



The Registry

THE NEWSLETTER OF THE
NATIONAL REGISTRY OF EMERGENCY
MEDICAL TECHNICIANS

WWW.NREMT.ORG

The Nation's EMS Certification™

Experts Speak on Key Issues Facing EMS for NREMT 40th Anniversary

A panel discussion held in Columbus, Ohio on June 4, 2010, consisted of some of the most influential EMS experts who spoke about the most challenging issues



NREMT Executive Director William E. Brown, Jr. (left) with founding NREMT Executive Director Rocco V. Morando.

facing EMS today, the role National EMS Certification plays on the safety and well-being of the American public, and how National Certification can contribute to the future of EMS.

The event was held in recognition of the 40th anniversary of the National Registry of Emergency Medical Technicians (NREMT), which is the oldest non-governmental, non-profit EMS organization in the United States.

Panelists were Ray Bias, head of Governmental Relations for Acadian Ambulance of New Orleans; Drew Dawson, Director of the Office of EMS for the National Highway Traffic Safety Administration (NHTSA); Dr. Marilyn Gifford, a leading expert in prehospital

emergency care; Dr. Norman McSwain, one of the country's foremost experts on trauma care and inventor of the McSwain Dart—a patented device that enables Paramedics to relieve pressure in the chest; Mary Beth Michos, Deputy Executive Director and Chief of Operations for the International Association of Fire Chiefs (IAFC); Rocco Morando, founding Executive Director of the NREMT; and Dr. Roger White, Professor of Anesthesiology/ Cardiology at the Mayo Clinic College of Medicine and recognized for implementation of the Early Defibrillation Program—considered the first and most effective of its type in the world.

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It's Critical to Create an Account on the NREMT Website!

We need to be able to contact you with important announcements, policy changes or for your assistance in the event of a disaster. In addition, the NREMT Research Department will be conducting an important survey of EMS professionals (see article on back page), and a complete database is critical for this research. Please take a few minutes to go to the NREMT website and create an account. If you've already created an account, make sure all the information is updated and current. Please encourage your co-workers and colleagues to do the same!

NREMT EMS Research Fellowship Position Available

The NREMT is accepting applications for an EMS Research Fellow position. The ideal candidate is a Nationally Certified, field-experienced Paramedic possessing a Bachelor's degree from an approved college or university. Successful candidates must be able to gain admission to The Ohio State University's (OSU) graduate school for an approved doctoral studies program.

The NREMT EMS Fellowship is a rare opportunity to pursue a doctoral degree while benefiting from mentoring, hands-on research skill development, and a unique education at both the NREMT and OSU (a world-class university). You must be highly motivated and committed to positively impact EMS on a national level. The successful EMS Research Fellow will enjoy a reduced workload

and fully-funded, in-state tuition while pursuing graduate studies at OSU. Work responsibilities at the NREMT will include NREMT duties as well as research activities, conference presentations, committee memberships, running projects, and publications.

Upon completion of their doctoral studies, EMS Research Fellows sponsored by the NREMT have secured important EMS research positions helping the NREMT heed the call to provide appropriately trained EMS researchers identified in the *EMS Research Agenda for the Future*.

To be considered for the position, please send a cover letter and your resume or vitae to Dr. Greg Gibson, Research Director, NREMT, P.O. Box 29233, Columbus, OH 43229.





CERTIFICATION / RECERTIFICATION

Transitioning National Scope of Practice Provider Levels Overview of Proposed Transitions

The NREMT Board of Directors is committed to implementation of the *EMS Education Agenda for the Future: A Systems Approach*. Included within this agenda is the National EMS Scope of Practice Model. Therefore, in order for NREMTs to maintain National EMS Certification as outlined in the *EMS Education Agenda for the Future*, all NREMTs must meet the minimum requirements of knowledge and skills outlined in the National EMS Scope of Practice Model.

Transition policies are currently being reviewed and the final policies will be announced in our 2011 Summer/Fall Newsletter, following the June 2011 Board of Directors meeting.

