

The

The Newsletter of the National Registry of Emergency Medical Technicians

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Registry

IN THIS ISSUE

NREMT exams & AHA	1
New board members	2
Web technology	3
EMS Education Agenda	4
Disciplinary Policy	5
Emblem order form	6

NREMT exams to meet revised American Heart Association guidelines

Following extensive deliberation and discussion, the NREMT Board voted to update all NREMT examinations to meet the revised AHA guidelines by July 1 of this year.

The new guidelines affect the areas of CPR, ACLS algorithms and ventilatory management and are reflected in all levels of National Registry examinations, including First Responder, EMT-Basic, EMT-Intermediate (both 1985 and 1999), and EMT-Paramedic. Further, according to AHA requirements, there will be no transition period. This means the updated exams will be prepared and distributed for implementation on July 1.

"Candidates who take an examination prior to July 1

will be tested over the current AHA guidelines" Rob Wagoner, NREMT associate director explained. "However, if they fail, they will be required to take retests over the new guidelines if they retest on or after July 1."

Of course, candidates testing for their initial attempt on or after July 1 must be prepared to perform according to the new guidelines.

"The revised AHA guidelines have introduced new medications and caused the EMS profession and the medical community to rethink some previously accepted long-time practices." Wagoner added.

NREMT staffer and first nationally registered EMT recognized for lifetime achievement in EMS

D. Terry Shorr, NREMT examination coordinator, was recognized for his long career in EMS and pioneering contributions to the field at the 25th anniversary conference of the National Association of Emergency Medical Technicians, where he received the Rocco V. Morando

Award for Lifetime Achievement in EMS.

A contemporary of Morando's, the founder of the National Registry for whom the award was named, Shorr became the very first EMT to obtain national registration credentials from the NREMT on the first day a Registry examination was given in October of 1971. Although some 1100 candidates took the examination that day at 50 different locations, Shorr was the first to receive his registration credentials. However, his career in EMS began long before that day.

He first became involved in EMS working in his family's funeral and ambulance service in his West Virginia home town of Elkins. From 1966 to 1977 he was president and general manager of United Ambu-

lance Services in Ashland, Kentucky. Through his involvement in the field, Shorr became aware of and followed the recommendations of the American College of Surgeons, which had developed early guidelines for the essential skills and equipment they recommended for a professional ambulance service. These guidelines were among the precursors of what became the NREMT.

After serving as an EMS instructor, on advisory committees and as an officer of the Kentucky Ambulance Institute, Shorr went to work in the state EMS office in West Virginia. During his tenure as training director from 1977 to 1992, he coordinated a program to train coal miners as EMTs and developed an initiative to establish an in-squad training officers program. During the same period, he continued to work with the growing NREMT, administering Registry examinations.

Shorr came to work for the Registry full time in 1994. In his current position, he coordinates NREMT examinations at all levels.

"The NREMT is proud of the opportunity to have Terry on our staff," Bill Brown, NREMT executive director, said. "His 52 years of involvement in EMS and his status as the first ever nationally registered EMT certainly represents an outstanding achievement worthy of this prestigious award."



Three new members have been named to the NREMT Board of Directors: Fred Nirdé of Oak Park, IL, John Sinclair of Tacoma, WA, and Dr. Peter Glaeser of the University of Alabama School of Medicine.

Nirdé's appointment represents the first time a member was added to the board who is not involved in the field of EMS. In fact, the NREMT bylaws had to be amended to add a member to represent the general public.

A licensed clinical social worker with a B.A. from Knox College and a master's degree in social work from the University of Wisconsin-Madison, Nirdé has an extensive background in counseling, mental health and community services. He is currently executive director of the Community Mental Health Board of Oak Park Township and the Mental Health Committee of River Forest Township. Prior to that, he served La Rabida Children's Hospital and Research Center as administrator of Chicago-La Rabida Children's Advocacy Center and director of the Midwest Regional Children's Advocacy Center.

