



NEWS

Newsletter of the National Association of EMS Physicians

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September/October 2002

Reflections *One* Year Later

Glenn Asaeda, MD
New York City Fire Department (FDNY)

September 11, 2002 marks the one-year anniversary of one of the darkest days in the history of the New York City Fire Department and city of New York, as well as the rest of the entire nation. As horrendous, numbing, and incomprehensible as these tragic attacks were, when the dust settled, Americans found strength to unite stronger than ever before.

All of the 2,823 innocent victims are remembered – those who were just going to work, doing their jobs because they had rent or a mortgage to pay, so they could save for their children’s college funds, so they could take that dream vacation. For those lost, unfortunately, these dreams faded. For those of us left behind, only memories of those lost remain.

As prehospital rescuers and providers, it is unimaginable that 15 percent of those lost were rescue personnel, our own colleagues – 343 from the Fire Department, 23 from the Police Department, 37 from the Port Authority Police Department, and 6 from EMS agencies. This bone-chilling number reminds us all that we are truly at the front lines caring for people. It does not matter that most of these people are strangers to us. The thought that they are someone’s father, sister, uncle or aunt – someone’s loved one – is enough to keep us going into those burning buildings, overturned vehicles, and hazardous areas.

The entire nation has called us heroes, but we know that we were just doing our jobs – and would do the same if called upon again.

The first test of our continued response efforts in New York City was the

response to the report of a scaffolding collapse near “ground zero” only a few weeks after September 11th. As I listened on the city-wide radio of the events unfolding, my thoughts, of course, were that this incident was somehow related to the terrorist attacks. Is there a plane on the way, are there chemical or biological agents involved, is there a secondary device? These were thoughts that ran across my mind, almost paralyzing me. Luckily, the incident was “just” a scaffolding collapse.

The next large test of our system came two months after the collapse of the World Trade Center (WTC) buildings, when American Airlines Flight 587 crashed into the Rockaways in Queens, New York. Too fresh were the images of an airplane crash and death and destruction. And yet again, firefighters, police officers, and EMS personnel responded to the call, assessed the situation, and were ready to provide medical care, just as they’re trained to do. Here too, unfortunately, as was the case at WTC, there were no victims to treat.

As the WTC operations converted from one of rescue to one of recovery, and all involved were finally able to catch their breaths, the response to WTC was critiqued by others. The difficulties that were encountered became evident: communications were difficult, accountability was initially not accurate, tremendous numbers of personnel initially were missing and eventually found to be lost. Not that there is ever a “good” time for something of this magnitude to occur, but from the Fire Department perspective, 8:46 a.m. was one of the worst times that this attack could have

occurred. Firefighters in our system change shifts at 9 a.m. This led to many off-duty firefighters being in their stations getting ready for work. As the reports of an aircraft crashing into the North Tower were broadcast, firefighters who weren’t yet on duty jumped onto fire apparatus to assist in the rescue efforts. Some speculated that this may have led to the initial difficulty with accountability, as well as “off duty” personnel loss. These were truly dark, tragic hours.

Yet through all of this darkness, the human spirit shone through in the form of countless volunteers – both civilian and professional. Normally, this would have possibly been a positive response. In this incident, the response became a tremendous problem.

Although well-intended, volunteer rescuers failed to understand that there was unfortunately no one to save. If you were in the buildings, you were lost and if you were lucky enough to be out, you escaped virtually unscathed. Unsolicited rescuers posed a huge liability onto the established system. Volunteers showed up without protective equipment, without the knowledge of operating procedures, and without, essentially, anything to do. If the situation had been different and there had been hundreds of salvageable casualties, then perhaps these resources

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President's Corner

A year since September 11...The CEO of the hospital where I work called me shortly after the first World Trade Tower was struck, long before we had any idea of the enormity of what that day would bring. He asked, "What should we be doing about this?" I asked myself the same question when I thought about how our association should react.

The National Association of EMS Physicians had many plans and visions before September 11. Many of them were superceded by our nation and our EMS systems, being challenged unlike ever before. What we do best in EMS is respond to emergencies. NAEMSP has responded in many ways.

- Contacted the New York State Office of EMS in the days immediately after September 11 to see if we could be of assistance.
- Held special sessions at our January 2002 Annual Meeting in Tucson focusing on the response to terrorism. These included the first meeting of the Terrorism Response Ad Hoc Committee; a roundtable on EMS and terrorism response held at the request of Dr. Jeffrey Runge, Administrator, National Highway Traffic Safety Administration; and a session describing the EMS response in New York City by those who were there.
- Completed a joint policy statement with other organizations on use of volunteers during massive disasters in response to the experience at ground zero.

- Jointly led, with the American Public Health Association and the National Association of State EMS Directors, two meetings of representatives from 18 health related organizations. This coalition found medical response to terrorism education to be the most urgent need of health care responders, and agreed on core competencies.
- Following the above meetings, APHA, NAEMSP, and NASEMSD developed a Basic Medical Response to Terrorism course that provides a basic level of awareness across all disciplines involved in health care. Response to the pilot courses that have been delivered clearly indicate this course will meet an unfilled need. Special thanks to Dr. Tom Blackwell for his hard work in developing the course, Dr. Jon Krohmer as Board Liaison, and NHTSA for its support.
- The association's leadership held meeting with FEMA's Office of National Preparedness.
- The NAEMSP membership participated in a grassroots effort to contact their congressional representatives about the impact of terrorism response legislation and funding on EMS.
- Participated in the Partnership for Community Safety, along with 19 other health related organizations including NASEMSD, ComCare, ENA, NALBOH, NAPH, NACCHO, IAFC, APHA, AHA, ACEP, AAA and AMA.
- Held joint conference calls with leadership from NAEMSP, NASEMSD, NHTSA,



Richard C. Hunt, MD, FACEP

and HRSA every month with updates on terrorism response issues.

The above is a list that doesn't at all seem to capture our hearts and minds one year after September 11. Until then, Pearl Harbor was the largest attack on our country. And when that happened, EMS didn't even exist. So, we haven't been able to go back to the lessons learned from history to figure out how to best act during this war.

When you read about a crash killing one on a rural highway in your community, it's frequently on the front page of the local section of the paper. You know the road, your EMS system took care of the three who survived, and you feel deeply connected to that tragedy.

Then the airline crash in another country happens, and you feel deeply, but somehow don't have the connectedness to that one. And a figure of 150 deaths is too much.

For September 11, I've read that no words written or said for that anniversary may have been the best approach. But the grief, horror, and anger lingers for all of us. And the uncertainty of our future has us scrambling to be better prepared for the next time.

As time goes on without another attack, we have predictably gone back to our turf battles locally, regionally, and nationally. We cannot be successfully prepared if we pull out the old scripts and use the same strategies we've used for the past 30 years to make EMS better.

Our ability to make EMS be a better responder to terrorism will largely depend on our ability to work hard with other organizations, industry, government agencies, and our elected government leadership. That certainly applies to each individual EMS system, and it most certainly applies to NAEMSP too. ★

The National Association of EMS Physicians is an organization of physicians and other professionals who 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 bimonthly newsletter of the National Association of EMS Physicians (NAEMSP).

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Articles for inclusion in the newsletter must be submitted by e-mail or on diskette (WordPerfect or Word). To submit material for publication, contact the editor by telephone or e-mail.

NAEMSP News

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Copy Deadlines

January/February 2003 issue: November 29, 2002

General Motors Announces...

Advanced Automatic Crash Notification Technology

From the July/August issue of the *ComCARE Insider*; Reprinted with permission from ComCARE

ComCARE board member OnStar and General Motors announced that they will be deploying Advanced Automatic Crash Notification (AACN) technologies in 400,000 GM vehicles starting next year. The landmark announcement was made July 31, 2002 at The George Washington University Hospital at a press conference by Jeff Runge, NHTSA Administrator; Dr. Richard Hunt, NAEMSP President and Robert Lange, Executive Director of General Motors Vehicle Safety and Integration Division.

OnStar's advancements in automatic crash notification technologies greatly enhance the life-saving capabilities of current generation ACN technologies. AACN will speed emergency notification and response times, inform emergency responders with advance, vital crash information, and ultimately, we believe, save thousands of lives annually.

"The goal is to get the right resources to the right people, right when they need it," said National Highway Traffic Safety Administration's Administrator Jeffrey Runge.

"The goal is to get the right resources to the right people, right when they need it,"

Runge called on other auto companies to follow GM's lead. Prominent officials from the automotive, medical and emergency response communities attended OnStar and GM's press conference that highlighted the medical advantages of AACN. AACN uses vehicle sensors that will transmit critical crash statistics in a moderate to severe vehicular crash, allowing real time predications of injury severity. Current telematics technologies provide notice of an airbag deployment, but not crash severity data. GM is the first auto company to deploy AACN.

"Crashes will occur despite our best efforts," said Robert Lange, Executive Director of General Motors Vehicle Safety and Integration Division and former ComCARE board member. "AACN is a new opportunity to affect the way medical attention to crash victims is given."