The **proposed** transition plans use the currently established NREMT recertification periods to guide EMS providers through the transition process. Each current provider level will be given two recertification cycles (four years) to complete a **state-approved transition course**, except Intermediate/99 – who will have three recertification cycles (six years) to **complete a state-approved transition course** to the Paramedic level. The transition periods are designed to allow each **state** to evaluate their current provider level skills and determine the appropriate transition material needed to meet the new National Scope of Practice Models.

The **state-approved transition course**, when used for NREMT recertification will take the place of the current recertification requirement of a Department of Transportation (DOT) refresher (or equivalent continuing education). Current CPR credential for healthcare provider and ACLS will remain a requirement of recertification.

The **proposed plans** also call for current Intermediate/85 providers to successfully complete skills exams, included in the **state-approved transition course**. Intermediate/85 and Intermediate/99 providers will also need to successfully complete the current National EMS Certification cognitive exam for AEMT or Paramedic, respectively, by the transition deadline for that level.

It will be important that you contact **your state EMS office** for information regarding transition requirements for your state license. You can find your state office contact information on our website www.nremt.org under National EMS System/State EMS Agency Information. In some states, there may be only a few new interventions and content that needs to be taught and evaluated, while in others there may be a large amount of new information to cover. The NREMT will not be able to answer specific questions on each state's transition requirements.

Watch for the 2011 Summer/Fall Registry Newsletter in your inbox (see related article "It's Critical to Create an Account on the NREMT Website!" on page 1). It will contain transition policies approved by the NREMT Board of Directors and other important transition information.

Plan Ahead – Make Note of Your Transition Deadline

First Responder to Emergency Medical Responder

Current Certification Expires	Complete Transition By
September 30, 2011	September 30, 2015
September 30, 2012	September 30, 2016

EMT-Basic, Intermediate/85 and Paramedic to EMT, AEMT and Paramedic

Current Certification Expires	Complete Transition By
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016

Intermediate/99 to Paramedic

Current Certification Expires	Complete Transition By
March 31, 2011	March 31, 2017
March 31, 2012	March 31, 2018
March 31, 2013	March 31, 2019



40th Anniversary Celebration June 2010, Columbus, Ohio

New Post-Nominals and Emblems Will Go Into Effect With New Provider Levels

With the transition to the new Scope of Practice provider levels in progress, NREMT post-nominals and emblems have been adjusted. The Board of Directors approved the new post-nominals and emblem designs at the November Board meeting and copyrights have been filed.

The chart below shows the post-nominals for the new provider levels. This will not take place until the transition to each new provider level goes into effect.

Current Level	New Level
NREMT First Responder	Emergency Medical Responder (NREMR)
NREMT-Basic (NREMT-B)	Emergency Medical Technician (NREMT)
NREMT-Intermediate/85 (NREMT-I/85)	Advanced Emergency Medical Technician (NRAEMT)
NREMT-Intermediate/99 (NREMT-I/99)	
NREMT-Paramedic (NREMT-P)	Paramedic (NRP)

After community feedback and surveys, new emblem designs were also approved, with the rocker being re-introduced for the advanced level emblems. The new emblems will be available when the transition for each new level goes into effect (see related article on page 4, "New AEMT Provider Level Begins in June").



Order Emblems, Jewelry and More Online!

- Emblems
- Pins
- Tie Tacks
- Decals
- Certificate Frames

Go to www.nremt.org, log in to your account, then 'My Certification', and 'Purchase NREMT Items'.

Three Options Available to Recertify Deadline is March 31, 2011

Recertification documents were mailed in early October to EMS professionals whose National Certification will expire on March 31, 2011. EMT-Basic, Intermediate and Paramedic recertification applications must be submitted by March 31, 2011. Choose the recertification option that is most convenient for you:

- **Online via the NREMT website.** Log in to your account, affiliate with your agency (employer), document your recertification requirements using 'My Certification' then 'Manage Education'. If you don't have an account, you can create one on the NREMT website.
- **By exam.** Log in to your account (if you don't have an account, you can create one on the NREMT website), complete the Recertification by Examination application and pay the exam fee. The next business day, log in to your account, print your

Authorization to Test and follow the directions to schedule your examination. Upon success, return the abbreviated form with required documentation to the NREMT by March 31, 2011. Only one attempt to recertify by exam is permitted. If you are unsuccessful, you may recertify by documenting the required refresher and continuing education.

