



ON THE SCENE

Covering EMS and Trauma in Colorado

Success Is a Journey "Don't Rest on Your Laurels"

D. Randy Kuykendall

The verdict is in: 2009 was a banner year for the Colorado emergency medical and trauma services community. Our state's EMS and trauma stakeholders came together in a variety of ways to improve access to care, ensure higher quality and establish long-term plans to keep the system working efficiently. A changed law allows provisional certification for emergency medical technicians, and a successful grassroots effort virtually doubled the state funding that supports EMS and trauma care. A consultative visit by the American College of Surgeons provided a report that has become the genesis for long-term system improvements. Additionally, we collectively continued efforts to complete the Standardized (Regional) Needs Assessment Project that will provide information to guide all 11 Regional Emergency Medical and Trauma Advisory Councils (RETACs) and our statewide leadership.

Between the new resources added to our system and these important planning efforts, we are poised to develop and implement better processes that will improve patient outcomes.



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**Colorado Department
of Public Health
and Environment**

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from the cover



The immediate impact of Senate Bill 09-002 can be felt throughout our system. Thanks to the dedicated effort of more than 140 EMTS agencies and facilities, each of the RETAC boards of directors, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) and the dedicated professionals within the Emergency Medical and Trauma Services Section, an additional \$3,779,847 in state grant funds was awarded in December. Combining those funds with the \$2,551,523 awarded through the initial grant process during the first half of 2009 yields a total of \$6,331,370 injected into the system this fiscal year. The overall impact of this program can be measured when we see that the combination of the local funds matched to the state dollars provided through the Highway Users Tax Fund represents \$11,526,605 in equipment, education, vehicles and personnel services dedicated to providing improved patient transportation and care throughout the state.

There are approximately 511,000 ambulance transports each year in Colorado, and the funding provided through the EMS and Trauma Grants Program is but a small contribution. However, for the rural and frontier counties that received 72 percent of these funds, these dollars are the very foundation of service in terms of off-setting costs for ambulances, cardiac monitors, radios and other large-ticket items required for adequate patient care. For the first time in our system's history, the grants program funded personnel costs as a part of the second grant cycle. One of the most significant barriers identified to providing service in many rural and frontier communities is an inadequate number of EMS and trauma providers. Efforts to develop clear guidance on funding personnel costs presently are underway and will become more targeted in the future.

My father always reminded me, "Don't rest on your laurels." This advice holds true, not only on a personal level, but in our professional lives as well. Although we accomplished much in 2009, 2010 is before us and the challenges are even greater. We have new resources and more information than ever before in terms of measuring and describing the system of care responsible for "getting the right patient to the right hospital at the right time." Our challenge now is to use this information to develop public policies that will ensure maximization of the resources available.

The fiscal year 2011 grant application and grant guidance are available now. This grant cycle will include all available funding, as well as reflect some of the improvements discussed previously.

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There is a category for applying for funds to support personnel, the equipment category has been consolidated and the sources of funds that can be used for grant-matching purposes have been clarified. Applicants will notice there is no longer a category for education and training. Pursuant to recommendations from the SEMTAC and many stakeholders, the department will designate an external fiscal agent to administer up to \$500,000 per year in grant dollars to support these important activities. This approach to funding education will allow longer-term commitments to agencies and students, and make grant funding available on an on-going basis to meet local needs. The process to select an external fiscal agent is underway, and an agent will be in place by July 1, 2010.



Longer-term processes are underway to address not only the grant program's rules and policies, but also to address the American College of Surgeons recommendations, the development of regional/statewide quality improvement processes and other planning efforts to improve patient care. For these initiatives to be successful, EMS and trauma stakeholders must actively participate and provide their input. Among the many New Year's resolutions that you make, we hope one will be to work with your local, regional and state leadership to ensure we maximize every opportunity to serve our patients. Please accept our sincere thanks for the energy and support the EMS and trauma community has provided during 2009. More important, thank you for the energy and support necessary to be successful in 2010.