"Crashes will occur despite our best efforts,"

AACN will provide data so that crash severity can be calculated. The information will be relayed to OnStar call center advisors, who deliver it to emergency response and medical agencies, helping them to quickly determine the appropriate combination of emergency personnel, equipment and medical facilities needed.

"In addition to smarter dispatch, AACN will help us look for and find hidden injuries," said Dr. Richard Hunt, NAEMSP President and Chairman of the Department of Emergency Medicine at SUNY Upstate Medical University, who serves as the Vice Chair of the ComCARE Board. "Emergency personnel will immediately get strong prediction of what happened, which will help us save lives."

"AACN gives the automotive, medical and emergency communities an important new tool to dramatically improve public safety," said ComCARE Board Chair Sue Hoyt, RN. "This is what we have been asking for, and now GM is delivering."

ComCARE applauds OnStar and GM for their dedication to improving emergency response times and providing emergency personnel with faster and more accurate crash data. ComCARE has been a leading advocate of sophisticated or advanced ACN since the coalition got its launch. ComCARE has ardently worked with medical professionals, safety officials, and auto

industry leaders to actualize the life-saving benefits of the technologies through a broad set of activities ranging from the National Mayday Readiness Initiative in 2000, to the ACN Campaign in 2001, our ACN Committee, and the Vehicle Incident Data Set initiative.

"The wonder of AACN technology is that it will give us more crash information than ever before – a high-tech crash 'photo' – which helps us take better care of our patients," Dr. Hunt said. "I look forward to working with GM and OnStar as they lead in the introduction of this technology in the auto industry." Hunt noted that the benefits of AACN are most pronounced in rural areas, where fatal injuries occur disproportionately because emergency notification and response times increase dramatically.

"AACN gives the automotive, medical and emergency communities an important new tool to dramatically improve public safety,"

Chet Huber, President of OnStar, called AACN "the great missing link" in automotive and emergency response technologies. He noted that OnStar uses a three-watt system, five times the power of hand-held cell phones. This enables subscribers to connect to OnStar even where cell phones cannot dial calls.

"Think back to smoke detectors, and further yet to seatbelts," said Hunt, asking the audience to imagine times when these devices were not common. "Then, these devices were novelties. Now we have an injury prevention device (AACN) that should soon come as a built-in standard on all vehicles."

The deadline for article and advertisement submissions for the January/February 2003 issue of NAEMSP News is November 29, 2002.

NAEMSP 2003 ANNUAL MEETING

Specialty Workshops, Scientific Assembly and Trade Show

Marriott Bay Point Resort Village ♦ Panama City Beach, Florida ♦ January 16-18, 2003

The following is a draft preliminary program of NAEMSP's January 2003 Annual Meeting. Please note that topics and times are subject to change. The program will continue to be published in this newsletter as it evolves. You can also watch our website at www.naemsp.org for updates and more information. The preliminary program will be mailed to all NAEMSP members in late October. Various pre-conference and post conference workshops will also be held, including the NAEMSP National EMS Medical Directors Course and Practicum, the leading EMS medical director educational course.

Don't miss this opportunity to participate in these exceptional educational offerings and to network and socialize with the EMS leadership and your colleagues at this fantastic resort! You can visit the Marriott Bay Point Resort Village website at www.marriottbaypoint.com. It is never too early to make your hotel reservation! Contact the hotel at (850) 236-6000 and mention you are with NAEMSP to receive the special group rate of \$110 plus tax for a single or double occupancy room.

Preliminary Schedule of Events

Pre-Conference Activities

Sunday, January 12

1:00 p.m. – 6:00 p.m. NAEMSP Medical Directors Course and Practicum

Monday, January 13

7:45 a.m. – 12:00 p.m. NAEMSP Medical Directors Course and
& 4:00 p.m. – 8:00 p.m. Practicum

Tuesday, January 14

7:45 a.m. – 12:00 p.m. NAEMSP Medical Directors Course and
& 4:00 p.m. – 8:00 p.m. Practicum

8:00 a.m. – 9:00 a.m. Finance Committee Meeting

9:00 a.m. – 5:00 p.m. NAEMSP Board of Directors Meeting

6:00 p.m. – 9:00 p.m. NAEMSP Research Workshop

Wednesday, January 15

7:45 a.m. – 1:00 p.m. NAEMSP Medical Directors Course and Practicum

8:00 a.m. – 5:00 p.m. Legal Aspects of EMS Systems Management

8:00 a.m. – 5:00 p.m. Neely Conference

9:00 a.m. – 4:00 p.m. NAEMSP Research Workshop

3:00 p.m. – 6:00 p.m. **REGISTRATION DESK OPEN**

5:00 p.m. – 7:00 p.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 5.

8:00 p.m. – 9:00 p.m. **PRESIDENT'S RECEPTION**

Conference Activities

Thursday, January 16

7:00 a.m. – 5:30 p.m. **REGISTRATION DESK OPEN**

7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 5.

8:00 a.m. – 9:30 a.m. **CONTINENTAL BREAKFAST**

8:00 a.m. – 1:30 p.m. **EXHIBIT HALL OPEN**

8:00 a.m. – 1:30 p.m. **POSTER ABSTRACT PRESENTATIONS OPEN: SESSION A**

♦ GENERAL SESSIONS ♦

8:30 a.m. – 8:45 a.m. Introduction and Welcome

8:45 a.m. – 9:45 a.m. C.J. Shanaberger Memorial Lecture and Keynote Address

9:45 a.m. – 10:45 a.m. President's Address and NAEMSP Business Meeting

10:45 a.m. – 11:00 a.m. **REFRESHMENT BREAK**

11:00 a.m. – 12:30 p.m. Oral Abstract Presentations Session #1

12:30 p.m. – 1:30 p.m. **LUNCH ON OWN**

12:30 p.m. – 1:30 p.m. **ADVOCATES FOR EMS LUNCHEON**
(*additional fee required*)

12:30 p.m. – 1:30 p.m. *Prehospital Emergency Care (PEC) Editorial Board Meeting and Luncheon (by invitation only)*

Seminar of Medical Direction

1:30 p.m. – 2:30 p.m. Disciplinary Action – The Legal Aspects: What Every Medical Director Should Know

2:30 p.m. – 3:30 p.m. The Toughest Decisions a Medical Director Will Every Make

3:30 p.m. – 4:00 p.m. **REFRESHMENT BREAK**

4:00 p.m. – 5:00 p.m. Unique Aspects and Challenges of Rural Medical Direction

5:00 p.m. – 6:00 p.m. Moderated Poster Abstract Session A

6:30 p.m. – 7:30 p.m. **WELCOME RECEPTION IN EXHIBIT HALL**

Friday, January 17

7:00 a.m. – 5:30 p.m. **REGISTRATION DESK OPEN**

7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 5.

7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST**

7:00 a.m. – 3:30 p.m. **EXHIBIT HALL OPEN**

7:00 a.m. – 3:30 p.m. **POSTER ABSTRACT PRESENTATIONS OPEN: SESSION B**



Friday, January 17 (continued)

◆ GENERAL SESSIONS ◆

- 8:00 a.m. – 9:00 a.m. Oral Abstract Presentations Session #2
9:00 a.m. – 10:00 a.m. National Preparedness – The FEMA Perspective
10:00 a.m. – 10:30 a.m. **REFRESHMENT BREAK**
10:30 a.m. – 11:30 a.m. Emergency Ventilation Devices for Prehospital Care
11:30 a.m. – 12:30 p.m. Research Presentation: Issues with IRB Approval Under Emergency Exception Rule – The PAD Trial Experience
12:30 p.m. – 1:30 p.m. **DIVERSITY LUNCHEON (additional fee required)**
12:30 p.m. – 1:30 p.m. **LUNCH ON OWN**
1:30 p.m. – 3:45 p.m. EMS System Showcase
3:45 p.m. – 4:00 p.m. **REFRESHMENT BREAK**
4:00 p.m. – 5:30 p.m. Oral Abstract Presentations Section #3
5:30 p.m. – 6:30 p.m. Moderated Poster Abstract Session B
7:00 p.m. – 9:00 p.m. **FRIDAY NIGHT BEACH PARTY**

Saturday, January 18

- 7:30 a.m. – 5:30 p.m. **REGISTRATION DESK OPEN**
7:00 a.m. – 8:00 a.m. Committee Meetings (All attendees are welcome and encouraged to attend committee meetings) – See tentative schedule on page 5.
7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST**
7:00 a.m. – 2:00 p.m. **POSTER ABSTRACT PRESENTATIONS OPEN: SESSION B**

