

NCEMSF NEWS

Inside this issue:

President's Message	1
Back to Basics — BLS before ALS	2
Lessons Learned: Dept. of Homeland Security	3
Membership Minute	3
Regional Roundup	4
Professor Squirrel	5
Money Makes the World Go 'Round	6
Treating One of Our Own	7
Publication Information	7
Contact Information	8
2006 Conference Information — Register Today!	8

"As human beings we have an innate desire to help those in need... As leaders, we need to look for ways to harness this desire in each member of our organization."

Message from the President

Dr. George J. Koenig, Jr., NCEMSF President

One of my close friends recently phoned me to say he had decided to ask for life membership from our ambulance corps and step down from the Board of Directors. At that moment my head surged with emotion and shock. We had served as Directors for several years and had eight years of fond memories from our shared experiences. In taking life membership, he would relinquish his roles as Secretary of the Board, Chair of the Membership Committee, and Chair of the BLS Training Committee. I told him there was no rush in making his decision and that he should think about it for a week before making it final.

It was only one week earlier that we both were sitting in our monthly board meeting at the ambulance corps. An issue arose, words were exchanged, and our meeting ended abruptly. The issue that arose was likely insignificant, and has subsequently escaped my mind. However, I do remember the words that were exchanged. They were directed towards our executive director and stressed the fact that our meetings should accommodate our volunteers with careers first and our employees second. Perhaps the delivery could have more tactful or the tone more pleasant, but the message was not incorrect. The result of this exchange was a one month suspension.

This suspension provided the impetus for his decision. A week later he forwarded his letter to the President of the Board and called me on the phone. He told me that he felt comfortable with his decision. He was no longer willing to sacrifice his time and energy. His focus shifted to his career and his future.

As we talked more, I began to question my role on the Board of Directors. For many years I have been in the thankless minority on the board, pushing for fiscal restraint and a financial plan for the future. I found myself admiring his courage to walk away.

This story is not unique, as it happens every day in volunteer organizations. In most cases, it is the fault of the leadership. Decisions to leave or step down are not formed overnight. They are formed over a long period of time. They are created by the failure of leadership to be introspective and to seek and correct problems from within their organization. It is the fault of leadership in not accepting failure or wrongdoing. It is the lack of an organization's pursuit of striving to be better. In the end, the organization suffers. The time and effort involved in training a productive member is lost and irreplaceable.

As a board we managed to take a highly productive member of our squad, someone who had dedicated an enormous amount of time to the squad, and watch him walk out the door. Ironically the same people then wonder why our volunteer membership is declining. They are quick to blame training requirements, changing life styles, or socioeconomic status. They hold to their mantra that the idea of a volunteer organization is an idea of the past. They fail to realize or accept that they may be part of the problem.

I subscribe to the belief that people inherently want to volunteer. People like the feeling of being needed. People want to give back to their community. As human beings we have an innate desire to help those in need. There are countless examples of this. The most recent was the human sacrifice and the outpouring of support for the victims of Hurricane Katrina.

As leaders, we need to look for ways to harness this desire in each member of our organization. Ask yourself, why did you get involved in campus EMS? How can you improve the experience of your fellow members? What can you do to make your

(Continued on page 5)

Back to Basics — BLS before ALS

Joshua A. Marks, NCEMSF Secretary

In the last issue of NCEMSF News I suggested that the axiom “EMTs Don’t Diagnose” is a misnomer. I maintained that EMTs collect all available data and in fact narrow in on a single diagnosis or at least a group of related diagnoses. It is commonly accepted that ninety percent of all diagnoses are based on a solid history and complete physical exam alone. Imaging and laboratory analysis contribute another five to eight percent and the remaining two to five percent of all patient ailments go undiagnosed. Knowing this to be true it is important to recognize that taking a history and conducting a physical are essentially at their primitive levels BLS skills. With increased education and higher certification one learns to ask better questions and elicit more detailed information from the exam, however, BLS care is the foundation without which definitive care is impossible.