- **Using the traditional paper method.** Follow the detailed instructions mailed to you in October. Complete and return the forms with the required documentation to the NREMT by March 31, 2011.

For complete information go to www.nremt.org and click 'Recertification Application' under 'Quick Links to Most Popular Pages'.

Frank Piscitani Joins the NREMT as Recertification Coordinator



The former Simulation Lab Manager at The Ohio State University College of Medicine, Frank Piscitani, was appointed Recertification Coordinator for the NREMT in August 2010. He is responsible for all aspects of recertification for EMS providers.

Frank brings an extensive and diverse knowledge of EMS to the NREMT due to his previous experience. Before serving as Simulation Lab Manager at The Ohio State University College of Medicine, Frank was a Paramedic Instructor for Columbus Division of Fire. He began his career in EMS as a Paramedic in Youngstown, Ohio. Frank graduated with a Bachelor of Science in Allied Health (BSAS) from Youngstown State University.

Frank's professional experience also includes serving as a peer reviewer for the *Journal of Simulation and Medicine*. He has edited and contributed to various textbooks for Prentice Hall and Brady Publishing on EMS, cardiology, and anatomy and physiology. Previously trained as an NREMT Advanced Level Exam Representative, Frank will continue to serve as a National Registry Representative at NREMT Advanced Level exams.

Frank enjoys having a positive effect on more patients as Recertification Coordinator. "I was able to interact with one patient at a time as a Paramedic. I could make a difference to more patients when I was in education. Now I can reach a greater number of patients through my work with the National Registry," Frank said.

40th Anniversary Recollections



"I am proud of the association I have had over most of these 40 years with the National Registry and... on my own, decide to re-register [with the NREMT] and I am proud to be a Nationally Registered EMT-Paramedic." — Terry Shorr, retired WV Office of EMS & Homeland Security, former NREMT staff member

"[Those working in EMS] have been called to patients by... and they treat and nurse... provide care. Others are... the Registry [who] provide... Regardless of their specific... making life better for Am...

EXAMINATION

NREMT Exams to Reflect 2010 AHA Guidelines Beginning November 2011 with Paramedic Level

In response to implementation of the recently released 2010 American Heart Association (AHA) Guidelines for CPR and Emergency Cardiovascular Care, the NREMT Standards & Examination Committee has discussed the impact of the recommended changes to our National EMS Certification materials and will be implementing all associated recommendations of the AHA Guidelines 2010 for CPR and Emergency Cardiovascular Care as of November 1, 2011 for Paramedics, March 1, 2012 for NREMT I/85, and January 1, 2012 for all other levels.

The NREMT will continue to require that all candidates for National EMS Certification possess a current and valid CPR credential equivalent to the AHA's CPR for Healthcare Provider.

The most significant changes have occurred in Basic Life Support. The A-B-C (Airway, Breathing, Chest compressions) sequence for CPR has been changed to reflect a C-A-B (Chest compressions, Airway, Breathing) sequence in all patients except newly born infants. EMS professionals should not confuse this new sequence for CPR with the age-old A-B-C (Airway, Breathing, Circulation) order for patient assessment. The C-A-B sequence mnemonic for CPR is to reinforce the need to begin chest compression as quickly as possible in any patient who has suffered sudden cardiac arrest. AHA Guidelines 2010 recommend that each cycle of CPR begins with chest compressions and not ventilations.

Delivering high-quality CPR to patients is also reinforced by AHA Guidelines 2010. While the recommended compression rate does not change for infants and children, the recommended compression depth should be 1/3 the anterior-posterior diameter of the chest, or approximately 2" in children and 1.5" in infants.

Termination of BLS resuscitation, according to AHA Guidelines 2010, may be considered if: 1) the arrest was not witnessed by the EMS provider, 2) spontaneous circulation did not return after 3 complete rounds of CPR and AED analyses, and 3) no shocks from the AED were administered.

There are substantially less changes for Advanced Life Support (ALS) identified in AHA Guidelines 2010. The ALS provider must understand that a solid BLS foundation of resuscitation increases the likelihood of ROSC with ALS interventions.

The complete NREMT document regarding the impact of the AHA Guidelines 2010 on the NREMT National EMS Certification materials is available on the NREMT website under 'Resources'.

