

The Registry

Spring 2010

THE NEWSLETTER OF THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

IN THIS ISSUE

Leadership	1
Certification	2
Examination	4
Research	6
Military	7

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Leadership

Peter Glaeser, MD is Named Chairman of the NREMT Board of Directors



Peter Glaeser, MD, FAAP was named Chairman of the Board of Directors at the NREMT Board of Directors meeting in November, 2009. The role Dr. Glaeser has played as a former chair of the CoAEMSP, his membership on the National Scope of Practice Task Force, and his emphasis on pediatric EMS education, make him an outstanding choice for this position.

Dr. Glaeser currently serves as the Medical Director of Emergency Medicine at Children's Hospital of Alabama, and is also a Professor and Vice-Chair of Pediatrics at the University of Alabama in Birmingham, Alabama. He also serves on the Board of the Birmingham Regional EMS System.

Children's Hospital of Alabama is the 10th busiest pediatric medical center in the United States. Located in Birmingham, Children's is one of only about 45 freestanding acute care hospitals of its kind in the nation and the only hospital in Alabama dedicated solely to the care and treatment of children.

"As Past Chairman of the NREMT Standards and Examination Committee and past Chairman of the Finance Committee, Dr. Glaeser is fully prepared to accept the responsibilities of Chairman," said NREMT Executive Director William E. Brown, Jr. "His background in EMS and as a Pediatric Emergency Physician are valuable to the NREMT."

Dr. Glaeser has had a long-time interest in pre-hospital care with a particular focus on children. He has authored many articles on

continued on page 2

NREMT Executive Director Bill Brown Receives 2009 Lifetime Achievement Award



NREMT Executive Director Bill Brown, Jr. was awarded the 2009 Rocco V. Morando Lifetime Achievement Award at the EMS Expo in Atlanta, October 27, 2009.

The Lifetime Achievement Award is presented by the National Association of Emergency Medical Technicians (NAEMT) and sponsored by the National Registry of Emergency Medical Technicians (NREMT).

"Lifetime Achievement in EMS' is a title that is truly appropriate to attach to the name of Bill Brown," commented Immediate Past Chairman of the NREMT Board Jimm Murray, upon learning of the award. "He has spent a professional career in the service of EMS and patients, first in direct medical care and then in devising systems of training and testing that aid the public. This is a most fitting match of a title and a person."

NAEMT President Patrick Moore told the audience at the awards ceremony that "Bill Brown is truly a visionary," pointing out his heroic efforts as a Paramedic (PJ) in Viet Nam, assisting refugees from Hurricane Katrina, and shaping the NREMT.

NAEMT recognizes excellence in various areas of prehospital medical care with the presentation of individual and organizational achievement awards on an annual basis. The awards honor America's EMS practitioners and organizations that demonstrate exceptional leadership within the profession and outstanding commitment to prehospital medical care. The Rocco V. Morando Lifetime Achievement Award is named after Rocco V. Morando, a pioneer in EMS and the first recipient of the Lifetime Achievement Award. The award is considered the NAEMT's most prestigious award.

"A long time ago in Viet Nam, I recognized my mission would be to continue the Paramedic mission—'That Others May Live'," Bill commented as he accepted the award. He said his purpose with the NREMT is about EMS provider competency and safety of the public, with a side goal of making EMS better.



New Board Members Elected

The NREMT is pleased to announce that Juliette M. Saussy, MD; Alonzo W. Smith; and Kevin S. Bersche were elected to the NREMT Board of Directors at the November 2009 Board Meeting.

Dr. Juliette Saussy is currently the Director of EMS for the City of New Orleans as well as the Medical Director. In addition, Dr. Saussy serves as the Medical Director for the New Orleans Fire Department, and the Office of Emergency Preparedness for the City of New Orleans. Mr. Alonzo Smith, NREMT-P, is the Director of Emergency Medical Services & Trauma for the Department of Health and Environmental Control (DHEC) in Columbia, South Carolina. Mr. Kevin Bersche is the Deputy Fire Chief – Operations for Farmington Hills Fire Rescue in Michigan. The NREMT looks forward to their involvement on the Board of Directors.

