

NCEMSF NEWS

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"If we embrace the last two competencies, we will propel collegiate EMS to the next level."

Message from the President

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

Welcome to the 15th annual NCEMSF Conference! This weekend over 700 collegiate EMS providers will have the opportunity to attend over 50 seminars, learn new skills, meet new friends, and will return to their campuses energized to make a difference. The dedication towards making a difference is what makes our organization special.

This past year, as Chief Resident, I was charged with the task of ensuring that our residency program met the core competencies as described by our accrediting organization, the American College of Graduate Medical Education (ACGME). My initial response was, "Why do we have to meet these core competencies? What do they have to do with becoming a competent surgeon?"

In 1999, the ACGME proposed that all residents regardless of specialty must meet all six of the core competencies. They defined the competencies as Medical Knowledge, Patient Care, Interpersonal & Communication Skills, Professionalism, System-based Practice, and Practice-based Learning & Improvement.

After thinking for several months about these core competencies and how they fit into surgical training, I came to the realization that they really do make sense. Not only do they make sense for medical training, but they also have a place in the collegiate EMS setting.

As collegiate EMS providers, some of these six competencies come naturally to us. Almost every campus EMS organization achieves the competency of Medical Knowledge by requiring a minimum level of training for their members prior to participating in patient care. In addition, medical knowledge is reinforced through encouragement to attend continuing education classes, squad training sessions, or conferences.

The competency of Patient Care is another one that is very familiar to campus EMS. The teaching of patient care has been standardized

though the use of mock patients and scenarios. We strive to be able to care for not only the routine patients, but for the patients who sustain unimaginable injuries. We also have quality assurance and quality improvement programs to identify patient care issues.

The remaining four competencies are not as natural to us. They are more difficult to achieve and require commitment to achieve them. However, we should learn to integrate them into what we do in the pre-hospital setting. For the most part, we are able to identify when people fail to meet the competencies of Interpersonal & Communication Skills. But after recognizing a deficiency, how do we correct it? There are very few formal programs that teach how to communicate. Since it is vital to what we do, why not emphasize its importance?

The same argument holds true for Professionalism. We spend a considerable amount of time defining professionalism in our operating procedures and writing rules as to what to do when someone does not conduct themselves in a professional manner. But do we ever formally teach professionalism? How do we foster compassion, integrity, and respect for others?

If we embrace the last two competencies, Practice-based Learning & Improvement and System-based Practice, we will propel collegiate EMS to the next level — a level that will exceed any other EMS organization in this country.

The competency of System-based Practice is two-fold. It is the relationship of the individual provider to the broader system, and also the understanding of overall system resources. It encompasses cost-effective practice as well as patient safety and advocacy issues. I realize that these terms and concepts may seem complex. However, they only seem complex because we are unfamiliar with them and until now were isolated from these issues.

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EMS Initiated Non-Transport: A New Direction for Collegiate EMS?

Michael T. Hilton, NCEMSF National Coordinator

It is 20:00 hours. "PD to EMS, respond to a 20 year-old female feeling sick." As a campus-based EMS (CBEMS) provider, one is exposed to a variety of patient illnesses. Some are exciting and challenging, such as dyspnea and chest pain. Some, however, like the illness associated with this dispatch, turn out to be more mundane. A "sick" person may be someone with a viral respiratory infection, the omnipresent cold, or perhaps, the flu. The patient is stable, with no EMS intervention needed besides transport to the Emergency Department (ED). Even this is questionable: does this patient really need an ED visit, which can cost well over \$1000? Would this "sick" person be better served with oral fluids overnight and seeing her primary care provider or health services physician the next day? Is this even a possibility in the EMS system, which insists on transport immediately to definitive care in the form of the ED?