D. Randy Kuykendall, MLS, NREMT-P, is the chief of the Emergency Medical and Trauma Services Section and can be reached at randy.kuykendall@state.co.us.

A Team In Touch

Thanks to the Team

Dr. Art Kanowitz

This is the time of year when we reflect on events and accomplishments, give thanks for what we have and plan for the future. I am proud to be part of the EMS and trauma community, a hard-working group of people who have dedicated their lives to providing emergency medical and trauma services to the citizens and visitors of Colorado. Together, we have accomplished much, and I am thankful to have the opportunity to contribute to those efforts as your state EMTS medical director.

Major accomplishments during 2009

On Feb. 19, the Colorado Board of Medical Examiners approved multiple changes to Rule 500. (See *On The Scene Newsletter, Spring, 2009* for a summary of the changes.) The changes resulted from nearly a year's worth of feedback we received from our stakeholders, including EMS medical directors, field providers, EMS agency directors, fire chiefs, hospital personnel and the Colorado Hospital Association. The process required monthly meetings, with often lively and lengthy debates on many topics, that resulted in a consensus of recommendations to the Board of Medical Examiners. The changes approved have proven to be very positive. When recognizing the success of the Rule 500 revision, it is important to acknowledge the work of the Medical Direction Committee. This committee thoroughly reviewed the entire wish list developed during stakeholder meetings, researched the suggested changes and made recommendations to the Board of Medical Examiners. The Medical Direction Committee is an appointed group of EMS medical directors and EMS field providers who volunteer their time to improve the oversight of clinical care. In addition to reviewing and making recommendations regarding Rule 500, the Medical Direction Committee meets quarterly to review requests for waivers to Rule 500. During 2009, committee members reviewed 41 waivers, of which 30 ultimately were approved by the Board of Medical Examiners. This extensive waiver review process allows our EMS "scope of practice" to evolve while maintaining safety. The committee also is developing State Clinical Guidelines for EMS Practice. These guidelines will define best practices and lead to improvements in patient care.

Medical Direction Committee

EMS Medical Directors

Dr. John Abbott
 Dr. Gene Eby
 Dr. Benji Kitagawa
 Dr. Kevin Weber

EMS Field Providers

Thom Candlin
 Roger Coit
 Scott Sholes
 Tom Soos

As a response to the May 2009 consultative review by the American College of Surgeons, the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) formed a subcommittee responsible for developing a plan and instituting a statewide system continuous quality improvement process.

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Provisional EMT Certification Now Available

Michelle Reese

This January, the Colorado Department of Public Health and Environment began offering provisional certifications to applicants for any level of emergency medical technician (EMT) certification in Colorado. Under the law passed in the 2009 legislative session, a 90-day provisional certification may be issued by the department to an applicant whose fingerprint-based criminal history record check has not been received by the department. The department's ability to more quickly issue certifications is expected to benefit EMTs, employers and patients because employers of EMTs can fill job openings and EMTs can begin working or volunteering sooner than they could prior to passage of the law.

The only basis for obtaining a provisional certification is that the department has not yet received an applicant's fingerprint-based criminal history record check(s) from either the Colorado Bureau of Investigation or the Federal Bureau of Investigation. A provisional certification is not available for an applicant waiting to take a National Registry EMT exam. The majority of applicants for EMT certification will not have a need for a provisional certification. Applicants for certification renewal who have lived in Colorado the past three years are not required to repeat a fingerprint-based criminal history record check and, therefore, a provisional certification is not applicable.

