



# News

July 2008

Vol. 17 NEWSLETTER OF THE NATIONAL ASSOCIATION OF EMS PHYSICIANS®

No. 3



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## Model State Emergency Care System of the Future Project

Leslee Stein-Spencer, RN, MS, Principal Investigator, NASEMSO

The Model State Emergency Care System of the Future Project is a project managed by the National Association of State EMS Officials with the final results being a collaborative effort with EMS stakeholders and Federal partners. The process has been a coordination effort between NHTSA, state EMS Officials and other EMS partners to review and make recommendations for the development and implementation of the Model State Emergency Medical Services System (EMSS) document for the nation.

The premise of the Model State Emergency Care system of the Future Project adopts the Institute of Medicine's concept of emergency care systems as the essence of an EMS System.

The Project was developed through a multi-year process to assist in-state system development. The document defines the model state EMS system as having ten subsystems that reflect the evolution of the components and attributes of the EMS system. Each subsystem is then considered by the three core functions of public health system planning: *assessment processes, policy processes, and assurance processes*. This multi-year process includes a:

- State Emergency Care Self-Assessment which is a guide to rating the strengths and weaknesses of the state level emergency care system. It is based on both the public health concepts of health system management and categorical considerations of emergency care system development
- Model State Emergency Care System Plan which describes (based on the Self-Assessment results) the current state of the EMS System and its prioritized plan for addressing weaknesses

- A Model State Emergency System Planning Process which is the recommended procedure for implementing the Self-Assessment and then incorporating the results into the Model Plan to operationalize the state's plan. The purpose of this component is to provide clear guidance to keep the process at an appropriately high and broad level.

There are currently five (5) states piloting the self assessment tool:

- Pennsylvania
- Rhode Island
- New Hampshire
- Michigan
- Florida

The pilot will be completed on May 30<sup>th</sup> with recommendations to be submitted by mid-June. The EMSS will then be revised and submitted to NHTSA.

The Project will continue with two (2) additional tasks:

1. The development of the ideal state EMS office to include the functions, staff and responsibilities of an agency charged with the planning, organization, implementation, coordination and regulation of a statewide system of emergency care.
2. The development of model state enabling legislation to establish and conduct the planning, organization, implementation, coordination, and regulation of a statewide system of emergency care through a model state office of emergency care.

These tasks are anticipated to be completed by December 31, 2008.

More information on the project can be obtained at [www.nasemso.org](http://www.nasemso.org) \*

I began working in EMS in 1984, the same year that NAEMSP was founded. Next year will mark NAEMSP's 25<sup>th</sup> anniversary, and there are many second-generation and even some third-generation EMS providers working on the nation's streets right now. We have trained well over 200 EMS fellows in over two dozen fellowship training programs, and are making considerable progress toward subspecialty status. We are only a few months away from the completion of the fourth edition of our textbook – but despite this fairly lengthy history, it became apparent during a recent conference call of the textbook's editors that we still do not have an agreed-upon term for what we do.

In preparing the third edition of the textbook back in 2000/2001, a number of us on the editorial board championed the use of the terms “medical oversight,” attempting to eliminate terms such as “medical command” that might convey more of a master/subordinate relationship than most EMS physicians are comfortable having with the field personnel whose care they oversee. Specifically, we proposed that “direct medical oversight” replace terms such as “on-line medical direction” and “on-line medical command”, and “indirect medical oversight” replace “off-line medical direction”. We argued that the term “medical oversight” appeared in the title of the text from the very first edition back in 1989, and that it conveyed more of a collegial, supervisory relationship with field personnel. We eventually prevailed, and the terms medical oversight, direct medical oversight, and indirect medical oversight replaced the older terms in the textbook glossary, which serves as NAEMSP's quasi-official terminology source.

But the term “oversight” can have a negative connotation: “Sorry, doc, not giving that patient nitroglycerin for her CHF was an oversight on my part.” So from time to time, there is discussion regarding whether this is really the best term or not. This discussion resurfaced in the last month or so, with several senior members of our subspecialty suggesting that we choose a term that does not have an alternative negative meaning. During email

discussions among the board, Dr. Henry Wang pointed out that in the Merriam Webster on-line dictionary, the negative meaning is secondary, with the primary definition being exactly what we want:

- “a: watchful and responsible care
  - b: regulatory supervision  
<congressional oversight>”
- (www.merriam-webster.com)



These definitions nicely encompass the watchfulness that medical directors like to keep over the clinical care delivered by EMS personnel, the degree of responsibility that we accept for the care delivered by these field personnel, and the (admittedly very variable, from state to state) regulatory relationship between the medical oversight physician and field providers.

