

# 2015 NREMT Spring Newsletter



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## 1,000,000<sup>th</sup> CAT Exam Recipient *Amanda Hancock, EMT from Austin, Texas*

**Left to Right:** Steven Villavicencio, ACC-EMT Coordinator, Pat Recek, Dean of Health Sciences, Amanda Hancock, 1,000,000<sup>th</sup> Recipient, Severo Rodriguez, Executive Director NREMT, Rebecca Brock, Department Chair ACC – EMSP, Joseph Schmider, EMS Director Texas Department of State Health Services.



# 2015 New Test Plan

Table 1

Content Area	EMR (90- 110 items)	EMT (70 - 120 items)	AEMT (135 items)	Paramedic (80 - 150 items)
<b>Airway, Respiration &amp; Ventilation (85% adult / 15% pediatric)</b>	18% - 22%	18% - 22%	18% - 22%	18% - 22%
<b>Cardiology &amp; Resuscitation (85% adult / 15% pediatric)</b>	20% - 24%	20% - 24%	21% - 25%	22% - 26%
<b>Trauma (85% adult / 15% pediatric)</b>	15% - 19%	14% - 18%	14% - 18%	13% - 17%
<b>Medical/Obstetrics/Gynecology (85% adult / 15% pediatric)</b>	27% - 31%	27% - 31%	26% - 30%	25% - 29%
<b>EMS Operations</b>	11% - 15%	10% - 14%	11% - 15%	10% - 14%

In order to continue to meet the requirements of the National Commission for Certifying Agencies (NCCA) accreditation (www.credentialingexcellence.org), the NREMT recently completed its fifth practice analysis. Every five years, an appropriate sample of nationally certified EMS professionals at all levels is selected and surveyed. Respondents who provide care in the out-of-hospital setting provide feedback on patient assessment, treatment and operational tasks as well as various intervention skills. Participants identify the frequency at which they perform these tasks as well as identify the potential of harm associated with each task. A weighted importance score (WIS) is

calculated based on all responses and the relative importance of each task is then determined. Demographic questions were also included in the survey to help assure that the respondents were representative of all nationally certified EMS professionals. The NREMT Practice Analysis Committee met in September 2014 to review the results of this study and develop a Test Plan reflective of this most recent survey of data. The demographic makeup of the respondents were analogous to the current NREMT database and other NREMT initiatives (previous research efforts and Practice Analyses). The proposed test plans were then presented to the NREMT Board of

Directors at their November 2014 meeting and were approved for implementation on September 1, 2015.

Beginning on September 1, 2015, all NREMT Test Plans and reported results will be based on the revised test plans as shown below (Table 1). It should be noted that the maximum number of items delivered and the maximum time limits for each of the current computer based NREMT cognitive examinations will remain unchanged by these revised test plans. Only the emphasis of particular tasks has changed, not the items or standards for entry-level competency.



# The National Continued Competency Program: The “New” Recertification Model

Since the 1980s, national EMS recertification has consisted of 72 clock hours of continuing education for each nationally certified EMS provider level. Recently, the EMS community across the nation has been changing entry requirements with the adoption of the new National EMS Scope of Practice and implementation of the EMS Education Guidelines. Because entry level requirements have changed, it was necessary to evaluate continued competency requirements.

In 2012, the NREMT introduced a new recertification model, the National Continued Competency Program (NCCP). Constructed using methodology similar to that of the American Board of Medical Specialty requirements, the new NCCP model streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual.

The NCCP offers numerous improvements that will impact EMS for the better for years to come. These changes allow a platform for evidenced-based medicine to reach EMS professionals all over the country, give state and local agencies the freedom to dictate a portion of the recertification requirements and provide a foundation for the EMS professional to embrace life-long learning through self-assessment.

The national component of the NCCP will constitute 50% of the new recertification requirements at each level and will replace the traditional DOT refresher. Topics will be updated and will reflect current trends in evidence-based medicine, scope of practice changes and position papers from numerous associations involved with EMS research. It will also

focus on those patient presentations that have a low frequency but high criticality. The national component will be developed by a panel of experts assigned by the NREMT Board of Directors and will be updated every five years. After content has been selected, educational materials will be developed and disseminated to training officers, medical directors and program directors free of charge.

