Continuing Evolution

• Steven M. Carlo, Vice President

During Memorial Day weekend I was able to participate in a meeting of the Academy’s Curriculum Committee in Salt Lake City (future site of the Winter Olympics). Others in attendance included Bill Kinch, Vicki Maguire, Sue Marsan, Brett Patterson, Ross Rutschman, and Malcolm Woolland. The committee is assisted by Bill Auchterlonie, Gordon Cottle, Brian Dale, Kate Dernoocoer, Barry Duff, Robert Martin, Mike Smith, and Dr. Clawson.

The ongoing goals of the committee are to standardize the international EMD curriculum, update the audio-visual materials, and ensure compliance with industry standards (e.g. ASTM, etc.). The 3-days’ work resulted in several changes to the Course Manual and the production of some new instructor materials. Additional scenario drills were added earlier in the course to help reinforce the “Repetitive Persistence” tool. The existing scenarios were updated to be gender nonspecific and to match the new 10.2 version of the protocols. All the videos and audios were reviewed, with certain ones being designated as “mandatory” for every class and others listed as “optional” depending upon the instructor. Even though the Academy EMD Certification Course is standardized, there are reasonable allowances for time differences and varying instructor presentation styles.

Specific ASTM course objectives were added to the Course Manual and the instructor materials.

All Academy-Certified Instructors will soon have a course “map” to follow so we can all reach a common destination. The committee reviewed the new ASTM documents 1552 and 1560 relating to dispatch training and management. Several references, including specific ASTM course objectives, were added to the Course Manual and the instructor materials. Recommendations were also drafted for Medical Priority and other Academy-approved training agencies concerning class size, environment, and equipment.

Some readers might be fearful of change. The recommendations of the Academy’s Curriculum Committee don’t so much represent change as they do a continuing evolution. The EMD Certification Course, like the MPDS protocols, has never been stagnant. These new refinements should be viewed as exciting and vibrant. There is an active force at work in our chosen profession. For all the traditionalists out there—I am reminded of a quote: “Tradition is what you resort to when you don’t have the time or resources to do it right.”

If any member of the Academy has additional suggestions to improve the course curriculum, its teaching practices, A/Vs or other material content, they should contact either myself or Robert Martin at the Academy address.

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What Comes After Certification?

While instructing EMD courses I am often asked a number of questions in class, during breaks and over meals. Some of the more common ones concern the legal and ethical concerns that trained (and certified) personnel have when working with untrained personnel. This may include newly hired dispatchers who have not yet been given the opportunity to attend a certification course. It also includes dealing with supervisors or administrative personnel who are unfamiliar with EMD, the MPDS, or the whole concept of Dispatch Life Support.

I want to discuss this important question but must preface my answers by stating that I am not a lawyer and I don’t even play one on television. I do have a degree in Criminal Justice but that does not qualify my responses. The following opinions are my own and do not necessarily reflect any official or unofficial position of the Academy.

Q. In a dispatch center employing both trained and untrained dispatchers, if simultaneous medical alarms are received, both requiring post-dispatch and pre-arrival instructions, can the untrained individual give the instructions? (continued on page 3)
From the President's Desk

Are all EMDs Created Equal?

Alexander Kuehl, MD, MPH, FACS

What is the recipe to make an “EMD”? What do these three letters mean when placed after a person’s name? Who should have the right to give or claim this important credential?

Indeed, are all EMD’s created equal? As President of the Academy, these are issues that I have begun to ponder.

I remember trying to develop a rational dispatch and prioritization system for New York City EMS in 1982. It seemed like every change led to other changes and ultimately to a configuration that was so unwieldy that for ten years we have been only able to nibble at the edges.

It is clear today that Emergency Medical Dispatch education is the accepted industry standard “credential” for a dispatcher fielding emergency medical calls. The EMD is widely recognized as an integral component of EMS. Last year, the National Institutes of Health released a paper calling the EMD “a key member of the EMS team” and recommending that EMD certification be required.

through either State government processes or professional medical dispatch standard-setting organizations.”

But, again, what does being an “EMD” really mean? There is a big difference between calling oneself an “EMD” after receiving on-the-job training and being recognized by a governmental entity as a “Certified EMD;” there is an even bigger difference being registered through the Academy as a “Nationally-Certified EMD.”

We are all aware of the various “EMD” alternatives available in the marketplace. There are many individuals and companies who will train dispatchers in “EMD.” There is federal Department of Transportation material available for the asking. Although it is currently 13 years out of date, there may be a new curriculum on the way.

