



Update

AUGUST 2005

UPCOMING EVENTS & MEETINGS:

- **Medical Directors
Standing Advisory
Committee**
Arrowwood Resort,
Alexandria
Sept. 9 0900
- **Education Advisory
Group**
North Memorial
Ambulance, Alex.
Sept. 9 1200
- **MAEMSE**
North Memorial
Ambulance, Alex.
Sept. 9
- **FISDAP**
EMSRB Offices
Sept. 13 1000
- **EMSRB Board**
EMSRB Offices
Sept. 15 0900
- **EMT Exam Workgroup**
EMSRB Offices
Sept. 15 1300

EMS Educators Conference 2005

The 8th Annual Educator Enhancement Conference was held in Alexandria on April 23rd and 24th. In addition to the core conference for Minnesota EMS educators, pre-conference classes were also offered. Pre-conference classes included a DOT Instructors Course and The Art of Moulaging, presented by Michele Sunberg. Both classes had good attendance and the moulaging class may have had hotel staff members wondering what we were all about.

The core conference schedule had speakers on many topics including presentation ideas, scenario based skills evaluation and new approaches to classroom challenges. Speakers included Allen Smith, Lisa Matzke, Debbie Teske, Dawn Bidwell, Brett Rima, Dave Page, Al Benney and Dr. Laurie Oelslager.

Saturday evening marked the 'Scrubs' social which brought out many interesting scrubs and probably had people wondering about our taste in formal dinnerwear. Some interesting games and prizes rounded the night out well.

The conference ended with a luncheon on Sunday and a MAEMSE meeting. Suggestions for future conferences and plans for growth of the association were discussed. New board members were nominated and election was planned for the next meeting. The meeting and conference were adjourned for another year and everyone is looking forward to next year with several suggestions made for additional classes and instructors. Watch for 2006 info on the website!!!

From the President.....Craig Rees

Have you ever asked yourself, "Does my job really make a difference? Do I really save lives by teaching classes?" Over the years I have heard many educators ask themselves this question. The root of the question comes from the action oriented personalities of EMS providers. When we are in the classroom we can not *see* the direct impact of our skills on patients. I found an answer to these questions.

A while back my Medical Director said "we" need to make sure we have someone who attends the meetings for a newly formed group. Many of you know, all too well, what "we" means. "I" became a member of the group, but due to scheduling conflicts I was not able to attend the meetings. So I read the minutes and would email the occasional thought. Over the past several months, I have been able to attend several of the meetings. Now "I" believe "we" should indeed have someone attending the meetings and help the group any way we can.

The group is called the Midwest Sudden Cardiac Arrest Survivors Network. They are advocates for training and equipment that will help save SCA victims. They have been on the news, helped with Public Service Announcements, met with legislators, and helped at many other events to raise awareness. You can find more information at www.midwestSCAsurvivorsnetwork.org

Does my job really make a difference? Do I really save lives by teaching classes? Kelly had a friend start CPR, while another called 911. Natasha had a co-worker start CPR. Charlie, Paul, and Terry all had police officers arrive within minutes prepared to help. What do they all have in common? They survived a SCA because their rescuers had been taught how to save a life. There is no doubt in my mind educators make a difference and save lives every day. If you are unsure, I would invite you to attend a meeting. There can be no doubt when you are face to face with a survivor. By the way, if a man comes up to you, gives you a big hug and thanks you for what you are doing, his name is Gene. He knows you make a difference.

EMT Exam Work Group Update

by Sherm Syverson, FM Ambulance

Simply mentioning the words “National Registry” to anyone involved in EMS and you’ll likely get a wide variety of reactions ranging from indifference to open hostility. For as long as I have been involved in EMS – approaching 18 years – there has existed a form of love-hate relationship between the EMT and the National Registry. We can compare it to any organization or body that, in a sense, governs or has an influence on our daily lives. We may not always appreciate what the National Registry does or even agree with all of their decisions; we must admit however, that it is a nationally and internationally recognized body with an impressive record all things considered. Many people confuse the National Registry with a federal arm of the government by the nature of its quasi regulatory power. We must occasionally remind ourselves that without EMT’s, the National Registry ceases to exist. We have power and input into the rules, policies and standards that govern our daily lives as long as we participate. This fact has become clear with the work of the EMT Exam Work Group.