◆ GENERAL SESSIONS ◆

- 8:00 a.m. – 9:00 a.m. NAEMSP Standards and Clinical Practice Committee Position Development Forum: Recommended Guidelines for Uniform Reporting of Data for Out-of-Hospital Airway Management
9:00 a.m. – 10:00 a.m. Personnel Interactions – Can't We All Get Along?
10:00 a.m. – 10:15 a.m. **REFRESHMENT BREAK**
10:15 a.m. – 11:15 a.m. Ensuring Quality in EMS – The Errors Reduction Model
11:15 a.m. – 12:15 p.m. International Disaster Response – The Israeli Experience
12:15 p.m. – 1:30 p.m. **AWARDS LUNCHEON**

◆ CONCURRENT SESSION I: 1:45 p.m. – 3:15 p.m. ◆

TRACK I: Bioterrorism Response

- 1:45 p.m. – 2:30 p.m. Community Response Plans to Bioterrorism
2:30 p.m. – 3:15 p.m. Tactical EMS Response Models

TRACK II: Caring for Children

- 1:45 p.m. – 2:30 p.m. Unique Aspects of Providing Prehospital Care for Children
2:30 p.m. – 3:15 p.m. Promoting Provider Confidence in Caring for Children
3:15 p.m. – 3:30 p.m. **REFRESHMENT BREAK**

◆ CONCURRENT SESSION II: 3:30 p.m. – 5:00 p.m. ◆

TRACK III: Building the EMS Team

- 3:30 p.m. – 4:15 p.m. Handling Stress of Emergency Responses in Our Personnel – What the Medical Director Can Do
4:15 p.m. – 5:00 p.m. Collaboration Enhances Effectiveness: From the Field Provider's Perspective

TRACK IV: Hot Topics

- 3:30 p.m. – 4:15 p.m. Accuracy of Prehospital Triage and Non-transport – What Does the Evidence Show?
4:15 p.m. – 5:00 p.m. Creating the National EMS Information System

◆ CONCURRENT SESSION III: 1:45 p.m. – 6:00 p.m. ◆

- 1:45 p.m. – 6:00 p.m. Basic Medical Response to Terrorism Course (Basic MRT)

Post Conference Activities

Sunday, January 19

- 8:00 a.m. – 12:00 p.m. NAEMSP President's Council Meeting
12:00 p.m. – 3:00 p.m. NAEMSP Board of Directors Meeting
8:30 a.m. – 5:00 p.m. Incident Command System (ICS) Course

Tentative 2003 Annual Meeting Committee/Task Force Meeting Schedule

Tuesday, January 14, 8:00 a.m. – 9:00 a.m.

Finance Committee (Dr. Robert O'Connor)

Wednesday, January 15, 5:00 p.m. – 7:00 p.m.

Standards and Clinical Practice (Dr. Ritu Sahni)
Pediatrics Task Force (Dr. Richard Orr)

Thursday, January 16, 7:00 a.m. – 9:00 a.m.

Diversity Task Force (Lori Moore)
EMS Physician Certification Task Force (Dr. Jon Krohmer)
Operational EMS Task Force Sub-Groups (Dr. Edward Racht)
Research Committee (Dr. Robert Swor)
Rural Affairs Task Force (Dr. Douglas Kupas)
Industry Relations Task Force (Dr. Michael Sucher)

Friday, January 17, 7:00 a.m. – 9:00 a.m.

Air Medical Services Task Force (Dr. Stephen Thomas)
EMS Administrators Task Force (William Chapleau)
Operational EMS Task Force (Dr. Edward Racht)
International Affairs Task Force (Dr. Francis Mencl)
Communications Committee and Technology Task Force (Drs. Cai Glushak and Greg Mears)
EMS Fellows and Fellowship Graduates Task Force (Dr. Guillermo Pierluisi)

Saturday, January 18, 7:00 a.m. – 9:00 a.m.

Terrorism Response Ad Hoc Committee (Dr. Thomas Blackwell)
Future Funding Task Force (Dr. Robert O'Connor)
Membership Committee (Dr. David Cone)
Program Committee (Dr. Debra Perina)

Keith Neely *Outstanding* Contribution to NAEMSP Award

Robert Swor, DO

I would like to take a few moments and thank the organization for the honor of the **Keith Neely Outstanding Contribution to NAEMSP Award** at the 2002 Annual Meeting in Tucson, Arizona. It was my privilege and pleasure to work with Dr. Neely in developing the idea of a professional member on the NAEMSP Board of Directors. During his tenure on the Board, Keith's contributions far outweighed the time spent on the Board and he will be fondly remembered by us all.

In reflecting on my time with NAEMSP, it is clear that I have received more than I have contributed and I wanted to thank a number of people for their support and encouragement.

I started my life in emergency medicine in 1980 working in an emergency department after a rotating internship, which was a scary experience. An Advanced Life Support Unit for Suburban Ambulance Co. was based in the emergency department. I had no clue this was the early days of modern EMS, but I worked very closely with the paramedics based in that ED, who did field care and transported patients to the ED. They then remained in the department and cared for those patients until the patient was admitted, or until they received another call. Those medics, who are too numerous to name, were passionate about their skill, inquisitive about emergency care and were simply outstanding in emergency patient care. I believe their passion directed much of my professional life and I would thank them first and foremost for directing me.

I joined NAEMSP in 1985 shortly after taking over responsibilities for the base station at our institution and attended the second annual meeting in San Antonio, Texas. I admit to being somewhat awestruck when I was invited to dinner by the Director of New York City EMS (Sandy Kuehl) and the guru of EMS dispatch, Jeff Clawson. They were kind, passionate too about EMS, and encouraged my professional interest in EMS. To this day, I believe the strength of the organization is that it offers unique opportunity for EMS neophytes to meet with senior leaders in the field. I was encouraged to get involved and stay involved, and if there is anything that I can offer to new members it is to do the same.

I became more involved with the program committee as program chair, and was intimately involved with a number of early meetings. The most interesting of which was a scientific session presented by Paul Pepe who presented his scientific work on the impact of an EMS medical director in improving cardiac arrest survival in Houston. Paul took a lot of heat from the floor after his presentation for suggesting that he was responsible for saving lives in the EMS system. Dr. Ron Krome, one of my mentors, was the moderator of the session and basically yelled at the audience "What is it you don't understand? Dr. Pepe presents data that a concerned, committed individual makes a difference. Why is that so difficult for all of you to understand?" I think this really says it all about what we do at EMS and I thank Dr. Pepe for his insight and Dr. Krome for this and many other pearls of wisdom.

The list of thanks goes on and on. Dr. Paris, for his encouragement in developing our quality management text. Dr. Steve Davidson and Dr. Andy Wilson for their assistance in growing this project. Miss Kathleen Stage-Kern for innumerable hours in tender support of the organization during its growth. Thanks to Mary Ann Hines, Acting Executive Director, who stepped in at a difficult time for the organization and put in a tremendous amount of energy as interim director. To NAEMSP leaders Nick Benson and Ray Fowler for their leadership of the organization. Dr. Marv Birnbaum for birthing Prehospital and Disaster Medicine, which helped develop a cadre of junior EMS researchers and the science of EMS. To our current leaders, Rick Hunt, Jon Krohmer, Bob Bass and Bob O'Connor for countless hours in reinventing the organization once we left Pittsburgh and helping land us to Lenexa, Kansas where we are well cared for by our executive staff. Thanks also to the EMS fellows, past and present, whose energy and enthusiasm is infectious and has sustained me and the organization as it continues to grow. This list, as I'm sure you know, goes on and on.

Finally, the recipient of every award gives what appears to be an obligatory thank you to their family for their support and for allowing them to pursue their professional goals. This is far from

obligatory and there is no way that I could have ever been successful in this, or any other pursuit, without the support, love, and encouragement of my wife Diane and my children, Erin, Kelly and Robby.

Once again, thank you NAEMSP for this honor. I am truly humbled. ★

Reflections *One* Year Later

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could have been utilized. Instead, makeshift medical facilities sprang up like geysers with unlicensed medical students, in some cases, working as physicians. No records were kept, no standard of medical care was practiced, and no oversight was provided.

With these "physicians" and other medical personnel on site, some were found on the rubble pile in sneakers and T-shirts with only a stethoscope around their necks. No respiratory protection was utilized despite the tremendously high asbestos levels reported to be in the air. If one of these volunteers were injured, who had the liability for the potential disability? This was one of the largest issues that we had to deal with during the rescue and recovery phase of the WTC attacks. It made us realize that a better system, at least in the planning stages, was necessary. We realized that medical personnel are better utilized on an "as needed" basis, deployed only after reporting to their affiliated locations. This would allow for a specific needs basis response and also take care of the credentialing issues. With so many unsolicited people responding to the site, verifying credentials at WTC was impossible. This issue of unsolicited medical personnel responding to disaster scenes was so problematic that we are currently in consultation with NAEMSP in developing a position statement addressing this issue.

Everyone had the best intentions, wanting to do something for those thousands lost. That will never change – it is in our nature as prehospital care providers to react in this way. Unfortunately, there were real dangers to all personnel with virtually no one to save. The terrorists may have shaken us, but have not broken us. We have proven that we are ready to respond to any task that is requested of us. We are prehospital medical care providers.