Vital signs, one of the most basic yet most important skills learned at the very beginning of any EMT class, are extremely useful if assessed and interpreted correctly. Again, the interpretation comes with time,

experience, and education, but at all levels the skills of taking a pulse and blood pressure, counting respirations, listening to lung sounds, looking at pupils and assessing skin color and turgor remain the same as the day you first learned them in EMT class. I have often witnessed EMTs working with paramedics jump to assist with ALS skills before vitals have even been obtained. There is a perception that BLS is mundane and obsolete in the presence of a higher certification, but each level only builds on that beneath it and one should always start with the basics and work his/her way up in levels of complexity – Remember, “BLS before ALS!” For example, why spike an IV bag before assessing pulse, blood pressure, respirations, and skin turgor and determining the need for fluid?

Regardless of your training level, when you give report in the ED to the triage nurse or even to the physician you generally begin by stating the chief complaint and whether the patient is stable or unstable. Only then do you quantify your statement by relaying actual vital signs and elaborating on the history

of present illness, both obtained as part of your basic assessment.

Another apropos axiom often taught is, “treat the patient, not the machine.” Again the point is to focus on the clinical picture and assess the patient using basic skills. If a patient does not match a reading on a machine, for example a pulse oximeter, consider the possibility that the machine reading is faulty, think about why that might be the case (carbon monoxide poisoning, nail polish, peripheral vasoconstriction/cyanosis) and go with the overwhelming data supplied from history and physical to make a diagnosis and treat. One would not start or withhold oxygen simply based on a pulse oximeter reading. One would look at a patient and decide based on work of breathing, level of discomfort and other elements of the basic history and physical whether oxygen is warranted.

Think critically clinically and remain grounded in the basics and your patients can only benefit!



NCEMSF Executive Officers Lecture at American College Health Association Mid-Atlantic Regional Meeting in Lancaster, Pennsylvania October 23, 2005

Joshua Marks, George Koenig, and Scott Savett presented “Filling the College Healthcare Gap — The Role of Campus Based EMS and How YOU can Help Facilitate it!” to campus health clinicians and administrators in attendance at the 2005 MACHA meeting. The presentation was well received and sparked lively conversation. NCEMSF is in the process of applying to deliver its message again at the ACHA national meeting in New York City this spring.



Your purchase of discounted textbooks can support NCEMSF!

Did you know that you can purchase textbooks and other EMS reference materials at highly discounted prices through the NCEMSF Store?

The NCEMSF Store sells more than just books...

Check out our line of embroidered clothing, patches and other EMS paraphernalia.

Purchase through the NCEMSF Store this holiday season and save even more!
Visit the NCEMSF Store by clicking on the “Store” link on the NCEMSF Web site.

Featured Online Resource: Lessons Learned

Erik Iverson, U.S. Department of Homeland Security, NCEMSF Alumnus

The Department of Homeland Security's Lessons Learned Information Sharing System

The Department of Homeland Security (DHS) would like to invite NCEMSF members to assist in the process of enhancing the capabilities and effectiveness of EMS across the United States by participating in the *Lessons Learned Information Sharing* program.

What is it?

The central component of *Lessons Learned Information Sharing* is a collection of peer-validated lessons learned and best practices.

Can just anybody use it?

All *LLIS.gov* users are verified emergency response providers and homeland security officials at the local, state, and federal levels. Through the registration process all members describe their emergency response role, ensuring that *Lessons Learned Information Sharing* remains a secure community. Membership is free.

How can this help my college EMS organization?

The system is frequently updated with new reports and

publications intended for homeland security personnel. Collegiate EMS organizations can integrate the latest lessons learned from across the country into training and on-going educational programs and connect with EMS experts via the *Lessons Learned Information Sharing* directory of responders and homeland security officials.

How can I join?

Visit <https://www.llis.dhs.gov>, complete all required fields on the registration page, and submit the name of a supervisor within your EMS organization so that your identity and need-to-know can be verified.

