift length and rotation, which were important to 41.6% of respondents. Additionally, 40.6% of participants considered professional development opportunities, such as career advancement funding or reimbursement, as a key factor. Further details on the top influencing factors can be found in Table 25.

Table 25 Employment Seeking: Employer

	Total		
	Average	N	%
Career advancement/promotion opportunities within the ambulance service	2.13	32	31.7%
Professional development opportunities including career advancement funding or reimbursement.	1.9	41	40.6%
Run volume of the ambulance service	2.1	21	20.8%
Type of responses for the ambulance service (example rural versus urban)	2.4	19	18.8%
Offering additional assignments (e.g., TEMS, bike team, committees, community outreach, etc.)	2.3	21	20.8%
Staffing pattern (length of the shifts, shift rotation).	2.0	42	41.6%
Station-based response with amenities such as bedrooms, kitchen, dayroom, office space	2.0	36	35.6%
Having the same (three or more) employees working at the same base with regular interpersonal interaction	2.17	18	17.8%
Location of the ambulance service (e.g. located in your home jurisdiction)	1.8	48	47.5%

Geographic Distribution

Survey respondents were asked to report the zip code for their home and their training program. Figure 1 below depicts this information. Only 23.8% (n=24) of respondents reported completing a training program within the same zip code as their home. This shows that many EMS students are leaving their home zip codes and counties to complete training and education in a different location.



Acknowledgements

Please address any correspondence regarding this document to the Bowen Center via email at bowenctr@iu.edu or by phone at 317.278.4818.

Copyright

© Bowen Center for Health Workforce Research and Policy
Department of Family Medicine
Indiana University School of Medicine
980 Indiana Avenue
Indianapolis, IN 46202

Recommended Citation

Ge, Y., Tobin, M.M., & Maxey, H. L. (2025). Indiana Emergency Medical Services 2024 Quarter 3 Student Data Report. Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.

Authored By

Yan Ge, Research Data Analyst
Mykayla Tobin, Special Projects Policy Analyst
Hannah L. Maxey, Director