National Collegiate EMS Foundation

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NCEMSF NEWS

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Message from the President

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

Several weeks ago, we received a request from students at the University of Iowa for assistance in starting a campus EMS group. Earlier in the academic year, they had formed an EMS interest group, but now they were meeting resistance from the university administration.

The future of their group hung in the balance as questions were being raised from all involved parties. Volumes of emails were exchanged discussing issues including whether the group could keep "EMS" in its name.

The request was forwarded to our Startup coordinator, Andrew Mener, who started collecting the typical background information that we need to help move a group forward. During this process, we try to piece together the history, figure out what went wrong, and create a plan to correct it. The evidence usually points to the failure of a group to identify a supportive advisor with administrative clout. Other common pitfalls are the inability to gain support from other segments of the university such as campus police or student health, and submitting a proposal that is neither reasonable nor realistic. Once a proposal is circulated every word is scrutinized. Unfortunately, this is typically where we get asked for help.

However, for the students at Iowa, this was not the case. I read though the email exchanges and wondered if there was a piece of the picture that we were missing. They had several ardent supporters including the Assistant Vice President and Director of Public Safety, and the Vice President of Student Services, I was puzzled as to where the resistance was coming from and what they could have done differently. In the meantime, a meeting among all of the key players was set to discuss the group. I offered to attend to provide insight and tout the benefits of campus EMS. In my mind, this was the students' last chance to convince their university of the merits of having a campus EMS group.

I arrived on Sunday morning and was greeted by Doug Buchan, the group's founder. We had less than 24 hours to prepare for the meeting. We spent the next several hours discussing the history and then focused on addressing concerns that had been raised. I proceeded with asking questions about other typical concerns to hear their responses. We picked apart the original proposal and started rewriting it. I continued to stress the importance of not walking into this meeting unprepared. I left each of them with a task: to think about why his/her involvement in EMS is important and to be prepared to share it.

The next morning, it was game time. There were approximately 20 administrators and representatives from the university, the hospital, the local fire department, and the local ambulance service crowded into a conference room ready to discuss the fate of this campus EMS organization. The meeting started with an overview that I provided on campus EMS. It was then Doug's turn. He presented the proposal flawlessly and then turned to his fellow members and started introducing them and asked each one, why their involvement in EMS is important to them.

One by one each member explained the positive impact that their EMS involvement would have on their career and education. Many of them had aspirations to become health professionals and desperately wanted hands-on patient contact. However, the room became silent when one student told her story. "I come from a small town in Iowa, where there are only four EMTs. When I go home for the summer, I respond to approximately 50% of the calls. Without these EMTs, the people in my town would not receive emergency care as they wait for an ambulance to arrive from several towns away. While my career goal is to become a surgeon, my hope is that this group will inspire others to become EMTs so that they can have the skills to help others in their communities."

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> ***"Through this experience our lifelong commitment and responsibility to provide community service is developed."***

Study Shows Significant Regional Differences in Cardiac Arrest Survival

Amy Berenbaum, NCEMSF Central Regional Coordinator

After suffering a sudden cardiac arrest, a seventy-seven year-old parking lot attendant lay motionless in his booth, unconscious and without a pulse. It took four minutes for EMS personnel to arrive on scene. However, as a collegiate EMS bike response group, they could not transport the patient to the hospital nor provide Advanced Cardiac Life Support (ACLS). They initiated CPR but an automatic external defibrillator (AED) reported that there was no shockable rhythm. It took another eighteen minutes of valuable time for an ambulance to arrive. The man was pronounced dead in the Emergency Department.

If this situation had taken place somewhere else, he might have had a much better chance of survival.

According to a *JAMA* news release, a recent study of non-traumatic out-of-hospital cardiac arrest (OHCA) outcomes in ten areas in North America revealed that there is a "five-fold difference in survival rates" across geographic regions, with Seattle ranking highest and Alabama ranking lowest. This is a significant issue since approximately 166,000 to 310,000 people experience an OHCA every year in the United States.