By providing a single, centralized location for all emergency response professionals to come and share information *Lessons Learned Information Sharing* serves a critical function in the ongoing process of improving homeland security. College EMS organizations are producing leaders within the first response community and your participation and input are an important part of the homeland security mission.



Developing Enthusiasm for Membership

Karolina A. Schabses, NCEMSF Membership Coordinator

Is enthusiasm in your organization waning? Are you finding it hard to gain and retain members? One strategy for increasing membership is to accentuate common goals and emphasize membership benefits to prospective members. Putting my own suggestions into action, here are two reasons you should join NCEMSF.

1) The common goal of promoting and advancing collegiate emergency medical services unite us. The strength of our organization comes from your dedicated participation. The individuals and institutions that become members of NCEMSF show a pledge of support for our common goals. In turn, the needs of your organization continually reaffirm our presence. We provide a forum for the exchange of ideas and advice from those that have been in similar situations.

2) The benefits of membership in NCEMSF are numerous. Perhaps the most important is the continued commitment you are making to the advancement of existing response

groups and the development of new response groups. There is strength in numbers and your membership increases the visibility and prominence of collegiate EMS. More tangible benefits include discounted products and services from quality vendors, receiving our quarterly newsletter, Collegiate EMS Week resources, annual conferences, and eligibility for awards.

To continue advocating for and promoting collegiate EMS, your show of support is needed. Annual personal memberships are \$10 for current students and \$20 for non-students. Life memberships in NCEMSF are \$75 for students and \$150 for non-students. Institutional memberships are \$25 annually. Log on to <http://www.ncemf.org/membership> and subscribe today.

We thank those of you who have already shown your support this academic year and we look forward to hearing from the rest of you.



SPONSORS and MEMBER BENEFITS



Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

Congratulations to the recipients of the NCEMSF Sponsorship to the 2006 Annual Conference in February. The Regional Coordinators served an essential function to spread the word about NCEMSF, the 2006 Conference, and the opportunity for a group unfamiliar with NCEMSF to find out about our organization. Well Done RCs! Thank you all so much for your continuous dedication of your time and energy to NCEMSF.

The search for Regional Coordinators is ongoing. Current available positions are:

Massachusetts (MA)
Midwest (IN, MI, OH)
Northeast (CT, NJ, RI)

If you are interested in a great opportunity to provide guidance, communication, and resources to other schools in your geographic region, please email me at nc@ncemsf.org to apply for this prestigious leadership position. As seen with the New Group Initiative, RCs are integral to the growth and development of NCEMSF. If you have any questions, please do not hesitate to call or email me. See you at the Conference!

Central

The collegiate EMS organizations of the central region displayed great professionalism when dealing with the influx of patients and refugees from the latest string of hurricanes. Medics from *Texas A&M University* and *Rice University* volunteered with triage at the Houston Superdome following Hurricane Katrina. Members of Texas A&M Emergency Care Team and Texas A&M EMS logged over 1500 hours staffing first aid stations at local shelters for people displaced by both Hurricane Katrina and Hurricane Rita. Texas A&M Emergency Care Team was also tested when its school's football played SMU this season during which the temperature was a staggering 105 degrees and the team had to triage, evaluate, and treat over 550 patients.

Mid-Atlantic

The *Georgetown Emergency Response Medical Service* (GERMS) has purchased a new ambulance from Frazer, an ambulance manufacturer

based out of Texas. The new 2005 Ford Ambulance is still in the process of passing state inspection and becoming registered as a transport vehicle. The funding for this unit came mostly from funds raised annually by GERMS that is earmarked for new equipment purchases. The University also provided money in the form of a grant. The ambulance will be dedicated to one of their co-founders, Hap Arnold who passed away of natural causes on October 16, 2005. In other news, GERMS assisted with the displaced residents from Hurricane Katrina who arrived in Washington DC in September. They provided medical treatment and supply distribution to the evacuees. During Collegiate EMS week, they published articles in local community newsletters and attended neighborhood meetings to provide demonstrations and presentations on the services they provide. Along with an increase in call volume, they have been experiencing an increase in member participation and are working to increase their public relation efforts.