Completing their terms on the Board are Mary Beth Michos, Past Chairman of the Board and Deputy Director of the IAFC, along with John Sinclair, Fire Chief in Kittitas Valley, WA; and Bob Graff, State EMS Director in South Dakota who retired at the end of 2009. All left the Board due to term limits or resignation. Their contributions were acknowledged and honored by the Board.

Peter Glaeser, MD... *continued from page 1*

pediatric emergency care and served as the subject matter expert on pediatrics during the development of the National Highway Traffic Safety Administration (NHTSA) EMT-Paramedic National Standard Curriculum. One article in particular focused on the need and desires of pediatric education based upon survey results obtained in the 1998 NREMT recertification report. Titled "Survey of Nationally Registered Emergency Medical Services Providers: Pediatric Education," this article appeared in the July 2000 issue of the *Annals of Emergency Medicine*, and resulted in the NREMT's increased emphasis in pediatric competencies in its exams and recertification process. Dr. Glaeser also served on the Commission on Accreditation for the EMS Profession (CoAEMSP) from 1989 to 1998 with one term as Chairman from 1994-1996, and represented the American Academy of Pediatrics in the development of the National EMS Scope of Practice Model and numerous other national EMS projects.

"I am humbled and honored to be elected Chair by a group of distinguished EMS devotees for whom I have great respect," Dr. Glaeser stated. "I would like to thank each Board member for volunteering their time and expertise and the employees of the NREMT who uniformly perform their jobs with integrity and passion."

The NREMT welcomes Dr. Glaeser to this new position and looks forward to his contributions.

Certification

Recertification Deadline is March 31, 2010 for Those Due for Renewal

Three Options Now Available for Recertification

EMS professionals should check their NREMT certification cards to see if their certification expires in 2010. Recertification documents were mailed in early October to EMS professionals whose certification will expire in 2010. EMT-Basic, Intermediate and Paramedic recertification applications must be submitted by March 31, 2010. Choose the recertification option that is most convenient for you:

- **Online** via the NREMT website. Login to your account, affiliate with your agency (employer), document your recertification requirements using "My Certification" then "Manage Education." If you don't have a login, you can create one on the NREMT website.
- By **exam**. Login to your account (if you don't have a login, you can create one on the NREMT website), complete the recertification by exam application and pay the exam fee. The next business day, login to your account, print your *Authorization To Test* and follow the directions to schedule your examination. Upon success, return the abbreviated form with required documentation to the NREMT by March 31, 2010. Only one attempt to recertify by exam is permitted. If you are unsuccessful, you may recertify by documenting the required refresher and continuing education.
- Using the **traditional paper** method. Follow the detailed instructions mailed to you in October. Complete and return the forms with the required documentation to the NREMT by March 31, 2010.

For complete information go to nremt.org and click 2010 Recertification Information under QUICK LINKS.

Recertification Coordinator Position Available

The NREMT is announcing the opening of a full-time Recertification Coordinator position in its Columbus, Ohio national office. The successful applicant will assist with qualifying applicants for certification and recertification with emphasis on recertification. The Coordinator will oversee recertification activities in a team management style. Applicants must be able to work with other team members to lead this project and have excellent written and verbal skills. Some travel may be required, including nights and weekends. A Bachelor's Degree (preferably in EMS) is required; a Master's Degree preferred. Clinical expertise in EMS content is helpful. The salary will be commensurate with experience and education. The NREMT endorses and follows the recommendations of the National EMS Education Agenda for the Future. Fulfilling the expectation of being the National EMS Certification Agency is a complicated and exciting responsibility that will require assistance of a qualified coordinator.

The NREMT is a non-profit, non-governmental, Nationally Accredited Certification Agency. We offer a competitive benefits package and a private retirement plan. For more information about the NREMT, applicants should review the NREMT website (nremt.org).

Telephone calls or inquires regarding this position or the NREMT should be directed to Community Relations Coordinator, Heidi Erb (614) 888-4484, ext. 165 or heidi@nremt.org.

Sincere applicants should send a letter of interest with resume or curriculum vitae to: William E. Brown, Jr., Executive Director, National Registry of EMTs, P.O. Box 29233, Columbus, Ohio 43229.

The position will remain open until a successful applicant has been identified.

There IS a Difference Between Certification and Licensure

The terms certification and licensure are often used interchangeably by the public AND professions even though there are important functional distinctions between the two concepts.