So a wary consensus appears to have emerged among the board to retain the term medical oversight, at least for the time being, and for the next edition of the textbook. I suppose it is only natural that a field and its attendant terminology evolve over time, but I still can't help feeling that as we approach our 25<sup>th</sup> anniversary, this most basic concept ought to be codified in terminology more solidly. I am told that the authors of one of the chapters of the textbook will be proposing the terms “administrative medical direction” and “clinical medical direction,” and perhaps that will start the debate all over again! \*

*The National Association of EMS Physicians® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out-of-hospital emergency medical services.*

The NAEMSP newsletter is designed to inform members of interesting developments in the field of EMS. Members are encouraged to send information which may be of interest to others reading this publication.

NAEMSP News is the official newsletter of the National Association of EMS Physicians (NAEMSP).

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*Stephanie Newman*  
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*Meeting Manager, Joyce K. Miller, CMP*

# IMMEDIATE Update

Joni R. Beshansky, RN, MPH\*

**A**t the NAEMSP Annual Meeting in Phoenix, lead investigators from the IMMEDIATE Trial spoke to 40 Research Committee members about opportunities to participate in this 15,450-patient NIH national EMS-based trial for acute coronary syndrome (ACS) and STEMI, and also met with interested EMS systems at their informational booth. As a result, six new cities will be enrolling subjects in the IMMEDIATE Trial by the end of June 2008: Rural Metro Ambulance of Sioux Falls, South Dakota; Medical Center of Central Georgia's EMS system located in Macon, Georgia; Anchorage Fire Department EMS from Anchorage, Alaska; New Haven and surrounding towns' EMS systems in Connecticut; Albuquerque, Bernalillo County, Sandoval County Fire Departments and Albuquerque Ambulance Service together serving the Albuquerque area; and El Paso Fire Department EMS from El Paso, Texas. In preparation, a total of 850 paramedics serving just over 2.9 million people have undergone training and they will be responsible for identifying and enrolling patients with ACS and STEMI into the IMMEDIATE Trial.

Additional sites will be added later this year, and there are still openings for new sites. An IMMEDIATE Trial site consists of an EMS system and its receiving hospitals. The EMS system must have its paramedics perform prehospital 12-lead ECGs as part of standard care for patients with chest pain of possible ischemic origin. To help the medics identify ACS and STEMI, all 12-lead machines are equipped with automatic real-time decision support that prints on the ECG header predictions of the probability of ACS and the presence of STEMI. All paramedics from the EMS system undergo eight hours of training (and are compensated for their time from study funds).

Based on this approach, the IMMEDIATE (Immediate Myocardial Metabolic Enhancement During Initial Assessment and Treatment in Emergency care) Trial will determine if an intravenous "GIK" solution of glucose, insulin, and potassium can reduce death from ACS/AMI. One of the unique features of this study is that it includes patients when they first present with ACS symptoms to EMS, in order to take advantage of the fact that GIK works

best if given very early in the course of ACS/AMI. If successful, this approach could further enhance the central role of EMS in the initial critical care of ACS and STEMI.

As cities and towns and their EMS systems look for ways to improve their prehospital identification and pre-notification to hospitals of patients with ACS, and especially STEMI, participating in the IMMEDIATE Trial and using its ECG-based decision support is being seen as a way to help reach these goals. The IMMEDIATE Coordinating Center for the trial is at Tufts Medical Center in Boston, Massachusetts, led by Dr. Harry Selker (Study Chair/Principal Investigator) and Joni Beshansky (Co-Principal Investigator). All types of EMS systems, sizes of cities and towns, and those with and without research experience will be considered. Interested parties should visit [www.immediatetrial.com](http://www.immediatetrial.com) or call (877) 636-8756. \*

\*Co-Principal Investigator / Project Director IMMEDIATE Trial Coordinating Center, Center for Cardiovascular Health Services Research Institute for Clinical Research and Health Policy Studies, Tufts Medical Center Boston, MA

## Members in the News

Congratulations to NAEMSP President **Dr. David Cone** on his appointment as Editor-in-Chief of Academic Emergency Medicine, the peer-reviewed journal of the Society of Academic Emergency Medicine (SAEM).

**Dr. Manish Shah** has been named Chief of the Division of Prehospital Medicine at the University of Rochester. He recently received a triple appointment to the rank of Associate Professor in the Departments of Emergency Medicine, Department of Medicine/Division of Geriatrics and the Department of Community and Preventive Medicine.

March and April proved to be busy months for Advocates for EMS and its members in Washington, D.C. and throughout the country.

