

# NCEMSF NEWS

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## Message from the President

George J. Koenig, Jr., NCEMSF President

Earlier this month, I visited and rode along with Columbia Area Volunteer Ambulance (CAVA). CAVA provides Basic Life Support (BLS) for Columbia University, located in New York City. They respond to approximately 600 calls a year and serve a population of about 30,000 people. During my ride along with CAVA, I had the opportunity to respond to two calls and watch their members in action.

After one of the calls, a CAVA member asked how their organization compared to other collegiate EMS organizations. I started by explaining the different types of services that collegiate EMS organizations provide. I told him that some organizations provide special event coverage, while others provide quick response, and some provide a BLS or ALS (Advanced Life Support) transport service. I said that since they are a well-established BLS transport service, they are considered among the best.

As I traveled back to Philadelphia from New York, I thought about how I answered that question. In retrospect, the answer that I gave was incorrect. CAVA provides an excellent service, but what makes them an excellent organization is not the fact that they are a transporting service.

Obviously, you do not have to transport patients to be a great organization. The strength of CAVA is their ability to work with each other as a team. Their teamwork extends beyond responding to calls. It is woven throughout their entire organization.

Teamwork can be defined as the ability to interact with others and achieve a common goal. Some people reserve the notion of teamwork as something that happens when you are caring for patients. When the patient is delivered to the hospital or the care is transferred, teamwork ceases. In order to be a great organization, you need to constantly strive to make every member feel as though they are part of the team.

It is a common misconception that you need to be a senior member to have an essential role in your organization. Probationary members can be just as vital to the organization. Take a moment and ask yourself if members of your organization feel as though their input and participation is meaningful. As a senior member or a leader, it is your job to reinforce this concept. Remind others how important their participation is to your organization.

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*"The strength of CAVA is their ability to work with each other as a team."*

*"We have an untapped resource called alumni... a group of professionals with a special place in their hearts for that campus EMS group that started them off right."*

## Welcome to Apathy

David I. Bacall, NCEMSF Alumni Coordinator

Apathy is defined as a lack of concern. Obviously as pre-hospital caregivers, I don't mean to imply that you don't care. It just appears as if sometimes our priorities are slightly skewed.

At first glance it would seem that as administrators of our systems, our first concern should be patient care. That couldn't be further from the truth. Good patient care is the outcome of a system designed to produce good caregivers. As administrators (and future world leaders) it is our job to provide just that.

I'm sure you already have great in-service training courses, immense fundraising campaigns, and campus wide recruiting programs...WHAT! You don't? There are not enough hours in the day? You don't have the resources? You don't have the people? If you don't, then your organization is headed in the wrong direction. Even here in New Jersey in "vollie land" as I call it, a growing number of municipal volunteer squads are forced to hire paid personnel to cover shifts. These are squads that have members who

stay for 6-15 years on average.

Most of us in the collegiate setting do not have that luxury, but we do have an untapped resource called Alumni. As I have explained in previous newsletters, utilizing your alumni to lend a hand with special administrative work is not just possible, but also practical. Here is a group of professionals with a special place in their hearts (and maybe wallets) for that small campus EMS group that started them off right.

Welcome to apathy. Since I started this alumni campaign, I have not received even one email about a new alumni program. I haven't gotten one phone call regarding utilization of alumni to fill organizational voids. I haven't seen one flyer about a homecoming EMS alumni program.

I urge you to re-examine the alumni program and to let NCEMSF help you extend the life of your senior members. Please feel free to email me at [alumni@ncemsf.org](mailto:alumni@ncemsf.org).



## EMS On-Campus Event a Success at GWU

Kelly Schirmer, NCEMSF Mid-Atlantic Regional Coordinator

On Monday April 1, 2002, The George Washington (GW) University Emergency Medical Response Group held an EMS event to introduce EMeRG and EMS to the GW community. All 50 members of EMeRG participated in the event with an attendance of over 500 GW students.

At the event, EMeRG had a blood pressure screening area where students, faculty, and staff had their blood pressure (BP) taken by EMeRG members. This sparked interest for the GW community to understand

what a BP is and how it is measured.

A CPR demonstration and instruction area was also set-up, in which EMeRG CPR instructors offered procedures for what individuals can do in the event of a cardiac emergency. The American Heart Association sponsored this and literature on CPR emergencies was distributed to interested individuals.