'Certification' is defined by the federal government as the process by which a **non-governmental organization grants recognition to an individual who has met predetermined qualifications specified by that organization.**¹ Similarly, the National Commission for Certifying Agencies has recently defined certification as "a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders."²

There are three hallmarks of certification (as functionally defined). Certification is:

1. a voluntary process;
2. by a private organization;
3. for the purpose of providing the public information on those individuals who have successfully completed the certification process (usually entailing successful completion of educational and testing requirements) and demonstrated their ability to perform their profession competently.

Nearly every profession certifies its members in some way, but a prime example is medicine. Private certifying boards certify physician specialists. Although certification may assist a physician in obtaining hospital privileges, or participating as a preferred provider within a health insurer's network, it does not affect his legal authority to practice medicine. **For instance, a surgeon can practice medicine in any state in which he is licensed regardless of whether or not he is certified by the American Board of Surgery.**

Licensure, on the other hand, is **the state's grant of legal authority, pursuant to the state's police powers, to practice a profession within a designated scope of practice.** Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. As such, **licensure**

prohibits anyone from practicing the profession who is not licensed, regardless of whether or not the individual has been certified by a private organization.

Confusion between the terms "certification" and "licensure" arises because some state legislatures call their licensure process "certification." Some states require continuous certification by the NREMT that is incorporated into the licensure process. Other states require initial certification by the NREMT but have different requirements from the NREMT for re-licensure. In these states, EMTs can allow their certification to lapse. Nevertheless, certification by the National Registry, by itself, does not give an individual the right to practice.

Regardless of what descriptive title is used by a state agency, if an occupation has a statutorily or regulatorily defined scope of practice and only individuals authorized by the state can perform those functions and activities, the authorized individuals are licensed. It does not matter if the authorization is called something other than a license; the authorization has the legal effect of a license.

In sum, the National Registry is a private certifying organization. The various state offices of EMS or like agencies serve as the state licensing agencies. Certification by the National Registry is a distinct process from licensure; and it serves the important independent purpose of identifying for the public, state licensure agencies and employers, those individuals who have successfully completed the Registry's educational requirements and demonstrated their skills and abilities in the mandated examinations. Furthermore, the National Registry's tracking of adverse licensure actions and criminal convictions provides an important source of information which protects the public and aids in the mobility of EMT providers.

¹ U.S. Department of Health, Education, and Welfare, Report on Licensure and Related Health Personnel Credentialing (Washington, D.C.: June, 1971 p. 7).

² NCCA Standards for the Accreditation of Certification Programs, approved by the member organizations of the National Commission for Certifying Agencies in February, 2002 (effective January, 2003).

Survey Conducted Regarding Accreditation Requirement for Paramedic Educational Programs Beginning January 2013

A study was recently completed by the NREMT of program directors to gain input on the move to requiring paramedic applicants to graduate from a nationally accredited program. The study was conducted in cooperation with the National Association of State EMS Officials (NASEMSO) and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).

The survey committee first met in March, 2009 to begin work on the survey, which was sent in June, 2009 to all program directors in the NREMT database. 88% of the 1,139 programs contacted responded to the survey, which ended August 31. The program directors who answered the survey were primarily Paramedics. All data was sent to state EMS officials at the end of December to help facilitate the move to accreditation of paramedic educational programs.

Those surveyed were asked qualifying questions, including their clinical credentials, highest level of education, sponsorship of their paramedic education program and the size of the community in which their program is located.

Program directors were also asked to rate their understanding of various CoAEMSP/CAAHEP standards such as program and medical director qualifications, field internships, hospital clinical rotations, and more. Survey questions inquired about perceived barriers, whether they had attended an orientation seminar, and their overall beliefs on the value of accreditation.

An article regarding the survey is being written by the NREMT Research Department staff and is scheduled to appear in a future EMS magazine. A copy of the article will be available on the NREMT website after it is published.

Developing Educational Materials is Just One of Many Tasks for the Transition to New EMS Provider Levels

“It’s like changing the engine of an automobile while the car is speeding down the road at 80 mph.”

This is the metaphor used by Dan Manz, NREMT Board Member, State EMS Director in Vermont and Chairman of the National Association of State EMS Officials EMS Agenda Implementation Team to describe the most complicated upgrade of EMS provider levels to ever occur in the history of EMS in the United States. The task is so challenging because moving to the more progressive levels that have enhanced knowledge and skills must be done with precision, coordination and proper timing. In addition, many components involved are not controlled by a single EMS entity. Therefore, everyone must work in cooperation in order to achieve implementation of the *EMS Education Agenda for the Future: A Systems Approach*.