Things have not been going as well for the *University of Maryland Baltimore County Emergency Medical Services* (UMBC EMS) crew. Back in 2000, support and funding had been high for the organization and it was able to purchase bikes, medical equipment and radios to provide a quick-response EMS service to the UMBC community. After the initial push and enthusiasm, the group is now having difficulty with the local fire departments and suffering from poor internal leadership. The group still has its equipment, but current budget or funding sources. Elections were recently held for new officers and UMBC EMS is working to get things moving in the right direction again.

Radford University EMS (RUEMS) has also been working without a budget for the past two years and is attempting to revive its funding source from the university. Student leaders have been able to make some supply purchases but desperately need to replace aging equipment. They continue to respond to calls with their quick-response vehicle and bike team and have been assisting Virginia Tech with football game standbys. RUEMS had a booth on display with information during EMS Week to raise awareness for their cause.

Virginia Tech Rescue Squad (VTRS) marked Collegiate EMS Week by hosting an open house at its station and staging a few "mock calls" in the center of campus including a simulated vehicle extrication involving an intoxicated driver. The demonstration highlighted VTRS' ongoing push, along with other local departments, to heighten alcohol abuse awareness and the dangers it poses. A recent fundraiser raised \$1,500 for VTRS as well — a jewelry wholesaler sold items on campus for \$5.00 each and proceeds benefited VTRS. The VTRS Captain is working together with the new Virginia College of Osteopathic Medicine at Virginia Tech to offer a new Bachelors Degree program in Emergency Medicine. The program would be modeled after others around the country, such as the UMBC program. The proposal is currently under consideration by the Virginia Tech administration.

New York

Eric A. Pohl accepted the position of NY RC in early November. Eric will fill the vacancy left by Michael Hilton who no longer resides in the region and is studying medicine at the University of Pittsburgh. Michael will remain involved with NCEMSF as part of the Startup Team working closely with David Bacall, NCEMSF Startup Coordinator. Eric is a junior Chemical Engineering major at Columbia University's Fu Foundation School for Engineering and Applied Science. From Niskayuna, NY, Eric has served as an EMT for the Saratoga Performing Arts Center, an EMT/Firefighter for Niskayuna Fire Department, and as an EMT for Columbia University EMS. "I feel that as an RC I can make agencies aware of the resources that NCEMSF provides and of the collective experience of its members. I would like to see new members join NCEMSF and increase the participation of agencies who are already members," says Eric. You may contact Eric directly at ny-rc@ncemsf.org.

North Central

The new academic year has brought some changes for the EMTs at *St. Olaf's College*. The squad has continued to make progress in its search for a new medical director while its officers draft new plans to address various

(Continued on page 5)

(Regions - Continued from page 4)

administrative concerns. Items that require specific attention include high staff turnover, requirement for ongoing training, and the possibility that additional personnel may delay necessary ALS care. The officers welcome any suggestions at soemt@stolaf.edu.

While changes continue at St. Olaf, it has been business as usual for the EMTs with *University of Minnesota EMS*. UMEMS graduated fifteen EMT-Basic's from its summer course and has begun orienting twenty new probationary members this semester. In addition to their continued service at intercollegiate hockey, basketball, and volleyball games, UMEMS has been busy with additional standby events including the Special Olympics, Twin Cities Marathon, and former President Bill Clinton's public address on campus.

West
Loyola Marymount University EMS currently has 17 active members. To celebrate National Collegiate EMS Week in November LMU EMS hosted a campus-wide health, mental, physical fair-BBQ. The Student Health Center, Student Psychological Services, and the Campus Recreation Center were involved to promote healthy college living. LMU EMS proudly presented an alumnus, Christopher T. Stephens, M.D. from the Department of Anesthesiology, The University of Texas Medical Branch who gave a talk about his experience as an LMU EMT, and the medical field. LMU EMS is also having fundraisers to raise money for this upcoming year's NCEMSF conference.