The local component of the NCCP will constitute 25% of the new recertification requirements at each level. The requirement for these hours will be decided by local entities, including the state, region or agency. These topics can include state or local protocol changes, tasks that require remediation based on QA/QI and topics chosen from run reviews. The local component allows national recertification requirements to be adapted to the needs of the state and local agencies. Methods to provide current continuing education such as monthly training, conferences, and in-service training will stay the same.

Finally, the individual component of the NCCP will constitute the last 25% of the new recertification requirements at each level. Within this component, an individual is free to take any EMS-related education. New to this recertification model will be a self-assessment tool. This self-assessment tool will provide feedback and recommendations for individual learning needs for the next recertification period.

As a result of the new NCCP recertification model, the total continuing education hours needed to recertify a national EMS certification have been reduced for EMTs, AEMTs and Paramedics (Table 1). As this model is implemented throughout the country, more information regarding the transition to the new recertification model will be provided.

**Table 1. NCCP CE Hour Requirements by Level (Every 2 Years)**

	National (50%)	Local (25%)	Individual (25%)	Total Hours
Paramedic	30	15	15	60
AEMT	25	12.5	12.5	50
EMT	20	10	10	40
EMR	8	4	4	16

## Paramedic Psychomotor Competency Portfolio

The Paramedic Psychomotor Competency Portfolio (PPCP) project developed as a result of requiring graduation from a CAAHEP accredited paramedic program or one that holds a current LOR from the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for courses that commenced on or after January 1, 2013. Recognizing the rigorous, consistent review of paramedic programs through the accreditation process, the NREMT began to investigate revision of our paramedic psychomotor examination. The NREMT focused on a more scenario-based examination that could also incorporate essential attributes of team leadership and team membership, thus better reflecting actual out-of-hospital care as opposed to continuing to test 12 isolated skills. The NREMT developed a portfolio of vital skills that each paramedic student must master in order to qualify for the National Registry Paramedic Certification examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the classroom, laboratory, clinical, and field internship settings. The completed portfolio becomes a part of the student's permanent educational file and is a prerequisite to seeking National Registry Paramedic Certification.

The NREMT anticipates incorporating the scenario-based examination in several phases, with Phase 1 beginning on August 1, 2016. In this first phase, a total of six (6) skills will be tested, five (5) of which are currently evaluated in the National Registry Paramedic Psychomotor examination. One scenario will also be tested and it could reflect either a pediatric, geriatric, or adult patient. A trained paramedic partner will be supplied as part of the examination team and will serve as the candidate's professional partner. Each candidate will be evaluated in his/her ability to manage a call, lead the team, direct all personnel and

resources on scene, effectively communicate, and maintain professionalism throughout the call.

The six (6) skills that will comprise the National Registry Paramedic Psychomotor examination effective August 1, 2016, are as follows:

1. Patient Assessment – Trauma
2. Oral Station – Case A
3. Oral Station – Case B
4. Dynamic Cardiology
5. Static Cardiology
6. Out-of-hospital Scenario

Please visit this link (<http://tinyurl.com/NREMT-PPCP>) for documents and essays used during the laboratory, clinical, and capstone phases of a student's education. Students and educational programs are welcome to use these documents for non-commercial purposes of educational or scientific advancement.



### Upcoming NREMT Webinars – Register today!

**PPCP - Tuesday, May 19<sup>th</sup> 12 PM ET**

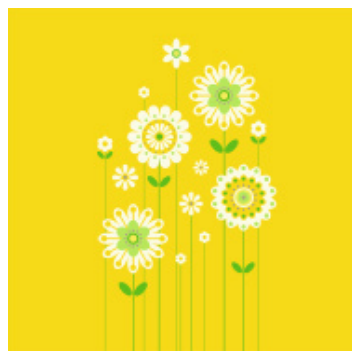
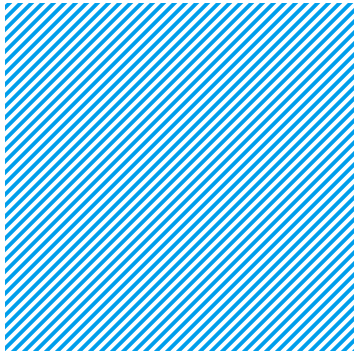
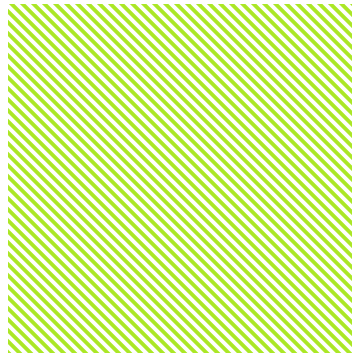
<https://attendee.gotowebinar.com/register/1073739440741154306>

**NCCP - Tuesday, June 16<sup>th</sup> 12 PM ET**

<https://attendee.gotowebinar.com/register/5766669472856568066>







# Top 15 FAQs

## 1. When should I arrive at the Pearson VUE test center to take my CBT exam?

You should plan to arrive at the test center at least 30 minutes before the scheduled testing time. The identification and examination preparation process takes time. You may also need this time to review the tutorial on taking a computer-based test.

