

THE REGISTRY

Winter 2015

www.nremt.org

The Nation's EMS Certification™

The Newsletter of the National Registry of Emergency Medical Technicians

In This Issue:

- 2017 NREMT Fee Increase
- PPCP
- Exam Security
- NREMT Recertification
- Maintain your certification
- CECBEMS
- Transition
- 15 NREMT FAQs
- NCCP
- EMS Strong
- LEADS Update
- NREMT Practice Analysis
- EMS Fellowship Program
- 1,000,000th CBT



Letter from Executive Director

Severo Rodriguez, MS, NRP

2015 marks the 45th year the NREMT has served and protected the nation through national certification. The NREMT serves to unite our vast nation through certification of EMS professionals across defined provider levels. While the certification process is rigorous, psychometrically valid and legally defensible, it separates competent providers from those that fall short. Since 1970 the NREMT has certified more than 2,000,000 providers. During the 45 year span 1970-2015, the NREMT cognitive exam has moved from paper pencil, which by today's standards is a relic of antiquity. Since 2007 the NREMT cognitive exams have been computer based with EMR, EMT and Paramedic utilizing computer adaptive technology. Since implementing CBT in 2007 the NREMT has administered more than 1,000,000 exams. The one-millionth exam was administered in Clayton, Georgia on December 19, 2014. We are expecting to administer the 1,000,000th CAT exam sometime in March of 2015.

The way candidates and providers apply for certification and recertify has changed over the past 45 years. Today's initial certification applications are electronic typically requiring minutes for NREMT staff to approve. Cognitive exams can be scheduled at any one of the hundreds of Pearson VUE locations around the nation. Cognitive exams are scored with results available typically within 24 hours, including digital documents for those meeting certification requirements. Twenty years ago this same process would require weeks to complete.



NREMT Introduces Jeremy Miller - Certification Director

Jeremy Miller is responsible for all certification functions at the NREMT including recertification.

During Mr. Miller's career he has served as an EMT-Basic, EMT-Intermediate and then EMT-Paramedic. He has worked as a ground and flight paramedic as well as a paramedic instructor.

Mr. Miller retired from the Air Force after 20 years of service. During his decorated military career he served as USAF Pararescue Paramedic Instructor, Flight Chief (Chief Operating Officer), Senior Enlisted Advisor for a Joint Task Force and Director of Air Force EMS.

Mr. Miller has experience working alongside the US Navy and US Army, both stateside as well as in support of Operation Iraqi Freedom and Operation Enduring Freedom.

Welcome Jeremy!

(Letter From Executive Director cont.)

As we look to the future the NREMT will improve the efficiency and manner applications and recertifications are reviewed, validated and processed. Beyond efficiency the future will bring data and system integration linking providers, states and the NREMT. While the cognitive exams are a corner piece of the certification process the psychomotor examination will evolve. The Paramedic Psychomotor Competency Portfolio (PPCP) links documented skills performance through the education program to national certification. The skills portfolio will replace many of the traditional legacy skills stations and refocus the remaining to team-based care.

The future is bright!

1,000,000th NREMT Computer Based Test Taker - Ryan Curtis, EMT from Decatur, Georgia



Left to Right - Severo Rodriguez, NREMT Executive Director, Landry Merkison, Fire Chief, Clayton County Fire & Emergency Services, Keith Wages, Georgia State EMS Director, Ryan Curtis, EMT - Decatur, Georgia, Toni Washington, Fire Chief, City of Decatur, E.J. Dailey, Region III EMS Program Director, State Office of Emergency Medical Services, Ernie Doss, Deputy Director, State Office of Emergency Medical Services.

NREMT Signs Memorandum of Understanding to Renew Contract with Pearson VUE, Computer Based Testing Provider

In 2014, the Board of Directors of the NREMT approved a contract renewal with Pearson VUE, NREMT’s computer based testing provider. The contract will extend the partnership between the NREMT and Pearson VUE through 2021.

Since 2006, the NREMT committed to freezing its examination fees charged to candidates despite a continued rise in operating costs for the past ten years. In order to ensure future growth of the Organization, the Board of Directors approved a fee increase effective January 1, 2017. This will be the first time that the NREMT has adjusted the cost of its examination in a decade (2007-2017). In addition, the fee adjustment preserves the NREMT’s continued commitment to administering one of the lowest exam fees of all high stakes health career certifications.