A complete review of 2010 AHA Guidelines for CPR and ECC is available by going to www.heart.org/cpr and downloading the November 2, 2010 edition of *Circulation*.

NREMT to Adopt Field Triage Decision Scheme with Implementation of New Education Standards

The Field Triage Decision Scheme is a national trauma triage protocol developed to decrease the overall risk of death to injured persons by 25%, according to research. The protocol uses nationally consistent criteria for triaging injured patients to the right level of care. It was developed in partnership with the American College of Surgeons Committee on Trauma and the National Highway Traffic Safety Administration (NHTSA).

According to research supported by the Centers for Disease Control and Prevention (CDC), the overall risk of death was 25% lower when care was provided at a Level 1 trauma center compared to care provided at a non-trauma center.

All levels of the NREMT exams will reflect the Field Triage Decision Scheme with implementation of the new *Education Standards*, although the NREMT exams will have to consider local protocol in some areas, according to Associate Director Rob Wagoner. The recommendations call for transport to a Level 1 trauma center; however, in certain areas of the country, bypassing other facilities could result in extended transport times that may be detrimental. The NREMT exam will take into consideration these local protocols when developing all National EMS Certification materials.

One area the protocol will impact on the NREMT exams will be skills related to assessing and calculating a patient's Glasgow Coma Score (GCS). The new recommendations call for a patient to be taken to a trauma center with a GCS less than 14.

The Field Triage Decision Scheme is grounded in current best practices in trauma triage. It has been endorsed by 17 organizations, along with concurrence from NHTSA and is intended to be the foundation for the development, implementation, and evaluation of local and regional field triage protocols. It is the result of the National Expert Panel on Field Triage, a meeting comprised of EMS experts and convened by the CDC with support from NHTSA.

All levels of the NREMT exams will reflect the Field Triage Decision Scheme with implementation of the new *Education Standards*, although the NREMT exams will have to consider local protocol in some areas.

are] good Samaritans. Some are providers of care who found and [had] ing in the streets. Others are at today's inns—they call them hospitals— patients on the road to recovery; some are educators who teach to administrators, call center personnel, computer programmers, staff of le valuable services to improve EMS providers and make their jobs easier. ic nature or jobs, they are all good Samaritans. All...have contributed to ericans.” — William E. Brown, Jr., Executive Director, NREMT

Paramedic Psychomotor Competency Portfolio Study Moves into Second Phase

The NREMT Paramedic Psychomotor Competency Portfolio study moved into its second phase this past August, enrolling an additional 23 Paramedic programs for participation in 2010-11. A more diverse group of programs, half of which do not currently hold accreditation by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP), have agreed to participate in the pilot study. It is hoped that a student portfolio which documents developing psychomotor competencies throughout the entire educational experience can be reviewed and authenticated as part of the National EMS Certification process for Paramedics, culminating in a more scenario-based psychomotor examination.

Late last fall, program directors from the 8 original Pilot Sites met with the NREMT Standards and Examination Committee to review the process and data from all students who were enrolled in the initial pilot study. While most students performed at least as well on the current NREMT-Paramedic psychomotor examination as their peers from previous programs, there was a statistically significant improvement in the cognitive examination scores for participants in the pilot study.

The current portfolio consists of 33 detailed forms to assist in the formative phase of skill acquisition, covering History Taking and Physical Examination; Airway, Oxygenation and Ventilation; Trauma; Medical; Cardiac; and Obstetrics. A combination of instructor check-off and peer evaluation is utilized in this Skill Lab phase until the student can adequately perform the skill. At this point, the student begins to practice the learned skill in the context of a related scenario similar to an out-of-hospital call to which Paramedics would respond. The Scenario Lab phase is designed to evaluate the student's abilities on simulated EMS calls as both a Team Leader and a Team Member. There are also several abbreviated Clinical Evaluation forms in which clinical preceptors document the student's ability to actually ventilate, administer medications, and obtain 12-lead ECGs on real patients in a controlled environment. Each student also completes a Shift Evaluation Worksheet to summarize each clinical rotation and includes feedback on their progress from the Clinical Preceptor. The Field Evaluation phase completes the portfolio. Each student fills out a Field Shift Evaluation Worksheet at the end of each field rotation and is critiqued by the Field Preceptor. It is recommended that the Field Evaluation phase continue until the student successfully runs 17 out of the last 20 ALS calls as the Team Leader.

