

Highland & Jesse Jackson

AN AMENDED PROPOSAL TO EMS/FIRE & RESCUE SERVICES IN MARYLAND

The MIEMSS, in making every effort to decrease the amount of bureaucracy involved in the EMT-A certification process, while continuing to maintain the quality in the program as it presently exists, offers the following proposal to the EMS/Fire & Rescue Services in Maryland.

PROPOSAL: MIEMSS shall delegate to the appropriate sponsoring agencies the authority to conduct EMT-A classes, administer in-course quizzes and practical skills evaluations according to the guidelines established by MIEMSS.

This proposal assures that course standards and guidelines would be maintained at their present level State-wide.

The proposed modification of existing policy would affect the present mechanism by which practical skills are evaluated and verified.

Currently, students are required to complete a practical testing process, conducted by MIEMSS evaluators, at the completion of the class.

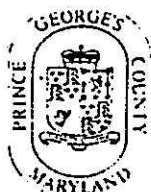
The proposal is that student skills be evaluated by the sponsoring agency at the end of the course.

*maintaining
practical skills*

The Director of the sponsoring agency, or his designee, would by signature attest that the student has met practical skills and course completion requirements.

The MIEMSS would continue to administer the EMT-A certification examinations throughout the State, and this would be limited to the written examination.

Resources will be transferred or provided to the agency to carry out the additional responsibilities.



THE PRINCE GEORGE'S COUNTY GOVERNMENT

Office of the Fire Chief
Room 2132 952-4730

February 3, 1983

R Adams Cowley, M.D.
Director
MIEMSS
22 South Greene Street
Baltimore, Maryland 21201

Dear Dr. Cowley:

I am writing to reiterate this Department's minority position on the question of modifications to the EMT-A practical testing process. Our position was outlined at the January 27, 1983, meeting of REMSAC, but I do not know if our position has been relayed to you yet.

In general, this Department supports the proposal, and I would like to amplify that position by responding to the points offered by the REMSAC Education and Training Committee in their report to REMSAC.

The recommendation to delay changes until a "complete review of the entire program" is viewed as a tactic to delay and protract corrections that are obviously and immediately needed. The problem has been studied ad infinitum, but little progress has been seen. It is time to stop studying and start acting.

I seriously doubt the proposal will lead to a loss of standardization, objectivity and quality control. The EMT-A program presently has a standard course outline and content; uses a standardized textbook; is employing a standardized methods manual (the "Maryland Way"); and will continue to have a standardized, State-wide, written test.

To suggest the loss of objectivity is to demean the values and integrity of the fine cadre of EMT Instructors in the State, who are certified by the MICRB. Further, to suggest that they would be subject to peer pressure to pass substandard students is also to question their integrity. From our viewpoint, since we stand to assume the liability for the actions of our personnel; we would be foolish to increase our vulnerability in this area by pushing personnel into positions of responsibility before we thought they were ready.

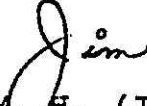
R Adams Cowley, M.D.
February 3, 1983
Page Two

Although I support the concept of intrastate and regional reciprocity of certification, I must state that the operational needs of the jurisdiction to which I am responsible must take precedence. This jurisdiction is trying to cope with severe budgetary problems, and arbitrary and artificial obstacles to the certification of properly trained personnel must be removed. If some facets of reciprocity are sacrificed due to this, that is unfortunate; however, may I point out that we have operated for years, both in the County and through mutual aid pacts with other jurisdictions, without reciprocity of certification; and have not suffered for it.

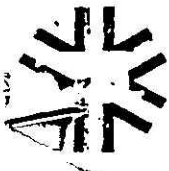
The question of skills retention was raised in the Training Committee report. This is a rhetorical point. There is no basis to assume the loss or retention of a practical skill after the test date, regardless of the timing of the test. If needed, the proposed method does not preclude the instructors reviewing and certifying all students in practical skills at the last class before the written exam.