As we reflect upon the anniversary of this tragic occasion, we must never forget the memory of all those lost. ★

Creating Research Criteria to Define Medical Necessity in EMS

NAEMSP is pleased to announce that the Neely Conference on defining medical necessity in EMS will be held on Wednesday, January 15, 2003 at the Marriott Bay Point Resort Village, Panama City Beach, Florida as a pre-conference to the 2003 NAEMSP Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show.

The Neely Conference proposes to develop a medical necessity criterion for EMS research derived from peer-reviewed literature and expert judgment that can be used in research protocols studying EMS systems and resource triage systems. It is anticipated that these criteria for EMS need will have two primary uses:

1. To provide an evidence-based standard that can be used in EMS research when addressing questions of resource utilization in the field.
2. To guide the development of new resource triage tools for emergency medical dispatchers and field personnel that would seek to refer certain users of EMS to non-emergent alternatives when medically appropriate.

This conference is named in honor of Keith Neely, PhD, MPA, EMT-P, who championed this proposal and worked on its early development prior to his death early in 2001. Dr. Neely was the first Professional Member-at-Large of NAEMSP's Board of Directors, and was extremely active in a number of NAEMSP's activities, chairing the Managed Care Task Force and serving on the editorial board of *Prehospital Emergency Care* for several years.

The Principal Investigator for the conference is David C. Cone, MD (Yale University), and Co-Investigators are Terri Schmidt, MD (Oregon Health & Sciences University) and N. Clay Mann, PhD, MS (Intermountain Injury Control Research Center, University of Utah). Partial funding support is being provided by the National Highway Traffic Safety Administration, U.S. Department of Transportation.

Background

Many EMS research projects have sought to evaluate the value of tiered responses of various configurations, the benefits of certain deployment strategies, and the role for certain system and clinical interventions. In addition, work has begun within academic settings and the commercial market to develop alternative EMS resource triage tools that could be used by dispatchers and providers to distinguish between those who require EMS services, and those who do not.

However, with no standard to use in judging which patients "need" an EMS response of a certain type, such research has been difficult to conduct and evaluate. Even when successfully conducted, authors have found it necessary to create medical necessity criteria *ad hoc*. This has resulted in a variety of research efforts that cannot be compared to each other, because each has used a different set of criteria to determine the need for an EMS response or ambulance transport. If we are to conduct research that may eventually support altering the EMS response or recommend alternatives to ambulance transport, evidence-based and/or consensus standards are needed.

Published studies have used different criteria for medical necessity, including ones developed and used by Dr. Neely and his group. In addition, Dr. Robert Bass' medical working group, as part of the federal initiative to develop a Medicare ambulance fee schedule, has completed significant work in this direction. This work will serve as background and an initial framework for criteria development.

The conference will convene EMS physicians, researchers, administrators, providers, and representatives of interested federal agencies. These experts will review and critique the limited, published criteria for need that have been proposed in the literature and elsewhere, attempt to establish a set of criteria for EMS need, and recommend analytic approaches to assess the usefulness and validity of such criteria. The conference proceedings will be published in *Prehospital Emergency Care*.

The conference will run from 8 a.m. to 5 p.m., and a registration fee of \$50 includes a continental breakfast, box lunch, and refreshment breaks. All NAEMSP members and interested parties are invited to attend. Conference registration is available on-line at www.naemsp.org on the 2003 annual meeting registration form. Questions about the conference should be directed to the NAEMSP Executive Office, or to any of the investigators at david.cone@yale.edu, schmidtt@ohsu.edu, or clay.mann@hsc.utah.edu. ★

Call for Photographs

Many of us involved in EMS have great action photos depicting various elements of prehospital systems. You now have the opportunity to show off your best!

Once again, NAEMSP will sponsor a photo contest at the 2003 annual meeting in Panama City Beach, Florida. The NAEMSP Program Committee would like to encourage all interested members to submit EMS-related photos for the contest. Approved entries will be displayed in the poster hall during the entire meeting. First, second and third place winners will be selected by a subgroup of the program committee, and the winners will be announced at the Awards Luncheon.

Please remember that these photos will be publicly displayed. Any patient identifiers should not be visible without the written consent of the patient or their immediate family member. Photo captions may be included, although this is not mandatory. It must be understood that these photos are for public display and all captions must be professional in content.

If you have photos you wish to submit, please send an 8 x 11 copy no later than November 15, 2002, to: Dr. Debra Perina, P.O. Box 800699, Charlottesville, VA 22908.

Reflections on EMS Research Training

Manish N. Shah, MD, Assistant Professor, Department of Emergency Medicine, Office of Prehospital Care and Department of Community & Preventive Medicine, University of Rochester School of Medicine and Dentistry; Medical Director for Rural Metro Medical Services, Rochester EMS.

Having recently completed my emergency medicine residency, the Robert Wood Johnson Clinical Scholars Program, and my first year as a faculty member, I had occasion to reflect on the opportunities and ideal requirements for training an EMS researcher.

In recent years, EMS research has been expanding in scope, depth and sophistication. We are now at the point where EMS researchers have received, or will begin to receive, significant grant funding from the NIH and private foundations. This development results in part from the maturation of EMS research, EMS researchers and EMS research training. Research training is critical because it is a process by which individuals skilled in EMS, bio-statistics, epidemiology and research design are educated, mentored, and supported to become sophisticated researchers. EMS research training occurs at all levels of education and can begin, in fact, during an individual's college years. This training continues throughout residency and fellowship, and even as a faculty member.

EMS research training can begin during college or medical school, particularly if emergency medicine is prominent in the institution. Many institutions that emphasize research in emergency medicine and EMS have opportunities for students to participate in studies as research assistants and even co-investigators. These activities show students the excitement associated with clinical investigation and the importance of quality research. Furthermore, early involvement solidifies student interest in emergency medicine and EMS research. Exposure to academic EMS at this point allows students to consider different opportunities in setting career directions such as advanced degrees (PhD, MPH) and specific qualities of various residency programs.

Residency is the time for new physicians to primarily improve their clinical skills through an intense training process. As part of this training, all EM residents

receive some exposure to EMS and research. Many residency programs have extensive involvement with EMS, including detailed training in the administration and clinical practice of prehospital care. Several such programs also have well-developed research opportunities, with mentorships, on-going studies and courses in methodology. Those residencies that couple research with EMS exposure, provide an invaluable combination that affords the resident an understanding of the unique EMS environment, the challenges it poses to performing research and the issues and opportunities available in the prehospital setting.

While a strong residency program can provide significant EMS and research exposure, fellowship training is important to develop the EMS researcher in an organized and efficient manner. Many different training programs are available for individuals interested in EMS research. The choice, structure, and orientation of these programs will determine whether the prospective EMS researcher feels one of the other is right for him or her. A key feature of any fellowship program is that it allow sufficient time for the fellow to obtain the needed statistical, epidemiological, and research design training to serve as the foundation for a successful career in EMS research. The length of training programs typically ranges from one to two years. Many argue, and I agree, that two years of training are necessary to acquire the specific research tools and exposure to become a productive investigator. Many programs incorporate advanced degrees such as a Masters in Public Health, Masters in Health Studies, or a Masters in Public Policy. While the quality of the training is more important than the degree, the diploma can serve as a representation to others of the researcher's knowledge base. Fellowship programs are also associated with varying clinical and administrative workloads. Though it is important to maintain clinical proficiency, it is critical that the fellow be afforded enough freedom from clinical responsibilities to complete classwork and meaningful research.

EMS-related fellowship structures seem to fall into three categories. The SAEM/Medtronic Physio-Control Fellowship in EMS is an example of an EMS fellowship supported by grant funding that requires extensive clinical, administra-

tive, and research experience. Other programs, such as the Robert Wood Johnson Clinical Scholars Program are supported with funding that is not tied to a specific specialty. Though not exclusive to EMS, such programs concentrate primarily on research methodology that may be applied to the scholar's clinical field of interest. These programs have the benefit of providing more in-depth training in research methodology, though not inherent specialization in EMS. However, as in my case, they may afford the research fellow the opportunity to apply his or her emerging research skills to EMS subjects. Especially if there is good EMS mentorship, the research fellow will inevitable gain meaningful understanding of the infrastructure and politics of prehospital care. A third group of programs are organized by individual departments of emergency medicine. These programs are frequently funded by the fellow's clinical shifts and/or external funding sources, and may be structured as desired by the fellow and his or her mentor. Some departments have managed to creatively support these programs with grants or contracts tied to specific clinical areas. Regardless of the funding structure, the serious prospective researcher must examine whether the fellowship curriculum affords adequate protected time and research support to fulfill one's training objectives.

