



Shock Trauma Center
CNS Center
Traumatology
Critical Care
Critical Care Nursing
Hyperbaric Medicine
Medical Engineering
Research & Development
Operations Research/
Systems Analysis
EMS Systems
Education
Training
Communications
Transportation
Administration
Evaluation

OFFICE OF THE DIRECTOR

December 17, 1982

BRIEF MEETING SUMMARY

MEETING: AD HOC Committee - EMT Training/Testing/Certification
University of Maryland, Student Union Building
621 W. Lombard Street, Alumni Lounge
6:30 P.M., Tuesday, December 14, 1982

PARTICIPANTS:

R Adams Cowley, M.D., Chairman - MIEMSS
Alasdair Conn, M.D. - MIEMSS
M. H. Estep - Metropolitan Fire Chiefs of Maryland
John Fuston - Maryland Council of Fire & Rescue Training
Academies
John W. Hogle - Maryland Fire Rescue Institute
Robert Lynch - Maryland State Ambulance and Rescue Association
Paul H. Reincke - Metropolitan Fire Chiefs of Maryland
Robert Dempsey - Maryland State Firemen's Association
Smith Stathem - Maryland State Firemen's Association
Frederick "Ted" Porter - Maryland Fire Rescue Education &
Training Commission
Alexander J. Gretes - MIEMSS
Robert Schappert - Maryland Fire & Rescue Institute
Lou Jordan - MIEMSS
Ron Schaefer - MIEMSS

INTRODUCTIONS:

- The Chairman introduced Chief M. H. (Jim) Estep of Prince George's County as the appointed representative to represent the Southern Maryland Metropolitan Area for the Metropolitan Fire Chiefs Association.
- Chief John Fuston of Prince George's County was introduced to the group as the representative nominated by the Maryland Council of Fire & Rescue Training Academies.
- Mrs. Mary Beachley has been appointed to represent the REMSAC Committee, but was unable to attend this evening.

- Mr. Charles W. Riley had telephoned his regrets that he would be unable to attend the meeting this evening.
- 1.0 Approval of Brief Meeting Summary. (Meeting - October 14, 1982.)
 - The Brief Meeting Summary for the meeting of October 14, 1982 was approved as written.
- 2.0 Determination of Responsibilities for the EMT Program.
 - Dr. Cowley announced that this evening he wished to make some decisions concerning this AD HOC Committee. The major decisions were:
 - Should this Committee continue?
 - Who should be represented as voting members of the Committee?
 - This Committee was formed in 1978 to identify, address, and resolve the EMT-A problems in the Field. For a long time, the Committee seemed to be working together; then, about 6 to 8 months ago, things became unraveled.
 - Information and decisions were not getting back to all providers.
 - The Metropolitan Fire Chiefs were not being informed of the progress of the Committee.
 - The Chairman questioned the Representative of the Maryland Council of Academies and personally determined that the Metropolitan Fire Chiefs should be represented. As a consequence, Chief Paul Reincke was invited to become a member.
 - The intention of the AD HOC Committee is to be a small group representing all the field providers of Emergency Medical Care.
 - Originally, MIEMSS had total responsibility for EMT training;--then, later, it was necessary that MIEMSS would give responsibility for EMT training to MFRI. This was accomplished; however, MIEMSS retained the responsibility for standards and the testing of the EMT-A Program because MIEMSS is responsible for the total statewide EMS Program.
 - The question this evening is if this Committee is functioning as it should, then why are there constant complaints from the Field, and why is MIEMSS being clobbered with dissension? Are there too many complaints and too many voices from committees and councils? The question remains: Who represents whom?