Level	2017
EMR	\$75
EMT	\$80
AEMT	\$115
Intermediate/99	\$125
Paramedic	\$125

As with all of its endeavors, the NREMT’s primary interest is the safety of the American public. By continuing to utilize computer based testing the NREMT can verify, with increased precision, that every candidate who passes the NREMT examination possesses the necessary skills and knowledge to competently provide entry-level, out-of-hospital emergency medical care.

The NREMT is pleased to continue partnering with Pearson VUE in delivering examinations that provide a fair and precise evaluation of a candidate’s competency, rapid turnaround of test results, choices on when and where to take the examination, easy registration and fortified exam security.



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.

Examination Security

Thoughts on Integrity, Honesty, Certification & Licensure by Rob Wagoner, BSAS, NRP, Senior Director of Quality and Standards

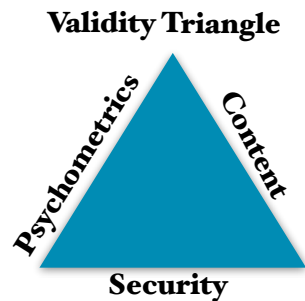
Over 20 years ago, the NREMT was sued by a candidate when we refused to score or report examination results.¹ Shortly after completing the NREMT-Paramedic written examination, a notebook was discovered that contained over 100 individual entries that in some cases were almost verbatim copies of copyrighted NREMT examination items. Although the NREMT offered to re-administer a different series of the NREMT-Paramedic examination at no additional charge and reimburse the candidate for the notebook left behind, the candidate refused to retest and sought legal action against us. After hearing the case and reviewing the evidence, Judge Graham wrote the following in his findings:

The rationale behind the National Registry examination is that . . . questions selected at random . . . will adequately measure the candidate's overall competence. The rationale fails in its goal when a candidate anticipates the questions which will appear on the examination and focuses his or her study efforts on those questions to the exclusion of the remainder of the curriculum. The National Registry has a legitimate concern about the plaintiff's competency to be certified as a paramedic. Plaintiff's efforts to reconstruct the examination can fairly be characterized as misconduct within the meaning of the National Registry's disciplinary procedures. The National Registry has the right to cancel that exam score if, in its sole opinion there is adequate reason to question its validity.

Although the days of paper-pencil testing have been replaced with computer adaptive and linear testing, some candidates continue to engage in similar unscrupulous activity to this day. In fact, all high stakes examination sponsors are under increasing challenges to develop and deploy contemporary methods of surveillance and detection in an effort to assure that the examination results upon which the pass/fail decisions are based are accurate, authentic, valid and truly representative of that candidate's abilities. Partnering with Pearson-VUE to deliver our computer-based examinations beginning in 2007 dramatically improved examination security and provided greater precision upon which we make the pass/fail decision. Unfortunately, though, unscrupulous activity by some who show no regard whatsoever for the policies and procedures of the NREMT, as well as a severe lack of ethical and moral standards, continue to attack the very core of our certification program: the standards, policies, procedures, assessment instruments, and related products and activities through which individuals are publicly identified as qualified in a profession, occupation, role, or skill.²

Today, certification by the NREMT forms a significant basis upon which most states issue a license to practice as an EMS professional. Licensing is a process by which a government agency grants individuals permission to engage in a specified profession or occupation upon finding that individual applicants have attained the minimal degree of competency required to ensure that the public's health, safety and welfare will be reasonably well protected.³ Licensure is intended to protect the public by screening out individuals who would do harm and disciplining those who have inflicted harm. Over the years, the public has become more accustomed to and more accepting of licensing as a restriction needed to protect society from incompetents. A resultant licensure action, based upon a compromised certification process, could very likely result in death, disability, or permanent harm to many of the patients who are treated by EMS providers in the high-stakes, out-of-hospital environment.

The validity of scores, that is the degree to which accumulated evidence supports specific interpretations of all components of a certification program (education, experience, and assessment instruments)⁴, is as important today as it was when we defended our processes over 20 years ago. Recently, Philip Dickison, PhD, RN and Chief Officer of Examinations for the National Council of States Boards of Nursing presented the following framework to view examination results from a measurement perspective as opposed to the behaviors of test takers:⁵



Dr. Dickison identifies three interrelated components that must be assured throughout the entire testing continuum in order to produce valid results upon which the most critical certification and licensure decisions are based. Whenever one or more legs of the triangle becomes weakened or damaged, it is no longer the strongest geometric shape that it once was. The NREMT certification process has evolved over the past 45 years to incorporate computer adaptive testing (CAT) and other contemporary psychometric processes; partnered with Pearson-VUE, one of the world's largest deliverers of electronic assessments, to improve security and biometric identification of candidates; and continues to involve all EMS communities of interest to participate in a facilitated item writing process that results in the addition of several thousand contemporary items each year.