Each of the 23 programs enrolled in phase 2 of this pilot study are being mentored by the 8 program directors from the original pilot sites. Work is currently underway to identify attributes of Team Leaders and Team Members in order to refine the final evaluation instruments used in the final scenario-based psychomotor examination. Currently, this examination requires each student to complete 3 ALS scenarios in which he/she serves as the Team Leader for 1 of the scenarios. Other work continues to identify the proper “crew configuration” for testing as well as equipment requirements and scenario difficulty. Many experts are collaborating with various NREMT Departments and its Standards & Examination Committee in this complex endeavor. While we believe it will lead to a robust, contemporary National EMS Certification process, additional time must be committed to help assure the best product possible.



Past NREMT Chairs with Former and Current Executive Directors at the 40th Anniversary Celebration, June 2010, Columbus, Ohio. Left to right: Roger White, MD; Drew Dawson; Mary Beth Michos; Norman McSwain, Jr. MD; William E. Brown, Jr.; Jimm Murray; Rocco Morando; Peter Glaeser, MD; Marilyn Gifford, MD; Ray Bias; and Sandy Bogucki, MD. Other Past Chairs not pictured: Roddy Brandes; J.D. 'Deke' Farrington, MD; James Finison; David Hill, Jr.; Kenneth Kimball, MD; Joseph McCracken; and Howard Werman, MD.

The NREMT is Looking for Item Writers

The need to add to the NREMT item banks presents an opportunity for you to get involved. The NREMT is always seeking EMS professionals to participate in Item Writing Committees. Item writing meetings have been scheduled for 2011 at NREMT headquarters in Columbus, Ohio.

To be eligible, you must currently be licensed at the level (or higher) for which you desire to participate. You should also possess a good command of the National EMS Education Standards at the specific level as well as the current guidelines for CPR and Emergency Cardiovascular Care in accordance with the International Liaison Committee on Resuscitation 2010 Consensus.

The committee meets over two and a half days to review all items prepared by the committee. All reasonable and customary travel expenses for participating in the item writing process are covered by the NREMT. Qualified and interested EMS professionals should fax a cover letter expressing interest in this process, the level(s) for which he/she desires to write, and a copy of his/her resume/CV to (614) 888-8920 (fax).

Please note that many factors affect appointment to a committee, including assuring geographic and diversity representation. Letters of interest imply no guarantee of appointment. Thank you for your willingness to consider participating in the National EMS Certification process.

Exam Rescheduling and Call Center Fees Go Into Effect January 1, 2013

The NREMT signed a memorandum of understanding to renew its contract with Pearson VUE as its computer based exam provider. The new contract will take effect January 1, 2012. The NREMT currently projects no cost increase for CBT National EMS Certification exams through 2016.

Additional fees will be charged by Pearson VUE for services such as

rescheduling or Call Center assistance beginning January 1, 2013. Under the new contract, when a candidate reschedules a previously scheduled exam, there will be a \$25 reschedule fee charged. In addition, when a candidate uses the Pearson VUE Call Center to schedule, reschedule or cancel an exam (instead of the website) a \$10 service fee will be charged.

40th Anniversary Recollections



"For the past 38 years, every two years, I have paid out of my own pocket to become re-registered because of my belief in what the National Registry is and stands for." — Jimm Murray, former NREMT Chairman of the Board

"The National Registry of EMTs with national standardization capabilities of EMTs. This carries with it evidence of patient care in emergency until the day I die." — Ro

LEADERSHIP

Ed Bartkus, MD and Brian Litza are Elected to NREMT Board of Directors

The NREMT is pleased to announce that Ed Bartkus, MD and Brian Litza were elected to serve on the NREMT Board of Directors. Dr. Bartkus was elected at the June 2010 Board meeting and Mr. Litza was elected at the November 2010 Board meeting.