- Alex Gretes was requested to cite some examples.
- It was agreed by the members present that the AD HOC Committee was a valuable forum for identifying, addressing, and resolving the problems of EMT training in the Field, and that the Committee should remain as it exists.
- Mr. Gretes read the letter received by Smith Stathem from Chief Paul H. Sterling, Jr., and Mr. Gretes addressed each of the concerns expressed in the letter.
- Mr. Smith Stathem suggested that he would be meeting with Chief Paul Sterling to discuss the letter that had been received.
- Dr. Cowley then addressed the Committee and offered the attached concept for EMT-A certification in the State of Maryland. Attached is "A Proposal to EMS/Fire and Rescue Services in Maryland".
- The voting members accepted this concept as a progressive step forward and agreed that it should be refined and established as policy.
- Dr. Cowley appointed Ted Porter as chairman of a committee to put the proposal in final form for distribution to the Field. Mr. Porter may select anyone he wishes to serve on this committee.
- Dr. Cowley stressed that this concept be implemented as soon as practical in the Field.

3.0 Comments and Suggestions.

- It was suggested that a special edition of the EMT Bulletin be printed and sent out to the Field. This bulletin should be distributed through the Regional EMS Coordinators.
- As a matter of record, Dr. Conn stated that if a student studies the Third Edition of the Brady book, that student can pass the written examination.

4.0 Next meeting.

- It was decided that the next meeting would be called and scheduled as soon as final approval for the proposed concept of EMT-A certification was received. It is estimated this would be late January or early February, 1983.

- Chief Estepp offered to host the next meeting at one of the facilities within Prince George's County.

AJG/bam

Attachment



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R ADAMS COWLEY, M.D., DIRECTOR

December 15, 1982

A PROPOSAL TO EMS/FIRE & RESUCE 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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OFFICE OF THE DIRECTOR

January 31, 1983

MEMORANDUM

TO: Members: AD HOC Committee EMT Training/
Testing/Certification

FROM: R Adams Cowley, M.D. *RAC/rlg H*

REFERENCE: Correspondence from REMSAC

Herewith is a copy of correspondence received from the Regional EMS Advisory Committee for your information.

This correspondence comments on the Proposal for EMT-A Testing. Please review for discussion at the AD HOC Committee Meeting, February 3, 1983.

Thank you very much.

RAC/bam

CC: Alexander J. Gretes

Enclosure

REMSAC

REGIONAL EMS ADVISORY COUNCIL

January 28, 1983

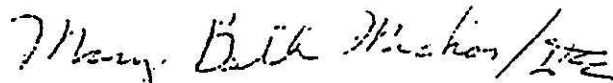
R Adams Cowley, M.D.
Director
Maryland Institute for Emergency
Medical Services Systems
22 South Greene Street
Baltimore, MD 21201

Dear Dr. Cowley:

At the January 27, 1983 meeting of the Maryland Regional Emergency Medical Services Advisory Council, the proposal for revision to the EMT-A practical examination was discussed. Representatives from each of the five Maryland EMS Regions presented their comments and concerns of their jurisdictions. The Education and Training Committee of REMSAC reported on their lengthy review of the proposal.

The REMSAC endorsed the position expressed by the Education and Training Committee in the attached letter. We urge you to consider our recommendation to postpone any revision to the EMT testing procedure until we can review the EMT program in total.

Sincerely,



Mary Beth Michos, R.N.
Chairperson
Regional Emergency Medical
Services Advisory Council

MBM/dmd
cc: Ad Hoc Committee

REGIONAL EMS ADVISORY COUNCIL

January 25, 1983

R. Adams Cowley, M.D.
Director
Maryland Institute for Emergency
Medical Services Systems
22 S. Greene Street
Baltimore, MD 21201

Dear Dr. Cowley:

On Friday, January 21, 1983, the REMSAC Education and Training Committee met to consider your proposal for the EMT testing and certification process. The result of that meeting was to communicate the following information to you.