Applying for a provisional EMT certification

- Obtain the department's application for initial or renewal certification. If you are requesting a provisional certification, check the "YES" box for that question.
- Complete all of the requirements in the application for initial or renewal certification, including copies of identification and CPR and/or ACLS cards.
- When you submit your completed application, provide the department with a certified check, cashier's check or money order in the amount of \$23, made payable to the state of Colorado.
- At the time you submit your application, provide the department with a name-based criminal history record check. If you have lived in Colorado for the past three years, obtain a name-based record check from the Colorado Bureau of Investigation's website. If you have lived outside Colorado during the past three years, obtain a name-based record check from each state in which you lived during those three years. The department has a list of the designated state agencies for all of the states that provide name-based criminal history record checks at www.coems.info. A few states do not offer name-based criminal history record checks, and in those instances, you may obtain one from a private vendor.



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Continuing Medical Education CMEs for EMTs

Paul L. LaFleur

Northeast Colorado RETAC ALS/Paramedic Refresher 2009

Times are tough. The economy is still recovering. Ambulance agencies and advanced life support (ALS) fire departments with transport responsibilities have seen a decline in their collections leading to tightening of their budgets. As a result, one of the hardest-hit programs within these agencies or departments is their continuing medical education (CME) programs. Not only is it difficult for these agencies to offer quality CME for their employees due to the cost associated with it, but it is difficult for the employees to attend because they are working increased hours due to the tough economy or the cost associated with attending conferences or seminars.

However, the CME requirements to maintain ALS certification are not decreasing and have even increased. In 2009, the Colorado Department of Public Health and Environment made some needed modifications to the CME requirements for recertification. Now, instead of needing 45 CME hours in a three-year period, the EMT-Intermediate and the EMT-Paramedic must have 50 CME hours in a three-year period. Also, the categories are a little more specific to be more consistent with the requirements of the National Registry of EMTs. I believe these modifications were needed to ensure our EMS providers are the best they can be, but it does make obtaining the hours for recertification more challenging.

Therefore, quality CME that is affordable and easily accessible continues to be in high demand. Knowing this, every year the Northeast Colorado RETAC provides financial support to offer an ALS/Paramedic Refresher class. Anyone who either responds with an agency in the Northeast Colorado RETAC area or responds with an agency that provides mutual aid support into the Northeast Colorado RETAC area can attend free of charge. The ALS/Paramedic Refresher class is rotated every year from one of three CME training centers in the Northern Colorado area:

- Aims Community College in Weld County
- Front Range Community College in Larimer County
- Thompson Valley Ambulance Service in Loveland

For the past few years, the Northeast Colorado RETAC ALS/Paramedic Refresher classes have been held at one of these host sites and made available via video teleconferencing at several locations. However, this still required students to travel to the host site or a video teleconferencing site. People with logistical issues such as child care or travel costs were prevented from attending, and therefore had to get their CME through other means.

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Rural Traffic Safety Taskforce Kickoff meeting May 5-6 in Montrose

Sallie Thoreson

Seat belt use in Colorado increased from 72 percent in 2001 to 81 percent in 2007, but we haven't made much progress in the state in the following years. Seat belt use in rural Colorado, at 78 percent, is still unacceptably low. The lowest seatbelt use still is in pickup trucks, at 68 percent statewide and only 63 percent in Eastern Colorado.

The Colorado Department of Transportation recently provided \$50,000 grants to seven Regional Emergency Medical and Trauma Advisory Councils (RETACs) for work in rural counties.

The Colorado Department of Public Health and Environment and the Department of Transportation, in conjunction with the Western RETAC, have scheduled the kickoff meeting for the Rural Traffic Safety Taskforce for May 5-6 in Montrose. One focus of the meeting will be occupant protection in rural areas, including strategies to increase the use of car seats, booster seats and seatbelts for all members of the family. We would like to know about other topics traffic safety partners would like to discuss at the meeting. Potential examples include the following:

- Driver distraction, including cell phone use and texting
- How to reach rural pickup truck drivers
- EMS response in rural areas
- Road designs to decrease traffic crashes
- Car designs to decrease traffic crashes
- Best practice community programs that complement enforcement campaigns such as *Click It or Ticket*.
- Teen driving safety

Representatives from EMS agencies, trauma centers, RETACs and others are urged to go to <http://fs8.formsite.com/cohealth/form888790669/index.html> and fill out a survey of preferred topics.