The time is long-overdue for all professionals in our communities of interest to understand the roles each of us play and the influences we have in the "Validity Triangle." There is perhaps no higher stakes occupation than EMS when you consider the length of education, practice setting, age of the provider, and potential for time-sensitive, life-saving decisions that we expect be correctly carried out on every call. Who will be the voice for the patients who never realized that their next breath could be in the hands of a responding EMS provider? Shouldn't that patient expect to be served by a competent provider who earned his or her certification and state licensure only through honorable means?

REFERENCES

1. MacKenzie vs. The National Registry of Emergency Medical Technicians, United States District Court for the Southern District of Ohio, Eastern Division, Case No. C2-91-174, Dec. 6, 1991.
2. Knapp, Joan et al, Basic Guide to Credentialing Terminology, Institute for Credentialing Excellence, October 2006.
3. Shimberg, Benjamin and Roederer, Doug, Questions A Legislator Should Ask, 2nd Edition, The Council on Licensure, Enforcement and Regulation (CLEAR), 1994, p. 1.
4. Knapp, Joan et al.
5. Dickison, Philip, "Unlocking the Mystery of the Validity Triangle," Caveon Webinar Series, Nov. 19, 2014.

JOB #1 – MAINTAIN YOUR NREMT CERTIFICATION

Maintain your NREMT certification!

You've worked hard to obtain your NREMT certification...now maintain it! How many times did you say after you obtained your NREMT certification, "I'm never taking that exam again!" I know that I did.

Well, now it's time to recertify. I'm sure many of you are asking, "Why should I maintain my NREMT?" Maybe you should ask yourself, "What are you going to be doing in 5 years and where will I be living?" If you can't answer these questions, it's probably a good idea to maintain your NREMT certification.



KEEP IT SIMPLE --- KEEP IT UP!



I can't tell you how many times I've heard from EMS providers that they should never have let their NREMT certification lapse. A lot of times providers obtain their initial certification and then let it lapse once they receive state certification or licensure. The problem arises when a registrant allows his/her NREMT certification to lapse and then seeks employment in another state without current National EMS Certification. In most states, the only way to obtain state certification or licensure is to present a current NREMT certification. What do you have to do now? It's simple: complete refresher training, show proof of a few courses and take your written (cognitive) and psychomotor (skills) exam all over again ([link to lapsed certification](#)). Yep, in order for you to now apply for that new job in another state, you will more than likely have to go through the initial NREMT certification process over again.

MAINTAIN IT --- DON'T REGAIN IT!

My recommendation is to maintain your NREMT certification...don't put yourself in that situation of having to regain your NREMT certification. Plus, those NREMT credentials behind your name indicate you have been certified to the national EMS competency level. All of us who hold NREMT certification are proud of what we have achieved and we have all met the same competency standards for cognitive knowledge and psychomotor skills.

The NREMT accepts many forms of continuing education (CE). Please take the time to review our certification brochures for guidance on acceptable CE.



RBE – Recertify By Examination

Oh and don't forget that you can recertify by exam. Yep, that's right, take that cognitive (written) exam all over again. I have and it's not that bad. If for some reason you are not successful, you don't lose your NREMT certification, you simply have to submit all applicable recertification requirements by the deadline in order to recertify. If you need to transition as well, this is a great option for that...if you are successful on the recertification by examination you automatically transition as you have been tested on the new national education standards.

Lastly, did you know that you can go to an "Inactive" status with the NREMT? Yes, if you are currently not affiliated with an EMS agency, for example, don't have a training officer or MD to sign off on your application, you can go inactive. Simply submit your NREMT recertification application and check inactive. In order to go to an "Inactive" status, you must show proof that you've worked in a volunteer or paid capacity at your level of National EMS Certification for a minimum of 6 months within that initial certification period. In order to return to "Active" status, print off a request form ([Inactive to Active](#)) have your new training officer and MD sign off on the skills section, send it in and we'll update your account.