The study was conducted by Graham Nichol, M.D., M.P.H., of the University of Washington, Seattle and his colleagues. It analyzed data on all out-of-hospital cardiac arrests from May 2006 through April 2007 in ten areas in the U.S. and Canada that participated in the Resuscitation Outcomes Consortium (ROC).

Those ten areas included a total population of 21.4 million, which is larger than any other ongoing OHCA study population. However, the authors of the study qualify its finding by saying that the sites were "selected by a competitive process emphasizing regional sites with well-organized EMS systems." Consequently, the resulting data may represent above average outcomes, though the reported outcomes are still not cause for much optimism. Even so, this study is "the most robust resource to date for determining the public health magnitude of cardiac arrest."

Among the ten sites, 20,520 cardiac arrests were assessed by EMS personnel. In 58% of those cases, resuscitation was attempted. Only 7.9% of those who were treated by EMS personnel were discharged from the hospital alive. Of those with ventricular fibrillation, only 21% survived.

Not only is a 7.9% OHCA survival rate very low, but there is a troubling disparity in the range of survival rates across sites. The EMS-treated cardiac arrest survival ranged from 3% in Alabama to 16.3% in Seattle. Ventricular fibrillation survival ranged from 7.7% in Alabama to 39.9% in Seattle. The authors of the study hold that these ranges represent "significant and important regional differences in out-of-hospital cardiac arrest" outcomes.

Because "as many as 294,851 EMS-assessed OHCA cases may occur annually in the United States," improving survival rates could have a drastic effect. The authors of the study implore us to imagine that, "If survival after OHCA treated by EMS could be increased throughout North America from the study average of 7.9% to the maximum observed rate of 16.3%, an estimated 15,000 premature deaths would be prevented each year."

Differences in OHCA outcomes across geographic regions, on the other hand, point to areas of EMS which can be improved. These differences are most likely attributable to "regional differences in the availability of emergency cardiac care." The components of emergency cardiac care include "bystander CPR, lay responder defibrillation programs, EMS factors such as experience of personnel, and types of interventions provided by EMS personnel." Some of these factors have been shown to be "associated with differences in survival or quality of life after resuscitation," although more research is needed in order to determine the contributions of each of these individual factors.

For example, only 31.4% of EMS-treated cardiac arrests received bystander CPR. While 84.8% of bystander-witnessed cardiac arrests received bystander CPR, this number still can and should be improved. The authors of the study assert that "ongoing efforts are necessary to encourage the public to be ready, willing, and able to provide CPR when necessary." Because CPR is a reasonably simple skill that does not require substantial training, it is feasible to reach this goal.

In addition, outcomes could be improved even further "by reducing the time to arrival of EMS providers capable of advanced cardiac life support." The median amount of time from the call for help until the arrival of advanced life support for EMS-assessed cardiac arrests was seven minutes, with an interquartile range of five to ten minutes. In the case of the parking lot attendant, it took twenty-two minutes for ACLS to arrive, although CPR was provided and defibrillation available before then. This delayed response time most likely played at least a small role in the man's death.

Although the survival rate of cardiac arrest victims is very low, the "5-fold variation in survival after EMS-treated cardiac arrest and 5-fold variation in survival after ventricular fibrillation demonstrate that cardiac arrest" cases are not a lost cause. Cardiac arrest is treatable. By assessing the differences in outcomes across geographic regions, it is clear that the "allocation of increased resources for EMS operations is necessary to achieve important improvements in cardiovascular health."

We are already beginning to move in the right direction. The Institute of Medicine has "identified the need to improve funding for EMS operations."

As Arthur B. Sanders, M.D. and Karl B. Kern, M.D. argue in an accompanying *JAMA* editorial, "it is time to recognize the importance of EMS systems to the health of a community." Cardiovascular disease is the leading cause of death in the U.S. Both "physicians and the public should demand data on survival from cardiac arrest from every community." Now is the time to tackle community barriers to cardiac arrest survival.