Thank you for the opportunity to express this department's position. If you need amplification of any of these points, feel free to contact us.

Sincerely,


M. H. (Jim) Estep
Fire Chief

MHE/nmm



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R ADAMS COWLEY, M.D., DIRECTOR

Dr. Conn

EMT PROPOSAL

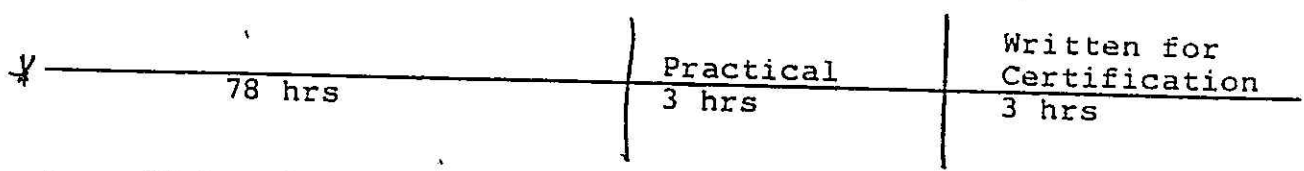
original?

1. Must maintain reciprocity.
2. Must assume quality assurance.
3. Must maintain 84 hours course with
 - 78 hrs instruction
 - 3 hrs practical
 - 3 hrs for written test
4. Local authority to perform practical examination under delegated authority.
5. Practical examination to be performed to standards and guidelines established by MIEMSS.
6. One statewide program.

Decisions

1. One statewide program.
2. How many stations for practical exam?
 - 2 station
 - 2 station + C.P.R.
 - 3 station
 - 5 station
3. How many scenario's in the "test bank" of practical situations and who should draw them up. (24 or 15)
4. Implementation date:

?



1. 78 hrs instruction given by M.I.C.R.B. Instructor.
 2. Practical Exam - (2,3 or 5 station ?)
 - scenario's for practical drawn at random from a "test bank"
 - 1 instructor (M.I.C.R.B. certified) per station
 - M.I.E.M.S.S. personnel on location to assure compliance with standars (lighting, heating, etc) and exam protocol only.
- NOT IN EVALUATION PROCESS
3. Written exam as now for certification.



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R ADAMS COWLEY, M.D., DIRECTOR

Dx. Conn

EMT PROPOSAL

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 - 78 hrs instruction
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Decisions

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2. How many stations for practical exam?
 - 2 station
 - 2 station + C.P.R.
 - 3 station
 - 5 station
3. How many scenario's in the "test bank" of practical situations and who should draw them up. (27 or 15)
4. Implementation date:

	Practical	Written for Certification
78 hrs	3 hrs	3 hrs

1. 78 hrs instruction given by M.I.C.R.B. Instructor.
2. Practical Exam - (2,3,or 5 station ?)
 - scenario's for practical drawn at random from a "test bank"
 - 1 instructor (M.I.C.R.B. certified) per station
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NOT IN EVALUATION PROCESS

3. Written exam as now for certification:



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R ADAMS COWLEY, M.D., DIRECTOR

December 15, 1982

A PROPOSAL TO EMS/FIRE & RESCUE SERVICES IN MARYLAND

The MIEMSS, in making every effort to decrease the amount of Bureaucracy involved in the EMT-A certification process, while continuing to maintain the quality in the program as it presently exists, offers the following proposal to the EMS/Fire & Rescue Services in Maryland.

Proposal: MIEMSS shall delegate to the appropriate Sponsoring Agencies the authority to conduct EMT-A classes, administer in-course quizzes and practical skills evaluations according to the guidelines established by MIEMSS.

This proposal assures that course standards and guidelines would be maintained at their present level Statewide.

The proposed modification of existing policy would affect the present mechanism by which practical skills are evaluated and verified.

Currently students are required to complete a practical testing process at the completion of the class.

The proposal is that student skills be evaluated sequentially and progressively by the Class Instructor and support Instructor as they proceed through the course of instruction. This would require that evaluations on specific skills be conducted at the lessons currently identified in the course outline as support classes.