Although serious research training may be long and require sacrifice, individuals intending to become EMS researchers should take advantage of the many opportunities that have arisen in recent years. Not all options will be correct for all individuals. Each prospective fellow should prepare to make the best choices to develop his or her ideal career in the context of other life goals. These choices will then lead to the first research position, where the junior faculty member will have the opportunity to consolidate and synthesize many years of training into a research career. However, training does not cease at this point. As recognized by the NIH with its Career Development Awards, additional advanced research training and mentorship, combined with significant protected time, are critical to the development of productive EMS research careers. ★

Elections

NAEMSP Board of Directors for Terms January 18, 2003 – Annual Meeting January 2005

An official election ballot is on page 9 of this newsletter

The NAEMSP Nominating Committee, chaired by Immediate Past President, Jon Krohmer, MD, FACEP, is pleased to present you with the following exceptional candidates for the open positions on the NAEMSP Board of Directors.

Candidate biographies are included on the following pages. The ballot can be found on page 9. The NAEMSP Board of Directors candidate slate is as follows:

- | | |
|--|--|
| President-Elect (vote for one): | Robert E. O'Connor, MD, MPH |
| Secretary/Treasurer (vote for one): | David C. Cone, MD
Robert M. Domeier, MD, FACEP |
| Physician Member-at-Large (vote for two): | M. Sandy Bogucki, MD, PhD
William D. Fales, MD
Cai Glushak, MD
James E. Pointer, MD |
| Professional Member-at-Large (vote for one): | Beth Adams, MA, RN, NREMT-P
Lawrence Brown, EMT-P |

The candidates listed above are physician and professional members in good standing with the association and have agreed to serve the membership and the best interests of the association if elected.

In the case of a tie in voting, another mail ballot will be issued for those candidates involved in the tie. If a tie results after two ballots, the NAEMSP Board of Directors shall determine the winner by a simple majority vote of the members of the board.

The voting will close at **5 p.m., CST, on Monday, November 25, 2002**, so envelopes need to be postmarked by this day and time. Only the original ballot contained in this newsletter will be accepted. A facsimile or copy of the official ballot will **not** be accepted or counted as a vote. A return envelope is included with this newsletter, although a plain envelope may be used. **Your signature is required across the envelope seal to validate your vote.**

Voting is open to all physician, professional, resident and fellow members of the NAEMSP in good standing. Medical students and honorary members are not eligible to vote.

Thank you for taking time to place your vote for the NAEMSP Board of Directors.

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Official Ballot

NAEMSP Board of Directors Election
Term: January 18, 2003 – Annual Meeting, January 2005

Note: Medical students and Honorary members are not eligible to vote.

Please use the envelope provided with this newsletter, or your own envelope, to mail your completed election ballot to: NAEMSP, P.O. Box 15945-281, Lenexa, KS 66285-5945. Overnight mail **ONLY** should be directed to: NAEMSP, 8310 Nieman Road, Lenexa, KS 66214.

Ballots must be postmarked by Monday, November 25, 2002, to be counted.

Facsimiles or copies of the official ballot will not be accepted. Contact the NAEMSP Executive Office at (800) 228-3677 if you have any questions.

<p>For President-Elect (vote for one)</p> <p><input type="checkbox"/> Robert E. O'Connor, MD, MPH</p> <p><input type="checkbox"/> Write-In Candidate: _____</p>	<p>For Secretary/Treasurer (vote for one)</p> <p><input type="checkbox"/> David C. Cone, MD</p> <p><input type="checkbox"/> Robert M. Domeier, MD, FACEP</p> <p><input type="checkbox"/> Write-In Candidate: _____</p>
<p>For Physician Member-at-Large (vote for two)</p> <p><input type="checkbox"/> M. Sandy Bogucki, MD, PhD</p> <p><input type="checkbox"/> William D. Fales, MD</p> <p><input type="checkbox"/> Cai Glushak, MD</p> <p><input type="checkbox"/> James E. Pointer, MD</p> <p><input type="checkbox"/> Write-In Candidate: _____</p>	<p>For Professional Member-at-Large (vote for one)</p> <p><input type="checkbox"/> Beth Adams, MA, RN, NREMT-P</p> <p><input type="checkbox"/> Lawrence Brown, EMT-P</p> <p><input type="checkbox"/> Write-In Candidate: _____</p>

Statements From the Candidates

President-Elect

Robert E. O'Connor, MD, MPH

I have accepted the nomination for the office of President-Elect of NAEMSP because I believe this is the best way for me to effectively serve NAEMSP. I am writing a brief biography to provide a basis for your support of my candidacy.

I first developed an interest in the medical direction of EMS during my residency in emergency medicine, and have since then served as Medical Director for both county and statewide agencies. As a medical director, I became keenly interested in using system-wide programs and protocols to reduce error and improve patient care. I have had the good fortune to be author or co-author on a number of publications that have hopefully been used by EMS Medical Oversight to improve patient care.

I have served NAEMSP as a member of the Board of Directors since 1996, both as the Chair of the Standards and Clinical Practice Committee, and as a Member-at-Large. Our committee wrote a number of position papers on such topics as the Pneumatic Anti-shock Garment, EMS Managed Care, personal protection, and Medical Direction. I also served as one of the Principle Investigators on the EMS Partnership for Children Performance Contract, which produced the NAEMSP Model Pediatric Protocols. I have represented NAEMSP at EMS-C Pediatric Practice Guidelines and Outcomes Research for Emergency Medical Services, at the NHTSA Consensus Workshop on the Role of EMS in Injury Prevention, the Model Plan for Statewide Quality Improvement Efforts, the Bethesda: Emergency Cardiac Care Conference, the Partnership for Community Safety, the Brain Attack Coalition, and most recently, the CDC's Advisory Committee for Injury Prevention and Control. I represent NAEMSP as a member of the Board of Directors of the National Registry of EMT's, and serve as liaison to the American Board of Emergency Medicine.

As Secretary-Treasurer, I have grown to appreciate the strength of the association in its membership, the annual

meeting, and grants. All three of these areas must be successful for NAEMSP to remain strong. As President-Elect, I will work with the President, the Executive Committee, the Board of Directors, Committee Chairs, and the membership to champion the cause of EMS medical direction by working to expand the position of NAEMSP in areas of research, education, and leadership on the national level, to assist medical direction on the local and regional level. Thank you.

Secretary/Treasurer

David C. Cone, MD

It is a great honor to be nominated for the position of Secretary/Treasurer. I have greatly enjoyed serving on the NAEMSP Board of Directors as an "at-Large" member for the past few years, and feel I have made significant contributions to the continued progress of the association.

I began my EMS career in 1984, when I completed my first EMT-A course. I then served as a volunteer EMT for my town's ambulance service during college and medical school. Following medical school at Columbia University, where both emergency medicine and EMS were virtually unknown, I was fortunate to complete my EM residency and an EMS fellowship at the Medical College of Pennsylvania, where EMS has been recognized as an academic subspecialty for many years. I moved to New Haven, Connecticut in 1999 to take on the EMS direction role at Yale, where I now serve as medical director for a 12-town EMS region, and as Associate Professor, EMS Division Chief, and fellowship director for a program that is training its third EMS fellow this year. I continue my field involvement as a volunteer firefighter for my town's fire company, as a Medical Team Manager for Pennsylvania's Federal Urban Search and Rescue Task Force, and as service chief of New Haven's Physician Response Team.

I have been fortunate to have the support of department chairs that recognize the importance of NAEMSP, allowing me to dedicate substantial portions of my academic time to the

Please detach and return the completed and signed election ballot on the opposite side of this page postmarked by 5 p.m. CST on Monday, November 25, 2002.

association. In addition to service on the Board, my work at NAEMSP has focused primarily on the journal, as deputy editor, and the research workshop, as a founding member of the faculty. I have also had the opportunity to serve as an associate editor for the third edition of NAEMSP's EMS textbook, to develop position statements, to edit the annual report, and, as chair of the Membership Committee, to work on meeting the needs of the association's members.

NAEMSP continues to have a number of critical missions, including evaluating and guiding public policy and legislation, advancing the science of EMS, and serving as a resource and advocate for field providers. I feel that my experience on the Board and with other association activities will enable me to continue to advance these missions as Secretary/Treasurer. Additionally, I believe that my time on the Board has adequately prepared me for the more focused tasks of the Secretary/Treasurer, including monitoring and guiding the financial well being of the association. I thank you for your support.

Secretary/Treasurer

Robert M. Domeier, MD, FACEP

I would like to thank the NAEMSP Nominations Committee for selecting me as one of this year's candidates for the office of Secretary-Treasurer. I have accepted this nomination in order to give back service to NAEMSP, an organization with an important mission that has given me a lot of professional fulfillment over the years. I give you the following brief history of my involvement in EMS and service to NAEMSP to support my candidacy.

I trained in emergency medicine at Detroit Receiving Hospital, completing my residency in 1987. During my residency I received experience in EMS by working as a flight physician with the Detroit Medical Center Skyteam, an aeromedical helicopter program based at Detroit Receiving Hospital. After residency I joined the faculty of Saint Joseph Mercy Hospital in Ann Arbor, Michigan. My interest in EMS grew and I became the medical director of a large EMS system in Southeastern Michigan. I continued to fly with Midwest Medflight based at Saint Joseph Mercy Hospital, becoming the director for this service in 1996.