The EMS Education Agenda for the Future, now ten years old, has become the compass document leading various activities necessary to keep EMS providers updated in education, practice, accreditation and certification. Written by a task force comprised of the major stakeholders, the Agenda has become the model that all organizations and states use as a reference in regard to changes. The Agenda is a “unifying” document, a road-map, that everyone can follow to improve EMS delivery in the United States. Currently the state licensing agencies, the NREMT, the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), and EMS Educators are painstakingly working together to accomplish the vision of the Agenda. Under the leadership of the National Association of State EMS Officials (NASEMSO), organizations are working to create a seamless process that can be followed by everyone.

While most of the components of the Agenda have been accomplished, no entity wants to implement new education without an adequate supply of educational materials that cover the content of the new National EMS Education Standards. Authors and publishers are working overtime to publish new textbooks but this process still takes time. The EMS community is moving closer to its goal and in 2010 the vision will become clearer. The important point is that no provider or state should be left behind because of a lack of information. While all states and organizations are planning for implementation of the new provider levels, nothing can be launched until educational materials are available. The EMS community is hopeful that meetings scheduled this year will result in proposals that can be presented to state leadership committees and officials in regard to dates for implementation of the new provider levels. Everyone realizes, however, that like changing the engine of a moving automobile, the success of this goal hinges on coordination and cooperation.

Among further tasks to be accomplished are:

- Publish new textbooks at all four levels of care. This includes Emergency

Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced-Emergency Medical Technicians (AEMT) and Paramedic

- Inform and educate instructors regarding content and philosophy of the new National EMS Education Standards. The National Association of EMS Educators will be accomplishing this goal in cooperation with state EMS training coordinators.
- Integrate the new content into the National EMS Certification examinations offered by the NREMT. The NREMT has held over 20 item writing meetings to prepare for this gradual integration, but has withheld these items until candidates have been educated over the new content.
- State EMS Offices need to change rules, laws, etc., regarding authorization to practice these new levels of care. This includes informing EMS operators, medical directors and many others so they know what and when to expect changes and how they impact EMS delivery.
- Accreditation by the CoAEMSP of Paramedic Educational Programs. Educational opportunities for Paramedic Program Directors regarding accreditation requirements and processes will be forthcoming via publications, conferences, and webinars in 2010.
- Inform current EMS providers of the new educational requirements and the transition courses they will need to complete in order to update their licensure or certification. These transition courses will replace current refresher courses required by the NREMT, and provide current EMS providers with the knowledge, skills and abilities outlined in the National EMS Scope of Practice Model. When completed, all EMS providers in the United States will receive the same four credential levels outlined in the EMS Education Agenda for the Future.

The EMS community recognizes that this complicated transition has many components and many moving parts. Full implementation will take years to accomplish. What is important is that our patients will continue to receive proper care during the transition. Goal number one is to accomplish the transition with careful planning via informed stakeholders and providers. Change takes work, whereas failure to change will continue the fragmentation of EMS—a major problem emphasized in the Institute of Medicine’s Report, *EMS at the Crossroads*.

All Nationally Certified EMS Professionals are encouraged to support their State EMS Officials during this transition to the National Model. In the end EMS can claim professionalism, enhanced patient care interventions, and a greater recognition via our funding sources. Stay informed by watching your organization’s website, publications and keep in contact with leaders in your state. Being an informed EMS provider is a professional responsibility.

NREMT Certification Materials Will Reflect 2010 AHA Guidelines When Educational Materials Are Available

The American Heart Association is currently reviewing the most recent cardiovascular-related science and research. By late 2010, this process should culminate with the release of revised American Heart Association guidelines. As in the past, all NREMT certification materials will continue to reflect the recommendations of the American Heart Association for CPR and Emergency Cardiovascular Care. The NREMT will continue to test 2005 AHA Guidelines materials until the educational materials reflecting the 2010 recommendations are released. At that point, the NREMT will review the impact and formulate plans for implementation with our EMS partners and stakeholders. In order to best minimize impact, we anticipate a period of time when the new guidelines will be available but NREMT certification materials will remain unchanged. To remain consistent with previous implementations of a similar nature, the NREMT will communicate a single date of implementation and will complete revision of all materials to coincide with our announced date of implementation. Please watch our website for more information as it becomes available.