Sinclair is assistant chief – EMS Division and Public Education Division for Central Pierce Fire and Rescue, the largest fire district in Pierce County, Washington. He is also active locally and nationally in EMS, serving as past chair of the Washington State Association of Fire Chiefs EMS Division, and currently as secretary of the International Association of Fire Chiefs EMS Section. Sinclair has also served as director for the National Association of Emergency Medical Technicians and chair of the Paramedic Society.

Glaeser is a professor of pediatrics at the University of Alabama School of Medicine at Birmingham and director of Pediatric Emergency Medicine at Children's Hospital of Alabama. He previously served the National Registry as a consultant reviewer for the EMT-Paramedic exam.

Glaeser is a graduate of Marquette University and earned his M.D. from the Medical College of Wisconsin in Milwaukee. In addition to his current teaching position, he previously held associate and assistant professor positions in clinical pediatric and clinical emergency medicine and surgery and pediatrics at the Medical College of Wisconsin. He also has 20 years of experience in pediatric emergency medicine and has published numerous articles on related topics.

Training programs for EMT-Basics should refocus on airway management skills

Airway management skills represent the single most significant problem area for candidates taking the EMT-Basic exam and have contributed to a decreased pass rate over the past year. Because of this, it is a growing area of concern, according to Phil Dickison, NREMT associate director.

"Educators need to remember that the NREMT tests patient care practice," Dickison explained. "Therefore, teaching application of a device without providing knowledge about the types of patient conditions requiring the use of the device can create confusion in the mind of the entry-level EMT."

"It appears that many EMTs, after assessing a patient, cannot correctly determine in which order to open an airway, oxygenate the patient, or ventilate the patient," he added.

If a patient presents with signs and symptoms that indicate inadequate oxygenation (hypoxia) and inadequate ventilatory effort, that patient needs more assistance than a non-rebreather mask can provide, he added. In these cases, additional ventilatory support will be necessary.

"Educators should emphasize the importance of not only assessing ventilatory rate and quality, but also the general impression of patient, mechanism of injury or nature of illness," Dickison added. "This should help EMT-Basic candidates understand the full range of ventilatory support options and perform better in the field."

First fee increase in 29 years: NREMT to implement new fees in 2002

Effective for all exams taken on or after Jan. 1, 2002, the National Registry will increase fees for registration for the first time since 1973.

For first-time registration, the fees for First Responder and EMT-Basic increase from \$15 to \$20, and the EMT-Intermediate goes from \$35 to \$45. Paramedic fees will be \$50, an increase of \$15 from the current \$35.

For re-registration, First Responder and Basic fees will remain at \$10. However, EMT-Intermediate will increase from \$10 to \$15, and Paramedic will go from \$15 to \$20 for those due to re-register on or after March 31, 2002.

"I guess inflation finally caught up with us," Bill Brown, NREMT executive director quipped. "If we would have merely kept up with the consumer price index during that same 29 years, the \$15 charged in 1973 would be more than \$57 now, and the Paramedic fee would be more than \$61. However, the NREMT has remained committed to the true meaning of the non-profit status of our organization, and this is reflected in our minimal fee increases."

Registry prepares to make the most of web technology

www.nremt.org

In order to take full advantage of the e-commerce and interactive capabilities of the worldwide web, the NREMT is embarking on an ambitious project to develop new more web-friendly software.

Referred internally as the web enablement project, the Registry is working with a technology consulting firm to prepare the appropriate specifications and to help locate an appropriate technology vendor who will make the necessary software changes.

“Our current software doesn’t allow us to take full advantage of the web’s capabilities,” Sherry Mason, NREMT systems manager, said. “So we’ll be converting all our custom software to software that’s fully compatible with e-commerce.”

The added conveniences for registrants and candidates will be significant. Application and re-registration forms will be available on the Registry’s web site. It will be possible to fill them out electronically. They can be checked for accuracy before being transmitted, but because these documents require a number of authorized signatures, it will still be necessary to print them out and submit them by mail.