CBEMS is funded in a variety of ways. Most services do not bill directly, but rather levy a form of tax on the whole student population of the school to cover the service whether it is used or not. Essentially, it becomes a free service with no payment or transaction per use. This free service, then, erases the cost barrier from the equation when a college student is deciding whether to call for the ambulance. Ultimately, the large number of "mundane" calls that we see as CBEMS providers is the result of this. In "Path Analysis Modeling Indicates Free Transport Increases Ambulance Use for Minor Indications," J.Ting and A. Chang conclude that "free ambulance transport was associated with increased clinically inappropriate transport as defined by declining illness acuity, patient

admission, and younger patient age."¹ The study retrospectively compared day, time, age, gender, distance, acuity, disposition (admission vs. discharge) and transport (self vs. ambulance) from 2002 and 2004 of 55,397 ED patients between which time funding in their EMS system changed from billing to a levy tax on the whole community. They found that patients arriving in 2004 had lower acuity illness, were less likely to require admission, were younger and lived closer to the ED than patients arriving in 2002. Thus, this indicates that the free transport model on college EMS campuses perhaps is part of the reason for all of the "mundane" low acuity patients.

If many of these low acuity patients do not need hospital admission, and you consider the monetary, resource and time cost of the ED visit to the patient and the ED itself, does it not make sense that there may be a better way to take care of these patients? Perhaps one solution would be to allow them to visit their primary care provider. To do so would require allowing EMS to not transport a patient, in other words "EMS initiated non-transport." This is an almost taboo notion in EMS today. Yet, it is possible to do so safely and effectively. In "Paramedic Initiated Non-Transport of Pediatric Patients," C. Haines et al., following a prospective observational case series at Akron Children's Hospital looking at the rate of hospital admission and death following non-transport, conclude that non-transport appeared to be safe and effective.² Non-transport is defined as a protocol-driven initial assessment, the findings of which were then reviewed with online medical command and then a transport recommendation was made to the parent

and patient. If not transported, the parent was advised that the patient should receive definitive physician evaluation within 24 hours. Of 5,336 requests for EMS, 13.1% were non-transport and 2% were upgraded by online medical command to transport. Of those not transported, 2.4% were eventually hospitalized (with 0% deaths) after definitive evaluation and 53% were evaluated by a physician within 72 hours.

This provides an interesting option for EMS in general and CBEMS in particular. What if, for those mundane patients, instead of transporting the patient with a viral upper respiratory infection or influenza to the ED, the EMS crew could non-transport the patient and recommend follow-up for definitive evaluation at health services? Of course, while these studies indicate the possible safety of this approach, a successful program would require a change in EMS culture and additional training. As advocates of EMS and as college students, you may be able to start the change in EMS culture and work towards an improved EMS system which is more responsive to the needs and resources of the patient and the healthcare system in general.



1. Ting, Joseph Yuk Sang and Chang, Allan M. Z. (2006) 'Path Analysis Modeling Indicates Free Transport Increases Ambulance Use for Minor Indications', Prehospital Emergency Care, 10:4, 476 - 481

2. Haines, Christopher J., Lutes, R. Esther, Blaser, Mark and Christopher, Norman C. (2006) 'Paramedic Initiated Non-Transport of Pediatric Patients', Prehospital Emergency Care, 10:2, 213 - 219

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The last competency, Practice-based Learning & Improvement, emphasizes evidence-based care and implementing quality improvement activities. Historically, research in EMS has been deficient compared to the rest of the medical field. In some part, it is related to the sparse funds available for EMS research. However, research does not have to be costly since it can be coupled with your quality improvement reviews. When a deficiency is identified, take the next logical step by planning an improvement intervention. Implement the

proposed intervention and analyze its effectiveness. If it was effective, implement it more broadly. Most importantly, share your data with the rest of the campus EMS community.

I look forward to meeting each of you. Many thanks to the University of Pennsylvania Medical Emergency Response Team, Rowan University Emergency Medical Service, Villanova Emergency Medical Service, the Regional Coordinators, the support of our NCEMSF friends, and the Board of Directors for their never-ending

dedication and assistance. The network of friends and colleagues that you build today will allow you to strengthen your organization in the future. If there is anything that I can assist you with, please do not hesitate to ask during the conference or email me at president@ncemf.org.

Best Wishes,

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

Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

This is my last conference and I am graduating this spring. I have put a lot into my squad and I'm going to miss it. I want to see some of the things my friends and I have worked on continue. What can I do?

Soon Gone

Dear Soon Gone,

There is a whole new world out there waiting for you, but it is nice to stay connected to friends and something that has been important to you. There are many things you can do to stay connected. Does your squad have an alumni association? If not, maybe you and your graduating friends could start one. Many schools' alumni associations have chapters based on clubs or groups at the school. You could start there and see how to form a chapter. NCEMSF encourages campus EMS alumni association to help support campus squads. For ideas, check the NCEMSF web site and email our alumni coordinator at alumni@ncemsf.org.