My interest in EMS research began with a project using specially trained paramedics to improve the care of patients during interfacility transport. Our MICU medic program, which was started in 1990, became the standard for the state of Michigan. I have continued to do EMS clinically based research looking at EMS indications for spine immobilization, RSI training programs, cardiac arrest care and EMS pain management. This research has led to improvements in patient care protocols and has given our providers better evaluation and treatment tools.

I have served on the NAEMSP Board of Directors since 1998, first as the Chair of the Standards and Clinical Practice Committee (S & P) and as a Member-at-Large. While chair of S & P, I oversaw the development of a number of position papers for the organization. I have continued to support the activities of the S & P helping to develop a system of periodic review for NAEMSP's numerous positions papers. I have represented NAEMSP as a member of the NHTSA EMS Core Content and Critical Care Interfacility Transport task forces and serve

as a Commissioner for the Commission on Accreditation of Ambulance Services.

The NAEMSP of the future offers both opportunity and responsibility. We must strive to improve the readiness of EMS for the challenges of both routine patient care and potential terrorist pressures. NAEMSP has the opportunity to be a leader in that preparedness. Through initiatives that vary from advocacy in domestic preparedness, automatic crash notification initiatives and increased research to improve our knowledge that supports the evaluation and treatment of patients, NAEMSP is preparing to shape the future of EMS in this country. Through our example and our writings in our premier journal, *Prehospital Emergency Care*, we are being looked to as leaders in EMS, both in the U.S. and around the world.

These responsibilities are increasing the demand for officer and board of director time and representation to other national EMS and related organizations. Each of us can play a role in that future. Our members, both physician and professional, have frequently stepped up to fill these roles. The NAEMSP of the future will have more members in positions of responsibility and will look to its members for ideas and leadership.

I believe these responsibilities and opportunities will make our organization stronger. By moving forward to meet these we will provide benefit to our members and patients. I look to contribute to the future of NAEMSP as a continued member of the Board and in the position of Secretary-Treasurer. I ask for your support and will continue to work for the members of NAEMSP. Thank you.

Member-at-Large

M. Sandy Bogucki, MD, PhD

By way of introduction, I'm a member of the Emergency Medicine faculty at Yale, and Associate Medical Director of the New Haven and Branford Fire Departments. My educational background includes a Master's degree from Tulane's School of Public Health and Tropical Medicine and a PhD in Microbiology from Texas A&M (explains a lot). From there I went to Yale as a research fellow, and in the ensuing 25 years have never managed to escape Eli's gravitational field, attending medical school then training in Internal Medicine and Infectious Disease there. I joined the Emergency Medicine faculty for continuous, rather than sporadic, high acuity clinical practice to complement my research time.

EMS entered the mix as a result of political appointment to the town EMS Commission. When I lost the fight against hostile takeover of the municipal third service by the fire department, I was asked to help supervise the transition to a fire-based system using dual trained firefighter-paramedics. The cool fluorescence guiding my orderly career climbed a few hundred nm on the electromagnetic scale, and exhibited some fascinating thermal properties. I bequeathed my lab back to the Yale Arbovirus Unit and traded my American Society of Tropical Medicine & Hygiene card for membership in NAEMSP. Since that time, the evolving fire and EMS professions have combined with my unique background to provide me with opportunities to make contributions in the areas of hazardous materials incident management, medical support for emergency responders, use of remote sensing technologies

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to enhance emergency operations, certification and skills maintenance of EMS personnel, and preparedness for incidents involving deployment of chemical and biological weapons.

I was honored to hear of my nomination for a physician Member-at-Large position on the Board of Directors. Never one to go looking for extra work, I consulted my friend, colleague and NAEMSP Board member, Dave Cone regarding qualifications and expectations for serving on the Board before deciding whether to accept the nomination. He suggested it was mainly an issue of diversity: the board did not presently have a real curmudgeon, and I was clearly qualified to fill this gap. Accordingly, I humbly accepted the Committee's nomination.

From years of involvement in various activities of the Association, I bring ideas and opinions to my candidacy for a Board position, and I'd like to take this opportunity to briefly inflict a couple of them on everyone. While I totally agree that we have neither the research nor novel practical content to support more than one meeting per year, I do believe the membership should consider a smaller 'course and committee' work meeting in the summer or very early fall. This would enable committees to maintain momentum on work products, and deliberate more timely and effectively on issues facing the Board. The importance of such input to the Board from Association membership cannot be over-emphasized. A C&C meeting would provide a venue for the Medical Director Course & Practicum at a time of year when it is most needed by new fellows. It could also decompress the pre- and post-conference course and workshop schedule, making it possible for more of the membership to participate in more of the courses that are presently either offered concurrently or can not be accommodated due to lack of available time and space. Using such a format to broaden the course and workshop offerings, including some operational and 'merit badge' opportunities would likely be a valuable service to members and financially rewarding for the Association. Finally, I believe that the NAEMSP membership could be more effectively represented and more generally involved in the ongoing missions of the Association if committee and task force chairs were elected by their members rather than appointed. This small structural revision could substantially strengthen and invigorate the Association by directly involving a more diverse cross section of the talents and expertise of its members.

Now you understand the basis for Dr. Cone's observations on the occasion of my nomination. If you feel the Board should be subjected to a couple of years of this perspective, I'd be honored to represent you there.

Member-at-Large **William D. Fales, MD**

It is a great honor to be nominated to the NAEMSP Board of Directors. As a member, I have come to value the many personal friendships and professional relationships I have enjoyed through NAEMSP. Since becoming a member in 1993, it has been a pleasure to witness the evolution of the association into a premier member of the national EMS community.

By way of personal background, for nearly 10 years, I have been the Director of Prehospital Care for Michigan State University, Kalamazoo Center for Medical Studies (MSU/KCMS) and the EMS Medical Director for the Kalamazoo

County Medical Control Authority. For the record, there really is a "Kalamazoo."

As with many of my NAEMSP colleagues, I too have a past life (pre-physician) in EMS. In the 1970s I became a founding member of a rural volunteer ambulance service in Pennsylvania. Before medical school, I worked as a paramedic, firefighter and EMS instructor. Among my most memorable moments in EMS was an incident in which I attempted to have our medical director (unknown to me at the time) removed from a scene. We've come a long way (although I suspect Kzoo medics occasionally have similar thoughts).

I am a 1990 graduate of Jefferson Medical College in Philadelphia, having worked as a paramedic throughout school. In 1993, I completed an emergency medicine residency at Geisinger Medical Center in rural Danville, Pennsylvania before moving to Michigan.

My responsibilities at MSU/KCMS include clinical and administrative duties, as well as resident education in EMS and disaster medicine. My academic interests include EMS information systems, quality improvement, and domestic preparedness. I direct Michigan's EMS Information System Project and the EMS-C funded Michigan Pediatric EMS CQI Project. Recently, I assumed the new position of Medical Director for a nine-county Regional Bioterrorism Preparedness project. I am also the Medical Advisor to the State Police's Terrorism Regional Response Network.

Our EMS system covers a county of just under a quarter million people. As Medical Director, my goal has always been to drive our five ambulance services and 14 first response agencies to function collaboratively as an effective system. Philosophically, I am committed to the concept of prospective medical direction while realizing the importance of having timely, valid information on system performance for retrospective analysis and decision-making.

Most involved in EMS have hopefully come to appreciate the value of family support. I have been blessed with a more than tolerant wife (a former paramedic) and three great children ages 3, 5, and 7. Appropriately, the kids seem to be more proud of their dad as a former paramedic than as a doctor. They have always been supportive of my EMS lifestyle and I'm certain this would carry over with the added responsibilities of the NAEMSP Board.

As for NAEMSP, I have served on the Research and Nominating committees and have written for the newsletter. I am currently on the Operational EMS Task Force and Terrorism Response Ad Hoc Task Force. NAEMSP has afforded me with wonderful opportunities to network with colleagues from around the country. However, NAEMSP is far more than a (para-)fraternal association. NAEMSP is a unique and dynamic specialty organization representing a diverse group of physician and non-physician professionals critically located at the juncture of public safety, emergency medicine and public health. The NAEMSP membership has collectively embraced a shared goal of promoting the highest quality out-of-hospital emergency healthcare.

NAEMSP is currently poised to expand our influence nationally on such vital issues as EMS system funding, outcomes-based research, interdisciplinary collaboration, promotion of diversity throughout EMS, and EMS' critical role in homeland security. I believe my broad range of EMS experiences and commitment to the association allows me to humbly ask for your support.

Please feel free to contact me at fales@kcms.msu.edu if you wish to discuss issues of importance to NAEMSP.

Member-at-Large

Cai Glushak, MD

It is a serious honor to be nominated as a candidate for the Board of Directors of NAEMSP and I hope this is a reflection of many years of active involvement with, and contribution to, the organization. Since joining NAEMSP in 1985, I have watched our society grow from a small interest group, attempting to establish the importance of physician involvement in EMS, to a mature association with numerous communications vehicles and an extraordinary breadth of membership. As with any growing society, it is critical that leadership continues to revisit its mission to ensure that it is meeting the needs of its members, always contributing to the development of its specialty and is remaining focused so as to function with fiscal responsibility and be effective in attaining its goals.