Collegiate EMS squads have the unique ability to significantly improve the odds of surviving a cardiac arrest in their own communities not only by providing care during an emergency, but also by providing education. All squads should strive to offer CPR training on their campuses and in the surrounding communities. By reaching out all will "be ready, willing, and able to provide CPR" if the need should ever arise.

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LEADERSHIP: Exactly How Should I Lead the Ship?

Eric MaryEa, NREMT-P, NCEMSF Director-At-Large

What persona should one possess to be a good leader? How is the quality of one's leadership judged and by whom? These are two of the many fundamental questions surrounding management and the ability to serve as a leader. The answers to these questions are not as clear cut as they may appear.

While there are many traits that lend themselves to comprising an effective and respected department head, there are several that will doom the aspiring administrator. A management style that works for one may not for another, and what is effective with certain employees may prove detrimental when attempting to apply that approach to other members of the workforce. It is also vital that administrators acknowledge the inherent differences between managing a volunteer agency or organization versus paid staff. I am not writing this article as a self-proclaimed authority on management styles or clinical psychology, but rather simply drawing off my own life experiences as a rank-and-file EMT, paramedic, supervisor, administrator and chief; a person who has witnessed firsthand the effects of poor leadership and at times a person who also has been part of the problem. Hopefully, this article will aid others in knowing what characteristics to look for when electing or appointing a leader and will also assist future and current leaders in their quest to be the best leader they can be, leaving behind good memories and positive thoughts with those they directed.

Although some of you reading this have never served in a management or supervisory role and, therefore, may not be familiar with the "ins and outs" of managing styles, you can think of managing akin to parenting; you are responsible for watching over members of your 'family', serving as the protector and role model, knowing when to show praise for good behavior and knowing when to discipline. Aside from agency-specific by-laws and standard operating procedures, which require specific actions for certain situations, the way in which you run your organization, or 'family', is based on one's specific management style and personality. Those who have taken courses in psychology or sociology should be familiar with the three main parenting styles: *authoritarian*, *permissive* and *authoritative*. Management styles can be grouped into the same three basic factions. Since a majority of NCEMSF's target audience is volunteers, I will focus my assessment of each of these styles toward how they work with respect to volunteer personnel.

The Authoritarian

Everyone has come across an individual who embodies the authoritarian approach to supervision or management at some point in his/her life and career. This is the person I refer to as the "Because I Said So" leader; the person who always has to be in control, exerts that control over others, and does not take well to having his/her command or direction questioned. The authoritarian sets strict rules and standards of conduct and is typically very critical of those who do not measure up to expectations. In addition, this type of leader also tends to focus on and punish bad behavior rather than praising positive actions. In certain cases this management style may prove very effective, especially in a corporate setting. After all, when dealing with paid personnel, the most basic reward for performing at or above one's level of expectation is continued employment and a paycheck at the end of the week. However, since monetary compensation typically does not apply in the volunteer setting, the organization's or agency's productivity is directly proportional to its members desire to continue volunteering and the respect the general membership has for its leader.

Over the course of the last decade, I have had the opportunity to serve for and work with several EMS and fire agencies, both paid and volunteer. In a paid system, the chain of events when dealing with an authoritarian superior is simple: a supervisor tells his employee to do something and he does it; if he does not, he risks being suspended or even fired. The key incentive here is money. In a volunteer system, members are donating their free time to serve their organization and, in the case of EMS and fire departments, their communities. I have watched volunteer agency productivity hit all-time highs as well as plummet to record-breaking lows. The one contributing factor to both extremes was the level of morale present among the workforce. When money is removed from the equation, the only incentives remaining are the feeling of self worth that comes with giving back to the community and the amount of fun one has while doing it.