On March 27th, Advocates for EMS hosted the first annual EMS Policy Summit at the EMS Today Conference in Baltimore. Dr. Jeff Runge, the Assistant Secretary for the Office of Health Affairs and Chief Medical Officer at the Department of Homeland Security was the featured speaker, followed by a panel of federal agency representatives who are involved in and/or oversee EMS activities within their respective agencies. Those participating represented the Department of Health and Human Services Emergency Care Coordination Center, the Centers for Disease Control and Prevention, the U.S. Fire Administration, the DHS Office of Health Affairs and the National Highway Traffic Safety Administration. An overview of the agencies' most recent activities was given followed by a question and answer session. By all accounts the Policy Summit was a huge success

and Advocates will host another Policy Summit at EMS Today next year!

As some of you may know, Congress recently passed a \$300 billion Farm Bill conference report. Advocates for EMS and several of its members worked hard to have a Rural Firefighter and EMS Grant Program included in the legislation. The grant program authorizes up to \$30 million per year for fiscal years 2008 through 2012 for recruitment, retention, education and training, equipment and vehicles, among other things. Money will have to be appropriated before any entities can apply for the grants. President Bush vetoed the bill but the House and Senate overwhelmingly voted to override his veto prior to leaving for the Memorial Day recess period.

Finally, May 18-24th was EMS Week. Advocates for EMS and many of its members participated in events throughout the country honoring EMS providers and promoting health and safety. On Tuesday, May 20th, Advocates and the National

EMS Memorial Bike Ride worked together to coordinate an event in Upper Senate Park next to the Russell Senate Office Building honoring those EMS providers who have died in the line of duty and promoting H.R. 3822, which broadens the Public Safety Officer Benefit Program death benefits to nongovernmental and volunteer firefighters, ground and air ambulance crew members, and first responders. Several members of Congress and Congressional staff attended the event. Later that afternoon, Advocates hosted a briefing on the future of EMS communications for Congressional staffers. Kevin McGinnis was the featured speaker.

Other Advocates members participated in EMS events throughout the country including organizing a safety poster contest for elementary school students, distribution of a Medications and Medical History Cards, an EMS Awards Gala, an ice cream social and a parade. \*



## Welcomes New Members



Nicholas Balfour, BSc, MD, CCFP, EM  
Michael D. Berg  
Joseph S. Bushra, MD  
Richard N. Buys, MD  
William R. Clark, Jr., MD  
Jim Cole, MA, RP  
Siddhartha Dante, BA, NREMT-P

Mazen El-Sayed, MD  
Judah Peter Goldstein, MSc  
Troy Michael Hagen, MBA, EMT-P  
Tim Harmon, EMT-P  
Michael A. Kremkau, MD  
Thomas John Luckey, MD, EMT-P  
Mathurin Malby, MD  
Andrea Marshall, BScH, PCP, EMD  
Steven H. Mitchell, MD

Elizabeth Munchbach, RN, MS, EMT  
Lucas Myers, EMT-P  
Frederic K. Passmann, MD  
Michael K. Paul, MD  
Harvey J. Porter, III, EMT-P, RTR-CT  
John C. Ryan, MD, CCFP-EM  
Candice A. Sobanski, MD  
Matthew Sztajnkrzyer, MD  
Brent E. Thistle, BM, BCh, BAO  
Jim Trione, MD  
Karl F. Wagenhauser, MD,  
Darrin Webster, DO  
David L. Williamson, EMT-P  
Clement Yeh, MD

# In Memoriam

Dr. Darren Bean, medical director of the Madison (WI) Fire Department and a six-year Med Flight veteran, was killed in a helicopter crash on May 10. Also lost in the crash were flight nurse Mark Coyne and pilot Steve Lipperer. The helicopter was returning to its base in Madison after delivering a patient to a La Crosse hospital; no patients were on board at the time of the crash. It was the first crash since Med Flight began operations in 1985.

Dr. Bean completed his medical studies at the University of Vermont, and his emergency medicine residency training at Carolinas Medical Center. An assistant professor at the University of Wisconsin, he also served as the department's ultrasound director. He is survived by his wife, Dr. Stacey Bean (also an emergency physician), and two preschool children.

NAEMSP extends its deepest condolences to his family and co-workers, and those of Mr. Coyne and Mr. Lipperer. We reprint here a tribute to Darren from his department chair:

Darren was a person of endless energy and positive spirit. As a colleague he taught endlessly while making you feel that you actually knew the answer and even giving you credit in the clinical scenario even though you may have never touched the patient. He won the Department of Medicine Faculty teaching award his first year and the Department of Pediatric teaching award his 2nd year here. This made history. But it was when he was selected to become the Madison Fire Rescue medical director that his endless reach ignited. He unified all the protocols in the county, initiated a model region wide STEMI transfer cooperative interhospital model, spending endless time in over 30 communities and hospitals, and then capped this with a multiple agency coordinated and sweeping change to CCR CPR in the county. Many people were involved in these efforts but Darren was the catalyst. His spirit in his passing has multiplied thousands of times in a region of EMT's and paramedics who will never forget this man and what he did in so short of time. Of great irony, the flight nurse on this tragic flight, Mark Coyne, was a man who has touched the lives of over a 1000 EMT's directly as their instructor at Madison Area Technical College over the past 20 years, who collaborated with Darren and who himself leaves a massive legacy. How fortunate we have been to have known these great individuals. And we are all better people for it.