The EMT Exam Work Group was formed as a direct result of the EMSRB decision in November of 2004, to lower the EMT-B cut score to 68% instead of the National Registry’s accepted standard of 70%. Essentially, this action awards those EMT-B candidates who score a 68 or 69% on the National Registry exam, a Minnesota state EMT card. In order to obtain National Registry status, the candidate would still have to successfully complete the National Registry exam with a minimum score of 70%.

The reasons given for the Board’s decision to lower the passing score are diverse and multidimensional. In general, two key reasons were identified by the Board and the EMT Exam Work Group.

The test is thought by some to be unreasonably difficult and may not accurately reflect the required knowledge base of an entry-level EMT-Basic.

The EMSRB requested that a copy of the National Registry EMT-B exam be made available for review and that the National Registry open a dialogue with the EMSRB in order to discuss the process used for creating and validating the exam.

The National Registry exam is a barrier to recruitment of new EMT’s in the rural areas of Minnesota. It has been noted that some rural ambulance providers are experiencing recruitment and staffing difficulties. One of the desired outcomes the EMSRB hoped to accomplish by lowering the cut score on the National Registry was the generation of more state EMT’s to help with these shortfalls.

The EMT Exam Work Group met for the first time on the afternoon of January 20, 2005, following the regularly scheduled Board meeting. A majority of the group had been present for the Board meeting earlier in the day when Bill Brown, Executive Director of the National Registry, addressed the group with a prepared written statement from the National Registry. The prepared statement addressed the National Registry’s concerns over the lowering of the cut score and requested that Minnesota reverse its decision and return to the 70% standard. The EMSRB made the decision to keep the cut score at 68% for the time being, and continue to study the issue through the EMT Exam Work Group.

The EMT Exam Work Group identified several areas of concern in addition to the Board’s main points, which up to this point, have led to more questions than answers. For example: To what extent can the low scores in Minnesota (which, by the way, are still above the national average) be attributed to improper or sub-par instruction? Do our EMT instructors bear any responsibility? Where will these Minnesota state certified 68-69% EMT-Basics find work if many of the larger ambulance services require the applicants to have a National Registry card? What if they need licensure in North Dakota where a National Registry card is required to treat a patient? Should we, as a state, seek out an alternative test for EMT-Basics? Does the National Standard Curriculum accurately reflect what is covered by the National Registry exam? Obtaining answers to all of these questions may prove to be impossible or elusive at best, but an attempt to address them is actively being made by the EMT Exam Work Group.

One of the most interesting discoveries the EMT Exam Work Group stumbled upon was the apparent test aberration experienced by the National Registry. It was discovered in early 2004, that the test being administered to the central region of the United States, had an unusually low pass rate. A decision was made by the National Registry to replace the “bad test” with a revised exam. Once the change was made, the test scores returned to their normal baseline.

(Continued on page 3)

Check out the
schedule of
meetings and
classes if you are
interested in
learning more
about the work
group.

The Work Group has made progress in establishing a base of information surrounding EMT-B exam issues. It is the hope of the group that by gathering more information about the testing processes from start to finish; long term solutions can be found. Thus far, the Work Group has gathered information on what other states are doing regarding testing and minimum qualifications for EMS instructors. It is eye-opening to think that in some states the only qualification one needs to teach an EMT-B class is to have successfully completed the class themselves. Delivering a valid and secure EMT-B exam is a more challenging issue. At the most recent Work Group meeting, representatives from Industrial / Organizational Solutions, Inc, Westchester, IL, presented a group of Minnesota EMS Educators with their proposal to develop an alternative to the National Registry's EMT-B exam. They proposed the creation of a state EMT-B exam tailored to the needs of Minnesota. If such an exam were created, the state of Minnesota would be required to maintain the integrity and security of the exam. Determination of who could conduct and have access to an exam and where it could be conducted would fall under the responsibilities of the EMSRB. Concerns over exam security and legal defensibility were discussed. It would ultimately be the responsibility of the state to defend their methods for creating an exam independent of the National Registry.