In addition, with the use of password security, individual candidates and registrants will be able to look up their own records through the web site. Similarly, state EMS officials will also have access to their state’s test results and other statistics.

Patches, insignia and other NREMT merchandise will also be available for sale through the web site.

“We are also working with an EMS consultant who will contact each state’s EMS office to obtain their ‘wish lists,’” Mason added. “We should be ready to put the project out for bids this summer, and we expect to be fully operational sometime in the fall of 2002.”

Following is a complete list of features and functions that will be available to various users:

Candidate functions

- Application downloads
- Frequently asked questions
- Examination schedules and locations
- Examination reservations
- Eligibility screening (for taking a registry exam)

Registrant functions

- Change of address
- Interactive re-registration form completion and download/printing
- State-to-state reciprocity information
- Frequently asked questions
- Online ordering of sale items

Examination coordinator functions

- Policies and procedures information
- Examination scheduling
- Roster management
- Bulk application requests

National Registry representative functions

- Training
- Policies and procedures
- Frequently asked questions
- Interactive news groups

State EMS offices functions

- Electronic delivery of exam results
- State statistics/reports
- Access to registrant data in NREMT database (for that state)
- Downloadable registrant data
- Advantages: convenience, quicker access, improved communications.

Paramedic CD-ROM available



The National Registry, with support from expert EMS educators, has available a 300-test-question CD-ROM over information contained in the 1999 paramedic curriculum. The CD also contains essays on how to study for examinations, how NREMT sets the pass/fail scores and information on the use of test questions. Also included are skill sheets, practical examination information and other NREMT policies.

“We think the 300 items, along with their answers and rationale, will be a useful tool in assessing knowledge over the curriculum,” Rob Wagoner, NREMT associate director, said. “The essays, skill sheets and policies are also very valuable.”

The CD price is \$30 and can be ordered on the sales form on the back of this newsletter, or by sending a check or money order to the NREMT with a written request.

Addition of oral station in paramedic practical designed to test candidates as never before

A new oral station being added to the EMT-Paramedic practical examination effective Oct. 1 of this year is designed to test candidates in a way that has never been done before, according to Rob Wagoner, NREMT associate director.

Developed in response to the expanding educational preparation of paramedics, the new oral station will test the paramedic candidate's ability to think critically and manage a patient case presentation, Wagoner explained.

"The candidate will pair up with an examiner, who will present the case description," he added. "The candidate will then be responsible for describing the proper management of the case, while the examiner role plays all the people a paramedic would come in contact with on that case, including hospital personnel, bystanders and patient family members."

The oral station was designed in a similar format used by the American Board of Emergency Physicians. Using a typical situation, it will test the ability of the paramedic candidates to gather information and respond to it, apply their knowledge of pathophysiology and physical assessment of a patient, and formulate and describe the treatment for that scenario. Throughout the case, the paramedic candidate – as in a real life call – will have to evaluate scene safety

and interact in an appropriate professional manner with the patient and others on scene.

"Candidates will be evaluated in their ability to manage the scene, assess and implement appropriate management of the patient condition, and establish rapport and interact in an organized and appropriate manner," Wagoner said. "Finally, candidates must provide an oral report, which includes their field impression of the patient and transport decision."

The oral station will be included at all NREMT paramedic examination sites beginning Oct. 1. States do have the option of excluding the station until then, but must notify the NREMT of their intent to do so by letter, either from the state's Office of Emergency Medical Services, or from the state EMS licensing agency.

Neither individual education programs nor candidates can choose to be excluded from the station. Further, it is strongly recommended that states proceed with implementation of the oral station as soon as possible to ensure familiarity and consistency with the process, instructions and instruments among examiners, educational program coordinators and representatives. Oral station results will not be counted as part of a candidate's overall practical skills until the Oct. 1, 2001, implementation date.