Joseph R. Cline, MD  
Associate Professor of Medicine  
University of Wisconsin Hospital and Clinics

## EMS Community Mourns Loss of EMS Leader Bill Jermyn, DO (1951 – 2008)



John William "Bill" Jermyn, DO died suddenly in Jefferson City, MO on May 15<sup>th</sup>. Bill was a recognized EMS leader both at the national level and in his beloved State of Missouri, where he was serving as the state EMS medical director for the Department of Health and Senior Services at the time of his death. He was widely and warmly regarded as an EMS visionary with a convivial and unassuming personality who valued everyone's input.

Bill was born on February 14, 1951 in Baltimore, Maryland and graduated from Texas A&M University and the Texas College of Osteopathic Medicine. He was a fellow of both the American College of Emergency Physicians and the American Academy of Emergency Medicine.

Nationally, Bill was an active member NAEMSP most recently serving as the co-chair of the Joint ACEP/NAEMSP Task Force on Subspecialization. He was the immediate past chair of both the ACEP EMS Committee and EMS Section. As a member of the Commission on Accreditation of Ambulance Services, he led the most recent standards revision process in 2004 and was beginning his third term on the commission. He was also active in the Medical Directors Council of the National Association of State EMS Officials.

In Missouri, Bill's colleagues remember him as "an unassuming guy who had a deep sense of caring about others and the patients EMS serves" who spent a lifetime dedicated to improving the emergency care system in the state. He previously served as the chair of the state's Advisory Council on EMS and more recently as the state EMS medical director, he worked tirelessly in support of a bill to create a statewide stroke and STEMI system. The legislation passed a day after Bill's death at which time Missouri Governor Matt Blunt publicly recognized his efforts in securing passage of the bill.

In addition to his involvement in EMS, Bill was a past president of the Missouri College of Emergency Physicians and had been reelected to the Board of Directors.

Immediately after the announcement of his death, tributes from his colleagues around the nation began to pour in. From Ed Racht: "His death will create a huge void in EMS nationally. He will be missed tremendously". From Jim Callahan: "His wisdom, friendliness and achievements were only outdone by his humility". From Jon Krohmer: "... those in MO should be truly thankful for his commitment to his state, while the rest of us are truly thankful for his commitment to the nation and his passion". From Jim Cusick: "Bill was a pillar of the EMS community and in ACEP; he stood tall and rode 'em hard". From Rick Hunt: "While we all want to make things better, it always seemed to me that Bill wanted that more than most. I will miss him".

Bill was scheduled to be married on July 19<sup>th</sup> to the love of his life, Melinda Ligon of St. Louis, MO.

## Donald Malvern Thomas, MD Remembrance – March 29, 2008

“the man at the end of the siren...”

Donald Malvern Thomas, MD, founding chair of the Department of Emergency Medicine at the University of Louisville School of Medicine, was born February 23, 1930 in Flushing, New York. Certified by the American Board of Anesthesiology in 1961, he later became one of the pioneers of emergency medicine and EMS in the United States. He was appointed Fire Surgeon with the Louisville Fire Department in 1966, a position he would fulfill passionately for 28 years.

During the 1960's, cardiopulmonary resuscitation (CPR) in Louisville was non-existent. Through Dr. Thomas' (a.k.a. the Chief) advocacy, police and fire adopted this brand new technique. Emergency room (ER) visits quadrupled between 1955 and 1970, and many of the 70,000 patients treated at Louisville General Hospital (LGH) were transported in the back of police wagons.

As was the case throughout the country, care in the ER was chaotic and unpredictable. Aware of Dr. Thomas' expertise in resuscitation (& chutzpah), Dean Douglas M. Haynes presciently appointed him Director of Emergency Medicine on September 1, 1970. The following year, the first two academic Departments of Emergency Medicine in the United States were established at the University of Southern California and here at the University of Louisville.

Louisville was “indeed”, as Dean Haynes would quip, at the steep edge of the curve. This was long before “ER” was in vogue. Emergency and trauma care continued to evolve at the Louisville General Hospital. Thomas' mentors included Gene Connor and Jim Ryan. Two other renowned Louisville physicians, a general surgeon, Arnold Griswald and a neurosurgeon, R. Glen Spurling, proved that the rapid transport of trauma victims could save lives. Louisville's national pre-eminence in trauma care integrated Thomas' vision of emergency medicine. This concept was further adopted and refined by surgeons, Hiram Polk, Dave Richardson, and others.