GW's Emergency Health Services department, which offers all classes in BLS and ALS programs, was also

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## Rhode Island Changes EMT Examination Procedures

Peter P. Pascucci, NCEMSF Northeast Regional Coordinator

*"No word has been given yet as to whether this will affect testing fees or schedules.."*

The State of Rhode Island Ambulance Service Advisory Board (the Board) has announced that it will be altering the current testing procedures for EMT basics and EMT cardiac. Due to a lack of personnel in the Department of Health Division of EMS the State has made two key changes. First, the practical exam that is taken within the EMT class as part of the class final exam will count as the practical for licensing purposes. Second, the National Registry written exam will be administered by a private educational testing service as opposed to the Division of EMS personnel as is done currently.

No word has been given yet as to whether this will affect testing fees or schedules. Additionally, the state has

not yet decided whether or not it will implement a bridge program to move the state cardiac program into accordance with the National Registry paramedic program as is required to remain a National Registry State. Presently, Rhode Island utilizes the National Registry for its basic licensure and paramedic licensure, however, since there is little functional difference in protocol between the state cardiac and the National paramedic, few departments put their personnel through the longer and more expensive paramedic program. While there are several unanswered questions, one thing is certain, change is on the way for EMT and Paramedic licensing in the State of Rhode Island.



## Accepting Change in EMS

Dr. Scott C. Savett, NCEMSF Vice-President

Change is difficult. We are creatures of habit that tend to shun any change to the status quo. This doesn't mean that as campus EMS providers we are locked into doing things the same way as our predecessors did them in 1972.

As a new lieutenant of my town's volunteer ambulance corps, I'm learning that old habits in EMS die hard. This became readily apparent when I proposed replacing our vintage 1980's orange Ferno-Washington stretcher mattresses with updated concave burgundy versions. The reasoning behind the suggested change was simple: to improve patient comfort. On top of that, I had concerns about blood borne pathogens seeping into the sewn seams of the older style mattresses.

Convincing the Corps that the new mattresses were a good idea was

easy. It wasn't until I placed them in service and the crews started using them that I heard complaints.

There were whispers within the Corps that it was now "too difficult to get patients onto the stretcher" and that "the sheets and blankets tended to slide off the new mattresses too easily."

Unfortunately, I am not sympathetic towards the complaints of my squadmates. I have not experienced increased difficulty moving patients onto the stretchers, and my linens have not slid onto the ground. However, I've listened to their concerns, and we are now seeking remedies for these apparent problems.

The changing of mattresses on stretchers is just the tip of the iceberg.  
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*"As campus EMS providers, we are not locked into doing things the same way as our predecessors did them..."*

*(Accepting Change -  
Continued from page 3)*

Recent changes in EMT testing in New Jersey has caused an uproar in this volunteer-rich state. In lieu of a state EMT exam, the NJ Department of Health now defers to the National Registry of EMTs to provide testing. The overwhelming failure rates for new EMT students taking the NREMT-B exam was a concern to many.

Having been an NREMT during my decade-long EMS career, I know that NREMT exams are difficult. But the high failure rate begs the question of whether the new EMTs are poor test takers, if the NREMT tests aren't testing what the EMT students are being taught, or if it is a more telling sign about the quality of EMS education. Only time will tell.

The moral of this story is that change in EMS is not easy. It comes very slowly. Your best bet is to prepare a detailed justification of any proposed change and be willing to negotiate. Compromise does not signify failure, especially when the net result yields progress.



## Funding for the Future

Marc C. Gentile, Director, Certified Ambulance Group

When the vision of Emergency Medical Services was revealed in the early seventies, the concept of funding such an endeavor was left out. Many commercial EMS providers started charging for the transports that they provided but it still took insurance companies until the early eighties to realize the difference between clinical medicine and pre-hospital medicine.

Charging for the commercial providers was understood. Municipal, volunteer and other non-profit EMS providers didn't even think of charging for services in the beginning. Funded by tax dollars, fund drives and donations from the community it was thought to be unethical to charge for the services rendered as well. That was then.

Since the early eighties, when the insurance industry first recognized EMS as a billable service, the general public has been paying for ambulance transportation through insurance premiums. Greater than ninety percent (90%) of the patients transported in an ambulance today have some sort of benefit or entitlement program that will cover the costs of the ambulance. The community has paid for the ambulance transportation. If they also give donations or expect other payments from taxes or tuition, then the same people have paid for the ambulance twice, once through their own payment and a second time through their insurance premium.

University and College EMS providers

*(President - Continued from page 1)*

In the past, we have seen well established organizations vanish from existence. Often times, there is not clear reason as to why. I believe that the teamwork is your best defense to

are not exempt from these standards. Most Universities require some type of insurance program for students, especially those that live on campus. The insurance may be provided through the University, or the student can be covered under their own plan or under a family plan with their parent or guardian. Regardless, the funding for EMS is covered in most of these plans.

Many Universities that make the claim that the ambulance is funded through a student's tuition also have to realize that the ambulance is not always used by a student of the university. What about University Staff, contractors on campus, and visitors on campus? Is a visiting team's fan paying for or making a donation after they fall down in the parking lot of the walking to the football game?