Does your squad have an alumni representative or two on your board of directors? Alumni can often provide a lot of resources and ideas to help squads, especially when they have experience solving the same problems or addressing the same issues in the past. You may want to start a Facebook.com group for alumni so that you can keep in touch.

This doesn't have to be your last NCEMSF conference either. We encourage alumni to return as participants, speakers, and exhibitors to our conferences. We have an

alumni reception at the conferences and opportunities for alumni to continue to serve in NCEMSF leadership positions. Think about a life membership in NCEMSF to keep in touch and for professional networking.

Campus EMS alumni associations can be invaluable to squads and might even help raise funds for scholarships or new vehicles for your squad. If you have an EMS alumni association, register it on the NCEMSF web site data base so that we can keep in touch.

One idea that you could consider is an EMS reunion every five years at your school. Activities can be planned with the support of your school's alumni association and your squad. Don't forget to put out some leftovers from your EMS alumni dinner for the squirrels!

See you around the conference!

Professor Squirrel



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. Your name and school will be kept confidential. Visit his nutty e-Shop at www.cafepress.com/ncemsf and get your own Professor Squirrel and NCEMSF apparel and souvenirs. You can also purchase textbooks and other EMS reference materials at highly discounted prices through the official NCEMSF Store. NCEMSF apparel is available at the NCEMSF Store as well. Visit the NCEMSF Store and help support the Foundation by clicking the "Store" link on the NCEMSF Web site.

The Benefits of Membership

Karolina Schabses, NCEMSF Membership Coordinator

Do you wonder what benefits your NCEMSF membership provides? In addition to making a continued commitment to the advancement of existing collegiate emergency medical services and the development of new response groups, your membership provides financial support to promote Collegiate EMS Week, help support our annual conference, produce publications including *NCEMSF News*, honor outstanding collegiate EMS organizations and personnel through our awards program, and advocate for collegiate EMS throughout the country.

Your membership in NCEMSF also entitles you to a host of member discounts. These offers and discounts are detailed on our Web site and are available only to members of NCEMSF. Skyscape is the leading

provider of medical references for PDAs (handhelds), carrying over 170 different titles across 25 specialties that are all cross-linked with each other. Skyscape, in collaboration with NCEMSF, offers you a 20% discount on the purchase of these references. Savelives.com / Common Cents EMS Supply, offers a 10% discount to NCEMSF members on many of its great products. Emergency Training Associates / The NCEMSF Store, offers up to a 26% discount for EMS texts and apparel. Emergency Medical Services Magazine is also available to personal NCEMSF members free of charge.

Your NCEMSF membership adds to the collective strength of hundreds of members throughout the nation - those participating in and advocating for collegiate EMS. If you weren't already

a personal member of NCEMSF before this conference, your conference fees included membership for the rest of this academic year. Renewing your NCEMSF membership in June for the 2008-2009 academic year shows your continuing commitment to collegiate EMS. Don't let your enthusiasm for collegiate EMS diminish just because your college graduation is imminent. NCEMSF offers life memberships which keep you in touch with the world of collegiate EMS. More information about our membership categories and rates can be found online at www.ncemsf.org/membership.



Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

Welcome to the 15th annual NCEMSF Conference! I hope you find the conference educational and enjoyable and that you are able to take advantage of the networking opportunities. The Regional Coordinator (RC) network exists to facilitate communication between NCEMSF and its greater than 225 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 find me (Michael Hilton, NCEMSF National Coordinator) during the conference, and I will gladly connect you with your regional coordinator.

Three Regional Coordinator positions are currently available: Massachusetts, Northern New England, and Central. Please see me during the conference to apply, or visit: www.ncemfsf.org/about/leadership.ems.

Canada

Lakehead University First Response Team is celebrating its 15th birthday this year. A happy anniversary to them and their 24/7 operations.

McMaster University Emergency First Response Team (McMaster EFRT) is continuing to improve services monthly. They have now added pulse oximetry to their diagnostic toolset. Numerous members were also trained in International Trauma Life Support since the last update. To improve training available to their own members and the public, they are now also providing the Canadian Red Cross 44-hr First Responder program.