Personal reflections regarding one's career mentor are the eulogist's prerogative. Our chief was a bold, irascible, and tempestuous rebel and visionary. To paraphrase Adams, “Don't tread on me – or my patients”.

In essence, people are people, and never more equal than when in the ER. It was demanded that all patients receive our best medical efforts, no matter what – no room for value judgments.

Well – maybe there was one exception. Dr. Thomas reserved his greatest respect, not for physicians, nor for the “bean counting bureaucrats”, but for those who literally “put their butts on the line”. It was crystal clear that firefighters, police, and EMS who were injured in the line of duty were to be treated reverentially.

While the chief would concede that the death of a young person is more tragic than later when long of tooth, he would opine that a certain toughness or strength of spirit is essential in the ER. Dr. Thomas was not into mushy philosophical debates. “A doctor who can't stand the sight of blood isn't of much use to anybody”.

He had a legendary marvelous temper that would flare when sparked by rock-in-roll or anything less than medical perfection. A couple of his caveat hor d'oeuvres – Napoleon wasn't a lawyer, when in doubt don't attack, treat – ER is not a popularity contest with consultants, these are people's lives.

Yet when resuscitative efforts turned “futile”, he would just as vociferously insist that the resuscitation be respectfully terminated (while muttering that “you know in Kentucky there are laws...”).

Many in this community owe their lives to those who bought into his bold vision of our “Room 9” resuscitation process. This was a multidisciplinary concept that conscripted the talents of virtually every medical specialty and public safety agency. What a fortuitous coincidence: House Bill 371, “the Trauma Bill”, was unanimously passed last week by the Kentucky Senate.

It became clear, even before meeting his beloved John Deere garbed grand-children, that there was a disguised soft side. Interviewed about emergency medicine by the press, he once confided that “we see everything, from the world's greatest comedy to the world's greatest tragedy”.

And speaking of Room 9, a tag number is assigned for the wrist ID bracelet when a patient is initially unidentifiable. One patient unexpectedly regained consciousness during a resuscitation just in time to hear the chief bark “tag em”. With that grin of his, Dr. Thomas gently reassured the patient who implored “Doctor, please, don't tag my toe”.

Dr. Thomas would not deny that he was an adrenophile. His hobbies reflected an eclectic mix of interests: the fire department, wrecks, antique hopeless tractors, auctions, military history, ballistics, and breeding enough tropical fish to supply the entire east coast. His wife Edna's tolerance of that ten billion gallon basement warrants an extra place-setting in heaven.

And so, chief, although nobody ever spotted you at a poetry reading, it's never too late, so here goes:

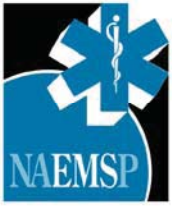
Do not go gentle into that good night,...  
Rage, rage against the dying of the light.  
Dylan Thomas

A couple years ago, you casually mused that “the closer you get to the end, the faster it goes”. That was the first time it ever dawned on me that such a force would eventually fade. And yet, your didactic position that death is inevitable and natural never wavered. Your faculty and our patients thank you for the donation of your body to our medical school.

Goodbye Donald Thomas. Whether your sentiments now run with Dylan Thomas, or the mellower Emerson, rest in peace, fearless one, you surely have had your day, and we are all the better for it.

Our fear of death is like  
our fear that summer will be short,  
but when we have had  
Our swing of pleasure, our fill of fruit,  
And our swelter of heat, we say  
We have had our day.  
Emerson, Journals

Dan Danzl MD  
Professor and Chair  
Department of Emergency Medicine, U of L



## NAEMSP—ZOLL EMS Resuscitation Research Fellowship



In recognition of the need for trained researchers specializing in prehospital resuscitation and the need for improving the care of patients requiring resuscitation, the National Association of EMS Physicians and ZOLL have collaborated to create the NAEMSP-ZOLL EMS Resuscitation Research Fellowship.

### **Purpose:**

The purpose of this two-year fellowship is: 1) to prepare and train individuals for a career in prehospital resuscitation research and to serve as a stepping stone for individuals to become independent prehospital resuscitation researchers; 2) to expand the commitment of academic institutions to prehospital resuscitation research; and 3) to expand the field of prehospital resuscitation research.

This fellowship will support the development of research skills and the completion of a resuscitation research project under the supervision of an experienced mentor. Completion of this fellowship should prepare individuals to become independent with sustained extramural funding.