The DOT’s National Highway Traffic Safety Administration has announced its intent to update the federal EMD curriculum before the end of the year. I’m told it will closely follow current voluntary guidelines already published through the American Society for Testing and Materials (ASTM), whose committee F-30 on EMS celebrated its 10th anniversary this year, having already produced 40 standards for the EMS industry — specifically related to EMD. It will be interesting to see what the DOT releases as an EMD curriculum update, but it will still be up to local EMS agencies and administrations to actually put theory into practice.

Having a standard, nationally accepted, EMD educational curriculum is important, but it does not solve all the problems. The EMD courses that I have taken are not “see one, do one” in nature. Even street smart paramedics or medical physicians with an intimate understanding of EMS communications require significant additional education, preparation and support to get to the level of becoming an “Academy-Certified EMD Instructor.” For all Academy-Certified instructors, extensive prehospital clinical training at an ALS-level and the completion of a multiple-course audit process are prerequisite. Once certification is granted, the instructor is required to teach regularly and attend an update seminar every two years in order to recertify. This is the only way to guarantee quality education and ensure adequate knowledge retention.

On the surface, the concepts behind EMD and the use of a priority reference system, of which the Advanced MPDS is one example, are simple to understand. However, sophisticated systems are composed of complex internal logic and system relationships, requiring an understanding of the techniques necessary to interrogate and evaluate the input of the caller, as well as to categorize the problems and to assign appropriate response codes. The response codes must be formally linked to local user-defined response configurations and modes. Local medical oversight is vital, as is continuing dispatch education and quality management measures such as mandatory case review and constructive feedback to professional EMDs. Systems must be regularly updated and medically validated as medical science waits for no one!

We are in the middle of a revolution. In 1992 the American Heart Association referred to EMD as “a vital but often neglected part of the EMS system.” Last year the National Association of State EMS Directors passed a resolution to formally recognize EMD as “a key component of an EMS system.” During the next few years I believe we will witness continued growth in acceptance and recognition of EMD.

The problem, or rather the challenge, is to encourage inclusion and diversity without losing standardization, medical correctness, and acceptability. I am committed to expanding the acceptance of Emergency Medical Dispatch worldwide. It is crucial that the Academy’s College of Fellows and other organizations continue to embrace such an all-inclusive approach to Dispatch Life Support. One thing is certain, the time has long passed when medical dispatch systems could be slapped together in an afternoon.

Moving? Need help with a job search? Please let us know ASAP about address changes. Also let us know if we can help you locate dispatch agencies in your country, or around the world.

Looking to hire a certified EMD?

Academy-Certified dispatchers make the very best employees! Let us know if you need to verify someone’s certification or if you have job openings. We can help put quality people in touch with quality people!

We know of at least one agency who’s hiring. If you’re interested write to:

CITY OF ST. LOUIS, Dept of Personnel,
Attn: Janis G., 100 City Hall, St. Louis, MO 63103.

"MPDS Q&A"
(continued from page 1)

Also, could the untrained dispatcher, the trained EMD, or the agency, either singly or collectively, be liable for the instructions being given by the untrained dispatcher?

A. Obviously if patient “B” (the untrained, non-certified dispatcher’s patient), is brought to a “positive patient outcome” there should be no lawsuit. The patient who is improved or left “better off” than when first encountered has little basis for a lawsuit. Remember: Duty, Breach of Duty, Damage or Injury, and Proximal Cause. If the patient does not improve, there is an increased chance for a lawsuit. Questions are then asked and answers must be obtained. Was patient B given the proper instructions? Was anything left out and/or added to the scripts? Is it reasonable to suspect that the EMD could have made no difference to patient B’s outcome?

The color-coding and font-specific nature of the MPDS cards lend themselves to ease of use. While we certainly wish that every person in dispatch could be EMD certified immediately, what if a call requiring pre-arrival instructions is received before every individual has training? I suggest that the trained individuals demonstrate correct protocol use to the “not-as-yet-trained” partners during quiet moments. While subtle nuances may be missed, the general flow of the cards can still be obtained. A subsequent 24 hour course will then provide the complete picture. Because of the design of the protocols, (continued on page 4)
“MPDS Q&A”
(continued from page 3)

the untrained “dispatcher B” should be able to guide the patient to an appropriate outcome. After completing certification, they will understand more fully and have more confidence in the cards and their own abilities.

Q. My employer has not yet given us any EMD protocols. Since I’m certified, am I liable for not giving instructions when working at my dispatch center?