NREMT Signs Memorandum of Understanding to Renew Contract with Pearson VUE, Computer Based Testing Provider

The NREMT recently negotiated to renew its contract with cognitive (computer based) exam provider, Pearson VUE for an additional five years. The new contract will not take effect until 2012. Based on the Memorandum of Understanding (MoU), the NREMT **currently projects no cost increase for CBT exams through 2016**. The MoU calls for minimal costs on certain extraordinary services provided by Pearson VUE to the candidate, but these will not take effect until 2012 when the contract is renewed.

Pearson VUE was initially selected due to its ability to provide exam security, scheduling flexibility and test site locations. Pearson VUE delivers over 4 million high-stakes tests a year across the globe in the licensure, certification, academic admissions, regulatory, and government testing service markets. It possesses the world’s leading test center network, with nearly 400 test centers for EMS in the United States. The NREMT is pleased to continue partnering with Pearson VUE in delivering exams that provide: a fair and precise evaluation of a candidate’s competency; rapid turnaround of test results; choices on when and where to take the exam; easy registration; and fortified exam security.

Recent Practice Analysis Leads NREMT to Change Test Plan to Meet NCCA Accreditation Requirements

In order to continue to meet the stringent requirements of NCCA Accreditation (visit www.credentialingexcellence.org), the NREMT recently completed its fourth practice analysis. Every five years, an appropriate sample of Nationally Registered EMS professionals at all levels is selected, stratified by minority status, then surveyed. Respondents who provide care in the out-of-hospital setting provide feedback on patient assessment, treatment, and operational tasks as well as various intervention skills. Respondents identify the frequency at which they perform these tasks as well as identifying the potential of harm associated with them. A weighted importance score (WIS) is calculated based on all responses and the relative importance of each task is then determined. Demographic questions were also included in the survey to help assure that the respondents were representative of Nationally Registered EMS professionals. Confidential logs of all respondents were kept to help protect their identities and no specific individual responses were identified. Each respondent was awarded two hours of NREMT Section II Continuing Education credit for participating in this vital project. Additionally, each respondent was entered into a drawing in which five - \$100 prepaid debit cards were awarded.

The NREMT Practice Analysis Committee met in September 2009 to review the methodology and results, and develop a Test Plan reflective of this most recent survey data. The overall response rate for the survey was 21.84%. The demographic makeup of the respondents was also analogous to the current NREMT database and other NREMT initiatives (LEADS, various recertification surveys, previous NREMT Practice Analyses). Consistent with other recent pediatric initiatives and national EMS data, the Committee recommended that 15% of all patient care areas of NREMT certification examinations should reflect pediatric content. The proposed test plans were then presented to the NREMT Board of Directors at their November meeting and were approved for implementation on September 1, 2010.

Beginning on September 1, 2010, all NREMT Test Plans and reported results will be based on the revised test plans as shown in the graph below.

It should be noted that the maximum number of items delivered and the maximum time limits for each of the current computer-based NREMT cognitive certification examinations will remain unchanged by these revised test plans. However, unlike our test plans of the past, the “OB/Gyn and Peds” section has been removed and absorbed by other test plan areas. All content specific to pediatric material will be delivered, scored and reported in the related four patient care areas of the test plan. All “OB/Gyn” material will be included in the “Medical and OB/Gyn” section of this revised test plan.

Although the NREMT has a new test plan and will be ready to “launch” examinations over the plan in September of 2010, much work needs to be accomplished between this publication and September. The NREMT Research Department staff must develop the Practice Analysis Report and make it available for the EMS community. Educators must be briefed on the role of a practice analysis in examination development and how to use the task list and data as part of the educational process. Computer programming must be accomplished so that test results reflect the new test plan. Webinars must be scheduled with educators to explain the process.

It is important to remember that although the test plan has changed, the individual test items within the computer adaptive testing pool will remain the same. The change in test plan should not be mixed up with changes the NREMT will be making in response to implementation of the National EMS Scope of Practice Model. Only the emphasis of particular tasks has changed, not the items or the standard of entry-level competency.