With all the day-to-day stressors and demands that come with full-time education and employment, the last way people want to spend their free time is volunteering for an organization which employs the same management style as their full-time, salary-bearing employer. The more demands placed upon a volunteer and the more frequent or severe the punitive actions taken against the member, the less likely that individual will feel valued and the worse the individual's view of the organization's leadership. On a larger scale, the more members who feel the same way, the lower the overall morale and the harder it becomes to staff the ambulance or fire apparatus. Many leaders of volunteer agencies underestimate the power of morale and the "fun factor," but their importance almost always becomes obvious at some point. In a few unfortunate circumstances, the ignorant leader will continue to blame the low morale, thinning member presence at the station and low call turnout on the entire membership rather than reflecting on how he may have caused the problem. For all the reasons above, the authoritarian management style should be reserved for the paid workforce and may prove disastrous if attempted in the volunteer arena.

The Permissive

In stark contrast to the authoritarian leader is the permissive superior. The permissive gives up control to their 'children', or staff. This individual makes few, if any, rules and rarely enforces them with any consistency. Boundaries are generally blurred, and the supervisor takes a free-spirited approach to the subordinate's behavior. This type of leader is less likely to confront members on their bad behavior or poor choices and may feel incapable of correcting errors made by others. Notwithstanding the negative impact of the authoritarian leader, the permissive style also has its downsides.

Although not as damaging to the volunteers' morale as the authoritarian, the permissive may find it difficult to maintain control over his subordinates. There is a delicate balance between

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Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

The Regional Coordinator (RC) network exists to facilitate communication between NCEMSF and its near 300 constituents. It is through the Regional Coordinators that NCEMSF is best able to accomplish its mission of advocating and supporting campus based EMS. The Regional Coordinators are equipped to assist each squad with the day-to-day issues it faces and to help publicize squad achievements. There are few issues that the NCEMSF leadership has not seen before and for which it is not equipped to offer advice and guidance. If you are a CBEMS leader and have not met your Regional Coordinator, please contact Michael Hilton, NCEMSF National Coordinator, and he will gladly connect you with your RC.

Canada

McGill University First Aid Service (MFAS) hosted this year's "Mixer," a Canadian team tradition which is a fall "mini-conference" with its main emphasis on a first aid competition. The event offers a few lectures as well. The Mixer was a success drawing members from most teams in Ontario.

University of Ontario Institute of Technology CERT (UOIT CERT) attended the Mixer conference in November and had the distinction of taking home first place with one of its team members, Jeff Brown, the team's Communications Coordinator. CERT has also launched a new website. Check it out!

Members of *University of Windsor Emergency Response Team (UWERT)* celebrated Collegiate EMS Week by offering a wide variety of activities throughout the week. Early in the week, they held an information booth for both public relations and recruitment purposes, while staging two simultaneous mock scenarios in the busy student centre. Both drew quite a large crowd. Mid-week they hosted a health fair booth offering various health related information as well as blood sugar and blood pressure checks. To finish off the week, they offered free CPR training to members of the campus community.

Massachusetts

A welcome to our region's newest member, *College of the Holy Cross*, which is looking to start a service over the next year. We hope to hear more updates in the coming months.

The 4th annual Yankauer Games were held at Boston University on November 8th. In attendance were *Boston University EMS (BUEMS), UMass Amherst, Brandeis (BEMCo), and Tufts EMS (TEMS).* After a prolonged battle, which included CPR stretcher races, rock wall medical assessments, blindfolded deliveries and EMS Jeopardy, BUEMS found themselves the victor. TEMS placed a very close second. (See Page 7 for complete coverage)

Boston College EMS used Collegiate EMS Week to promote its services and sponsored CPR classes, becoming a very visible entity both on its campus as well as on Facebook.

Northeastern University is moving forward with plans to implement its service by becoming affiliated with its campus health service.

Tufts EMS participated in CPR Day to kick off Collegiate EMS Week by holding a free class for approximately 20 people.