## 2. I'm having trouble with my username and password on the NREMT website.

If you know your username you can reset your password on the NREMT website by clicking the "Forgot Password" link. If you need both username and password, you can use the automated phone system by calling the NREMT at 1-614-888-4484 and choose option #1.

## 3. My NREMT certification has lapsed. How can I gain my certification back?

If your certification has expired within two years of the expiration date or you are state licensed at the level you want to test, you will need to complete a state approved refresher, NREMT cognitive and psychomotor exams. If your NREMT certification has lapsed beyond two years and you are not licensed at the level you want to test, please contact the NREMT for entry requirements.

## 4. How do I apply; pay and schedule to take the NREMT cognitive exam?

There are step-by-step instructions on setting up an application, paying your fee and scheduling your exam on our homepage ([www.nremt.org](http://www.nremt.org)). Look for the link "Follow These Steps to Apply for Your NREMT exam."

## 5. How can I affiliate with an Agency?

Log into your NREMT account, click 'My Certification.' Click on the 'Unaffiliated' link and follow the steps to finish selecting your agency. To see if you've been affiliated with your agency, look in the upper left corner. If the agency you work for appears under your NREMT number, you are successfully affiliated.

## 6. What does the NREMT accept as valid continuing education?

The NREMT accepts continuing education that has received official approval through your State EMS office and/or the Continuing Education Coordinating Board of Emergency Medical Services ([www.cebems.org](http://www.cebems.org)). Continuing education topics may include subject matter contained within the National Scope of Practice as well as other subject matter specifically related to the emergency medical care of patients. Continuing education may be obtained through a variety of delivery methods including didactic sessions, practical drills, workshops, EMS conferences, and distributive education.

## 7. What are the current recertification requirements?

Please click on the level you wish to view:

[Emergency Medical Responder](#), [Emergency Medical Technician](#), [EMT-Intermediate/85](#), [Advanced EMT](#), [Paramedic](#)

## 8. Who can sign the skills portion of the recertification form?

Emergency Medical Responder (EMR): Your Training Officer/Supervisor can sign the skills portion of the form.  
Emergency Medical Technician (EMT) and Intermediate/85: Your Training Officer/Supervisor can sign the skills portion of the form.

Intermediate/99, Advanced EMT and Paramedic: You're Physician Medical Director must sign the skills portion of the form.

## 9. Where do I go on the NREMT website to find my CBT (cognitive) exam results?

Log into your NREMT account and click on "Check Initial Entry App Status." In most cases your results will post to your NREMT account within 1-2 business days.

**(continued)**

### 10. Why haven't my Advanced Level Psychomotor results been processed?

You must have a completed electronic application for the level at which you tested on file in order for the NREMT to process and mail your official results.

### 11. How do I locate an Advanced Level Psychomotor exam so that I can test?

On our homepage ([www.nremt.org](http://www.nremt.org)) click "Locate a Psychomotor Exam." Select the state where you would like to test and then select the appropriate level. Then click the "binoculars" icon next to the exam to see full details.

### 12. I heard that there was an Advanced Level Psychomotor Examination being held in

*a city near me this weekend. What do I need to do to be sign up for that exam?*

You are unable to sign-up for this exam. The NREMT ships only enough exam material for those candidates identified on the roster three weeks before the exam date.

### 13. I took my Advanced Level Psychomotor Examination this weekend. Where are my

*results?*

Your official results will be reported to you by mail in approximately three to four week as pass/fail of the skills tested only if you have created an account at the level you are testing.

### 14. What two forms of IDs are acceptable when I go to test?

The first ID must be an unexpired, government-issued ID that includes a signature and permanently affixed photo (visible signature not required for valid military IDs).

Acceptable government issued ID:

- State Issued Driver's License (temporary/paper ID will not be accepted)
- State Issued Identification Card
- Military Identification Card
- Passport

The second ID must be unexpired and include your name and signature.