Santa Clara University EMS started the year with 48 active members, the most the program has ever had, and received over 200 applications for the EMT course

being hosted on campus next quarter. While having this many EMTs has posed some new challenges, it has allowed SCU EMS to run MCI drills during training sessions for the first time. This year, SCU EMS also placed in service a new golf cart which members are using to carry equipment to calls. SCU EMS has enjoyed the support and appreciation of its campus, including an appreciation brunch organized by a group of RAs, and looks forward to the continued enthusiasm for its program.

Do you have news about your squad you'd like to share? Contact your regional coordinator or e-mail localnews@ncemsf.org.



Professor Squirrel

Serious Campus EMS Advice from a Nut

Our nutty friend is busily gathering his supplies for winter and beginning his voyage to Boston. He promises to make a return for the next newsletter, which will be distributed at the Annual NCEMSF Conference in Boston, Massachusetts in February.



Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at professor@ncemsf.org. The Professor will answer the best ones in the NCEMSF newsletter and on the NCEMSF General-L list. Your name and school will be kept confidential.

Regional Coordinator Network

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National Coordinator	Kelly Schirmer	nc@ncemsf.org
Canada	Brianna Julien	canada-rc@ncemsf.org
Central	Michael Kogan	central-rc@ncemsf.org
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Mid Atlantic	David Weand	midatl-rc@ncemsf.org
Midwest	(TBD)	midwest-rc@ncemsf.org
New York	Eric Pohl	ny-rc@ncemsf.org
North Central	Andy Jou	northcentral-rc@ncemsf.org
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Southeast	Julie Daniel	southeast-rc@ncemsf.org
West	Mark Malonzo	west-rc@ncemsf.org

(President - Continued from page 1)

members feel more connected to your organization? And most importantly, what can you do to make your organization better?

I look forward to seeing you at our 13th Annual Conference, February 24-26th, in Boston, Massachusetts, so that we can continue to exchange ideas to make our organizations better.

George J. Koenig Jr. M.S., D.O.
 NCEMSF President



Money Makes the World Go 'Round

David I. Bacall, NCEMSF Startup Coordinator

Cyndi Lauper is making a comeback singing about money in a new song, politicians on Capitol Hill are entangled in various scandals surrounding their money sources, and, let's be honest, you are in your four year degree program to land a job so that you can one day make money. The past couple years have bore witness to a fluctuating American economy with spurts of growth followed by periods of recession. Few have fared the financial seas well. All industries have been affected, higher education included. The average cost of a four-year college education has risen at a rate of 12% annually the last number of years; that is four times the national rate of inflation! Your college is hurting for funds and has passed the burden onto you. Despite your increased tuition, services are being cut and departmental budgets reduced. Meanwhile the costs of medical supplies, communication devices and other EMS essentials are increasing. How do you plan to keep your campus based EMS organization up and running in these financially labile times?

The small suburban town ambulance corps where I formerly volunteered had an annual budget of just over \$250,000. Most collegiate corps groups have access to less than a tenth that amount. The costs to operate and maintain an EMS corps can be immense, and the cost to start up a new service are often even greater. An SUV or GATOR today can potentially cost more than a used ambulance when one takes into account the cost of stocking it fully with an AED, suction unit, backboards, etc. Also to be considered is the cost of radios and/or pagers. Uniforms add extra expense as do crew room essentials such as a TV and computer. Then there are also membership dues and conference registration fees paid to professional organizations such as NCEMSF. The financial burden can pose a great dilemma for campus based EMS student leaders and advisors.