If you would like more information about the Rural Traffic Safety Taskforce or would like to help plan the event, please contact Sallie Thoreson, Injury Suicide and Violence Prevention Unit, at the Colorado Department of Public Health and Environment at (970) 248-7161 or sallie.thoreson@state.co.us.

Sallie Thoreson, MS, is an injury prevention specialist at the Colorado Department of Public Health and Environment and can be reached at sallie.thoreson@state.co.us.



Regional Update

Southeastern Colorado

Mike Merrill

Safe Communities Coalition

The Southeastern Colorado RETAC hired Cheryl Gilmore as an interim Safe Communities Coalition coordinator. The Colorado Department of Transportation provided grant funding for this position, and Cheryl will work within the six southeastern counties implementing the coalition by bringing together health care professions, law enforcement, fire fighters, community injury prevention professionals and volunteers. Projects and programs will include occupant protection, community safety and working with a variety of community members to build a Safe Communities Coalition. We welcome Cheryl and her goal of creating this coalition. Cheryl indicated she wants to bring more programs promoting occupant protection to our surrounding areas. Over the past seven years, she has conducted numerous child seat safety checks, school safety programs and information booths at county events. She organized a multi-agency mock DUI presentation for Lamar High School and arranged for the Jungle Mobile (Children's Hospital) to visit the Prowers County Fair. She worked with the Department of Transportation and the Colorado State Patrol to bring the Traffic Occupant Protection Strategies class to Southeastern Colorado. Cheryl is an EMT-Basic with training and education in pediatrics, a Child Passenger Safety technician, the District 5 representative for the Child Passenger Safety Team Colorado Advisory Council and a graduate of Bear Creek High School.



Safe Communities newsletter

www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Safe%20Communities/Articles/PDF%20Files/sc-aug2009-spec-news.pdf

National Highway and Traffic Safety Administration's Safe Communities website

www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.fdfb2e086bb579e4fb8e5f8dcba046a0

Southeast Colorado Medical Reserve Corp

Kris Stokke, the Southeast Colorado Medical Reserve Corp coordinator, secured funding and national recognition for the corp and is completing a strategic plan and resources for volunteers. The southeast unit was created in September 2009, and the RETAC is the sponsoring agency. Strike teams for medical triage, hospital decon and facility evacuation, mass vaccination and incident management medical support are in need of your expertise. The corp is looking for leadership to develop volunteer strike teams that are ready to deploy in Baca, Bent, Crowley, Kiowa, Otero and Prowers counties. The Southeast Colorado Medical Reserve Corp's purpose is to support health and medical functions during a disaster, as well as to support the health and safety of responders. If you are interested in training or recruiting volunteers, designing field supply go kits and other leadership activities for the team, or are interested in being a volunteer, contact Kris Stokke at (719) 688-4154 or stokkris@yahoo.com. For more information, visit www.medicalreservecorps.gov/HomePage.

Mike Merrill is the Southeastern Colorado RETAC coordinator and can be reached at mike@secretac.com.

Volunteers Needed

National EMS Memorial Service

The first National EMS Memorial Service in Colorado will be held in Colorado Springs this coming June. As part of this process, we are seeking the support of the Colorado EMS community. Volunteers are needed to assist in all areas of the weekend's events.

The National EMS Memorial Service is not just the Saturday, June 26, evening service. The weekend begins on the Thursday before, with preparations for the arrival of our honorees' families and continues to the closing event of the weekend, our Family Breakfast on Sunday morning.

Areas where volunteers are needed

- Pre-arrival gathering and preparation of items for family gift baskets
- Information packets and registration packets
- Local publicity
- Registration area staffing (Friday and Saturday)
- Family Luncheon and venue setup (Saturday afternoon)
- Memorial Service and Directors Reception (Saturday evening)
- Family Breakfast (Sunday morning)

In addition to the above areas, there are many other times leading up to and during the course of the weekend where local volunteers will be needed. Anyone interested in volunteering should contact the National EMS Memorial Service at info@nemsms.org.