Content Area	% of Exam Content NREMT First Responder	% of Exam Content NREMT-Basic	% of Exam Content NREMT-Intermediate /85	% of Exam Content NREMT-Intermediate /99	% of Exam Content NREMT-Paramedic
Airway, Respiration & Ventilation*	17 - 21%	17 - 21%	17 - 21%	17 - 21%	17 - 21%
Cardiology and Resuscitation*	16 - 20%	16 - 20%	16 - 20%	17 - 21%	17 - 21%
Trauma*	19 - 23%	19 - 23%	19 - 23%	18 - 22%	18 - 22%
Medical and OB/Gyn*	27 - 31%	27 - 31%	26 - 30%	26 - 30%	26 - 30%
EMS Operations	11 - 15%	12 - 16%	12 - 16%	12 - 16%	12 - 16%

*85% adult /15% pediatrics

You Are Responsible for Keeping Your NREMT Profile Up to Date!

We cannot reach you with important updates, announcements or recertification information if your profile is not updated. Please login to your NREMT account and check to see if all of your contact information is correct, including mailing address and email. If you do not have an NREMT account, you can easily set one up in a few minutes. Go to nremt.org and click on ‘Create New Account.’

NREMT Welcomes New Research Director Greg Gibson, PhD



Dr. Greg Gibson recently joined the NREMT as Research Director. He will oversee the NREMT's research program as well as facilitating projects with the research fellows.

Dr. Gibson received his PhD from Purdue University, as well as a Master of Science. He also received a Master of Arts in Sociology from Humboldt State University, Arcata, California.

Prior to joining the NREMT, Dr. Gibson served as the Project Director of the Social Research Institute (SRI) for the Department of Sociology at Purdue University.

In addition, he has held positions at the SRI including

teaching and management roles. He holds an Expert Professional Research Certification from the Marketing Research Association, as well as other research and teaching certifications. Dr. Gibson has taught several courses on social psychology and research. He has mentored both undergraduate and graduate students as teaching assistants, and has made several contributions to course and curriculum development.

Over the course of his career, Dr. Gibson received numerous honors and awards, has written research journal articles, a book chapter, and numerous articles

pertaining to various aspects of research. Dr. Gibson has also made many presentations at professional meetings. He is the developer and facilitator of the "Mentoring Circle™" for first time graduate student instructors in the Department of Sociology and Anthropology.

Professional affiliations include the American Sociological Association, American Association for Public Opinion Research (AAPOR), North Central Sociological Association, Society for the Study of Social Problems, Sociologists for Women in Society (SWS) and Marketing Research Association.

"The most important consideration in coming to work here, besides, of course, all the great people that work here, is to help others gain a greater sense of appreciation for what EMS professionals do in carrying out their services," says Dr. Gibson. "I believe that the use of my sociological lenses will provide a unique and important perspective in this process. The chance to give back to what I see as an underappreciated workforce was a driving force in coming to work at the National Registry. I study heroes, which I think are important to all cultures. Heroes serve as moral exemplars for all societies. I believe that EMS has a range of underappreciated and under-recognized moral exemplars."

Associate Director Gregg Margolis Accepts Robert Wood Johnson Foundation Fellowship



The NREMT is pleased to announce that Associate Director Gregg Margolis, PhD, NREMT-P has accepted a fellowship with the Robert Wood Johnson Health Policy Fellows Program in Washington, D.C., as part of the Robert Wood Johnson Foundation. The one-year fellowship began in September, 2009.

The Health Policy Fellows is a national program of the Robert Wood Johnson Foundation with direction and technical assistance provided by the Institute of Medicine of the National Academies. According to the Foundation, the Fellowship Program is the nation's most prestigious

learning experience that connects health science, policy and politics. The non-partisan Fellowship offers exclusive, hands-on policy experience with the most influential congressional and executive offices in the Nation's Capital.

Dr. Margolis will have the opportunity to work directly with top figures in federal health policy. According to the Foundation, Dr. Margolis will gain an insider's perspective of the political process, develop unmatched leadership skills, and build a professional network that will last a lifetime. "It is a great honor to have been selected for such a prestigious fellowship," Dr. Margolis said.