1. Although there may be some justification to the proposed changes, the Committee felt that there are too many problems in the entire EMT training program that need to be addressed in an entire package. As a result, it is requested that no changes be implemented prior to July 1, 1983 so that the Committee can make a more complete review of the overall program and provide its recommendation to the appropriate organizations by June 30, 1983. As a result, this Committee will be inviting any and all other organizations that desire to participate in the study effort to meet as early as possible to commence this study.
2. The impact of the proposal is most serious. A lack of standardization, objectivity and loss of quality control will be generated.
3. The proposal removes the provision for testing of skills retention at the end of the course. There is no verification of those skills which may have been developed and tested early in the curriculum. Even the present method of immediate retraining and testing suffers from this process.
4. Reciprocity is essentially destroyed. The National Registry will no longer accept the Maryland EMT nor will most states, including those contiguous to Maryland, which negates the recent Middle Atlantic agreement and compromises a provision of emergency medical care at the borders of our statelines. However, this is only the beginning. The proposal allows for the rise of non-standardization between the various political subdivisions of our own State. Thus destroying the standard credential of not only our prime provider, the volunteer, but restricting the ability of the paid career personnel to go outside of the local organization in an effort to upgrade their position.

R. Adams Cowley, M.D.
Director
January 25, 1983

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5. The proposal destroys the protection of the community instructor from his peers and neighbors by subjecting him to the common pressures, not only of instruction, but of skills certification. The objectivity of the Maryland EMT certification process was one of the advantages over the previously existing American Red Cross training program.

6. In view of the above considerations, it is felt that the liability, responsibility and accountability of a local agency, charged with certification, needs to be looked into very closely in order to insure compliance. Not every agency, whether community college or county is able or wants to handle EMT-A certification. In the interest of standardization, a State agency is the most effective and the logical choice.

We also request the data collected by MIEMSS on the pilot practical tests conducted this year. This information should prove of value to our study of the test proposals.

We understand your need to respond to the criticisms of the current testing and certification program. However, we urge you to wait until alternatives to the overall EMT program problems can be developed. We do not feel that your proposal solves the problems of the EMT program. It addresses only one of the situations. We encourage your support, as you have ours, in furthering the quality and standards of the Maryland EMT. We do not want Maryland to lose its position of leadership in EMS.

Sincerely,



Mary Beachley, R.N., M.S., C.E.N.
Chairperson
REMSAC Education and Training Committee

Journal
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Medical
Services

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December 31, 1982

R Adams Cowley, M.D., Director
Maryland Institute for Emergency Medical Services
22 S. Greene Street
Baltimore, MD 21201



Dear Dr. Cowley:

This morning's mail included an envelope postmarked in Baltimore, addressed to me and marked "Confidential," and containing only the following documents:

December 15th Proposal to EMS/Fire & Rescue Services in Maryland

December 17th Proposal to EMS-Fire and Rescue Services in Maryland

Since the envelope did not bear the MIEMSS insignia, nor any letter of explanation (other than the above), I must presume that the materials were not forwarded to us by your office. Judging by the extraordinary nature and details of the above-referenced documents, I'm presuming they were forwarded to us by someone who was displeased by them. If so, we share their consternation.

Largely through your personal initiative, Maryland has assumed a leadership role in many aspects of EMS. You and members of your staff have devoted much time and energy promoting EMS improvements throughout the country and the world, and using the Maryland experience both as inspiration and example for others. In view of that background, we find it incredible that you are proposing to assign the fox to guard the henhouse.

Starting with our January issue, we will begin to tackle the growing EMS subculture that is anti-training, anti-responsibility and anti-improvement. During 1982, we travelled more than 100,000 miles to more than 50 EMS systems in 29 states. We saw first-hand the evidence that prehospital EMS is rapidly slipping back to the mentality of 1965. Increasingly, prehospital EMS people (particularly in the fire service and the volunteer sector) are demanding exemptions from training, relaxation of continuing education and recertification requirements,

December 31, 1982
R-Adams Cowley, M.D.
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relief from the stress of having to prove their competence, as well as the opportunity to judge for themselves whether they are fit to hold the lives of others in their hands.

We have seen plenty of examples of the "buddy system" at work in EMS. That's where an instructor will bend the standards or the rules to get a friend past the practical skills exam. You have been one of the most strident foes of the "old boy" networks in medicine. Thus, we are totally perplexed by the proposals which have been forwarded to us.