Midwest

University of Dayton Rescue Squad

Collegiate EMS Week Events included:

-5 CPR classes offered, over 60 certified

-Visited UD's daycare on two days to meet with the kids and show them the ambulance

-Miami Valley Hospital's CareFlight landed on campus

-Cookout in the central campus with Dayton Fire and any interested students

-Made and passed out fridge magnets with public safety's number to every dorm room and house on campus

-Participated in UD's health fair during the week and passed out recruitment information, as well as performed health checks

Northeast

This year for Collegiate EMS week, the *TCNJ Lions EMS* tabled in the student center, distributing posters and flyers about its organization. It also had members attend the general body meetings of several other student organizations/clubs as well the campus' Residence Life staff meetings (RAs) to speak briefly about TCNJ EMS. This included the campus 911 system, the level of training of members, the scope of practice/extent of care, the difference between ALS/BLS care, and NCEMSF. The purpose was to educate the campus community about the organization, the level of care, and generally what it does. The presentations were well received and members said it was a good experience and an efficient way to educate the campus community.

Northern New England

St. Michael's Fire Rescue is celebrating its 40th anniversary this year. On November 13th, they took delivery of a brand new, custom built Sutphen Fire Engine. The Fire Unit worked extremely hard outfitting the truck with all of the equipment, packing the hose, and training on the pump for the following week and a half. The new "Engine 8" went into service the night of November 24th and rolled out the door for its first call on November 27th. With the new addition, their fleet now consists of 3 ambulances, 2 fire engines, and one hose truck. They will be running two engines out of their station for the first time in over 15 years. Congratulations!

Daniel Webster College is celebrating its 5th anniversary. However, at the beginning of the school year, the non-profit school was sold to a for-profit education company. Since the change in college administration and structure, college programs have been evaluated based on their value to the college's profitability. Daniel Webster College EMS was mandated to cease operations because their service to the campus was deemed "a liability." DWC EMS student leaders, who are certified EMT's and whom also staff ambulances that cover entire towns surrounding the college, have fought to negotiate their role on campus. DWC EMS has offered to buy their own insurance policy as well as suggest a $2.50 EMS fee for students to pay per semester on their college bill to support the EMS operating costs. DWC administration has denied all attempts at continuing the volunteer service because it is a cost center for the college. DWCEMS EMTs continue to assist at the annual EMT-B class they sponsor at the college, and remain determined to re-start the much needed medical service on campus.

NNE RC's Editorial: As the founder, four-year captain, and now alumni advisor of DWCEMS, the past semester

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has been very disappointing for me and the numerous volunteer EMTs who worked hard to create DWC EMS five years ago. By the time I graduated, DWC EMS had become a highly-regarded service providing professional medical care to the campus community, at athletic events, and during large college events. The current DWC EMS team, co-founder Chris Rousseau (also representing the NH Bureau of EMS) and I welcome all suggestions, comments, and support. Please forward any correspondence to nne-rc@ncemsf.org.

Pennsylvania

Bucknell University's SERV (Student Emergency Response Volunteers) has elected a new executive board for the upcoming year. It is excited to get working on moving the organization forward. Their projects for the spring include its annual mock MVA held to raise awareness for drunk driving, increasing their membership through recruitment events, and furthering the training of its members.

In honor of Collegiate EMS Week *Juniata College EMS* held a CPR day where CPR training was offered to all interested members of the campus community. Juniata held a continuing education class that offered its members three hours of trauma education. JC EMS also performed outreach by participating in Safety Day at Huntington Community Center and Big Brothers/Big Sisters (age 5-17). Finally, JC EMS sponsored a luncheon for its advisors and members.

Penn MERT hosted a Disaster Drill next to the high rise dorms to mark Collegiate EMS Week. It also held three days of CPR demonstrations around campus and offered AHA CPR classes on campus as well.

Temple University EMS (TUEMS) is pleased to announce several advancements this fall. It conducted IPMBA training and welcomed ten new members to active status in October. It also hosted a First Responder (FR) class that wrapped up in November. It will be hosting a second FR class in February, followed immediately by an FR-EMT Bridge course. Lastly, its headquarters has relocated to a more central and accessible location on the main pedestrian walkway of the campus.