Honor guards, color guards, pipe and drum corps and buglers are invited to participate in the National EMS Memorial Service Honor Guard and Pipe and Drum Band. Guard or corps leaders interested in participating should contact the Memorial Service as soon as possible at honor.guard@nemsms.org.

Additional information about the memorial service can be found at www.nemsms.org.



Sean Caffrey and Jesse Hawke Join the Division Welcome



Sean Caffrey joins the Health Facilities and Emergency Medical Services Division as a system development coordinator in the Emergency Medical and Trauma Services Section. Sean joins the section after nearly 14 years as the director and assistant director of the Summit County Ambulance Service in Frisco.

Sean holds a masters' degree in business administration from the University of Denver and a bachelors' of science degree in emergency medical services from George Washington University in Washington D.C. Sean is certified as a paramedic and is credentialed as a chief medical (EMS) officer through the Center of Public Safety Excellence.

Sean serves as the primary contact for EMS and trauma system technical assistance issues not currently handled by other members of the section's team, and he will be responsible for building the System Development Program envisioned with the passage of SB09-002. Sean recently relocated to Denver from Breckenridge and is enjoying the additional oxygen available at a lower elevation. Sean was unable to remember the hobbies he used to have, as he is enjoying the nonstop lifestyle that comes with having a 3-year-old toddler at home.

The Emergency Medical and Trauma Services Section is pleased to announce that Jesse Hawke has been appointed as the statistical analyst for the EMS and Trauma Data Program. Jesse recently obtained his PhD in statistical genetics from the University of Colorado, Boulder. For his research, Jesse analyzed the genetic and environmental etiologies of reading disability, ADHD and their comorbidity. He participated in methodological research, in which he and his colleagues provided a way in which structural equation models can be fitted to attenuated data.

Jesse enjoys reading, exercising and spending time with his wife and their baby (an adorable, obese 11-year old basset hound named Daisy). He is an avid baseball fan and attends as many Rockies' games as he can each season.



Please help us welcome both Sean and Jesse as we look forward to continued progress in improving emergency medical and trauma care throughout Colorado.

Thanks to the Team continued

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Dr. Dave Ross, a member of SEMTAC, is chair of that committee. With the help of our Regional Emergency Medical and Trauma Advisory Council (RETAC) coordinators, EMS medical directors, trauma facility medical directors, trauma nurse coordinators and EMS and trauma providers, this committee is laying the foundation for a statewide continuous quality improvement system. I would like to extend a special thanks to Dr. Ross for his involvement and contributions. He is not only an EMS medical director and responsible for a large number of EMS agencies in El Paso County and surrounding regions, he is an active member of the SEMTAC and several of its subcommittees and has been integral in the development of the annual Colorado EMS Safety Conferences.

The most significant accomplishment in 2009 was the passage of Senate Bill 09-002. That bill doubled the amount of financial resources available to further develop our EMS and trauma system. SEMTAC members and RETAC coordinators not only were instrumental in the passage of the bill, but have been very involved with developing the grant process to distribute the funds. This group of volunteers, under the very capable leadership of the SEMTAC chairman, Dr. Scott Bourn, contributes significantly to the success and growth of our EMS and trauma system. I would like to thank the SEMTAC and RETACs for all they do.

