

Setting Sail on a New Course



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

2011 ANNUAL REPORT



Under development for the past ten years, the most significant event in the 40-year history of EMS was about to take off, and it required everyone to be on board! The transition to the Agenda required teamwork and effort...

Yes, everyone was on board and ready to sail.

2011: Sailing for a New Port, a New Shore

2011 was the year the NREMT set sail on a new voyage. The EMS *Education Agenda for the Future: A Systems Approach*, published in 2000, was no longer something of the ‘future’ but is here in the present and being fully implemented by the EMS community and the NREMT as expressed in the *Agenda*.

Under development for the past ten years, the most significant event in the 40-year history of EMS was about to take off, and it required everyone to be on board! As “the Nation’s EMS Certification,” the NREMT, along with the states, were charged with many of the implementation components. Yet, the transition to the *Agenda* required teamwork and effort from EMS education programs, publishers, the Committee on Accreditation of Educational Programs for the Emergency Medical Service Professions (CoAEMSP) and state EMS offices. Yes, everyone was on board and ready to sail.

As part of the agenda, test items for the new *National EMS Education Standards* continued to be developed by the NREMT. This task required 33 exam item writing meetings, each consisting of a team of ten EMS stakeholders gathering for two-and-a-half days of writing pilot exam items on the new *Standards*. The psychomotor skills prescribed in the new *Education Standards* had to be reviewed by committees. Users’ guides for the psychomotor (skills) examination were written for use by education institutions and states at each of the new levels: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), and Advanced Emergency Medical Technician level (AEMT). The post-nominals for each of the new levels were changed, and their trademarks were copyrighted. First Responders who are Nationally Certified will now be NREMRs; former EMT-Basics will be NREMTs; and Intermediate/85s will soon transition to NRAEMTs.

Preparation of cognitive (computer based) exams, psychomotor exams, and development of the new post nominals took time, funding, and staff focus at the NREMT. Nationally Certified providers can be grateful to two staff members in particular for the work they have accomplished: Heidi Erb, NREMT Community Relations Coordinator, who conducted research, developed the post-nominals, and oversaw filing of the post-nominals that will follow the names of Nationally Certified EMS providers; and Rob Wagoner, NREMT Associate Director (the “Michelangelo” of the NREMT test bank) and his committees, who spent the last three years writing the items covering the new *Education Standards*, detailing the skill sheets with new skills, and assuring they conformed with the *Education Standards*.

As the ship sails the vast sea (to continue the analogy) and approaches a new shore, the states and their stakeholders are preparing for arrival. Everyone has worked on (or is working on) transitions from the former levels of certification to the new levels. EMS state offices are developing their own plans for fulfilling the *Agenda*. Transition education, where needed, is occurring across the nation. As part of the recertification process, the NREMT is requiring state approved transition education, which is expected to be accomplished near 2015. Meeting accreditation education standards by Paramedic education programs is also occurring. We currently do not know of a single state that has not committed to accreditation! The CoAEMSP and its site visitors are all working hard to process requests from the hundreds of paramedic education programs seeking accreditation.

The NREMT, along with educators, the CoAEMSP, and states have pilot tested a new psychomotor competency portfolio. Modeled after physician education of the future, this portfolio has impressive pilot outcome data and better pass rates on both the cognitive and psychomotor examinations. Employer input has demonstrated that “team” functioning on calls is critical; thus, the NREMT is working on a new Paramedic psychomotor exam that will allow those who are Nationally Certified to be more street level competent. Finally the decision has been made to replace refresher education by developing national core competencies, local EMS system delivery improvement education, and individual assessment as the “new” continued competency program in 2015.

Finally, as one of the “officers on board” with the *Education Agenda* from the very beginning, I will not be completing the voyage. After 25 years of striving for a better EMS profession and patient care, the ship will arrive at port without me as Executive Director of the NREMT, as I will retire in 2013. The NREMT Board is working hard to find another “officer” to join the ranks of the many EMS organizations and states who are dedicated to improving the life and safety of all Americans. They will not fail you! The “port” at which you arrive in 2015 has well been prepared, and will be better than the one you left. God speed.