A. If your employer provides no written pre-arrival scripts, you can’t be legally expected to give instructions. If you are not given appropriate tools, you cannot be expected to adequately perform tasks. I understand how frustrating this position can be — I have been there. Remember, one of the basic MPDS tenets is to read directly from the protocols. If management is ever called for a legal deposition after a negative patient outcome, lawyers for the plaintiff familiar with any written standard (such as ASTM, NAEMSP, or NIH) might ask, “where are the tools?” Does this same public safety agency send police officers through the academy and onto the streets without badge and uniform? Are their firefighters supplied with hose and pumpers? Why are their dispatchers not given the proper equipment?

Any trained EMDs currently placed in the position of being trained but not having any protocols may wish to write thank you notes to their supervisors for their recent training and request a one-on-one meeting to discuss methods to improve the existing excellent service. Calm, factual, individual discussions will increase the likelihood of cooperation. Try looking at the issue from an administrative management’s point-of-view and working with them for the mutual benefit of our patients. You can make a difference!

Upcoming Courses

The following approved EMD Certification Courses are scheduled. For more information call Medical Priority at (801) 363-9127.

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<tr>
<th>Date</th>
<th>Course Details</th>
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<tr>
<td>Aug. 3-5 &amp; 7-9</td>
<td>Northeast EMS Office: REDDING, MA Hosted by: Northeast EMS</td>
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<tr>
<td>Aug. 4-6</td>
<td>Elks Lodge: SALINAS, CA Hosted by: A-1 Ambulance Service, Inc.</td>
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<td>Aug. 4-6 &amp; 18-20</td>
<td>Hall Drive Training Facility: WILMINGTON, NC Hosted by: New Hanover County Sheriff’s Dept.</td>
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<td>Aug. 6-8</td>
<td>County: WELLMONT, KS Hosted by: Sumter County E-911</td>
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<td>Aug. 7-9</td>
<td>Brenham Police Department: BRENNHAM, TX Hosted by: Brenham Police Department</td>
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<td>Aug. 9-11</td>
<td>Porter Memorial Hospital: VALPARAISO, IN Hosted by: Porter Memorial Hospital</td>
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<td>Aug. 11-13</td>
<td>Perry County EOC: NEW BLOOMFIELD, PA Hosted by: Emergency Health Services Fed.</td>
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<td>Aug. 15-17</td>
<td>Bldg. “C,” Central Health Dist: AUGUSTA, GA Hosted by: East Central Georgia EMS</td>
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<td>Aug. 28-30</td>
<td>County Mtg. Room 1: YORK, PA Hosted by: York County 911</td>
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<td>Sept. 6-8</td>
<td>Rocklin Administration Center: ROCKLIN, CA Hosted by: Rocklin Police Department</td>
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<td>Sept. 8-10</td>
<td>LaSalle Ambulance Service: BUFFALO, NY Hosted by: LaSalle Ambulance Service</td>
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<td>Sept. 8-10</td>
<td>Richmond Ambulance Auth.: RICHMOND, VA Hosted by: Mercy Ambulance of Richmond</td>
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<td>Sept. 11-13</td>
<td>Davis County Hospital: BLOOMFIELD, ID Hosted by: Davis County Comm. Ctr. &amp; Hospital EMS</td>
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<td>Sept. 15-17</td>
<td>Raymond F.D. Torrent Hall: RAYMOND, NH Hosted by: Raymond Dispatch Center</td>
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<td>Sept. 25-27</td>
<td>Lawton Library: LAWTON, OK Hosted by: City of Lawton Communications</td>
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<td>Oct. 23-25</td>
<td>The Clinical Science Center: HUNTSVILLE, AL Hosted by: University of Alabama</td>
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<td>Nov. 7-9</td>
<td>Reg. Health Education Ctr.: MASON CITY, IA Hosted by: University of Iowa</td>
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Footnotes:
The following EMS training agencies & other organizations offer services of interest to Academy EMDs.

Univ. of Iowa — EMS Learning Resource Center
Call Mike Hartley @ (319) 356-2597.

Columbus State Comm. College (Ohio & region) Regular offerings.
Call Art Gibson @ (614) 226-2400.

The Florida EMS Clearinghouse
info. service providing EMS-related journal articles and/or documents for a small or no fee. Call Sue McCauley or Tonya Keiffer (904) 487-1911.

The University of Delaware
Regular offerings for C.E. through its Dept. of Prof. & Noncredit Programs.
Call Jacob Haber @ (302) 573-4440.

Send E-mail to the above addresses from any on-line service. There is also a bulletin board, including a regularly updated EMD course list in the Public Safety Center in America Online. Let us know about other online forums.