In celebration of Collegiate EMS Week, *Villanova EMS* conducted a mock DUI on Villanova University's campus. The drill included vehicle extrications and a landing from PennSTAR. After the drill , participants headed back to the VEMS building for refreshments and debriefing. *Rowan University* also attended the event.

West

Emergency Medical Services of the University of Southern California (EMSC) co-founders Shane Keller and Maya Babla have been working diligently to establish a student-run EMT program at USC. Since their information session in April 2009, they have gained the interests of more than 100 students on the USC campus. Because of this large interest, they brought an EMT class to the USC campus during the summer and had 25 students complete the course. Shane and Maya have also made huge strides with their university's administration in order to find the right niche for EMSC on their campus. Now with 9 members on their Executive Team and four advisers who will provide the proper medical oversight, they are looking forward to beginning standby services at club and intramural sporting events in the spring.

Santa Clara University (SCU EMS) has had a busy, but great fall quarter. With a 60% increase in the number of alcohol related calls on campus, SCU EMS has even more force behind its push for medical amnesty on campus. It is the hopes of SCU EMS and other medical amnesty supporters that students will no longer fear calling SCU EMS because of judicial sanctions once the policy is implemented. This medical amnesty policy has been in the works for years now and will hopefully be approved for a trial run by next fall quarter.

Another project that SCU EMS worked on this past fall quarter was CPR Day, which took place during National Collegiate EMS Week. SCU EMS collaborated with Residence Life Staff to get 32 students trained in CPR. These 32 students were awarded AHA HeartSaver Certification cards upon completion of their course. Because of the success of this program and further student interest, Residence Life has suggested offering another CPR training course in the spring to offer more students the opportunity to learn CPR.

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Do you have news about your squad you would like to share? Contact your Regional Coordinator and look for it in the next issue of *NCEMSF News.*

Regional Coordinator Network

Region	Name	E-mail Address
National Coordinator	Michael T. Hilton	nc@ncemsf.org
Canada	Jeffrey J. Bilyk	canada-rc@ncemsf.org
Central	Amy Berenbaum	central-rc@ncemsf.org
Massachusetts	Kathryn Kinzel	ma-rc@ncemsf.org
Mid Atlantic	David Weand	midatl-rc@ncemsf.org
Midwest	Joseph Grover	midwest-rc@ncemsf.org
New York	Eric Pohl	ny-rc@ncemsf.org
North Central	*AVAILABLE*	northcentral-rc@ncemsf.org
Northeast	Yoni Litwok	northeast-rc@ncemsf.org
Northern New England	Stephen Lanieri	nne-rc@ncemsf.org
Pennsylvania	Les Polk	pa-rc@ncemsf.org
Southeast	Noah H. Prince	southeast-rc@ncemsf.org
West	Amanda Wong	west-rc@ncemsf.org

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maintaining order and promoting dissent; and while the authoritarian typically inspires widespread opposition, the permissive may have trouble maintaining order given their "laissez faire" style of management. Permissive leaders are usually either introverts or simply have issues striking the balance between friend and superior. That doesn't mean that superiors need to distance themselves emotionally from their subordinates, nor does it mean that leaders cannot maintain friendships with members in their organizations. It simply means that one must be able to separate business from personal and put his/her foot down in situations that call for action.

Contrary to popular opinion, respect is earned; it is not granted hand-in-hand with the title. This is usually a hard concept for the newly-elected or even sometimes seasoned leader to comprehend and may signal the beginning of a tumultuous year in office. Respect may be lost relatively quickly with the authoritarian, but it may never be gained with the permissive. A leader, by definition, should not be a follower. Superiors need to be able to assert their authority when circumstances dictate. Without rules and authority comes chaos and disorder. Unlike the authoritarian who does not stop "flexing his/her muscle", the permissive rarely, if ever, does. The permissive must teach him/herself to do so fairly quickly and early on in his/her leadership. The only way for this type of leader to effectively manage is to incorporate some authoritarian approaches to his/her repertoire. The blending of the two parenting styles, authoritarian and permissive, personifies the authoritative leader.