Registry endorses EMS Education Agenda

(Editor's Note: The complete EMS Education Agenda for the Future is available from the National Highway Traffic Safety Administration on their web site at www.nhtsa.dot.gov/people/injury/ems, or by calling the organization at 202/366-5440.)

The National Registry has joined with the National Council of State EMS Trainers, the National Association of EMS Educators, the National Association of EMTs and the National Association of State EMS Directors in endorsing the EMS Education Agenda for the Future.

The Education Agenda is a vision for the future of EMS education and a proposal for an improved structured system to educate the next generation of EMS professionals. It includes a vision of improved efficiency in the national EMS education process, with enhanced consistency in education quality and increased entry-level graduate competence.

The Education Agenda describes an interdependent relationship among the five system components and recommends specific lead groups for development and revision responsibilities.

- The National EMS Core Content is a comprehensive list of skills and knowledge needed for out-of-hospital emergency care. Specification of the core content is primarily a medical concern and will be led by the medical community, with input from the system regulators, educators and providers.
- The National EMS Scope of Practice model divides the core content into levels of practice, defining minimum knowledge and skills for

each level. Since this is fundamentally a system issue, the system regulators will have the lead in its development, with input from other stakeholders.

- The National EMS Education Standards take the place of the current National Standard Curricula, specifying minimum terminal learning objectives for each level of practice. Being basically an educational task, the development of the education standards will be led by educators, with input from other stakeholders.
- National EMS Education Program Accreditation is applied to all nationally recognized provider levels and is universal. Accreditation is the major mechanism for verifying educational program quality for the protection of students and the public. Accreditation enhances the consistency of the evaluation of instructional quality.
- National EMS Certification is available for all nationally recognized provider levels and is universal. Certification involves a standardized examination process and contributes to the protection of the public by ensuring the entry-level competence of EMS providers. To be eligible for national EMS certification, a student must have graduated from an accredited program.

NREMT Board approves revised disciplinary policy

(Editor's Note: Following is a summary of the highlights of the NREMT revised disciplinary policy. This article is not a legal document and does not contain all of the policy's provisions. Complete copies of the disciplinary policy are available upon request from the NREMT.)

The NREMT Board at its June 2000 meeting approved a revised disciplinary policy. Working closely with legal counsel, the revised policy clarifies disciplinary policies and the appeals process for current registrants and prospective registrants.

"I think these revisions strengthen our ties to licensure in the states," Bill Brown, NREMT executive director, said, discussing the highlights of the revised policy. "Basically, if a registrant loses state licensure to work, national registration is also going to be lost. In addition, the wording regarding actions that can be taken in cases of irregular behavior at an examination are more clear and precise.

"The board also reconfirmed the policy which requires that any appeals of a practical must take place on the day of that exam." he added. "And finally, the revised policy provides for a credentials committee as part of the appeals process."

Following is a summary of the highlights of the revised policy. Complete copies of the entire policy are available on request from the NREMT.

Terms of registration

- The individual will comply with all entry requirements, continuing education requirements, rules and standards of the NREMT. The individual bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers the individual to be solely responsible for his or her registration.
- If the individual misappropriates any NREMT property or refuses to immediately relinquish, refrain from using an correct – at his or her own expense – any misuse or misleading use of any of the above items when requested, the NREMT shall be entitled to obtain injunctive relief, damages, costs and attorney's fees incurred in obtaining any such or other relief.
- The individual must notify the NREMT of any change of address, telephone number, state of employment and licensure, and any other facts bearing on eligibility or registration, including, but not limited to, any disciplinary action by any state which has resulted in suspension, revocation or expiration of state registration or license, or termination of the right to practice or voluntary surrender of state registration or license while under investigation, and any felony conviction, within thirty (30) days of such occurrence.