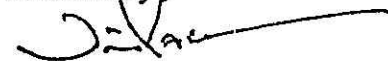
Your good friend and loyal supporter, Leo Schwartz, has been quite distressed in recent months with the apparent lack of uniform national standards for EMS training, equipment and performance. We can only wonder what his reaction will be when he learns that Maryland is proposing to end statewide standards, in essence. Despite the language of your proposals, surely you realize that the ultimate result will be local and regional deviations in standards, techniques, grading bases, and pass/fail criteria. If Maryland intentionally abandons its system for defining and enforcing statewide standards, what chance is there for a national standard?

Obviously, we feel your proposals are unwise. If they were based on the need to economize, we might be able to understand somewhat. But they are forwarded with the dubious suggestion that they are intended to decrease the amount of "Bureaucracy."

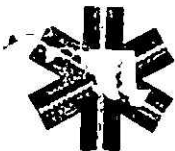
Methinks you are being badly advised by at least one member of your staff, my friend. I would find it tragic for your sterling career to be marred by the backpeddling and unnecessary compromise that is so obvious in the December 15th and 17th proposals. Only my personal respect for you commands that I write this letter before taking an editorial stand on this matter. Since NITEMSS has adopted for itself the role and reputation of a national leader, its actions must be viewed and criticized in a national context. The proposed effort to revert to laissez faire self-regulation is a giant step backward and must be explained or criticized lest it appear to the nation as a trend.

I hope you will see fit to provide us with explanation or comment in the near future. I will be based at our California office till the first week in April. Thank you in advance for your consideration of this letter.

Sincerely,



James O. Page
Publisher



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OFFICE OF THE DIRECTOR

January 13, 1983

Mr. James O. Page
Publisher
JOURNAL OF EMERGENCY MEDICAL SERVICES
P. O. Box 1026
Solana Beach, California 92075

Dear Jim:

- Thank you for your letter of December 31, 1982 concerning the proposal to modify EMT-A Practical Testing in Maryland. I greatly appreciated hearing from you.

The copies of the December 15th and 17th proposals you received from an unidentified source, without explanations, were not intended for national distribution, - however, these proposals were indeed not considered to be "confidential". The proposals, as offered to Maryland's prehospital field providers, will elicit input and information so valued in the decision-making process.

I take exception to your inference that Maryland's EMS Program will be "back sliding". Historically, the Maryland Basic Life Support System has continued to achieve success since its inception over ten years ago. To continue this progress, existing procedures are constantly being reviewed, evaluated, and innovative concepts explored for implementation. In this instance, the experience and knowledge gained by the training agencies in the State of Maryland justifies the transfer of practical skills evaluation authority to these jurisdictions. As a totally integrated Statewide EMS System, Maryland is ready to move further into the Advanced Life Support Program. Maryland continues to function and maintain its high standards despite a reduction of federal funds.

The Maryland system has attained its degree of sophistication through voluntary cooperation and compliance, - the keystone of our success. In addition to our oversight as the State EMS lead agency, local jurisdictions share the responsibility for quality assurance. The Maryland Instructor Certification Review Board independently certifies EMT-A Instructors. The Maryland Fire

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Rescue Education Training Commission reviews post-secondary training efforts. The Ad Hoc Committee on EMT-A Training/Testing/Certification meets regularly to resolve issues in the EMT-A Program. The Regional Emergency Medical Services Advisory Council also meets regularly and provides advice. All these elements form a system of checks and balances that result in a completely integrated program at all levels.

Leadership, to be maintained, must move forward, - in Maryland we are moving forward. We are now pushing for Advanced Life Support statewide; also, a paramedic bill is now in the legislative hopper to develop even more expertise in this field. I am convinced that as the Basic Life Support Program evolves in the future, the concepts of statewide EMT-A training that we have in Maryland will be emulated nationwide.

Warmest personal regards,

Cordially,



R Adams Cowley, M.D.
Professor of Thoracic and
Cardiovascular Surgery

(301) 528-5085

RAC/dae