Dr. Bartkus currently serves as an Assistant Professor of Clinical Emergency Medicine at Indiana University School of Medicine. He is a graduate of the Oregon Health Sciences University (OHSU) School of Medicine and a 1998 graduate of Indiana University School of Medicine, EM residency, where he served as Chief Resident. His experience includes work as a Paramedic, Director of Paramedic Education at OHSU, Chair of Oregon's State EMS Committee, State EMS Training Coordinator for Wyoming, and a law enforcement officer. Dr. Bartkus

serves as a manuscript reviewer for Academic Emergency Medicine in the areas of EMS and medical informatics. He is the EMS Medical Director for Methodist Hospital and serves as the co-director of the Out-of-Hospital Care (EMS) Fellowship. He is ABEM certified and is a Fellow of the American College of Emergency Physicians.

Brian Litza is the Section Chief for the State of Wisconsin EMS Section, Bureau of Local Public Health Practice. He has performed in various capacities in both private and public sector EMS since 1983. Brian has served as a volunteer firefighter, EMS educator, program coordinator, supervisor, and critical care Paramedic during his 26-year career in emergency services. Brian holds more than a dozen professional certifications. He is a member of NASEMSO and

the Computer Technology Industry Association (Comp TIA). In addition to serving on the NREMT Board, Brian is EMS Committee Chair of the American Stroke Association/Wisconsin; EMS Committee Chair for Mission Lifeline; and on the NREMT Distributive Education Review Work Group. Brian writes a monthly column titled, "Straight from the State" for *EMS Professionals* magazine.

Completing their terms were Kurt Krumperman, Clinical Assistant Professor, Management Track Program Director in Baltimore, Maryland; and Alonzo Smith, former Director of EMS and Trauma at the South Carolina Department of Health and Environmental Control. The Board gratefully recognizes their service and contributions to the NREMT.



Ed Bartkus, MD



Brian Litza



Gregg Margolis

NREMT Associate Director Gregg Margolis is on Permanent Assignment with the Federal Government

NREMT Associate Director Gregg Margolis, PhD, NREMT-P was selected to be the Director of the Division of Health Systems Policy for the Office of the Assistant Secretary for Preparedness and Response (ASPR) for the Department of Health and Human Services beginning January 1, 2011. The full-time, permanent position is offered through an Intergovernmental Personnel Agreement (IPA), which allows Dr. Margolis to remain an NREMT employee on permanent assignment to the Federal Government.

Prior to this time, Dr. Margolis started a one year fellowship that began August 2009 with The Robert Wood Johnson Health Policy Fellows Program, considered the nation's most prestigious learning experience that connects health science, policy and politics. Dr. Margolis extended his Fellowship to work directly for Dr. Nicole Lurie with ASPR. His fellowship

transitioned into the IPA in January 2011 when Dr. Margolis accepted the position of Director of the Division of Health Systems.

As Director of the Division of Health Systems Policy for the Office of the ASPR for the Department of Health and Human Services, Dr. Margolis will be leading a team that will continue to implement the Affordable Care Act and be responsible for analyzing other Departmental initiatives (i.e., the Health IT portions of the American

Recovery and Reinvestment Act (ARRA) as they relate to daily emergency care, preparedness for, responses to and recovery from disasters. "This is a new Division within the Office of Policy and Planning and it is exciting that they have asked someone with an EMS background to serve in the position," Dr. Margolis said.

The NREMT is extremely proud of Dr. Margolis' achievements and will continue to support Dr. Margolis in every manner possible.

A Glimpse at the Past 40 Years



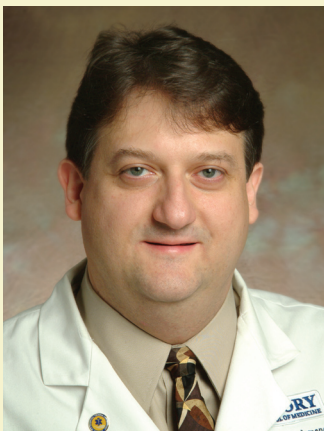
Emergency Medical Technicians is the only agency in the United States that has established mechanisms for assessing the knowledge and the performance of its members. It is the designation Nationally Registered Emergency Medical Technician that provides the best possible assurance of up to date knowledgeable and skillful performance in emergency situations." I said that in 1980 and I hold to it now in 2010 and I will continue to do so." — Roger White, MD, two-term NREMT Chairman of the Board