Having come of age as an EMS Medical Director in a complex urban EMS environment, namely Chicago, and depended all through my career on the resources and expertise available from NAEMSP and its members, I have specific thoughts about how I feel our specialty society must continue to support those who practice in our specialty. Having grappled with the logistics, politics and other challenges of inner city EMS, as well as participating in the complete re-engineering of Chicago's EMS and dispatch systems, I realize how much communication with other experts in my field is critical to being effective in the EMS world. For that reason, most of my activities in NAEMSP have been focused on areas that promote the sharing of resources and knowledge among our members. Over the years I have participated on the Educational Programs Committee, the Standards and Practice Committee and eventually became Editor of NAEMSP News and Chair of the Communications Committee. In recent years, my focus has been on transforming the newsletter into a vehicle for cogent information for members and as a forum for the exchange of ideas. This responsibility has branched into the exploration of mechanisms for more rapid dissemination of information to the membership.

My goal is to continue to open avenues to deliver information on advances in our field by tapping into the attributes of our membership and continuing to promote their active involvement in all aspects of the organization. As I see pressing issues emerging on the EMS horizon, I am committed to assuring membership has the opportunity to be informed and educated about these issues and discuss them. Equally important, I am committed to assuring that members have access to information about the areas of specialty of other members and continue to encourage the development of a reference database for colleagues to seek out and consult with other experts in the organization.

The other remarkable feature of our organization is NAEMSP's success in multiplying the effectiveness of its relatively small membership in furthering its special medical agenda, one that could easily be submerged by the priorities of much larger organizations. We have used our inherent skills in networking with physician and non-physician providers alike to create productive alliances to get our issues

heard and addressed. That is why it is extremely important to me that we now see through NAEMSP's young initiative to create an effective political advocacy strategy. Again, as a small organization, this will clearly have to be accomplished with partners. Up to this point, we have been enormously effective in identifying key individuals to create strong liaisons with governmental agencies and other specialty societies. However, in order to make gains in areas that require legislative action, we clearly need a stronger political advocacy presence...a goal I intend to help see through.

I hope you will support my candidacy, one intended to embrace the involvement and interests of all of our members.

Member-at-Large

James E. Pointer, MD

I am honored that the Nominating Committee has placed my name on the ballot for the physician Member-at-Large position on our NAEMSP Board. I have been involved with NAEMSP since 1985; I served a two-year term as Education Committee Chair in 1992. My colleagues and I have presented a number of abstracts at recent annual meetings, and I am a contributor to our textbook, *Prehospital Systems and Medical Oversight*. NAEMSP truly represents not only EMS physicians but also the entire EMS Community and has emerged as the key National EMS Organization. I am anxious to become more involved.

My work in EMS dates back to the late 1970's. In my career, I have served as a base hospital medical director, director of an ALS training program, San Francisco's full time EMS medical director, County of Marin's EMS medical consultant, and consultant/director with several EMS organizations in South Florida. Currently, I am medical director for the EMS District in Alameda County (including Oakland, Berkeley, and Fremont), California and for three progressive fire EMS providers in Marin County. In California EMS, I am a member of the California State Scope of Practice Committee (addresses the EMS Authority on scope issues), the Paramedic Task Force (drafts regulations regarding quality improvement and education), and the Director's Advisory Group (advises the EMS Authority Director on a variety of issues). My research interests include skills dilution/maintenance, innovative educational techniques, the impact of strong emergency medical dispatch, and injury prevention in the old and young.

If elected to the board, I will work to ensure that our organization continues its leadership role in EMS. We must continue to collaborate with other organizations (as we recently did with the Partnership for Community Safety) and to take positions on important EMS issues – positions that make our jobs easier because of NAEMSP's status. I would like to see our organization work more closely with state and local agencies and providers and to explore the possibility of state NAEMSP chapters.

I will never hesitate to 1.) solicit input in decision-making from my physician and field colleagues and 2.) to speak out for medically-responsible out-of-hospital care. I appreciate your consideration.

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Professional Member-at-Large

Beth Adams, MA, RN, NREMT-P

It has been an honor and a privilege to serve as the Professional Member-at-Large to the NAEMSP Board of Directors since January 2001. The strength of any organization lies in the committed involvement of its members and I believe that I've demonstrated my commitment to NAEMSP during my term on the board, as well as in the dozen years of membership that preceded my election. I am asking for your support in my reelection bid to continue to represent you in that capacity.

During my tenure I have worked to perpetuate Keith Neely's legacy by seeking to increase the involvement and participation of the professional members to the benefit of the organization. I have also sought to highlight and celebrate the contributions of our professional members through the newsletter. Serving as the Board Liaison to the Pediatric Task Force and the Research Committee, I sincerely believe that the work that those two groups produce is really a testimony toward realization of the goals of NAEMSP and the truly collaborative nature of EMS. Additionally, I was proud to represent NAEMSP at the Blue Ribbon Panel of the National Child Protection Education Project, and currently serve on the administrative team for NHTSA National EMS Core Content Task Force.

My past activities within NAEMSP include serving on the Education Committee (1992 - 96), the Program Committee (1992 - 2000), and as Co-chair of the EMS Education Committee (1996 - 2000). I served as Program Chair for the 1998 annual meeting, marking the first (and only) time a professional member served in this capacity.

In May 2002, I left George Washington University after 10 plus years as the ALS-CME Coordinator for EHS Programs to become the Quality Improvement Manager for Fairfax County Fire & Rescue Department. I'm fortunate to work with an Operational Medical Director (Dr. Scott Weir) who shares my commitment to EMS, the community we serve and the health care professionals who deliver that service. Additionally, I've served as an item writer for the National Registry, collaborated on several EMS texts (including *Prehospital Systems and Medical Oversight*), presented at numerous conferences and worked on a variety of projects related to all aspects of EMS.

I remain passionately committed to promoting the continued growth and evolution of NAEMSP, the increased involvement of professional members, and the expansion of NAEMSP's role as a key player in national EMS-related initiatives. Thank you for your consideration and support.

Professional Member-at-Large

Lawrence Brown, EMT-P

It is truly an honor to be nominated for the Professional Member-at-Large position on NAEMSP's Board of Directors. It is also a bit intimidating: Keith Neely and Beth Adams have established an impressive precedent for service in that position. If elected to the Board, I intend to continue that tradition of service.

I began my EMS career as a volunteer EMT in a rural county with a volume of about 600 calls per year. I've found my way to — and through — a hospital-based ambulance service, a large county-based EMS agency, and finally into academia. Along the way, I became a paramedic, got a little bit of air-medical experience, worked as an EMS system's training officer, then taught college-based continuing education and initial training programs, and eventually gravitated into research. Some folks would say I've had a lot of diverse experiences; others would say I can't hold a job.

I've been involved in NAEMSP since 1992, and have served on the Research Committee, the Nominations Committee (no, not this year), the Rural Affairs Task Force, the EMS Administrators Task Force, and the Physician Certification Task Force. I was also selected to participate in the APHA/NAEMSP EMS and Public Health Roundtable. Most recently, I have served as a co-investigator for the National EMS Research Agenda project.

Elections, however, are not about the past; they are about the future. I personally have never felt like a second-class citizen within this organization, but I have a number of friends and colleagues who view NAEMSP as an organization of, and for, physicians. The mission of the organization, however, is clear on that issue: "The National Association of EMS Physicians is an organization of physicians and other professionals who provide leadership and foster excellence in out-of-hospital emergency medical services." The professional members of NAEMSP are an integral piece of the organization's future — they always have been, and they always will be. In addition to serving the organization and representing the professional members, if elected to the Board I hope to use that position to attract even more professional members, and to advance and promote the contributions that professional members make to the organization.

I am committed to the success of NAEMSP, and look forward to continuing to serve the organization in whatever capacity I can. It would be a privilege if that included serving as the Board's Professional Member-at-Large. ★

REMINDER

Nominate Your Fellow for the NAEMSP Fellowship Recognition Award

The NAEMSP EMS Fellowship Recognition Award recognizes those physicians who have demonstrated commitment to prehospital emergency care by having completed a bonafide fellowship in emergency medical services.

To be eligible for the recognition award, the physician must have completed the EMS fellowship after June 30, 2000 and be nominated by his or her fellowship director. Nomination forms may be obtained from the NAEMSP Executive Office by calling (800) 228-3677, ext. 448 or e-mail your request to info-naemsp@goAMP.com. Using this form, fellowship directors must indicate that the graduated fellow has acquired expertise in several areas of EMS medical direction and has fulfilled a research requirement. Additionally, both the fellowship director and the EMS fellow must be members of NAEMSP.