Queen's University First Aid currently has a student referendum underway to increase their current \$2.50 tuition allotment to the squad to \$3.50. It is anticipated this extra levy will go towards more advanced training and equipment.

Ryerson University Student Emergency Response Team recently completed their Provincial Symptom Relief Drug Administration training, allowing select members to administer glucagon, epinephrine, ASA, nitro, ventolin, and gravol IM. Ryerson is now the second response team in the country to run at this level of care. Its in-house training program for all volunteers is recognized by the provinces Ministry of Health including some of their members being certified to the Ministry's Emergency Medical Responder Level (equivalent to a United States EMT-B).

Massachusetts

University of Massachusetts Amherst EMS (UMass EMS) has just introduced a new blog for quick dissemination of squad information. While the group had previously used e-mail broadcasts and static Web pages to communicate information on group activities, the blog is expected to make communication easier and more interactive.

Mid Atlantic

EMeRG of The George Washington University recognized two of its members in late January with its first "Lifesaver Award." The award was given as a result of two off-duty EMeRG members successfully resuscitating an elderly man they came upon on campus during their normal daily activities. When they found him, the man was in cardiac arrest. CPR and two defibrillator shocks by the EMTs restored a sustainable heart rhythm. The patient has since made a full recovery and has been discharged from the hospital.

Sixteen members of the **University of Delaware Emergency Care Unit (UDECUCU)** assisted with the 2008 Polar Bear Plunge. The event, which benefits Special Olympics of Delaware, is held annually on the first Sunday in February. A few UDECUCU members were even brave enough to take a dip in the frigid water of the Atlantic Ocean.

Virginia Tech Rescue Squad continues to receive praise for its response to the April 2007 campus shooting incident. Most recently, in January the squad was presented with a citation from FEMA administrator R. David Paulison. In November the squad received similar

recognition from the Virginia Office of EMS (OEMS). A poster commissioned by OEMS by EMS artist/cartoonist Steve Berry was presented to the organization. Finally, the squad is in the design stages for a new \$20 million, 35,000 square-foot unified public safety facility. The new station will house both campus police and the rescue squad.

Midwest

Case Western Reserve University EMS completed its very first MCI drill this December. This mass-casualty incident (MCI) actually consisted of a total of three different concurrent drills. The first drill involved the Police and EMS agencies and their handling of the response, treatment, and transport of patients from Adelbert Gym to University Hospitals (UH) Case Medical Center. The second drill involved the University Administration's response to the MCI. Finally, the third drill occurred when all of the patients were transported to UH, and consisted of UH using the patients for their own MCI drill. University Hospitals Case Medical Center, UH Critical Care Transport Team, Cleveland Clinic, South Pointe Hospital, Cleveland Heights Fire Department, Case Police, University Circle Police, and Metro Health Medical Center all participated in the drill. In addition, CaseEMS now has a new vehicle which enables its members to travel more efficiently due to the vehicle's greater seating capacity. Finally, Dr. Lubin, the medical director of CaseEMS, is a speaker at this conference.

New York

Columbia University EMS, based in the borough of Manhattan in the City of New York, has enhanced its capabilities significantly in the past year. It has placed a second ambulance in service as a back-up to their 24/7 primary unit. It has also added the use of glucometers and dosimeters (used to detect radiation in case of terrorist attack). An additional EMT class has started to run on campus, for a total of three per year. The service has also acquired bunker/turnout gear for use by all members. Finally, their crew quarters have been completely rehabilitated from floor to ceiling. CUEMS continues to strive to improve its service and provide excellent patient care.

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Pennsylvania

Bucknell University's SERV consists of approximately 25 student volunteers who respond to an average of 70 calls and 30 standbys over the course of the school year. It currently has 13 new members taking an EMT class that will end in April. It also recently acquired a golf cart for response to emergencies on campus and standby events. In April it will be holding their annual mock vehicle accident for drunk driving awareness.