**Eligibility:** The Resuscitation Fellowship consists of the Applicant, the Mentor, and the Institution. All three must meet basic criteria:

#### *Applicant —*

The applicant for the Resuscitation Fellowship must be a junior faculty member (position below Associate Professor, within 10 years of completing residency or fellowship training, and have no R01-level or similar awards) and hold a terminal degree (MD, DO, PhD, PharmD, etc). Preference will be given to residency trained Emergency Medicine physicians, but non-physicians and physicians not trained in Emergency Medicine may also apply.

#### *Mentor —*

Mentorship is a critical component of this Research Fellowship and a well-qualified mentor must be identified. The mentor should be an accomplished investigator in resuscitation research, with a track record in publishing studies, obtaining grant funding, and mentoring. A primary mentor should be identified who will, with the applicant, be responsible for planning and completing the Research Fellowship. Co-mentors may be identified as appropriate. Mentorship committees are strongly encouraged due to the interdisciplinary nature of prehospital resuscitation research, but a primary mentor must be identified.

#### *Institution —*

Any institution in the United States or Canada may apply for the Research Fellowship as long as it 1) is university-based or linked to an academic institution; 2) has an active prehospital resuscitation research program; and 3) sponsors an ACGME- or Royal College of Physicians and Surgeons of Canada- approved Emergency Medicine residency program. Institutions that can demonstrate a track record of extramural competitive grant funding; dedicated funds, space, and support staff; and interdisciplinary research will receive preference.

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## Details and Expectations of the Award

The NAEMSP-Zoll EMS Resuscitation Research Fellowship is a two-year award (July 1-June 30) that makes available up to \$80,000 per year. None of these funds may be used for facilities and administrative costs (“indirects”). A maximum of 75% of the funds (\$60,000 per year) may be allocated for salary and benefits support for the fellow. The remainder should be used to support research such as supplies, equipment, research assistant, education and travel costs. No funds may be used for mentorship salary, secretarial support, renovations. A complete budget must be submitted with the application.

The resuscitation research project should be identified and clearly described in the application for the Fellowship. For guidance, applicants should review the National EMS Research Agenda, the EMS Outcomes Project, the EMS-C Five-Year Plan, and other published priority-setting consensus documents to identify aspects of resuscitation in need of research.

During the fellowship, the recipient of the award will be expected to:

1. work no more than 12 hours per week on clinical activities;
2. attend the NAEMSP Annual Meeting each year of the fellowship;

During or within one year of completion of the fellowship, the recipient of the award will be expected to:

1. submit an abstract for review and presentation at the NAEMSP annual meeting;
2. submit at least one manuscript from the research project to Prehospital Emergency Care.

The recipient of the award will submit progress reports every six months during the fellowship period and one year after completion of the fellowship to the NAEMSP Research Committee. Completion of these requirements are the responsibility of the applicant, mentor(s), and institution. Failure to adhere to these expectations can lead to termination of the award.

Funds will be distributed annually based upon the progress reports submitted to NAEMSP.

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## Selection Guidelines

Nominations will be reviewed and selections made by NAEMSP. A review committee will be selected from the NAEMSP Research Committee and will be appointed by the Chair of the Research Committee and approved by the NAEMSP President. This group will review the application based on the following:

1. merit and feasibility of the proposed research;
2. impact of the study on resuscitation;
3. the applicant’s interest in pursuing a career in prehospital resuscitation research;
4. the strength of the mentor(s);
5. the strength of the institutional support;
6. the strength of the research environment;
7. appropriateness of the budget request.

The recommendations of the review committee will be submitted to the NAEMSP Board along with written critiques of each application. The Board will make the final award decision based on the review committee’s recommendation.



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## Application Process

**The application will be due to NAEMSP by November 20, 2008 for the award to start on July 1, 2009.** Only electronic submissions will be accepted. Submissions can be emailed to [info-naemsp@goamp.com](mailto:info-naemsp@goamp.com). The PHS 398 forms (available at [www.nih.gov](http://www.nih.gov), revised 4/2006) will be used for the application, using the instructions for the K-Awards, with the modifications listed here.

1. Under Section II of the PHS 398 form, 1A-1D and 4A-4D combined must be no longer than 20 pages.
2. Of the three letters of reference submitted with the application, one must come from the applicant’s current department chair.
3. The appropriate departmental chair or dean for the applicant institution must authorize the letters of institutional support and departmental support.
4. The Checklist page does not need to be submitted.
5. The Other Support page should be submitted for the primary mentor.



# Call for Abstracts

National Association of EMS Physicians®  
January 22-24, 2009  
Hyatt Regency  
Jacksonville, Florida

## Call for Abstracts and Submission Rules

### GENERAL INFORMATION

The National Association of EMS Physicians® is calling for abstracts to be presented at the NAEMSP 2009 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Jacksonville, Florida. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of research will be considered including basic science, clinical, epidemiological, health services, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit.