Now is the time to look toward our January 2003 annual meeting, when NAEMSP hopes to acknowledge several soon to graduate EMS fellows. Fellowship directors should be guiding fellows toward completion of projects and ensuring that last year's graduates fulfill leftover obligations.

Again, nomination forms can be obtained from the NAEMSP Executive Office. The submission deadline for the January 2003 awards is **November 27, 2002**.

News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director, and Jennifer L. Kimzey, Association Manager

Summer 2002 Board of Directors Meeting

The NAEMSP Board of Directors held a very productive face-to-face meeting on Friday, September 13 and Saturday, September 14 in Baltimore, Maryland. Our many thanks to the Committee and Task Force Chairs and members of the Board of Directors who provided reports and/or participated in the meeting in person or via conference call, which continues to propel the association forward and meet our goals. We appreciate the time you dedicate to this organization despite home, work and other volunteer obligations.

2003 Annual Meeting: January 16 – 18, 2003, The Marriott Bay Point Resort Village

Planning continues for the 2003 Annual Meeting, to be held January 16-18, at the beautiful Marriott Bay Point Resort Village in Panama City Beach, Florida. Don't miss this opportunity to network and learn the newest practice advances in EMS with your NAEMSP colleagues. See pages 4-5 for the most up-to-date version of the educational program. The Preliminary Program, including speaker names and registration form, is available on the NAEMSP website at www.naemsp.org.

Committee and Task Force meetings will be held on Wednesday evening, January 15 and the mornings of Thursday, January 16; Friday, January 17; and Saturday, January 18. This is the only opportunity during the year for these committees to meet face-to-face. We encourage you to

put these meetings in your personal data assistant (PDA) or another calendar tool, so **you**, as a member, can be in attendance!!

We also encourage you to provide comments and suggestions as future program committees plan their activities that shape our organization. If you have any questions or comments about the program, contact Program Committee Chair Dr. Debra Perina at dgp3a@hscmail.mcc.virginia.edu, or the Executive Office at info-naemsp@goAMP.com.

NOW AVAILABLE: *Prehospital Systems and Medical Oversight, 3rd Edition*

Ordering information is available on the NAEMSP website at www.naemsp.org/products-textbooks.asp.

Membership Recruitment

Don't forget to tell your colleagues what membership in NAEMSP can do for them. We need you to help us grow! Call the NAEMSP Executive Office at (800) 228-3677, ext. 448 or e-mail us at info-naemsp@goAMP.com for membership brochures. Alternatively, let us know to whom we should send a membership brochure on your behalf and we'll take care of it!

Congratulations to Dr. and Mrs. Francis Mencl on the birth of their daughter Heidi on August 15, 2002. Dr. Mencl is NAEMSP's International Affairs Task Force Chair.

NAEMSP Welcomes New Members



Michael Addario, EMT-P
Paul Biddinger, MD
Kenneth Chasteen, MD
Valeris De Maio, MD, MSc
Michael Fannon, MD, BA, NREMT-P
Baruch Krauss
David Marcozzi, MD
Ronna Miller, MD
David Moore, MD
Mehdi Sattarian
N. Sherrie Squyres, MD

Houston, Texas

The City of Houston Fire Department/Emergency Medical Services is seeking an MD to serve as Associate Medical Director. This person will:

- Assist the EMS Physician Director with the administration of all physician-related activities of the Emergency Medical Services;
- Provide on-scene quality assurance and medical supervision/direction;
- Provide on-line medical control via Base Station/Telemetry;
- Function as direct supervisor for Assistant Medical Directors;
- Develop, implement and revise medical as well as dispatch protocols and standing orders regarding patient care;
- Develop skills in Medical Quality Assurance meetings;
- Act as QA Physician for retrospective Medical Incident Reviews;
- Have active participation in evaluation of prospective paramedics; and
- Evaluate skills and test paramedics in critical care procedures.

Minimum educational requirements include an MD from an accredited medical school and board certification or eligibility in General Surgery, Emergency Medicine and/or Internal Medicine. Four years of experience in pre-hospital emergency care, trauma care, EMS research and teaching or a closely related field are required. Preference given to those who are Board Certified in General Surgery, Emergency Medical and/or Internal Medicine. Strong preference given to those having completed an EMS Fellowship. Requires a license to practice medicine in the State of Texas within six months of the time of appointment.

Candidates may submit their Curriculum Vitae to:

Linda McQueen, Senior HR Specialist
City of Houston
611 Walker, Garden Level
Houston, Texas 77002
Phone 713-837-9416 ♦ Fax 713-837-9492
E-mail: Linda.McQueen@cityofhouston.net



EMS Calendar

October 20-22, 2002: ASTM E31 Healthcare Informatics Meeting. Location: Fort Lauderdale, FL. Contact: dsmith@astm.org.

October 21-26, 2002: National Association of State EMS Directors (NASEMSD) 2002 Annual Meeting. Location: Portland, ME. Contact: NASEMSD Executive Office at (703) 538-1799, or visit www.nasemsd.org.

October 21-24, 2002: BioDefense Mobilization Conference & Exhibition. Location: Philadelphia, PA. Contact: www.bio-defense.org.

October 23-27, 2002: AAA Annual Conference & Trade Show. Location: Indianapolis, IN. Contact: (800) 523-4447, or visit www.the-aaa.org.

October 24, 2002: CAAS Fall 2002 Accreditation Seminar. Location: Indianapolis, IN. Contact: (847) 657-6828, or visit www.caas.org.

October 25-27, 2002: NAEMSE's EMS Instructor Course Facilitator Workshop. Location: Portland, OR. Contact: (412) 429-9550 or visit www.naemse.org.

October 28-29, 2002: Emergency Preparedness: Managing Chaos, George Mason University. Location: Manassas, VA. Contact: (703) 993-8335.

October 28-30, 2002: Emergency Communications Technologies Conference & Expo. Location: Los Angeles, CA. Contact: (888) 670-8200, or visit www.comcare.org.

November 1-3, 2002: New York State EMS Conference. Location: Syracuse, NY. Contact: (518) 402-0996.

November 4-6, 2002: Air Medical Transport Conference. Location: Kansas City, MO. Contact: (703) 836-8732, information@aams.org or visit www.aams.org/amtc.html.

November 8-9, 2002: 5th Annual Trauma Conference, Deaconess Hospital. Location: Evansville, IN. Contact: (812) 450-7356.

November 9-13, 2002: American Public Health Association Annual Meeting. Location: Philadelphia, PA. Contact: (202) 777-APHA, or visit www.apha.org.

November 14-15, 2002: Detroit Trauma Symposium. Location: Detroit, MI. Contact: (313) 577-5005, or visit www.dmc.org.

November 17-20, 2002: American Heart Association Scientific Sessions 2002. Location: Chicago, IL. Contact: (214) 706-1543, or e-mail sessions@heart.org.

December 8-13, 2002: Institute for Emergency Medical Education, Current Concepts in Emergency Care. Location: Maui, Hawaii. Contact: Lee Ann Williams (800) 657-2550, or visit www.ieme.com.

December 12-13, 2002: Improving the Chain of Recovery for Acute Stroke in Your Community. Location: Washington, D.C. Contact: (800) 352-9424 or visit www.StrokeSymposium.org.

January 16-18, 2003: National Association of EMS Physicians (NAEMSP) 2003 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show. Location: Marriott Bay Point Resort Village, Panama City Beach, Florida. Contact: (913) 492-5858, ext. 448, (800) 228-3677, or visit www.naemsp.org for more details.

February 6-9, 2003: 24th Annual International Disaster Management Conference. Location: Orlando, FL. Contact: (800) 766-6335 or www.femf.org.

February 18 – March 2, 2003: ENA Leadership Challenge 2003. Location: Albuquerque, NM. Contact: www.ena.org.

March 24-26, 2003: American College of Surgeons. Location: Las Vegas, NV. Contact: (713) 796-9605 or visit www.trauma-criticalcare.com.

April 5-6, 2003: Central and Eastern European Conference for Emergency and Disaster Medicine. Location: Budapest. Contact: http://josa.szabinet.hu/pr_iroda/hsem/rendezveny.htm.

April 30 – May 2, 2003: National Academies of Emergency Dispatch Annual Navigator Educational Conference. Location: Anaheim, CA. Contact: (800) 960-6236, or visit www.emergencydispatch.org.

August 21-24, 2003: Pediatric Emergency Medicine Leadership Conference. Location: Albuquerque, NM. Contact: www.pedialink.org.

September 18-20, 2003: ENA Scientific Assembly. Location: Philadelphia, PA. Contact: www.ena.org.

Mark Your Calendar



2003 Annual Meeting

Preliminary education program brochures will be mailed to all NAEMSP members and posted on the website in late October. Make your reservations now! Be sure to mention NAEMSP to secure the **special group room rate of \$110** plus tax. See pages 4-5 for the preliminary program schedule.

January 16 – 18, 2003
Marriott Bay Point Resort Village
4200 Marriott Drive
Panama City Beach, FL 32408
(850) 236-6000