In addition, the Director of the Sponsoring Agency, would by signature also attest that the student has met practical skills and course completion requirements.

The MIEMSS would continue to administer the EMT-A certification examinations throughout the State, and this would be limited to the written examination.



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December 17, 1982

A PROPOSAL TO EMS-FIRE AND RESCUE SERVICES
IN MARYLAND

1.0 Introduction

Maryland's EMT-A Program (pre hospital basic life support) has been in operation over the past ten years. During this period the Program has matured and is now stabilized with medical protocols established.

At this point of maturity the reliability for this Program may be delegated to the local authority for future continued administration based on experience and knowledge.

MIEMSS will monitor activities and administer EMT-A Certification by written examination.

2.0 Delegation of Authority

- 2.1 - By legislation MIEMSS is responsible for establishing the standards and guidelines for the EMT-A Program in Maryland.
- 2.2 - MIEMSS will delegate the authority for administration of the Practical Skills Evaluation of EMT-A Candidates to the Sponsoring Agency.
- 2.3 - The Sponsoring Agency will monitor and assure the quality of the EMT-A Practical Evaluation -

3.0 EMT-A Practical Skills Evaluation

- 3.1 Will be administered by the Sponsoring Agency, therefore skills evaluation will be a delegated instructor administered practical examination.

- 3.2 - The Sponsoring Agencies will conduct the Skills Evaluation based on the guidelines established by MIEMSS.
- 3.3 - The Skills Evaluation will be completed using the Modular concept, and the EMT-A students will be evaluated during the mandatory practical lesson that is a part of the EMT-A Course.
 - 3.3.1 - Support instructors will be required and student attendance mandatory.
- 3.4 - The textbook for the Skills Evaluation will be "The Maryland Way".
- 3.5 - Two (2) MICRB Certified, Level II EMT-A Instructors will be responsible for the practical evaluation process.
 - 3.5.1 - One of the instructors may be the primary course instructor.
 - 3.5.2 - These instructors will be responsible for assuring that the EMT-A students have successfully demonstrated the required practical skills.
 - 3.5.2.1 - The Director of the Sponsoring Agency will endorse the Skills Evaluation Card that has been signed by the two instructors.
- 3.6 - MIEMSS reserves the option to monitor EMT-A Classes as appropriate.

4.0 Maryland EMT-A Certification

4.1 - MIEMSS will administer the Maryland EMT-A Certification Examination which will be a written examination.

4.2 - The EMT-A Candidate in order to sit for the written Certified Examination must present the following documentation:

4.2.1 - Successful completion of instructor administered practical skills evaluation.

4.2.2 - Successful completion of EMT-A Course objectives.

4.3 - The primary reference textbook for the written Certification Examination will be Brady's "Emergency Care", Third Edition.

4.3.1 - The answers to questions on the examination will also be found in other EMT-A standard texts such as the American Association of Orthopedic Surgeons (Orange text).

4.4 - In preparation for the Certification Examination, Sponsoring Agencies will give in-course written quizzes.

5.0 Maryland EMT-A Recertification Examination

5.1 - MIEMSS policy for EMT-A Recertification will remain unchanged.



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OFFICE OF THE DIRECTOR

January 24, 1983

AD HOC COMMITTEE EMT TRAINING/TESTING/CERTIFICATION
Prince Georges County Administration Building
14741 Governor Oden Bowie Drive
Upper Marlboro, Maryland, ELM ROOM - #131
6:30 P.M., Thursday, February 3, 1983

AGENDA

- 1.0 Approval of Brief Meeting Summary (Meeting - December 14, 1982).
- 2.0 "A Proposal to EMS/Fire & Rescue Services in Maryland".
 - 2.1 Comments.
 - 2.2 Decision and Implementation.
- 3.0 Comments/Suggestions.
- 4.0 Next Meeting -
Date: Tuesday, March 22, 1983 ? ? ?
Location: ? ? ?

AJG/bam