The fellowship opportunity is of particular importance to the EMS community since this is the first time an EMS professional has participated in the program. "While I am personally excited, this represents success for the entire EMS profession," Dr. Margolis said. "EMS is profoundly affected by federal health policy and we have been largely absent from the process. Through this opportunity I hope to learn how we, as a community, can become an effective participant in the National healthcare policy and reform conversations."

Commenting on the opportunity, Immediate Past Chairman of the NREMT Board Jimm Murray said, "I am simply thrilled that Gregg has this wonderful honor bestowed upon him. He is a true talent, happens to come from an EMS background which makes all of us look good, and he will provide true service to the noble functions that the RWJ Foundation represents."

NREMT Executive Director William E. Brown, Jr. expressed his thoughts by saying, "We are very excited about this opportunity for Dr. Margolis to serve the nation's citizens in this capacity. EMS will have a Paramedic expert working within the federal decision-making process as our nation transitions its health care system." Mr. Brown addressed the adjustments the NREMT will make with the year-long absence of Dr. Margolis. "During his year of absence," Mr. Brown explained, "the NREMT will make staffing adjustments to assure smooth workflow. We consider our

one-year loss of his talent at the NREMT to be for the greater good for Gregg, our profession and EMS."

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit rwjf.org.

NREMT EMS Research Fellowship Available

The NREMT is pleased to announce they are accepting applications for a **fourth** EMS Research Fellowship position in its Columbus, Ohio national office.

The NREMT is seeking a highly motivated EMS professional who is looking to positively impact EMS on a national level. The EMS Research Fellowship is intended to help build a cadre of career EMS researchers as recommended in the EMS Research Agenda for the Future. The Fellowship will provide a unique combination of mentorship, research and education in order to develop EMS researchers. EMS Research Fellows will enjoy a reduced workload at the NREMT and fully funded tuition towards the completion of an approved Doctoral program at The Ohio State University.

The ideal candidate will be Nationally Registered, have experience as an EMS provider, possess a Bachelor's degree, and be able to gain admission to an approved Doctoral program. Interested applicants should send a cover letter and resume/CV by March 10, 2010 to Greg Gibson, Research Director, NREMT, P.O. Box 29233, Columbus, OH 43229.

First In-depth Public Opinion Survey on EMS Planned

For 2010, the NREMT has a slate full of new and exciting research projects. One new project will be a public opinion telephone survey. In what will arguably be the first, in-depth telephone public opinion survey on EMS and perceptions of EMS competency, the NREMT survey will assess the public's knowledge and opinions they have about services provided by EMS professionals. The survey will present and assess benchmarks the public may (or may not) use in determining professional competency and service delivery expectations. With EMS professionals also charged with public safety for situations of out-of-hospital emergency care, the survey will also collect attitudes about specific credentialing issues. These may include their attitudes regarding criminal convictions, EMT education, certification entry requirements, and other factors that may shadow an EMS professional's ability to

properly conduct his/her EMS responsibilities. "As the direct customers of EMS professionals and the tax payers who provide funding for these services, it is critical to determine what the public knows about EMS professionals and how they assess competency," reports Greg Gibson, Director of Research for the NREMT. Greg also added, "We live in a day and age where we can obtain and act upon important information. In this case, determining how and what the public knows about the EMS workforce can go a long way in addressing workforce issues and public policy."

Military

By CSM/R James Aplin, SSG Shaunrea McCoy and COL Patricia Hastings

The Creation of a 68W is Unique

The creation of a 68W begins in what is called Advanced Individual Training (AIT) at the Department of Combat Medic Training (DCMT), Army Medical Department and School, Ft Sam Houston, TX. New Soldiers learn EMT and field craft skills that are centered on Tactical Combat Casualty Care (TC3) principles. Most of the students are new Soldiers (just out of Basic Training) between the ages of 18-23, often without any extensive health care courses prior to arriving at DCMT. Five hundred or more arrive every two weeks for 16 weeks of intensive training. This training includes Soldier skills and rigorous physical training. This is because a medic must be able to protect his/her (a third of the Combat Medic candidates are female) patients, carry and accurately use a weapon and carry the medical aid bag which often adds 30 pounds to the medic load. All Combat Medic candidates know that after graduation they will be the medic for about 40 Soldiers and likely in a remote and austere location. Fortunately the Army has a long history of senior NCOs (in the role of senior medics) that help the new medics get comfortable in this new – and at times – overwhelming role. After a bit of field time, Combat Medics are often conferred the title of "Doc" by their unit as a mark of respect for their hard work, bravery and ability. This is often after being known (albeit affectionately) as "Band-aid" for the first few months with their new unit.