William E. Brown, Jr.
NREMT Executive Director



Charting a New Course

NREMT Successfully Begins Implementation of *EMS Education Agenda for the Future*

As we begin 2012, EMS is moving from a highly prescriptive scope of practice to one where national educational standards and terminal competencies will offer flexibility and increased professional status. The changes leave behind the many varied practice levels that exist within the states in favor of four, nationally recognized practice levels reflecting the knowledge and skills in use by EMS practitioners across our nation.

Much of the National Registry's focus in 2011 dealt with preparing for these changes. The new provider levels and the changes to the American Heart Association guidelines necessitated refueling the test banks with thousands of new items and re-tooling hundreds of old items to fit within the new practice levels. Thanks to a new contract with Pearson VUE, the National Registry has assured that the cost of exams will remain constant through 2016 for all EMS professionals.

As we begin 2012, Alabama, Vermont and South Carolina have implemented the "Mark King Initiative" which provides an opportunity for state EMS agencies to re-instate the National Certification status of EMS professionals within their states. Several other states are actively pursuing the use of this Initiative. The National Registry has also identified a process for non-military Federal agencies to authorize and credential their EMS personnel.

The National Registry is working with a broad group of stakeholders to redefine the requirements for maintaining national EMS certification with the intent that the new requirements will coincide with the implementation of the new practice levels. Still on the drawing board, the new process is proposed to include a combination of national core curricula, local EMS system requirements, and individually chosen activities. What is new and different about this is it will ask the new EMS professional to demonstrate continued competency over a

combination of knowledge and skills that are driven not only by national standards but are also directed by local EMS systems and individual needs and desires.

One of the National Registry's highest priorities is providing competent, efficient, and uninterrupted customer service. To that end, the Registry has begun a project that will double its call support capabilities. This will allow for more efficient handling of the half million annual inquiries it already manages and position it for the growth that is expected as states increase their use of the National Registry.

Recently, NREMT Executive Director Bill Brown announced that after leading the National Registry for twenty-five years, he will retire in the summer of 2013. A search committee began the work of selecting a new Executive Director last year. This executive director search process is expected to continue through this year with the new director being selected in November 2012.

It is an exciting time to be a part of EMS. I feel privileged to work with such an extraordinary group of NREMT staff, such a distinguished Board of Directors, and the many other volunteers who give of their time and expertise each year to write test items, participate in the processes that help guide the National Registry, and help shape the future of our profession. Thank you for your continued support and involvement with the National Registry of EMTs.



Tommy Loyacono, MPA, NREMT-P
Chairman of the Board

Successful implementation of the revised Education Standards required extensive collaboration with NASEMSO and its implementation team.

Navigating to Achieve Success



Exam Department Provided Significant Contributions to Implementation of the *EMS Education Agenda for the Future*

The NREMT was extraordinarily busy in 2011 as we prepared for implementation of the revised education standards, following the National Scope of Practice Model, and their impact on National EMS Certification. All NREMT cognitive items - over 15,000, were reviewed and recoded to reflect the four levels of out-of-hospital care providers and their respective scopes of practice as identified in the *EMS Education Agenda for the Future: A Systems Approach* (2000). The NREMT worked collaboratively with the National Association of State EMS Officials and its implementation team to identify the impact that implementation of four provider levels would have on the nation's EMS system as well as those who were already certified and practicing under previous standards. Timetables for implementation were developed, thoroughly vetted, published and communicated to all EMS stakeholders. Plans for transitioning currently certified and practicing EMS professionals were also developed and targeted for phase-in over recertification cycles. In June 2011, NREMT launched the new Advanced EMT level of National EMS Certification to best meet the projected needs of states who desired to integrate this new provider into their existing licensure structure. New cognitive items were drafted the past three years to reflect this new scope of practice, in preparation for the June launch. The NREMT Standards and Examination Committee provided ample oversight during development of the NRAEMT psychomotor examination and simultaneous revision of the current NREMT Advanced Level psychomotor examinations. The Standards and Examination Committee developed rules concerning eligibility and policies governing testing attempts for the NRAEMT which were approved by the NREMT Board of Directors. A new *NREMT Advanced Level Examination Procedural Manual* was published and distributed to approximately 250 designated Advanced Level National Registry Representatives following a webinar training session that thoroughly addressed all changes. Plans were also finalized for phasing out the NREMT-Intermediate/85 and NREMT-Intermediate/99 levels of certification in 2013 - levels that are being replaced by the AEMT.