All abstracts will be peer reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP Research Committee. Abstracts will be selected for oral or poster presentation. The exact numbers in each category will be determined by the number of submissions, time, and space limitations at the meeting venue. All selected abstracts will be published in *Prehospital Emergency Care*, the official journal of NAEMSP. Manuscript submission to *PEC* is encouraged, but right of first refusal is not required. Research submitted for consideration may not have been published previously, though prior presentation within 90 days of the meeting is acceptable.

Oral presentations will consist of a 10-minute platform presentation, followed by five minutes for questions and answers. A moderated poster session will supplement the display of poster abstracts. Awards will be given for Best Scientific Presentation, Best Poster Presentation, Best Resident/Fellow Presentation, and Best EMS Professional Presentation. In addition, the National Disaster Life Support Foundation (NDLS) will sponsor an award for Best Disaster Research. Awards will be presented at the Awards Luncheon at the Annual Meeting.

**ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY** through the dedicated submission site. To submit an abstract, visit NAEMSP's web site at [www.naemsp.org](http://www.naemsp.org). The website will officially open in mid-June 2008.

**SUBMISSION.** Abstracts must be received electronically by 12:00 Noon Eastern Daylight Time, on Tuesday, August 19, 2008. No exceptions will be granted.

Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or by e-mail at [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com).

### ELECTRONIC SUBMISSION RULES

1. Abstracts must be submitted electronically through the dedicated submission site.
2. Submissions must be received at the NAEMSP Executive Office by 12:00 Noon, Eastern Daylight Time on August 19, 2008. Late submissions will not be considered.
3. To ensure blinding, no identifying information should appear in the abstract.
4. The abstract must include:
  - a. Statement of purpose or hypothesis, with brief introductory material as needed.
  - b. Statement of methods to clearly demonstrate how the study was carried out; include such information as design, setting, participants/subjects, interventions/observations, etc.
  - c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc) to reach conclusions.
  - d. Statement of conclusions reached, with important limitations stated if needed.
  - e. Word Count Limit: 350 words

# Nomination for NAEMSP 2009 Awards

*Due Date: August 29, 2008*

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Your Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **NOMINATION FOR THE FOLLOWING AWARD:**

**Ronald D. Stewart Award**

This award is given annually to a person who has made a lasting, major contribution to the EMS community nationally. This is often considered a lifetime achievement award. Recent recipients have included Dr. Daniel Storer, Dr. Mickey Eisenberg, Jim Page, Dr. Jon Krohmer, Dr. Edward Cain, and Dr. Roger White.

**Keith Neely Outstanding Contribution to EMS Award**

This award is presented to an active or past member of NAEMSP (physician or non-physician) who has provided significant leadership to the association. Recent recipients have included Lawrence Brown, EMT-P, Dr. Ray Fowler, Dr. Rick Hunt, Dr. Ted Delbridge, Dr. Juliette Saussy, Dr. David Persse and Beth Adams.

**Friends of EMS Award**

This award is presented to a individual who has been an advocate to further NAEMSP's mission nationally through influencing or implementing public policy. The award is typically given to a governmental individual or organization, EMS organization, or congressional leader. Recent recipients have included Mr. Robert Niskanen, the Laerdal Family, Dr. Jeff Runge (NHTSA administrator), Drew Dawson (NHTSA EMS Chief) and Dr. Richard Carmona (Former U.S. Surgeon General) and Dan Kavanaugh (EMSC).

## **REASON FOR NOMINATION (attach separate page if necessary):**

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*Please submit form by August 29, 2008* to: NAEMSP, Attn: Stephanie Newman at [snewman@goAMP.com](mailto:snewman@goAMP.com) or Fax: (913) 895-4652

NAEMSP is also soliciting applications for the **EMS Fellowship Recognition Awards**. Criteria for this recognition, and submission forms, are available on the NAEMSP website under Fellowships. Submissions are due by November 3, 2008.

# National Association of EMS Physicians®

## Call for 2009-2011 Board of Director Nominations

*Robert O'Connor – Immediate Past President*

The Nominations Committee is conducting the Call for Nominations for the 2009-2011 Board of Directors slate. The positions that will be elected by the membership in 2008 are: one President-Elect, one Secretary/Treasurer; three Physician Members-at-Large, one Professional Member-at-Large. The individuals elected for the offices will each serve a two-year term.

The criteria for the open positions is listed below. This information will assist you in recommending for nomination the best candidate for the office. The ability to offer more than one candidate for each office is dependent upon receiving a sufficient number of nominations for each office from the membership.