Keeping Up With Certification Requirements When at War is a Challenge

Keeping up with certification requirements for an Army at war on two fronts was not always easy. In the deployed environment, especially early in the conflict, there were no Medical Simulation Training Centers (MSTCs) or standardized plans for sustainment and documentation of skills. Without this all the prior training would have been for naught; the medics falling out of compliance would not have been military occupational specialty qualified (non-MOSQ.) This means that those who become non-MOSQ can be removed from medic duties and reclassified to the "needs of the Army." A loss of medics at this time would have broken the force. This is also where the National Registry came through for those medics deployed early in the wars. William E. Brown, Jr., Executive Director of the National Registry, and a former Air Force para-rescue medic (PJ) in Viet Nam recognized the huge toll loss of Combat Medics would cause. His staff devised a mechanism to diminish losses. The National Registry allowed the Army to defer certification until re-deployment for those medics in good standing. It allowed Combat Medics to complete their CPR certification and continuing education within 90 days of return with no penalty. Since the Army has been mobilized for eight years, there are now mechanisms in place (in country MSTCs and pre-deployment training) so the Combat Medic can sustain skills and continuing education in country. Commanders, NCO leaders and 68W alike realize that the Combat Medic is not a "fire and forget weapons system." The skills of the Combat Medic are perishable and must be practiced and validated. However, without the support of the NREMT the Army could not have finished transition to full Combat Medic certification, have a 97.7% sustainment rate and still met the needs of our nation.

"The Combat Medic is not a 'Fire and Forget' Weapons System"

The 68W (Combat Medic) Soldiers possess vastly improved trauma and pre-hospital care skills for operating in a dispersed battlefield, contingency, humanitarian or garrison environment. The 68W program affects over 40,000 Soldiers and represents the active Army's second largest military occupational specialty (MOS), second only to the Infantry.

The Army depends heavily on its Combat Medics. With our nation at war, exposed to many disaster situations and the possibility of other threats, it is imperative for the Army Medical Department to educate, train and prepare Combat Medics to care for Soldiers and civilians in the many roles that they will be given throughout their careers.

Today's Army Has Lowest Battlefield Fatalities in U.S. History

The legacy of today's Combat Medic on the battlefield is due largely to transition and sustainment, resulting in the lowest battlefield fatalities in the history of the United States. Sustainment of skills is imperative for the Combat Medic in order to live up to the Army Medical Department's motto: "To Conserve The Fighting Strength."

About 50% of Combat Medics stay long term and of those, 50% become senior medics and NCO leaders or enter the ranks of the Officer corps as Physicians, Physician Assistants, Nurses or Medical Service Corps (administrator) Officers. Of those who leave the Army after one to two enlistments, many continue to serve as medical support in their communities or go on to medical careers as civilians.

Emblems



FR-96 First Responder Cloth
This emblem is available to Nationally Certified First Responders.



N-90-M Subdued Basic Cloth
This subdued, olive drab, red and blue emblem is for military personnel uniforms.



Decal
3 1/2" Diameter 2-Way Decal
Use on medical kits, hard hats, bumpers, windshields. (not intended for use on ambulances, emergency squad or rescue vehicles)



N-90 Basic Cloth Patch
This emblem is issued to all Nationally Certified EMT-Basics.



NI-06 Intermediate Cloth Patch
This emblem is issued to all Nationally Certified EMT-Intermediates.



NS-94 Scotchlite™ Reflective
This safety emblem is optionally available and will greatly enhance nighttime visibility of the NREMT.

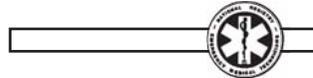


MP-06 Paramedic Cloth Patch
This emblem is issued to all Nationally Certified EMT-Paramedics.

Jewelry



Lapel Pins
with clutch back, enameled.



Tie Bar
with clasp, gold plated.

Actual patches and pins may vary slightly based on supply.

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NI-06 Intermediate Cloth Patch		\$3.50	
N-90-M Subdued Cloth Patch		\$4.00	
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Lapel Pin - Paramedic		\$6.50	
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