Should you have any questions about any of these processes, please visit our website and/or call the NREMT at 614-888-4484, option # 2.

Best of luck with your NREMT recertification this year!

Gabe Romero, MBA, NRP, Director of Examinations

TOP 15 NREMT 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). 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.ccebems.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](#), [EMT-Intermediate/99](#), [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: Your Physician Medical Director must sign the skills portion of the form.

TOP 15 NREMT FAQs

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.

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) 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 you 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.

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



CECBEMS - What is CECBEMS?



The Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) is a continuing education (CE) accreditation service whose volunteer

Board of Directors is made up of liaisons from each of the national EMS leadership organizations including ACEP, NAEMT, NEMESP, NASEMSO, ACOEP, NAEMSE, AHA and NREMT. CECBEMS reviews accreditation applications from CE providers on a national and international scale.

Founded in 1992, CECBEMS' mission is to serve as the recognized leader for CE in EMS, promoting its evolution and growth through development of CE standards, encouragement of innovative learning solutions, the support of continuous learning opportunities and the assurance of optimal learning

experiences to prepare all EMS providers for their professional challenges.

EMS providers can in turn seek out accredited continuing education hours that they know meet or exceed accepted standards. Thus, the time and expense invested in continuing education and of maintaining licenses and credentials isn't wasted on CE hours that may later be rejected by State or National regulators.

CECBEMS' goal is to improve the quality of, and opportunities for, CE for our nation's EMS providers who work tirelessly, often under austere conditions, to help their communities in times of need. CECBEMS seeks to improve access to excellent educational opportunities for EMS providers who often are limited by their work schedules and financial constraints to maintain their credentials through CE. For more information, please visit www.cecbems.org.

The NREMT continues its commitment to the implementation of the National EMS Scope of Practice Model. **For some, the deadline is here. Does this affect you?**

First Responder Expires:	Complete EMR Transition by:	NREMT - Basic Expires:	Complete EMT Transition by:
September 30, 2011	September 30, 2015	March 31, 2011	March 31, 2015
September 30, 2012	September 30, 2016	March 31, 2012	March 31, 2016
NREMT - Intermediate/85 Expires:	Complete AEMT Transition by:	NREMT - Intermediate/99 Expires:	Complete Paramedic Transition by:
March 31, 2012	March 31, 2016	March 31, 2012	March 31, 2018
March 31, 2013	March 31, 2017	March 31, 2013	March 31, 2019
NREMT Paramedic Expires:	Complete Paramedic Transition by:		
March 31, 2012	March 31, 2016		
March 31, 2013	March 31, 2017		



NEW CAMPAIGN LAUNCHED TO INSPIRE AND UNITE THE EMS COMMUNITY

The EMS STRONG campaign has launched, complete with a new website, revamped EMS WEEK commemorative guide, and a commitment to celebrating what really matters – the men and women of EMS – 365 days a year.

The new website, www.emsstrong.org, will serve as a hub of inspiration and content for first responders. The site contains stories, information on health and mental wellness, resources and templates for promoting EMS WEEK and much, much more.

For more information on the campaign, click here. (link to emsstrong.org)

NREMT- LEADS Update

The NREMT Research Department Presents Posters at National Association of EMS Physicians Conference

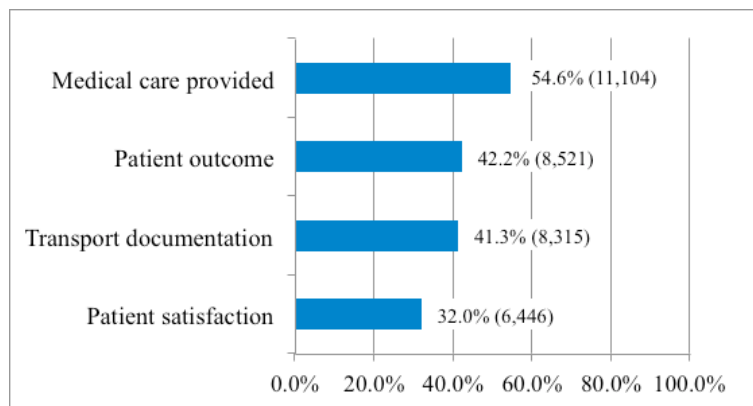
On January 15, 2015 the NREMT Research Director and EMS Research Fellow presented four posters at the annual meeting of the National Association of EMS Physicians (NAEMSP) in New Orleans, LA. Three posters were based on data collected as a part of the ongoing Longitudinal EMT Attributes and Demographics Study (LEADS).