Examples of an acceptable second ID include:

- U.S. Social Security card
- Bank ATM/Debit or credit cards

Your name on both forms of ID must be exactly the same as the name on record at the NREMT and on your Authorization to Test letter. If you have questions regarding the acceptability of your IDs, please contact Pearson VUE before arriving at the test center.

### 15. When I complete my recertification online, do I still need to mail my

*documents to the NREMT?*

If you are affiliated with an Agency and have submitted your application electronically, do not print and mail your documents to the NREMT. Your Training Officer and Physician Medical Director (if applicable) will electronically sign your form and your application will be automatically forwarded to the NREMT. We recommend you print and save a copy for your personal records.

## IMPORTANT INFORMATION

The National Registry of EMTs is no longer distributing paper marketing material. There is an abundance of valuable material that can be easily accessible on our website, [www.nremt.org](http://www.nremt.org). In recent years, the NREMT has focused on delivering a majority of its communications electronically to ensure accurate and timely distribution of information to all of its stakeholders. Below are some notable marketing material and brochures.

#### 1.) National EMS Certification

<https://www.nremt.org/nremt/downloads/NREMT%20Nat1%20EMS%20Cert%20bro%202011%20FINAL%20pgs.pdf>

#### 2.) NREMT Recertification <https://www.nremt.org/nremt/about/brochuresRecertification.asp>

#### 3.) NREMT Candidate Information (Cognitive Exam)

<https://www.nremt.org/nremt/downloads/NREMT%20Candidate%20Web%206.2.09.pdf>

## NREMT Group Testing

The NREMT and Pearson VUE have joined together to offer a new option for large groups who would like to take the NREMT examination at the same time and testing location. Group testing will be permitted for any group authorized by the NREMT with 20 individuals or larger that plan to take the exam at a Pearson Professional Center. The non-refundable cost to block the seats initially is \$15 per individual and an additional fee of \$10 per individual must also be paid once the roster has been submitted to Pearson VUE (total of \$25 per individual). In addition, the process for scheduling the exam must begin at least 90 days in advanced of the desired testing date. Please contact the NREMT at [grouptesting@nremt.org](mailto:grouptesting@nremt.org) for more information on the policy if you are interested in utilizing group testing in the near future.

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## NREMT Newly Elected Board Members – Welcome!



Elizabeth Weinstein, MD

Elizabeth Weinstein, MD is a dually boarded physician in both Emergency Medicine and Pediatrics. She attended the University of Massachusetts Medical School prior to completing her residency in the combined Emergency Medicine and Pediatrics Program at Indiana University School of Medicine in 2007. She is an Assistant Professor of Clinical Emergency Medicine and Pediatrics with IU School of Medicine, with additional appointments within the Divisions of Out of Hospital Care and Pediatric Emergency Medicine.

Dr. Weinstein worked as a flight physician for 5 years and has also previously worked as a physician on a pediatric transport team. She is the Deputy Medical Director for Pediatrics for Indianapolis EMS, a large urban EMS system and has served in this position for the last 5 years. In 2010, she was appointed by the Governor of Indiana to the State Technical Advisory Committee to the EMS Commission where she represents the needs of children in the pre-hospital arena. She also works towards optimizing care for children in her role as the Director for Indiana's Emergency Medical Services for Children (EMSC) State Partnership Program.



Paul Patrick, M.Ed

Paul R. Patrick is currently the Deputy Division Director for the Utah Department of Health Division of Family Health and Preparedness. Paul is also the Emergency Medical Services and Preparedness Director for the State of Utah. In addition he is a President of the National Association of EMS Officials (NASEMSO) serving in that position until the annual meeting 2016.

He also is a member of the Association of State and Territorial Health Officials (ASTHO) Preparedness Policy Committee and the CDC Public Health Preparedness Directors. Other groups he serves on include the Public Safety Advisory Committee Executive Committee (PSAC-EC), SAFECOM Executive Committee, National Public Safety Telecommunications Council (NPSTC) Executive Committee, Public Safety Alliance (PSA), Utah Communication Authority, and as Chair of the Western Affiliate for the American Stroke Association.

Paul is a native of Utah, married, and the father of three children. He received his Eagle Scout award in 1967 and graduated with honors from Springville High School in 1971. Paul completed his Design Engineering Degree in 1978 from Brigham Young University and Masters of Education from Western Governors University in 2013. In 1978, Paul certified as an Emergency Medical Technician and also worked for 25 years with the Springville Ambulance Service.