This past year, **Muhlenberg College EMS** (Allentown, PA) has worked hard to continue providing excellent care to its college community, and improve its functioning capacity with outside agencies. The organization has been licensed by the PA Department of Health and Eastern PA EMS Council to carry and administer Epinephrine Auto Injectors, and all active members have taken the certification course allowing them to administer them. It has been working with the City of Allentown to coordinate its role in the City's mass casualty incident plan. It hosted a county-sponsored MCI class, in which all of its members participated. It also created a street map index of the entire campus, had it printed in book form, and distributed it to all local agencies and emergency communication centers. Currently, MCEMS is sponsoring an EMT class being held on campus, and is looking forward to having new members from the class join the organization next fall.

Temple University EMS is up and running. It is starting by covering Thursday and Friday nights. Thus far the university community is pleased with its progress and team members are happy with their response times and interactions and interventions. As more EMTs get done with precepting, they hope to add additional shifts.

Over the past year, the **Penn Medical Emergency Response Team (MERT)** has grown to include almost sixty members, and has been experiencing its largest and most varied call volume to date. Some of its current projects include working with the Penn Division of Public Safety to create a specially trained disaster response team, continuing its push to get an SUV, and unveiling its new Web site at <http://www.pennmert.org/>. MERT was recently approved as a continuing education sponsor by the

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Commonwealth of Pennsylvania, and will now be able to offer continuing education credits to its members when they attend internal trainings.

The Student Emergency Medical Services Initiative (SEMSI) at the **University of Pittsburgh** has been working hard over the past few months. Most recently, the members have been working with Dr. Ron Roth, a University of Pittsburgh Emergency Medicine Physician and the Medical Director for the City of Pittsburgh, who has agreed to be the group's faculty advisor/medical director. SEMSI has made great strides since its formation in September of 2007 and is working towards its ultimate goal of running a BLS QRS on campus.

In 2007 **West Chester University EMS** put into service a new 2008 Dodge Durango. The vehicle seats 5, has a bike rack, LED lights, and county and campus mobile radios. The old 1997 Explorer is still in service but used by the director only. Just this past semester the group elevated four EMTs to Primary Status.

Southeast

Thanks to the efforts of **Emory EMS**, Emory University in Atlanta, Georgia, now holds the record for the largest single-venue CPR Anytime™ program in the United States, training more than 600 people in just three one-hour sessions. Emory EMS is also celebrating its 15th anniversary this year.

West

Stanford EMS (StEMS) has been hard at work this year with a number of events. It is still looking into providing expanded night time coverage and has some great events planned for the remainder of the school year.

Santa Clara University EMS (SCUEMS) has started the new year off great. Its on-campus EMT class just started. Around 20 interested students are currently taking the class to become EMT certified. SCUEMS is also planning its second annual MCI drill which should happen at the end of April.

Do you have news about your squad you'd like to share? Contact your regional coordinator and look for it in the next issue of NCEMSF News.

If your squad is celebrating a milestone anniversary this year, please inform a member of the NCEMSF Board so that you may be appropriately acknowledged during our annual awards ceremony Saturday evening.



Start-Up Your CBEMS Organization and Start-Up Your Career

David I. Bacall, NCEMSF Start-Up Coordinator

Starting up a new collegiate EMS group is much akin to running a small company. To put it bluntly, it is a daunting task. It involves a lot of tough, and at times, thankless work.

There are so many details to think about: funding, staffing, equipment, organizational structure, and chain of command, to name just a few. Then there is successfully convincing the university administration that it is a good idea too! Given the alternative established activities on campus, why would a college student elect to do this?

To answer this, I propose that we look at things from the other end. Picture yourself a few years out of college, sitting in an interview room with a prospective employer. She asks you what makes you different from every other applicant for the position. To differentiate yourself, to be exceptional, you have to go above and beyond. You need to have pushed yourself to do things outside of your comfort zone. Having started a collegiate EMS group would certainly qualify.

Whatever your future holds, whether it is

running a medical practice or being an executive at a global Fortune 500 company, there is no better leadership training course than the one available inside the back of the ambulance. As an EMT, you have already been exposed to a high level of professional trust and expertise. You have worked as a team in unthinkable situations and you may have saved a human life. Leadership experience will allow you to "kick-it-up-a-notch." As a campus EMS leader you learn the art of persuasion, are given fiscal responsibility, and may even manage human resources. You might be responsible for inter-agency collaboration or for restructuring the organizational model in favor of a new and improved one. Starting up a new organization can be the star on your resume. All of the skills that you are learning and that are available to you in collegiate EMS are exactly what interviewers want to hear about and what will make you different. Your accomplishments will make you stand apart from the pile of resumes on your prospective boss' desk - of course, none of this is to advocate that one should participate in campus based EMS to pad a resume, but rather to highlight

the enormous skill set that campus based EMS provides beyond simply responding to emergency calls.