The first poster used data from the 2004 and 2014 LEADS longitudinal questionnaires to compare ambulance collisions and safety habits from today to those of 10 years ago. The authors found that the number of collisions involving ambulances has remained relatively constant; however the severity may be decreasing as fewer EMS professionals required medical attention after being involved in a collision. Further, more EMS professionals are using seatbelts in the patient compartment, yet, even today, less than a third are doing so consistently.

The second poster, based on data from the 2013 LEADS

census survey, centered on patient care feedback in the out-of-hospital setting. The most common type of feedback was on medical care provided, which only about half (55%) of EMS professionals received. Least common was feedback on patient satisfaction, received by less than a third (32%) (See Figure 1). The sources of feedback (immediate supervisor, partner or crewmember, staff at the receiving facility, Medical Director, and Training Officer or Quality Improvement Officer) and modes (verbal, e-mail, texting,

Figure 1. Prevalence of Feedback Provided to EMS Professionals by Type



LEADS Update cont.

Next, a look at the cardiovascular health of EMS professionals revealed that only about 6% had ideal (versus intermediate and poor) health in all six of the components that were examined. EMS providers were more likely to have ideal cardiovascular health in specific components including fasting glucose (71%), cholesterol levels (69%), and smoking (64%). Conversely, EMS professionals were more likely to be classified as poor cardiovascular health in the BMI (33%) and physical activity components (36%).

The final poster was based on data collected as a part of the paramedic practice analysis and aimed to describe the practice of Mobile Integrated Healthcare Providers (MIHPs). MIHPs were found to perform more non-emergency or scheduled tasks than traditional paramedics including psychosocial needs assessments and coordinating care with patients' nurses or physicians. The complete abstracts can be found in the January/March 2015 edition of Prehospital Emergency Care.

EMS Fellowship Course

The NREMT was pleased to co-sponsor and support the fourth annual EMS Fellows Educational Program in Atlanta, GA on Dec. 15 - 16, 2014. Alex Isakov, MD, Emory University School of Medicine, worked with Severo Rodriguez, NREMT Executive Director to facilitate planning, financial support, and execution of another successful program. A total of 20 EMS Fellows from around the country participated in this program that was designed to prepare future EMS medical directors to examine their regulatory environment, to educate EMS professionals and to

evaluate their competency. The program draws on the expertise of a unique blend of faculty who have an expertise in the regulatory environment (Alex Isakov, MD, Douglas Kupas, MD, Lee Smith, JD, MD, and Keith Wages), EMS education (Debra Cason, David Page), and testing/certification (Severo Rodriguez, Rob Wagoner). Feedback from the participants was again very positive and plans are already underway for the 2015 EMS Fellows Educational Program in Atlanta, GA. Announcements are forwarded to all EMS Fellowship Directors and limited space is available for EMS Fellows on a first come, first served basis.

The 2014 National EMS Practice Analysis

What is a practice analysis?

A practice analysis is a necessary process that guides the test development process of our cognitive exams. Every 5 years the NREMT gathers data from randomly selected nationally certified EMS providers from every state through an electronic questionnaire. This questionnaire's main focus is to assess the frequency and severity of calls EMS providers encounter. Specifically, we look at low frequency high criticality as a point of measure when reviewing these data. For example, a pediatric cardiac arrest in an infrequent call, which would equate to low frequency, but the call has high criticality because of the type of procedures that must be completed during resuscitation.

What do we do with the data?

After data collection, an analysis is conducted that takes into account weights for frequency and criticality. This weighted importance score is then combined for each of the five domains on the NREMT examinations; Airway, Respiration & Ventilation, Cardiology & Resuscitation, Medical & OB/Gyn, Trauma, and EMS Operations. After the weighted importance scores have been added up, the proportion represented by each area tells the NREMT what percentage each domain should constitute. These data then set the blueprint for the next five years of NREMT examinations.

This happens because of you!

For those of you who were randomly selected and participated, THANK YOU! Your specific EMS expertise was invaluable to this project. By answering questions on this survey, and all EMS research surveys from our office, you contribute to improving our profession. Once again, **THANK YOU!**

2015 NREMT Test Plan Change

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.

Table 1

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