"It is important to realize that EMS will be increasingly visible to the public in coming years. But it is also important to realize that we will be held increasingly accountable for good patient care; increasingly accountable for our actions; increasingly accountable for good entry level competency in the emergency medical services profession. I think the National Registry is uniquely poised to help assure that accountability [is present] in emergency medical services now and in the future." — Drew Dawson, Director of the Office of EMS for the National Highway Traffic Safety Administration (NHTSA)

BOARD MEMBER HIGHLIGHT

Dr. Jeffrey Salomone

Associate Professor of Surgery, Deputy Chief of Surgery and Atlanta Police Surgeon



Dr. Jeffrey Salomone has been a member of the NREMT Board of Directors as a Physician At-Large since 2007. He is an Associate Professor of Surgery at Emory University School of Medicine and a Deputy Chief of Surgery at Grady Memorial Hospital, Atlanta, GA. He serves as the Police Surgeon for the Atlanta Police Department in a community service capacity.

Dr. Salomone's interest in EMS extends back to his high school years when he took his first EMT-Basic class and had to have his certification delayed until he turned 18. He worked as a dispatcher and EMT while pursuing his undergraduate degree at the University of Nevada, Reno. During medical school

he earned his National Registry Paramedic certification and taught extensively in EMT and Prehospital Trauma Life Support Courses. While in training at Tulane University in New Orleans, he met mentor Dr. Norman McSwain, a former Chairman of the NREMT Board of Directors and police surgeon in New Orleans.

Dr. Salomone maintained active involvement in EMS throughout his residency in General Surgery and fellowship in Surgical Critical Care. He joined the faculty of Emory University in 1996, where his practice is based at Grady Memorial Hospital and includes general surgery, trauma surgery and surgical critical care. In 1997, he became Assistant Medical Director for Grady EMS, the large hospital-based EMS service that provides 911 response for the City of Atlanta. He was appointed to the National Emergency Medical Services Advisory Council, and has contributed significantly to many national and international EMS projects and authored numerous EMS manuscripts, articles and textbooks.

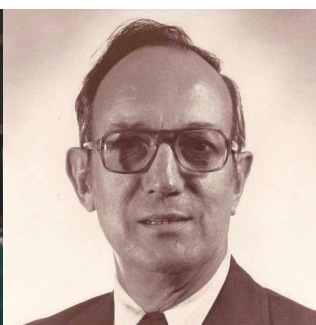
Dr. Salomone has been awarded the Presidential Leadership Award from the National Association of Emergency Medical Technicians (NAEMT) for outstanding service. He has also received the Commander's Award for Public Service by the Department of the Army. The award cited Dr. Salomone's "superior volunteer

service as the director of the 75th Ranger Regiment Trauma Center Rotation at Grady Memorial Hospital." The award recognized that his training of Ranger medics resulted in numerous Ranger lives being saved on the battlefields of Afghanistan and Iraq.

As Police Surgeon for the Atlanta Police Department for over a decade, Dr. Salomone handles as many as 200 police officer emergencies a year and is on call by choice 24 hours a day, every day of the year, declining to be paid for his service. Dr. Salomone credits Dr. Norman McSwain as providing the inspiration to serve as a police surgeon. In this capacity, Dr. Salomone has been involved in the 1996 Olympic Park bombing, the Buckhead day-trader shootings of 1999, and the 2007 Bluffton University bus crash.

The NREMT is honored to have Dr. Salomone serve on its Board and looks forward to his contributions for the professionalism of EMS.

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RESEARCH

What Does the Public Really Know about EMS?

In what Mr. William E. Brown, Jr., NREMT Executive Director, hails as a “landmark study,” the NREMT Research Department is at work analyzing data collected from the first in-depth, public opinion survey on EMS.

Kent State University was contracted to administer the 115 question telephone survey. Using an advanced cluster sampling technique based on zip codes, the survey resulted in 1,051 completed telephone interviews. “We asked questions on a number of topics—using lights and siren, perceived pay rates for EMS professionals, EMS funding, and factors considered in making the decision to use EMS, to name but a few—and the public responded,” explained NREMT Research Director, Dr. Greg Gibson. “The real issue for us [the Research Department] is to figure out what golden nuggets to present first. This is no easy task.”