In December 2005, the EMSRB will revisit whether or not to continue with the lowered cut score. Discussion about creating a Minnesota state test will also be discussed. The timing is crucial due to the fact that the National Registry is quickly ramping up the move to EMT-B computer adaptive testing (CAT). Depending upon the success of CAT, the scores may again be subject to scrutiny or, the possibility exists that some of the problems may take care of themselves.

If any EMS Educator or provider in the state wishes to contact me regarding the work of the Exam Focus Group, please feel free to do so and I will present your concerns, questions or comments to the group. Email contact information: sherm@fmambulance.com.



**Would you like to share information with educators across Minnesota?
MAEMSE welcomes articles or teaching tips for upcoming newsletters.
Send to info@maemse.org**

MAEMSE Board Info.

MAEMSE Board Members:

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Dawn Bidwell
Kim Bemenderfer
Joe Martinez
Laurie Oelschlager
Lisa Matzke

If you would like to contact a board member, email addresses are available at www.maemse.org

Examiner Workshop:

If your region or organization is interested in hosting a National Registry EMT-Basic Examiners Workshop contact Craig at info@maemse.org or 763-520-4394. The workshop is designed to help new and seasoned examiners.



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Mission Statement

1. Promote for all educator members enhanced understanding of processes of human learning styles;
2. Conduct annual and regional meetings at which educational opportunities and activities in EMS instruction are provided for members;
3. Promote advocacy in EMS educational endeavors;
4. Initiate and engage in activities which will further educational enrichment of students and instructors involved in EMS or related activities;
5. Conduct the business of the Association in a manner which encourages membership from EMS related commerce, industry, clerical and governmental agencies;
6. Select leadership of the Association which challenges the membership to intellectual honesty, academic responsibility, and socially acceptable personal conduct.

A Recipe for Prosthetic Gelatine from David Halls, Norman County EMS

This recipe has been converted to measurement by volume so that it can be made using standard measuring cups and spoons.

110 ml glycerine
140 ml 70% sorbitol solution
5 ml distilled H₂O
50 ml gelatine powder

You can substitute corn syrup for the sorbitol, but be very careful when heating as corn syrup caramelizes at a low temperature.

Mix the ingredients while cool and heat slowly in a double boiler (I use a pyrex mixing cup and a small pot) over low heat, stirring constantly. When the mixture reaches 175 degrees F and begins to thicken, check for undissolved crystals. If crystals cannot be found or are scattered and very minute, the gelatine is ready. The consistency should be that of heavy cream. You are just melting the gelatine, not cooking it. Overheating will result in a darker color and a thick, sticky mess.

Let this cool for a few hours. It may seem a bit sticky at first, but it will firm up. After it cools, it can be carefully pulled out of the container. This can take a few minutes as it has to be worked away from the sides of the container. What you should end up with is a very soft, rubbery hockey puck that is just slightly tacky on the surface. You can lightly powder it with corn starch to take the tackiness away but rub off as much of the powder as possible. Let the gelatine sit out in a cool, dry area for a few more hours and then package in a ziplock bag with as much air as possible removed. This gelatine will keep for several months if kept cool and dry. It can be remelted several times, but will become thicker each time. I've tried adding a few drops of either glycerine or water each time I reheat it, but don't know if it really helps.

It is hard to make smaller batches than this as heat control becomes an issue. You can subdivide the finished batch and remelt it in halves or thirds to add different colors.

You can color the gelatine using glycerine based food coloring pastes. They are usually sold for coloring cake frosting and you can find them at craft stores or even WalMart. For a flesh tone, you can mix powdered makeup with a bit of glycerine to make a smooth paste and mix it with the melted gelatine. I use the cheap store brands of translucent face powder. New York Color is a brand of cheap makeup available at Target, KMart, or WalMart. Use less coloring than you think you will need as you want the gelatine to remain translucent not opaque.

This gelatine can be warmed and applied directly like Gel Effects, or can be poured into molds. If you make molded prosthetics with it, make sure to powder them with cornstarch as you pull them from the mold. If the edges are allowed to roll up or touch without being powdered, they may stick to each other.

You can make anything from assorted dings, burns, and bullet holes up to some pretty advanced stuff. Here is an eviscerated abdominal incision prosthetic that I made a while back. It is made of the same gelatine described above. You can see by the edges how translucent the gelatine should be.