The Authoritative

The third parenting style is the authoritative parent, who draws his qualities from both the authoritarian and permissive. The authoritative leader provides his 'family' with reasonable and clear expectations, setting guidelines for appropriate and inappropriate behavior. This leader continually monitors his/her children's or employee's behavior, correcting it accordingly. However, this type of leader is distinguished from the authoritarian in that the authoritative focuses on the good behavior of the individual. Good behavior is rewarded while bad behavior is condemned, though in a loving, nurturing fashion. This form of parenting, or leadership, lends itself toward individual feeling of responsibility and self-worth.

Since the authoritative leader focuses on the good behavior of its members, its volunteers tend to feel more valued, or appreciated. With personal feeling of self-worth and appreciation comes a high level of morale and respect for the leader who has shown the member a mutual level of deference. This leadership style is most effective in the volunteer world, as this type of leader continually demonstrates his/her level of admiration for those who serve. The true volunteer does not perform his service for the purpose of monetary or other compensation, but does respond positively to a pat on the back or the occasional "thank you." The authoritative leader recognizes the importance of reinforcing good or expected behavior, and the occasional praise does wonders for the individual provider's self-esteem as well as the overall morale among the ranks.

The authoritative management style is the most effective of the three, incorporating the best aspects of the two aforementioned styles. The authoritative leader is able to establish expectations of behavior and set rules of conduct like the authoritarian, but does not spend his/her time inventing new forms of discipline. Moreover, he is laid back and takes a partial "let them be" approach like the permissive, but he also knows when intervention is necessary. The old adage of treating others how you want to be treated applies here; the leader who shows the membership how much it is appreciated and respected will foster appreciation and respect of the leader among his/her membership.

Regardless of one's management style, it is important to remember that volunteers are there because they want to be, not because they need to be (unless fulfilling some type of court-ordered community service). For this reason, leaders and managers of volunteer agencies should make the volunteer experience a pleasant and non-stressful one. After all, the organization needs its members more than the members need the organization. Granted, when someone signs up to volunteer as an EMT or firefighter they are taking on some commitments: weekly drills, monthly meetings, training courses and continuing education requirements, and assigned crew shifts. Some agencies even enforce requirements for minimum call percentages or service hours. Of course, when members do not meet the minimum requirements, they should be spoken with or disciplined. After all, they were aware of their expectations when they enlisted. However, anything beyond the minimum requirements established by the agency should just be met with a "thank you" for just showing up. Who knows…maybe some will become even more active.

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Nichol G, et. al. "Regional variation in out-of-hospital cardiac arrest incidence and outcome." *JAMA* 2008;300:1423-1431. PMID: 18812533

Sanders, Arthur B.; Kern, Karl B. "Surviving Cardiac Arrest: Location, Location, Location." *JAMA*. 2008;300(12):1462-1463 (doi:10.1001/jama.300.12.1462)

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It is easy to become distracted by the arguments of cost or liability. It is easy for those that feel that they are going to lose money because of decreased responses to campus to become obstructionists. But it is difficult to deny the existence of a campus EMS group when you truly focus on what we do. We help people. We help people on our college campuses. We help people in our communities. We are dedicated towards ensuring that when someone is in need of help, whether we are in college or later in our life, that we are there to help. Through this experience, our lifelong commitment and responsibility to provide community service is developed. Which leaves you wondering why are there colleges and universities that do not provide this experience for their students...

Happy Holidays!