# EMS Research: Our Profession Through Time

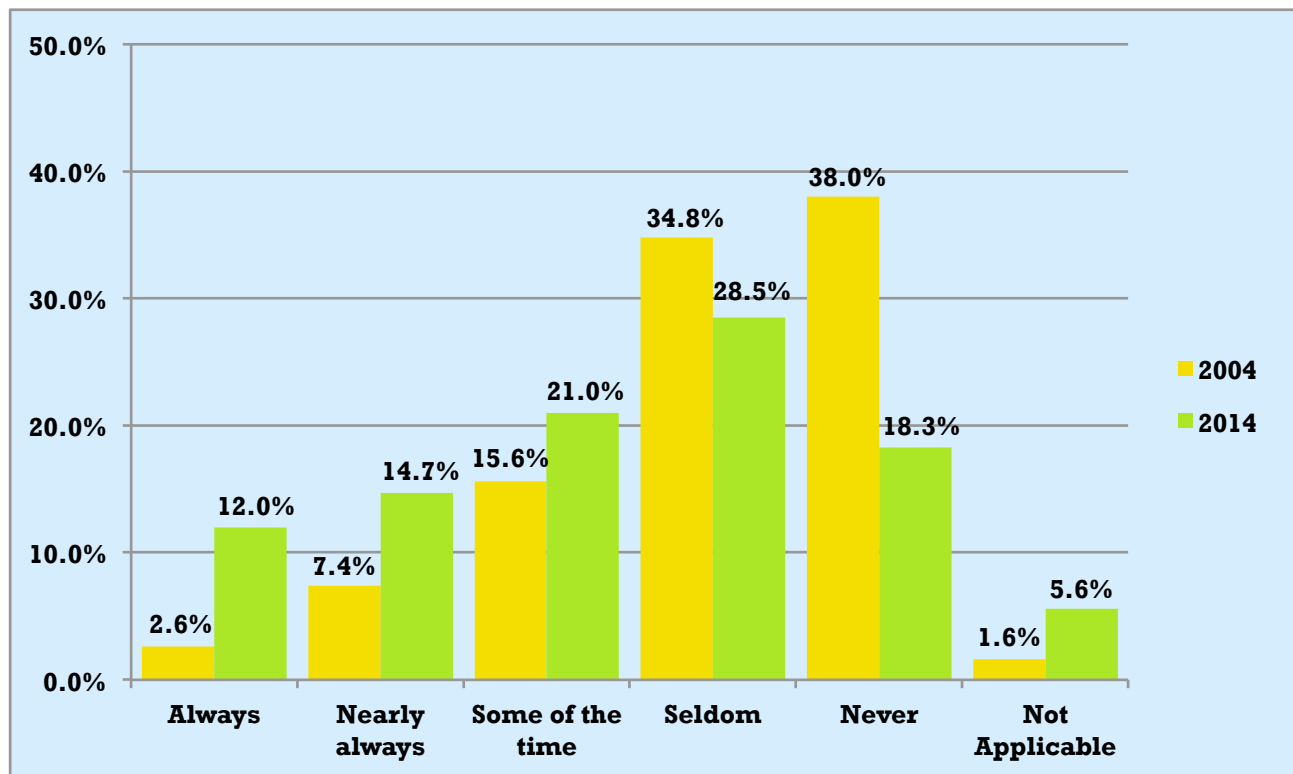
Hosted by the National Registry of EMTs, the Longitudinal EMT Attributes and Demographics Study (LEADS) is the only project that follows EMS professionals over time on a national level. The second decade long LEADS project (LEADS II) began in 2012 with a cohort of over 2,600 newly nationally-certified EMTs and paramedics. The NREMT research team is excited to launch the third annual LEADS questionnaire this spring. Some of the LEADS II focus areas include work-force demographics, ambulance safety, violence towards EMS professionals and cardiovascular health. We wanted to share some of the highlights from year two of LEADS II.

In this cohort of EMS professionals, most members who responded worked for a private EMS agency (38.3%) or a fire-based service (31.3%). About one-third (32.7%) worked as volunteers at one or more of their EMS jobs. Most LEADS participants (87.7%) reported working shifts at their main EMS job with the most common shift lengths being 24 hours (40.6%) and 12 hours (39.3%).