As much as you just might want to go to class and run your assigned shifts and not be otherwise bothered, running an EMS corps, even at the collegiate level, is akin to running a small business (don't forget that for your resume)! When funding becomes an issue you need to seek out alternate funding sources. No, you cannot get the university's list of big

donors and solicit them directly yourselves; universities tend to frown upon such activity. There are things you can do, however. You may be able to obtain income from doing standbys at sporting events and concerts to offset costs directly. Be cautious since this may give a school official the justification to cut other monies out of your allocated budget and distribute it elsewhere since you are now earning money on your own. Another option is to look back into history and adopt a "divide and conquer" approach.

The dual funding model has worked very well for many campus based EMS groups — both new and well-established. The concept revolves around establishing two separate groups often within one umbrella organization. One group represents the "service" side that you currently have up and running. It is EMTs responding to medical emergencies. This funding usually comes from some larger university department such as Security or Health Services. Every year you put in your wish list budget and every year something less comes back. So rather than fight the issue, supplement your budget with another budget. Establish a second group and call it, "The Friends of ABC University EMS," or "The local chapter of NCEMSF," or "The ABC College EMS Auxiliary." The new club would be open to all students with the goal of teaching health and safety on the campus. Utilize your existing EMTs and friends as the charter members and let other students who don't want to respond to calls, but do want to help where there is no blood and vomit, join the club. Usually you won't get a real budget when you first start, but the important thing is you will have access to the student association's additional allocations budget. Put in requests for funds for different activities throughout the year to build up your reputation, and eventually your annual budget.

Collegiate EMS Week, celebrated in November, is the perfect time to utilize student funds for programs but planning has to begin early in the year. Your student government should encourage programs that help the campus. Some ideas include money for:

- Several BP cuffs and stethoscopes to hold a free BP clinic on campus.

- Magnets with the campus emergency number on it and the EMS logo.
- Supplies to teach CPR classes for FREE on campus. This may include the purchase of mannequins, books, key chains, flyers, etc.
- Send two members to a CPR instructor program in order to teach the class.
- Hold a mass CPR SUNDAY type training.
- Pull resources together for a simulated car accident.

But wait, there is more! Money should be available year round, not just November. How about asking for funds to:

- Subscribe to trade journals.
- Host on-campus CME classes.
- Attend educational conferences like the Annual NCEMSF Conference.
- Pay NCEMSF institutional and individual membership dues.
- Purchase jackets or T-shirts.
- Provide giveaways while members do health and safety programs for their RA friends.
- Buy coloring books to give to kids in the campus day care or other local community center.
- Place an ad in the student newspaper for raising awareness and/or recruiting new members.

The list does not end here but this newsletter is not long enough to print all the ideas that I have heard people tell me while using this model.

Now is the perfect time of year to startup your new club. You will usually need some time to fill out the paperwork and go before the student government board. You will also need to be on probation for a few weeks while you prove to them that this is not a sham but a good use of student activity fees. All said and done, this spring you should be a fully functioning club with a second source of revenue for you to do all those things for which your existing budget never had room.



"We owe it to ourselves and to our patients to be intimately familiar with our equipment and procedures."

About This Publication

NCEMS NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMS). This newsletter is published as a service to the Foundation's members and the national EMS community.

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E-mail articles to be considered for publication to info@ncemsf.org

Treating One of Our Own

Dr. Scott C. Savett, NCEMS Vice President

Imagine this: you are a new EMT fresh out of class. The EMT certification card in your wallet looks like it just came from the printer. You've joined a local squad as a volunteer and you are only an hour into your very first shift. You have never been on an emergency call, and you're hoping that this will be the night you treat your first "real" patient.

You're in the back of the ambulance with your EMT partner acquainting yourself with the BLS supply checklist. Since they are sitting in the cabinet that you're currently checking, you innocently ask about the triage tags. The squad's chief, who is your paramedic partner tonight, replies that it's not very common for an MCI to happen in the squad's local jurisdiction, but the squad routinely responds to neighboring areas to assist with MCIs.

Your EMT partner frowns as his ambulance pager begins vibrating. "This is not good..." he says staring at the alphanumeric pager readout and shaking his head. The dispatch is for mutual aid to a "car into a church." To make matters worse, one of the vehicles involved in the crash is rumored to be an ambulance. The rest of the BLS checklist will have to wait until later.