NCEMSF can help you and your team excel in these areas. For the past 15 years, NCEMSF has been assisting college based EMS groups start up and improve their operations. We do this through the sharing of information, exchange of ideas and expertise of previous campus EMS leaders. If you are looking to improve your service, or if you are planning to start a new one, you have come to the right place. This weekend, over 750 of your peers have come together to help each other out, to learn new skills and ideas and to network with one another. Make sure that you meet as many people as you can and that you make the most of the amazing sessions that have been planned.

Who would have ever thought that the best preparation that college could provide would happen out of class and on the streets!



Community Based EMS

Jeffrey J. Bilyk, NCEMSF Canada Regional Coordinator

Following the community based policing model in EMS may lead to increased satisfaction from both your staff and the public.

In the past, the delivery of Emergency Medical Services was accomplished in a reactive and unscientific manner with little attention given to a proactive attitude. EMTs just sat at the station waiting for those emergency calls to come in. However, as of late, EMS and health services in general has started a transition towards a community based model in that we are no longer merely reactive – we participate in proactive processes such as disease prevention, health education, and the promotion of more training to the public. But there is certainly still some room for improvement and we can still use more aspects of this model and apply it to our Campus Based EMS (CBEMS) squad.

Today, the most efficient delivery of EMS to our campuses requires a systematic

process to 1) assess the needs of the campus and 2) translate those needs into EMS services and programs that can be delivered efficiently and effectively to the campus community.

In the community policing model, the police and police department are involved as members of the community. This model applies very well to CBEMS squads since the majority of their members are student volunteers, and usually the membership is actively involved in many aspects of the campus community. How does your squad get involved in the community? Ideas range from health fairs, free standby coverage to events that are for fundraising causes, free CPR/First Aid training, and educational seminars on various health related topics. Perhaps your squad does some of these events already, which sort of fits you into this model relatively well. But with a systematic approach to the model there is definitely room for improvement.

Step 1. Survey your campus – What works for one CBEMS squad may not work for another. You may have absolutely no interest for public training on one campus, or may have no interest for an emergency services recruitment day on another. Get your membership out into the public whether it's handing out written surveys, using the university and/or squad's website, and formal booths for feedback. Find out what your campus wants to see from its CBEMS.

Step 2. BE VISIBLE! – No different than the Community Policing model, your squad should always be visible, especially during those first few weeks of the school year. The best public relations tool you have is your squad itself, whether it be your vehicles, or, most important, your members in uniform. One collegiate squad I am aware of, at least once or twice a day, would send members to walk through the student center with seemingly no purpose

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NCEMSF still wants to hear how you and your campus celebrated EMS Week 2007...

Email your stories and photographs to: emsweek@ncemsf.org and you may be eligible for NCEMSF Honors

About This Publication

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

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The Ultimate Social Networking Site

Dr. Scott C. Savett, NCEMSF Vice President and Chief Technology Officer

Social networking is all the rage these days. Facebook, MySpace, Friendster, Flickr, and LinkedIn have all come to the forefront over the last couple of years. These sites are great places to meet people with common interests, make contact with old friends, or just spend lots of your free time. As I can personally attest, Facebook is a "sticky" Web site that seems to suck you in and not let go until at least an hour has passed.

Collegiate EMS lends itself well to social networking, and NCEMSF has had a piece of it since our humble beginnings in 1993. In 1995 we finally spawned our own e-mail discussion lists where campus-specific topics could be debated openly, but segregated from the greater EMS community. The segregation was purposeful, as collegiate EMS has challenges and rewards that aren't necessarily seen in municipal EMS services.

The technology has changed, but the ideas remain the same. E-mail discussion lists have largely been replaced by RSS feeds and blogs. While keeping one eye on our past, NCEMSF has embraced the state-of-the-art technology that continues to bring people together. We still offer our e-mail discussion lists, but we also have a strong presence on Facebook. The 800 members of our Facebook group represents about 50% more people than were subscribed to our main e-discussion list at its peak.