In 2011, NREMT convened two separate ad hoc committees to review the impact of the updated 2010 American Heart Association Guidelines

for CPR and Emergency Cardiovascular Care on NREMT cognitive and psychomotor examination content. Following review, the NREMT implemented all recommended changes to ensure continued adherence to the current standards for management of cardiac and stroke patients. Approximately 25% of the NREMT cognitive items were affected and required some action to assure compliance with the new guidelines.

The NREMT Board of Directors approved implementation of the National Trauma Triage Protocol, published by the Center for Disease Control, as a standard for the management of the out-of-hospital trauma patient. Although the Board agrees in principle with the recommended transport destinations, it also is sensitive to the variability that exists throughout the country when making such determinations. Cognitive and psychomotor examinations were adjusted accordingly.

Development of psychomotor examination materials was completed for the new Emergency Medical Responder level, which replaced the NREMT First Responder level on January 1, 2012. For the first time, NREMT published an Emergency Medical Responder User's Guide to facilitate local, state-approved administration of an EMR psychomotor examination. In addition, a new Emergency Medical Technician User's Guide was also published. The Emergency Medical Technician level, which replaced the previous EMT-Basic level, was also launched on January 1, 2012. After the EMR and EMT Psychomotor Examination Revision Committee completed its draft recommendations, the NREMT Standards and Examination Committee oversaw final development and recommended implementation of the revised EMR and EMT psychomotor examinations. Cognitive examination materials were also drafted to include the changed scopes of practice for EMR and EMT levels.



Rob Wagoner, BSAS, NREMT-P
NREMT Associate Director

First Time Pass Rates

For years the NREMT has not released first time pass rates, by State, on its examinations. The debate to release them always centered on improper interpretation of the results. States are now urging the NREMT to publish them. Frankly, from my vantage point, let me explain why, and what decision the NREMT finally made regarding their publication.

I believe the primary influence on pass rates has to do with the quality of education and evaluation a candidate has prior to sitting for the National EMS Certification examination. While education and evaluation certainly have an influence, they do not provide the only clear picture. Certainly student motivation to actually be an EMT or Paramedic has something to do with it. We've all heard the expression, "you can lead a horse to water but you can't make it drink." As a former Paramedic educator I know this to be true. When my students failed the NREMT Paramedic examination it disturbed me. I knew every student received the same information. I knew I worked hard to help the lower performing students, but the tests I wrote lacked the diagnostic precision to predict with 100% accuracy those who were going to pass the exam. Even after I had students in class for one year my tests just couldn't predict the outcome!

In working closely with some of my students who failed, I found a small number of them simply did not have the memory capacity to retain the information I provided. I had failed to detect this inability during the course and only discovered it during one-on-one teaching. I knew not to advance a student who never wanted to study or who missed classes. But I

failed to detect the low cognitive capacity of weaker students.

Unmotivated students never made it through my program but I still wanted the weakest ones to have a chance to prove to themselves, and to me, that they could pass. Almost all of my students eventually passed on the second or third attempt, and that took concerted one-on-one effort with the weak ones. I couldn't guess how well a student studied prior to the NREMT exam. I didn't know how much time they took to read every question carefully and all of the options available before selecting a choice. Perhaps their first failure "woke them up" regarding attention to details. I knew I taught them more depth and wider breadth than was necessary to pass the Registry exam but I remained internally disappointed when someone failed. No matter how hard I worked to help them pass, there was no way I could take the test for them.

Research has resulted in some interesting data that directly affect pass rates. Surprisingly, more mature students (those between ages 40-50) have a pass rate of 76%, yet recent high school graduates (age 18-21) only pass 59% on their first attempts at the EMT level. The "failure rate," (defined as failing the maximum number of six attempts) is less than 1% at the EMT level* and 1% at the Paramedic level*. We believe the motivated candidates who continue to study areas on the test in which they are weak eventually reach the entry-level of competency through their efforts. What disturbs us is that 21% of the EMTs and 11% of the Paramedics "give up," and don't repeat the examination even though they are qualified for further attempts.

by William E. Brown, Jr., NREMT Executive Director

We don't know why they give up and need to complete research regarding these students' failure to retest.

We were concerned that some states would become embarrassed for their educational programs if we published their pass rates. We discussed this several times with state officials at the annual meeting of the National Association of State EMS Officials and they urged us to publish these lists. We hope it motivates some to achieve higher success. We know that in every state it has an outstanding program and that some programs struggle. The reported pass rates are aggregate and should not be interpreted as if every program in a state has identical pass rates. We are hoping outstanding programs help less performing programs in order to increase every state's first time pass rate – we are all in this together.