George J. Koenig, Jr., DO
NCEMSF President

COLLEGIATE EMS WEEK AND CPR DAY 2009: Annual Boston Yankauer Games and Other Activities

Timothy J. McMichael, NCEMSF EMS Week Coordinator

The eleventh annual Collegiate EMS Week, took place November 9-15, 2009. Collegiate EMS Week is a week-long recognition and celebration of campus based EMS and provides an annual opportunity for campus-based EMS organizations to highlight their activities and educate their communities. Collegiate EMS Week this year started with National Collegiate CPR Day. This special day, which NCEMSF anticipates being an annual event, was created to educate as many college students as possible across North America in the basic principles of CPR on a single day.

On Monday, November 9th campus-based emergency medical service providers on college and university campuses across North America joined together to educate their fellow college students in the basic principles of CPR and provide them with the skills to save a life.

There are many activities that took place on various campuses across North America to spread the knowledge of CPR. This was a chance not only to educate, but also to highlight the pivotal role that campus based EMS organizations play in contributing to the overall safety and health of the colleges and universities they serve.

Let us know how Collegiate EMS Week and CPR Day was marked on your campus.

From Boston University:

On Sunday, November 8th, 32 EMTs from Boston University, UMass Amherst, Brandeis, and Tufts participated in Boston University's 4th Annual Yankauer Games. Each year teams from around Massachusetts compete in an EMS skills competition unlike any other. This year's theme was "Ironman." Schools competed in EMS challenges that required strength, endurance, and a good sense of humor. The competition consisted of a CPR skill station, a rock-wall climb to reach a patient, a silent patient assessment, and a blindfolded delivery of twins.

As teams were brought up to the track, they were told that they were called to the house of a victim in cardiac arrest and while inside their ambulance was stolen! All they had was their crew, a stretcher, and a patient in need of CPR. They had to stretcher their patient all the way to the hospital, while doing compressions. The teams raced around the track for 3 laps, switching out the EMT performing compressions after completing each lap. Brandeis even lapped Tufts at one point in the race! Almost every EMT collapsed at the end of the race, exhausted from the run and all teams came in under five minutes time, with Boston University in the lead after the first event.

The second event started with a relay challenge and ended with one chosen team member climbing the rock wall to assess vitals on a stat mannequin suspended high up on the rocks. While one team member was harnessed in to climb the wall, the remaining team members had to race down the hallway with two of their legs splinted together. When they reached the end of the hallway they had to crutch their way back together on one pair of crutches. Points were given for time and accuracy of the vitals assessed. UMass Amherst came in first place in this event, with perfectly accurate vitals!

The games then entered into the assessment phase and all teams had to complete two assessments. For one assessment, team members had to pick one person to act as the patient and they were given a scenario with limited information. Their patient was instructed that they spoke a language that the EMTs did not understand and the entire assessment had to be performed charade-style with hand signals. The patient was a diabetic who needed glucose and was then stung by a bee half-way through the scenario and became anaphylactic. Points were given for administering the correct medications, performing a thorough assessment and time.

For the second assessment one team member was blindfolded and led into a room where delivery mannequins had been set up. Team members were instructed to guide their blindfolded teammate through the delivery without the use of certain words such as baby, umbilical cord, delivery, and infant. The only catch was that team members did not realize they were delivering twins!

The day ended with an intense game of EMS jeopardy and some pizza. After final jeopardy, where teams carefully wagered the points they had accumulated throughout the day, Boston University came in first place and Tufts came in a very close second. The day was a great success and provided some exciting ideas for next year's competition.

We hope to see you all participate in this event or something similar next year!

How was Collegiate EMS Week and CPR Day celebrated on your campus???

NCEMSF wants to hear, please email stories, photos, videos, press releases and local press coverage to:

emsweek@ncemsf.org

About This Publication

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Contact Information:
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West Sand Lake, NY 12196
Phone / Fax: 208-728-7342
Email: info@ncemsf.org
Web: http://www.ncemsf.org

Looking for something to do this summer? Consider the newly-created NCEMSF Summer EMS Research Internship... stay tuned for developing details although email president@ncemsf.org if interested!

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