Eligibility for registration or re-registration

- The individual must at all times be eligible for and not barred from practice as an emergency medical technician under the laws of any state or agency authorizing the legal right to practice. An individual's registration shall automatically be suspended for any period during which he or she is so barred, unless the individual is so barred solely by reason of being located in a jurisdiction which does not recognize NREMT registration as a basis for licensure or certification as an emergency medical technician.
- An individual convicted of a felony or any other crime directly related to public health or the provision of emergency medical services, including DUI, will be reviewed for eligibility for registration and re-registration under policies outlined in the NREMT's Felony Conviction Policy.

Irregular behavior

- Candidates should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or registration, or to take other appropriate action.
 1. Giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
 2. Unauthorized access to, possession, reproduction, disclosure or use of any materials, including, but not limited to, examination questions or answers before, during or after the examination.
 3. Offering of any benefit to any agent of the NREMT in return for any aid or assistance in taking an examination.
 4. Engaging in irregular behavior in connection with the administration of the examination.
- Irregular behavior which may be cause for invalidation of the examination or the taking of disciplinary action includes, but is not limited to:
 1. Referring to books, notes or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical or other means.
 2. Any transfer of information or signals between candidates during the examination. This prohibition includes any transfer of information between a candidate and any other person at any time during the testing period, including bathroom breaks.
 3. Any appearance of looking at the answer sheet or the examination booklet of another candidate during the examination.
 4. Allowing another candidate to view one's answer sheet or examination booklet, or otherwise assisting another candidate in the examination.
 5. Taking any examination materials outside the examination room. All examination materials are the property of the NREMT and must be left in the room at the end of the examination.

Procedure for appealing Registry determinations

- Appeal of Registry disciplinary action: A candidate or registrant who is adversely affected by a decision of the NREMT, other than with respect to the administration, scoring or reporting of the practical or written examination, may appeal such decision by mailing a notice of appeal to the office of the NREMT within forty-five (45) days of the date such decision was mailed to him or her.
- Procedure for appealing practical examination: A candidate's appeal of a practical examination must be made on the day of that examination, along with a request for re-examination, to the NREMT representative on the complaint form provided.
- Procedure for appealing a written examination: A candidate who fails the written examination may request in writing that his or her examination be re-scored by hand to certify the accuracy of the results reported. Such a request must be made within thirty (30) days of his or her notification of the examination results. The request must be accompanied by a check or money order for \$20 to cover the cost of the hand scoring.



National Registry of Emergency Medical Technicians

EMBLEMS



FR-96
This emblem is available to Registered First Responders.



N-90
This emblem is issued to all Registered EMT-Basics.



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



NI-81
This emblem is issued to all Registrants in the EMT-Intermediate classification.



MP-78
This emblem is issued to all Registrants in the EMT-Paramedic classification.



N-90-M
This subdued emblem is issued to Registered EMT-Basics serving in the military.



EMT



Paramedic



EMT



Paramedic



Tie Bar
with clasp, gold plated

Payments or contributions to the National Registry of Emergency Medical Technicians, Inc., are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please consult your tax adviser.

Item	Qty.	Cost (each)	Amount
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N-90		2.00	
NS-94		3.50	
MP-78		3.00	
NI-81		2.50	
N-90-M (Subdued NREMT Emblem) Military		2.50	
Lapel Pin/EMT		2.50	
Lapel Pin/Paramedic		4.00	
Tie Bar		2.50	
Decal/EMT		1.00	
Decal/Paramedic		1.50	
Poster 2000		15.00	
Paramedic In Review CD-ROM		30.00	
TOTAL			

Send check or money order to: NREMT, P.O. Box 29233, Columbus, Ohio 43229

Registry No.		
Name (last, first, m.i.)		
Address		
City	State	Zip
<i>Please write your registry number on your check.</i>		

Only fully registered EMTs (not provisional) may order above items. Maximum of 15 items can be ordered by an individual EMT at a time.

Spring 2001

The Registry

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