We believe implementation of the *EMS Education Agenda for the Future: A Systems Approach* and the *National EMS Scope of Practice Model* will improve outcomes on National EMS Certification examinations. Peer reviewed published studies also indicate accreditation at the Paramedic level will improve scores. We believe the new textbooks based upon the National EMS Education Standards will improve scores for all levels of certification, pass rates did improve by 5% over the past year. We hope the eventual outcome of these national EMS education initiatives gets the nation to near an 80% first time pass rate, which would be a 20% improvement over the 2008 pass rate.

Finally, I must say that a 100% first time pass rate should not be the target for education or for

educators. I believe what is in the “heart” of an individual is of great importance to being a caring and well performing EMS professional. If the first time pass rate is the only target, then we would likely fail some students in class who would pass on the second or third attempt. The NREMT examination is valid and defensible. It is not the exam that fails, but rather the student. Let’s not overrate “first time pass rates!”

**Based on 2009 data – NREMT policy allows candidates two years from successful course completion to obtain National EMS Certification.*

First Time Pass Rate Statistics

2010 National Average EMT-Basic = 66%

2011 National Average EMT-Basic = 70%

2010 National Average EMT-Paramedic = 70%

2011 National Average EMT-Paramedic = 72%

x indicates no candidates for this calendar year

indicates less than 25 candidates testing

– indicates State does not require National EMS Certification at this level

IL, MA, NC, NY, WY do not require National EMS Certification

Data reporting date: February 22, 2012

	2010 EMT-Basic	2011 EMT-Basic	2010 EMT-Paramedic	2011 EMT-Paramedic
Alabama	62%	66%	62%	64%
Alaska	–	–	84%	95%#
Arizona	68%	72%	79%	79%
Arkansas	58%	69%	58%	61%
California	68%	74%	84%	82%
Colorado	79%	81%	92%	92%
Connecticut	62%	67%	88%	86%
Delaware	70%	69%	100%#	100%#
District of Columbia	79%	77%	0%#	0%#
Florida	67%	69%	–	–
Georgia	–	–	66%	75%
Hawaii	–	–	100%#	100%#
Idaho	65%	66%	79%	85%
Indiana	–	–	65%	70%
Iowa	59%	63%	62%	67%
Kansas	63%	66%	82%	84%
Kentucky	53%	59%	57%	52%
Louisiana	65%	72%	61%	77%
Maine	63%	65%	82%	88%
Maryland	–	–	67%	72%
Michigan	69%	69%	55%	58%
Minnesota	76%	78%	74%	76%
Mississippi	55%	54%	60%	57%
Missouri	64%	65%	60%	63%
Montana	72%	78%	86%#	85%
Nebraska	65%	68%	69%	77%
Nevada	62%	59%	88%	80%
New Hampshire	63%	63%	98%	96%
New Jersey	–	–	86%	88%
New Mexico	–	–	90%	82%
North Dakota	75%	80%	69%	82%
Ohio	68%	73%	68%	70%
Oklahoma	60%	60%	73%	67%
Oregon	78%	77%	92%	89%
Pennsylvania	–	–	–	64%
Rhode Island	53%	57%	63%	47%#
South Carolina	64%	62%	31%#	78%
South Dakota	62%	59%	73%	78%
Tennessee	64%	64%	66%	58%
Texas	62%	68%	61%	61%
Utah	–	–	77%	82%
Vermont	67%	72%	x	94%#
Virginia	–	–	77%	80%
Washington	75%	78%	93%	93%
West Virginia	–	–	60%	48%
Wisconsin	71%	73%	77%	75%