The scenery is a blur as the chief drives the ambulance to the call. Arriving on scene, you're directed to your patient in vague terms: "He's under the 'Do Not Enter' sign on the corner." Walking the 200 feet to the patient, you realize that it's not just an ordinary patient. This is an EMT from the local squad, and it suddenly dawns on you that this is not a training scenario. This is the real deal.

Things are happening quickly. C-spine is maintained, a cervical collar is applied, and the patient is quickly log-rolled onto a long spine board and secured with straps. Everything is textbook so far.

"How about putting him on O₂?" you ask, remembering back to the skills hammered into your head. The medic responds, "Don't worry about the oxygen for now... let's get him off the cold street and into our warm ambulance."

You help wheel him to your ambulance and watch as your partners load him in. You make a mental note that you need more practice with the stretcher.

It's uncomfortable to take your trauma shears to the EMT's uniform. As you cut his shirt and fleece pull-over you realize that it could just as easily have been you strapped to the long

board about to be loaded into a medical helicopter headed for a trauma center.

When the excitement is subsiding as you get back to the station, you can't believe what just happened. As you repeatedly review the sequence of events in your head, you are impressed with the flow of the call. You felt both involved with the call and also a bystander at the same time. It was an exhilarating first taste of EMS on the streets.

As you and your partners restock the ambulance, your EMT partner asks, "Do you have any questions about what happened out there?" You appreciate the reassuring sincerity in his voice. Even though he's been an EMT for nearly 15 years, you can sense that he can remember his first call and the impact it had on his life. His question opens the door to review the operation of the stretcher and ask a few questions about the patient's care.

The next week you come to the station and meet up with the same crew. Instead of triage tags, you ask about the burn kit while reviewing the BLS checklist. Based on the events of the previous week, the paramedic idly threatens you with bodily harm if he gets called for a burn victim during the shift. Thankfully the only call that shift is a CVA.

★★★

In the above story, the mentoring of a new EMT is off to a great start. Not more than a few hours into her EMS career she was presented with a challenging call and the opportunity to ask questions about it. New EMTs shouldn't expect such occasions, but may have to actively seek them out. Don't be bashful! Similarly, experienced EMTs shouldn't be hesitant to ask colleagues about an unfamiliar piece of equipment. How many of us have recently practiced applying a traction splint? Would you feel 100% confident of its use on a call tonight? We owe it to ourselves and to our patients to be intimately familiar with our equipment and procedures.

Learning can be both a formal and informal process. If you don't already have one in your squad, consider implementing a mentoring or buddy system where a new EMT has someone (not necessarily their partner) from whom questions can be authoritatively answered without fear of reprisal or condescension.



NCEMSF Executive Officers
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NCEMSF wants to hear how you and your campus celebrated EMS Week 2005...

E-mail your stories and photographs to: emsweek@ncemsf.org

National Collegiate EMS Foundation
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Good luck with final exams, have a safe winter break and see you in Boston February 24-26!

Make your plans to attend the Annual Conference!

Join the NCEMSF Board, student volunteers from Brandeis University, Boston University, Massachusetts Institute of Technology, and Tufts University, and your fellow collegiate EMS providers from across the country February 24-26 in Boston.

REGISTRATION: The only way to register for the 2006 Conference is online. Conference fees and payment policies are enumerated on the conference Web site. Register and pay early to lock in the cheapest rates for what is already the most affordable EMS education experience.

TRANSPORTATION/LODGING: Registration fees do not include transportation, parking or lodging, however, a number of significant discounts have been arranged. Conference attendees are strongly encouraged to stay at the host facility, the Hyatt Regency Cambridge, in order to gain the most from the conference experience.

More information about the conference schedule, fees, travel, awards, skills competition, and local attractions is available online.

Visit <http://www.ncemsf.org/conf2006/> and register!