Physical and mental health have a huge impact on how an EMS professional is able to perform his or her duties. With respect to general well-being, the vast majority (93.7%) reported being in good, very good or excellent general health. Nearly three-quarters (73.9%) of LEADS participants engaged in vigorous exercise outside of work for at least 10 minutes per week. An even greater proportion (90.0%) performed moderate activity outside of work for at least 10 minutes per week.

Another important area of focus is ambulance safety. We compared responses from the current LEADS cohort in 2014 to responses from the LEADS cohort in 2004. The proportion of EMS professionals who had been involved in an ambulance collision was similar in 2004 (6.9%) and 2014 (6.5%). However, the severity of collisions may be decreasing as fewer individuals required medical attention after a collision in 2014 (10.2% versus 17.3%). With regard to location during the collision, in 2014 the proportion of EMS professionals who were in the patient compartment rose by more than 15% compared to 2004 (33.9% versus 18.8%). Finally, more providers were consistently wearing their seatbelts while riding in the patient compartment in 2014 compared to in 2004 (26.7% versus 10.0%). While this may suggest that the EMS community is beginning to embrace a culture of safety, much work remains to be done as less than one third of EMS professionals are consistently using seatbelts while riding in the patient compartment.

**Figure 1. How Often EMS Professionals Used Seat Belts While Riding in the Patient Compartment in 2004 and 2014**





## **Are you Requesting Reciprocity from NREMT?**

### **What is Reciprocity?**

1. Verification of your NREMT certification information, whether current or lapsed, for use when seeking EMS licensure in another state or country, or when seeking licensure in another healthcare field.
2. A Statement of Good Standing can be prepared in those instances where a prescribed state form is not available.

### **What are Your First Steps?**

1. Contact the state EMS office for which you are requesting reciprocity to obtain their required form.
2. Complete the applicant section only on the requested reciprocity form and e-mail to [cwaring@nremt.org](mailto:cwaring@nremt.org).

### **What does NREMT Certify?**

1. NREMT Certification Number
2. Status of certification
3. Licensure discipline issues, if any
4. Certification Issuance and Expiration Dates

### **How is the Information Delivered?**

1. The NREMT will mail the originally signed and completed form to the entity listed on the form UNLESS instructions on the form indicate otherwise.
2. We do not fax or email the forms to the state entity.
3. We will return an email copy of the form to you, if you request it.

## **NREMT Staff**



**Thank you for serving the public and our nation!**



## How Do You Celebrate EMS Week?

### How Do You Celebrate EMS Week?

National EMS Week, May 17-23, 2015, is the perfect time to honor your local EMS professionals and promote awareness of their everyday services to the public.

Across the country agencies are celebrating with educational events for their communities, special fund raising opportunities for local causes, and events that show appreciation for EMS personnel. You can read about many of them at [www.emsstrong.org](http://www.emsstrong.org). (Link directly to the article is <http://www.emsstrong.org/how-do-you-celebrate-ems-week/>)

Below are 2 unique and inspiring ways EMS Week is being celebrated across the country this year.



**National EMS Memorial Bike Ride:** Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles.

[muddyangels.com](http://muddyangels.com)

East Coast Ride – May 16-23, 2015

Kentucky Ride – May 16-23, 2015

Colorado Ride – June 24-26, 2015

West Coast Ride – September 21-26, 2015



**EMS Week Bass Tournament:** Participants in this Chattanooga, Tenn., tournament consist of active EMS and first responders fishing to raise money for their local charities, the Forgotten Child Fund and the Paramedic Scholarship Program. This year's tournament will be May 18, 2015.

[emsweekbasstournament.com](http://emsweekbasstournament.com)

**How are you celebrating EMS Week in your community?** We'd love to hear about it! Share your events on social media with #EMSSSTRONG.

### EMS Week: May 17-23

EMS Week is your chance to recognize your hard-working team of professionals. Use this link to find EMS Strong gifts and promotional items to meet any budget: <https://www.jimcolemanstore.com/acep/>

The EMS Strong campaign seeks to celebrate, unify and inspire the men and women of our nation's emergency medical services. Created by the American College of Emergency Physicians (ACEP) in partnership with the National Association of Emergency Medical Technicians (NAEMT), EMS Strong brings together associations, EMS services, sponsors and national media to honor the dedication of EMS practitioners nationwide and to take National EMS Week into the future. For more information go to [www.emsstrong.org](http://www.emsstrong.org).