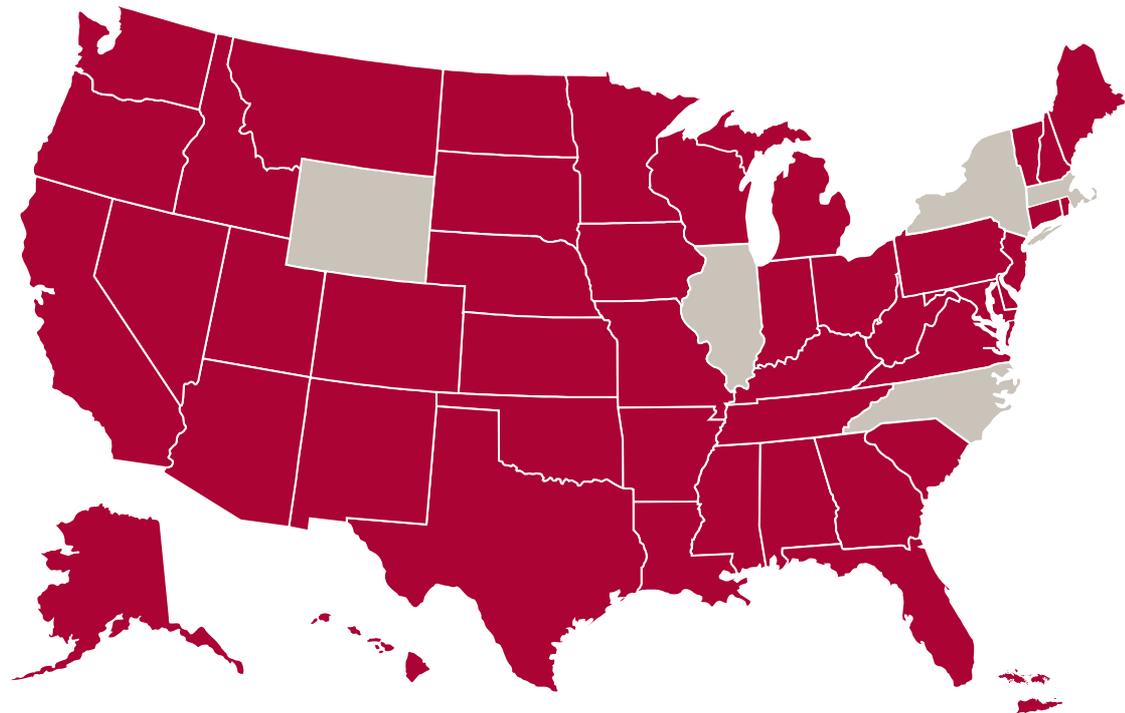
The map illustrates the states that utilize National EMS Certification as part of their licensure process as of December 31, 2011.

- Utilize the Registry
- Non-Registry

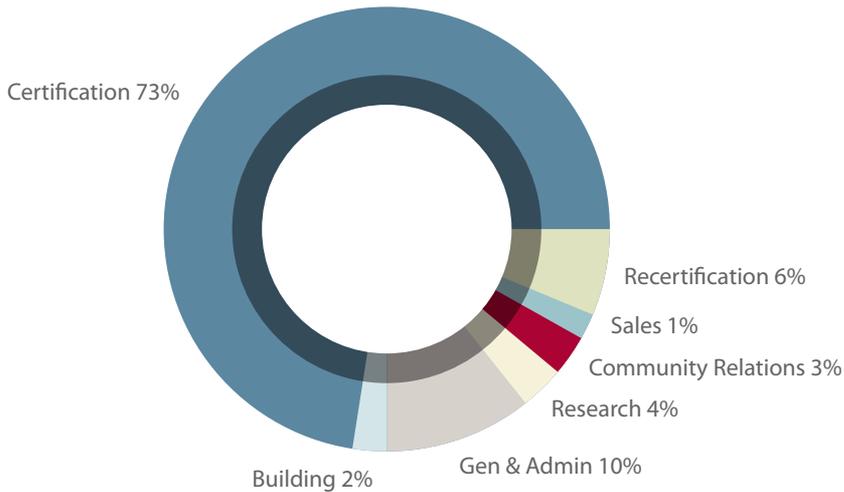
Notes:

Florida uses the National Registry for Basic certification only.