While social networking Web sites like Facebook are great tools to support collegiate EMS, NCEMSF conferences are an even better way to get an understanding of the current issues facing your colleagues. While a post on our Facebook discussion board might garner a few responses, asking the same question in a panel discussion with seasoned experts at this conference will undoubtedly provide more useful information. With over 700 attendees from more than 70 schools coast-to-coast and nearly 50 workshop presenters, there is somebody at this conference who can answer practically any question that you may have about collegiate EMS. Your only challenge may be finding that person.

As creatures of habit we tend to stay within social situations that are comfortable. That would include staying close to other delegates from your organization. But what fun is that? You'll be seeing a lot of them on the trip home, which might be a long flight or drive. And you can hang out with your squad mates when you get back to campus. I would encourage you to

mingle with representatives from other organizations while you are here. This weekend you should make it a point to introduce yourself to at least five other conference attendees that you didn't previously know. If you really enjoyed listening to a speaker, go up to them after their workshop and introduce yourself. Whether it's a sales rep at the tradeshow or an EMT from across the country, the connections you make at NCEMSF conferences are valuable. You never know when your paths may cross again or in what context that next meeting will be.

Speaking of connections, NCEMSF likes to keep in touch with collegiate EMS alumni. We know that the knowledge you gained while serving your campus EMS organization for three or four years doesn't just vanish when you walk across the stage wearing a cap and gown. Some of this weekend's most popular speakers have collegiate EMS backgrounds, though disposable BVMs and nitrile gloves weren't even on the drawing boards when they were driving "code 3" across their campuses. Please consider keeping in touch with NCEMSF even after you graduate. We love to have alumni at conferences, either as attendees or speakers. As an alum at the conference, you'll have an additional networking opportunity at our alumni social.

This conference marks the 15th time that collegiate EMS responders have gathered to enjoy both educational and social activities. I have been to all of the annual NCEMSF conferences and can confidently say that this conference weekend experience is much different than the first one in 1993 at Georgetown University. While the hosting facility has improved over the years and the size of the conference has steadily grown (we're about 6 times the size of the first conference), the core ideals remain unchanged. We stay true to our mission: "The Foundation provides a forum for the exchange of ideas of campus-based emergency response issues." Thanks to your participation, NCEMSF conferences are the ultimate social networking experience and idea exchange forum.



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Please visit the Membership section of the NCEMSF Web site to update your contact information. In the spring we will be mailing a printed newsletter (Volume 12, Issue 4) to every member. Newsletters will be addressed based on contact information in our membership database.

Note: personal NCEMSF membership follows the academic calendar and will expire on May 31, 2008.



Have a Facebook.com account?

Join the National Collegiate EMS Foundation Facebook group and continue networking with your fellow collegiate EMS providers after leaving Philadelphia!

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whatsoever. Of course it did have a purpose – bringing the campus community in touch with the great service that it had.

Step 3. Make the public informed and comfortable in using your service – use every public relations avenue that is available to your team. Do it consistently, not just when your team NEEDS something from the public. Does your CBEMS station have office hours or public hours that the university community can just come in and take a tour of the station? Or perhaps you might even host a highly publicized open house once a semester. Not only does this keep you in touch with your campus community, it is also a great recruitment tool!

Step 4. Follow-through – Don't ever say (not even ONCE) that you're going to do a certain

event and don't follow through. Have a backup for the backup. And if you have to back out make sure there is plenty of notice if possible. It takes years to build the community's trust and only one small incident to leave a sour taste in their mouth.

There are certainly many other ideas that I haven't mentioned here that you will be able to identify right off the top of your head and that's because, again, each campus is unique in its needs. The challenge lies in ascertaining those needs and delivering them to the public. Ultimately this delivery model can end up resulting in higher public satisfaction, awareness, and give your volunteers greater reward in what they are doing on a daily basis with your squad. In this day and age EMS is much more than just running 9-1-1 calls.



The 16th Annual Conference will be in late February, 2009. Interested in hosting?

Complete the RFP online at: www.ncemsf.org/about/conf2009/