State EMS and Trauma Advisory Council

Dr. Walt Biff	Chief Dan Noonan
Dr. Scott Bourn	Dr. John Nichols
Brandon Chambers	Dr. Lara Rappaport
Ray Coniglio	Larry Reeves
Dr. Gene Eby	Dr. William Rodman
Nancy Frizell	Dr. Dave Ross
John Hill	Dr. Joel Schaefer
Ray Jennings	Commissioner Nancy Stuart
Commissioner Linda Joseph	Dr. Michele Sweeney
Richard Kinser	Chief Ralph Vickrey
Kathy Mayer	Todd Wright

RETAC Coordinators

Nancy Falleur
 Allen Hughes
 Theresa Jimison
 Mike Merrill
 Melody Mesmer
 Jon Montano
 Kim Schallenberger
 Jeff Schanhals
 Eric Schmidt
 Shirley Terry
 Linda Underbrink



We worked hard during 2009 to develop the foundation for a statewide system of regionalized medical direction. Numerous RETACs are exploring the idea of using a regional medical director to coordinate agency medical directors; standardize education, protocols and practice; and develop regional systems of medical oversight and quality improvement. The regional medical director would be a resource to aid and enhance the work of agency medical directors.

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Thanks to the Team continued

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This new leadership tier has been established in the Southern Colorado RETAC, and Dr. Kevin Weber is the regional medical director there. The San Luis Valley RETAC recently received a grant to develop a system of regionalized medical direction under Dr. Alex Schermer. My vision of the future is a coordinated statewide system of region-based medical directors.

The many advances in the EMS and trauma system have occurred under the leadership of our section chief, Randy Kuykendall. It is his open, transparent, cooperative and positive leadership that has lead us to numerous successes. He has assembled a team that will ensure progress in the future. I must extend a heartfelt thanks to the department’s Emergency Medical and Trauma Services Section for contributing so significantly to the progress of EMS and trauma in Colorado.

Most important, I would like to recognize all our providers. These dedicated individuals are out in the trenches, frequently in very difficult environmental conditions and are always available when called. Without them, we would not have an EMS and trauma system.

My hopes for the future are to continue to build quality management programs that will ensure delivery of the best patient care to all who need emergency services in Colorado.

CDPHE – EMTS Section Management and Staff

Randy Kuykendall
 Jeanne-Marie Bakehouse
 Holly Hedegaard
 Michelle Reese
 Grace Sandeno



Marilyn Bourn
 Steve Boylls
 Sean Caffrey
 Rio Chowdhury
 Jesse Hawke
 Moira Ivey
 Jean McMains
 Betsy Stephens
 Bill Voges
 Lisa Ward
 Celeste White

Dr. Arthur Kanowitz is the state EMTS medical director and can be reached at arthur.kanowitz@state.co.us.

Provisional EMT Certification continued

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- At the time you submit your application, you must have already sent your fingerprint card to the Colorado Bureau of Investigation to initiate the fingerprint-based criminal history record check. You will attest that you have done this on the application.

Once the department reviews and approves the application and the name-based criminal history record check, you will be issued a letter that serves as your provisional certification. You will not receive a certificate. The letter will inform you of the beginning and ending dates of your 90-day provisional certification.

Once the department receives and approves the results of your fingerprint-based criminal history record check, your application for initial or renewal certification will undergo final processing and you will be sent your certificate and wallet card. If the department has not received the results of your fingerprint-based criminal history record check by the 75th day of your provisional certification period, you will be sent a letter indicating this and instructing you to contact the Colorado Bureau of Investigation to determine the status of your record check. After 90 days, your provisional certification is expired, and you will be sent a letter stating that. At that point, if the department still has not received the results of your record check, it cannot certify you, and you are not able to practice as an EMT in Colorado until the record check is completed, approved and your application processed.

The department's objective is to have provisional certification applications processed within five working days.

If you have any questions regarding provisional certification, please call (303) 692-2980 or visit www.coems.info.



Michelle Reese is the deputy section chief and can be reached at michelle.reese@state.co.us.

CMEs for EMTs continued

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Aims Community College



Aims Community College had the privilege of hosting the 2009 Northeast Colorado RETAC ALS/ Paramedic Refresher class. It wanted to provide a platform that would make it easier for students to attend and yet still provide all the same interactive ability as if students were actually sitting in the classroom or at a video teleconferencing site, so used an Internet-based program provided by Wimba. On the nights of class, the class itself was held at the college, which is where the instructors gave their lectures. Their Power-Point presentations were uploaded into the online program, and a Web camera was present in the classroom that focused on the instructor. If students couldn't attend the actual class at Aims Community College, they logged into the online program via a high-speed Internet connection, and the Power-Point presentation appeared on their computer screen. Additionally, they saw and heard a live Web camera image of the instructor. The students had live interaction capability with the instructor to ask questions either via a microphone or text chat.