If your Collegiate EMS service is fully funded then obviously, you have little to question. If your service is in constant need of equipment, training or vehicles, then funding is probably the answer. EMS should not be run on a shoestring budget. Even a BLS provider that provides AED (Automatic External Defibrillator) services has to purchase the AED. Although inexpensive compared to a Lifepak 12, the AED will still cost in the neighborhood of three to four thousand dollars. Can you afford not to have the funding to purchase capital items? Can you afford to take that chance?



prevent this from this occurring to your organization. Functioning as a team, your organization will have the necessary skills to survive crisis situations.



*"This product was educational and entertaining... a good alternative source of learning."*

#### **About This Publication**

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## **EMS Resource Review**

Provided by EMSBooks.com / Heath Oustad, NREMTP/MICT

Relatively new on the market is a CD of interactive scenarios for EMT-Basic training: The Medical Emergency Response Simulator (MERS), touted as the most realistic on-screen simulation available. The simulator allows the participant to interact with Victor Hurt (the patient), ask questions, take vital signs, palpate and move the patient, and more.

The program's goal is to give students a place to practice decision-making skills before they head into the real world of the streets. The scenarios give users a chance to practice scene size-up, patient assessment, treatment and transport decisions, and proper documentation. At the conclusion of a call, the program furnishes an evaluation for students to assess their strengths and weaknesses. Over time, evaluations can be compared, so that skill improvements can be noted.

MERS can be used in a number of ways in the classroom or students can use the program independently to hone and review skills. The CD has a tutorial case study that allows the user to become familiar with all the tools and interface opportunities inherent to the program. Users can fine-tune their use of the 13 different emergency scenarios by choosing clock speed (slow, normal, or fast) and level of difficulty (tutorial, any call, beginner call, intermediate call, advanced call, or selected call). The program is compatible with both Windows and Macintosh platforms, and requires no installation.

Overall, I enjoyed this product and found it educational and entertaining. I thought it was fun and good for an alternative source of learning.

#### **The pros:**

- Keeps your attention. Time seems to fly by when you are using it.
- Very efficient at evaluating documentation skills, especially for new EMTs.
- Makes one understand the flow of an EMS call, something that cannot be taught in a classroom environment.
- Spurs thought about what you want to do to properly treat a patient in a timely fashion.
- Provides an unbiased evaluation at the end of each scenario. As an instructor, there are times when it is hard to evaluate students fairly when you are thinking what you would do in the same situation. This allows students to run calls in their own way.

#### **The con:**

- The cost seems expensive for the average Joe, since the majority of EMT-Basics are volunteers (**full version: \$350; valuepack of five for \$999, valuepack of 10 for \$1,599** — prices subject to change). However, if the marketing focus is on training institutions, the price is fair.

For more information about the Brady MERS CD, call (800) 367-0382 or visit [www.emsbooks.com](http://www.emsbooks.com).

"The source material for this article first appeared on-line at MERGINET. News, the Worldwide Webzine for Emergency Responders in July 2001 <http://www.merginet.com>."

SPECIAL OFFER TO NCEMSF members! Visit [www.emsbooks.com](http://www.emsbooks.com) and get a functional DEMO of this item for only one penny! The CD presents one patient, so you can experience this dynamic interactive training tool! Order item 0130985333.



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*Hot News!*

*Mark your calendar for the 10th Annual NCEMSF Conference: February 21-23, 2003*

**NATIONAL COLLEGIATE EMS FOUNDATION**

*c/o Scott Savett*

*210 Rivervale Road Apt #3*

*River Vale, NJ 07675-6281*



Returning to the Foundation's roots, the 10th Annual NCEMSF Conference will be held February 21-23, 2003 in Washington, DC. Look for more information as George Washington University prepares to host this event. Watch the NCEMSF Web site for more details.

*(GWU Event - Continued from page 2)*  
present to recruit students to GW's excellent paramedicine program. Their display included ALS equipment.

This gathered quite a crowd to observe how an EMS agency provides care for gun shot wounds, motor vehicle accidents, seizures, and orthopedic patients.

EMeRG allowed students to have hands-on experiences with immobilization equipment. EMeRG members demonstrated proper use of a KED, stretcher, backboard, reeves, scoop stretcher, and stair chair.

Live demonstrations were performed by EMeRG members to display typical calls encountered on GW's campus.

Food and music encouraged a light atmosphere and provided a mid-day snack to students passing by. The event was a great success and many new students were introduced to EMS for the first time. It also proved to be an excellent recruitment strategy for EMeRG as well as the Emergency Health Services paramedic program.

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