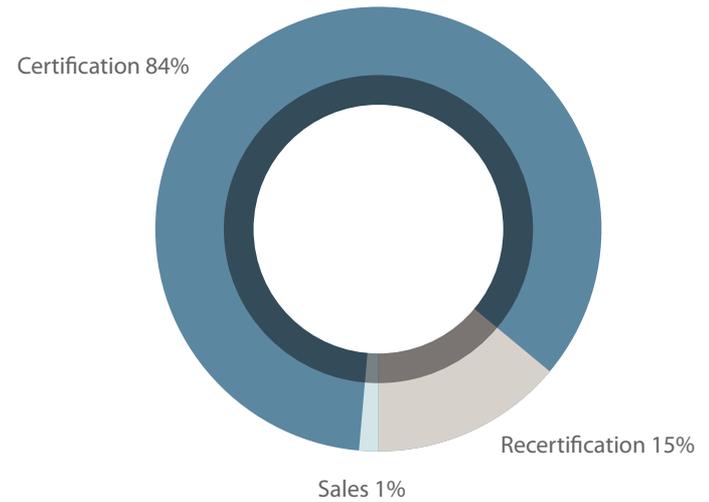
Alaska, Indiana, Maryland, New Jersey, New Mexico, Pennsylvania, and Virginia use the National Registry for Paramedic certification only.



Operating Expenses - \$11,515,696



Operating Revenue - \$11,859,960



NREMT Board of Directors

Chairman

Thomas R. Loyacono, MPA, NREMT-P
Chief EMS Operations Officer for
Metropolitan Baton Rouge
Baton Rouge, Louisiana

Vice Chairman

David Persse, MD, FACEP
Physician Director of EMS,
City of Houston Fire Department
Houston, Texas

Treasurer

Debra Cason, RN, MS, EMT-P
Program Director and Associate Professor
of Emergency Medicine Education
University of Texas Southwestern
Medical Center
Dallas, Texas

Immediate Past Chairman

Peter Glaeser, MD, FACEP, FAAP
Medical Director of Emergency Medicine,
Children's Hospital of Alabama
Professor and Vice-Chair of Pediatrics,
University of Alabama
Birmingham, Alabama

Past Chairman

Jimm Murray
Air Methods Corporation
Papillion, Nebraska

Renee C. Barrett, PhD
Adjunct Professor, Child Development,
Palomar Community College
San Marcos, California

Edward A. Bartkus, EMT-P, MD, FACEP
EMS Director
Assistant Professor of Clinical
Emergency Medicine, Indiana University
School of Medicine
Indianapolis, Indiana

Kevin S. Bersche
Deputy Fire Chief-Operations,
Farmington Hills Fire Rescue
Farmington Hills, Michigan

Maxie Bishop, RN, EMT-P
EMS Director, State of Texas
Austin, Texas

Heather Davis, MS, NREMT-P
Program Director for the UCLA Daniel Freeman
Paramedic Education Program
Los Angeles, California

Joe Ferrell, MS, NREMT-P
Education Coordinator,
Iowa Department of Health
Des Moines, Iowa

Brian Litza, MBA, NREMT-P
Section Chief
Bureau of Local Public Health Practice
Wisconsin EMS Section
Madison, Wisconsin

Kevin Mackey, MD, FACEP
Medical Director,
Sacramento Regional Fire Services
Sacramento, California

Aarron Reinert, NREMT-P
Executive Director, Lakes Region EMS
North Branch, MN

Severo Rodriguez, MS, AEMCA, NREMT-P
Program Manager, Southwest Ontario
Regional Base Hospital Program, London
Health Sciences Centre
London, Ontario

Ritu Sahni, MD, FACEP
Oregon State Medical Director
Associate Professor of Emergency Medicine,
Oregon Health & Science University
Portland, Oregon

Jose Salazar, MPH, NREMT-P
Deputy Chief of EMS & Training,
Loudoun County Fire & Rescue
Leesburg, Virginia

Jeffrey P. Salomone, MD
Associate Professor of Surgery,
Emory University School of Medicine
Deputy Chief of Surgery, Grady
Memorial Hospital
Atlanta, Georgia

Robert Swor, DO, FACEP
Emergency Physician and Director of EMS
Programs, William Beaumont Hospital
Clinical Professor of Emergency Medicine,
Wayne State University School of Medicine
Royal Oak, Michigan

Mark Terry, MPA, NREMT-P
Deputy Chief of Johnson County Med-Act
Olathe, Kansas

“To desire and strive to be of some service to the world to aim at doing something which shall really increase the happiness and welfare and virtue of mankind—this is a choice which is possible for all of us; *and surely it is a good haven to sail for.*”

—Henry Van Dyke

NATIONAL REGISTRY
OF EMERGENCY
MEDICAL TECHNICIANS

ROCCO V. MORANDO BUILDING
6610 Busch Blvd.
Columbus, OH 43229
(614) 888-4484
www.nremt.org

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