Schedule

This year's refresher class was 52 hours with 20 lecture topics, two nights of lab with skills and mega code stations, and a final exam on the last night of class. The instructors were doctors from North Colorado Medical Center, nurses from North Colorado Medical Center and Poudre Valley Hospital, various paramedics from Northern Colorado agencies, and one nationally-recognized writer for *JEMS* magazine.

Lecture topics

Hypothermia-Induced Cooling of the Cardiac Arrest Patient
Alcohol Abuse & Overdoses
Understanding Seizures
Advanced EKG: Infarct Patterns & Locations
People Care
Burn Injuries & Shock
Pediatric Medical Emergencies
Chest & Abdominal Trauma
Snakes, Spiders, & Stings
Airway Management

Understanding Diabetes
Documentation & Communication in EMS
Cardiovascular Disease
Advanced EKG: Additional Concepts
Closed Head Injuries & Spinal Trauma
Obstetrical Emergencies
Pediatric Trauma Emergencies
SCUBA Emergencies
Allergies & Anaphylaxis
Understanding CPAP

Skills station:

Intubation station - Adult & Pediatric
Intravenous & Intraosseous station
Supine & seated spinal immobilization station
Static cardiology station

Mega code station:

Adult cardiac arrest pt. Dynamic cardiology
Adult AMI & respiratory distress patient
Pediatric cardiac arrest patient
Pediatric respiratory distress patient

To be eligible for the "Evidence of Course Completion," students had to attend all the classes and skills labs, and then take and pass the final exam.

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CMEs for EMTs continued

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Academic honesty, archive and attendance



To maintain academic honesty, Aims Community College recorded and used the text chat log function of the online program as the "sign in" and "sign out" function for attendance purposes. At the beginning of every lecture, all students were required to type into the text chat their full name, agency of affiliation and that they were "present" for class. At the end of every lecture, all students were again required to enter their full name, agency of affiliation and that they were "still present" for the class. If any students typed "present" at the beginning of class, but did not indicate they were "still present" at the end of the lecture, they did not receive any credit for attending the class. If students typed "present" for the class, but had to leave before the end of the lecture, they typed that they were leaving, and then received credit for the time they were present.

Students unable to attend either at the host site or via the online program had the opportunity to make up the class via the "Archives" section. At the beginning of every lecture, the "Archive" button was activated and recorded the video and the advancement of the slides. This recorded video was stored in the "Archives" section so at a later date, students could access the lecture they missed by watching the video just as if they were there on the actual night of class, with the exception that they did not have the interactive ability to ask questions. The National Registry of EMTs limits the number of hours that can be used this way to 10 hours for the "Refresher Content" and 12 hours for the "Additional CME Content."

Attendance at the 2009 Northeast Colorado RETAC ALS/Paramedic Refresher class was at an all-time high, with 139 students participating from more than 20 agencies. Comments from students included the following:

"Thank you Paul, this was a very successful class! The flexibility of being able to watch the lectures (and to be able to make them up when I wasn't able to attend the real-time lecture) was phenomenal. I have two small children and fireman husband, so scheduling nighttime activities is usually a nightmare for me. This was painless, and actually--gasp--ENJOYABLE!!"

"You ran a great class. You presented the parts you taught in a way that made it easy but still maintained depth, plus the speakers you brought in were all good."

"Wow, helped a lot of people!"

It was a pleasure to be able to offer this class in a format that I believe not only was helpful to the students, but also to the agencies for which those students work.

Paul L. LaFleur is the CME coordinator at Aims Community College and can be reached at plafleur@aims.edu.