Several key findings from the survey were presented and enthusiastically received at the November 2010 NREMT Board of Director’s meeting. An abstract on the public’s perception of survival rates for out-of-hospital cardiac arrest was submitted to the Society for Academic Emergency Medicine (SAEM) for consideration at their annual conference. This research abstract points to a number of factors that significantly affect the public’s inflated perception of cardiac survival rates.

The Research Department has solicited the assistance of Ron Pirrallo, MD, MHSA, FACEP. Dr. Pirrallo is the President-elect for the National Association of EMS Physicians (NAEMSP), and Professor of Emergency Medicine at the Medical College of Wisconsin, and will co-author the initial manuscript with the NREMT Research Department. “We’re pleased to benefit from Dr. Pirrallo’s insights,” added Dr. Gibson.

Second Generation of LEADS Begins

The second generation of the LEADS (Longitudinal Emergency Medical Technician Attributes & Demographics Study) project was initiated this year and will consist of a two-prong method for collecting data on Nationally Certified EMS professionals. Both methods utilize an online survey format. In the first method, the NREMT will send invitations to take the online survey to all Nationally Certified EMS professionals with email addresses. This method, referred to as a census, entails contacting the entire identified population rather than using a sampling methodology that selects a percentage of the target population.

“We estimate that we will be able to contact nearly 85% of the database via email, who will then be invited to take the survey,” remarked Dr. Greg Gibson, NREMT Research Director. “This will be the first ever census survey of Nationally Certified EMS professionals.” The census LEADS survey will be conducted twice a year and will focus on topics of interest to EMS. “The topics for 2011 will include EMS crew configuration and helicopter usage,” Dr. Gibson remarked.

The second approach for LEADS data collection consists of an unprecedented, once-a-year, online longitudinal study, which will utilize the same group of people year after year. While the first generation of the LEADS project spanning 1999 thru 2008 was able to address group level changes (for example, by certification level or service type), the new longitudinal approach will permit data analysis at the individual level. “We will survey 3,000 NREMT-Basics and 3,000 NREMT-Paramedics, hopefully for the next ten years,” explained Dr. Gibson. “To the best of our knowledge, this is the first time this has been done in EMS.”

Experts Speak on Key Issues...continued from page 1

Reflection on Where the NREMT Should Be in Ten Years

The panelists expressed significant goals when asked where the NREMT should be in a decade. Mary Beth Michos hoped that someone with an NREMT certification card could go anywhere in the world and have their level of EMS expertise recognized. Dr. White said, “While we know it’s true [that National Certification] makes a difference in patient outcome, we as an organization have to demonstrate that what we do makes a measurable objective outcome effect on the

patients for whom we care.” To demonstrate that, Dr. White explained, “We have to go into large patient populations in a controlled setting and prove that [National Certification] makes a difference.” Dr. White also emphatically stated that in ten years he hoped that the NREMT would be “fully, unquestionably recognized as THE National Certification agency in all 50 states, and that in all 50 states all EMS personnel would be required to be nationally registered and nationally re-registered.” Dr. McSwain urged the NREMT to explore expansion into countries other than the United States.

The NREMT’s Greatest Challenge

The EMS community lacks “good data driving our decision-making in what we do,” Mr. Dawson declared when asked to comment on the NREMT’s greatest challenge. Mr. Dawson explained that the EMS community needs to be open to the new alternatives available to let “good data drive our decision making.”

Dr. McSwain felt it was critical to find a way to prove that National Certification makes a difference via testing one system against another. However, Dr. McSwain pointed out, due to new regulations, “We no longer have the

ability to look at pre-hospital care and test one [system] against another. We need to find a way to answer this.” Finally, Ms. Michos hoped to see the EMS workforce recognized as a profession like nursing and other medical professions. She also pointed out the need for increased safety for the EMS workforce, and the research that the NREMT has been conducting in order to make the EMS practice safer.

Additional 40th anniversary coverage, videos and photos can be found on the NREMT website in the ‘Media Center’ under ‘40th Anniversary’.