You may recommend yourself or another NAEMSP member for Board of Directors nomination by completing the electronic submission form. A representative sample of a candidate's biography, which will appear on the ballot, can be downloaded from the nomination submission site. ***All recommendations MUST BE RECEIVED BY July 14, 2008 to be considered for the slate of candidates.***

Recommendations should be submitted electronically to NAEMSP's Executive Office through the link located on the NAEMSP web site. The nominee will receive an e-mail acknowledgement of receipt of the Recommendation for Nomination form within two (2) business days of receipt. If such acknowledgement is not received within that time frame, please contact the NAEMSP Executive Office at (913) 895-4611. The slate of candidates will be compiled by the Nominations Committee and reviewed by the Board of Directors.

### **CANDIDATE CRITERIA AND POSITION DESCRIPTIONS**

The affairs of the Association are governed, supervised, and controlled by the Board of Directors. The authority delegated to the Board requires that it set policies and make relevant decisions on behalf of the Association's membership; therefore, Board Members should be the most knowledgeable about the activities and needs of the Association's members. The Board's duties include:

- Ensuring that the needs of the membership are met.
- Approving and evaluating plans and policies of the Association.
- Budgetary approval and control.
- Monitoring and reviewing financial objectives.
- Long-term strategic planning.

#### **President-Elect (one position)**

#### **Secretary/Treasurer (one position)**

#### **Physician Members-at-Large (three positions)**

#### **Professional Member-at-Large (One position)**

Please see position criteria posted on our website at [www.naemsp.org](http://www.naemsp.org).

# EMS Calendar

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## MARK YOUR CALENDAR AND MAKE PLANS NOW TO ATTEND!

**September 11-12, 2008**, The Hungarian Association for Emergency Medicine's 3<sup>rd</sup> Central and Eastern European Conference for Emergency and Disaster Medicine (3<sup>rd</sup> CEECEDM). For more information or to register, visit <http://www.kmcongress.com>

**September 28 – October 2, 2008**, NASEMSO Annual Meeting, Sheraton Hotel, Tacoma, WA. For more information contact Kathy Robinson, NASEMSO Program Advisor at (703) 538-1799, ext 4 or email [robinson@nasemsso.org](mailto:robinson@nasemsso.org)

**October 20-22, 2008**, Air Medical Transport Association 2008; Minneapolis, MN; (703) 836-8732; [www.aams.org](http://www.aams.org)

**November 6-8, 2008**, International Trauma Conference, International Trauma Life Support, Guanajuato, Mexico. For more information 888-495-ITLS or [www.itrauma.org](http://www.itrauma.org)

**November 8-12, 2008**, American Heart Association Scientific Sessions 2008, New Orleans, LA. For more information visit <http://scientificsessions.americanheart.org>

**December 7-12, 2008**, 29<sup>th</sup> Annual Concepts in Emergency Care, IEME, Wailea Marriott, Wailea, Hawaii, [www.ieme.com](http://www.ieme.com)

**January 22-24, 2009**, NAEMSP Annual Meeting, Hyatt Regency Jacksonville, Florida, [www.naemsp.org](http://www.naemsp.org)

**February 17-20, 2009**, International Stroke Conference, American Stroke Association, San Diego, CA. For more information visit <http://strokeconference.americanheart.org>

**January 7-9, 2010**, NAEMSP Annual Meeting, The Pointe Hilton Tapatio Cliffs Resort, Phoenix, Arizona, [www.naemsp.org](http://www.naemsp.org)

*Be sure to check out the most updated version of the EMS Calendar at [www.naemsp.org](http://www.naemsp.org)*

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**Michigan: Full-time EMS Medical Director** sought by Synergy Medical Education Alliance Department of Emergency Medicine. The successful applicant will be BC\BP in EM, eligible for faculty appointment with Michigan State University, and have completed an EMS fellowship or have equivalent extensive EMS experience. Synergy Medical is an educational entity sponsoring multiple residencies, including a PGY 1-3 EM residency with 24 residents and is a campus of MSU. The EMS Med Dir provides oversight for 2-county system with urban, suburban, and rural populations, and leads 3 additional full-time support staff in the EMS office. This individual is full-time/core faculty of EM residency, responsible for EMS portion of curriculum, and provides clinical services in 2 ED training sites. Mid-Michigan provides excellent family oriented environment, 4 season recreation, affordable housing, and good schools. Contact: Edgardo J. Rivera-Rivera, MD, FACEP, Saginaw Valley Medical Control Authority, 1000 Houghton Ave, Saginaw, MI 48602.

Telephone: (989) 583-7940 Fax: (989) 583-7941

Email: [erivera@synergymedical.org](mailto:erivera@synergymedical.org) Web: [www.saginawvalleyems.org](http://www.saginawvalleyems.org)