

November/December 1989

Texas EMS Messenger



TEXAS DEPARTMENT OF HEALTH • BUREAU OF EMERGENCY MANAGEMENT

Texas EMS Messenger

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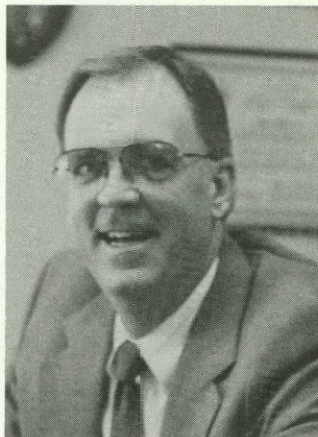
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COVER - Lita Slaggle's photograph of Seymour EMS personnel working an auto collision took second place in the black-and-white category of the 1989 EMS Week Photo Contest. Lou Schafer entered the photo in the contest. More award winners are listed on page 16.

From This Side



by Gene Weatherall, Chief
Bureau of Emergency
Management

Thanks to all of you who attended our conference this year. We appreciate the excellent attendance over the last four years and will use your evaluations to make improvements to the conference for next year.

Lt. Mark Warren of the Department of Public Safety made history at the conference since his workshop from previous years was turned into a general session. This change was made to accommodate the large demand for Lt. Warren's workshop. As usual he did an outstanding job of presenting his material and representing the Department of Public Safety.

Congratulations to Virginia Barton, Director of Cypress Creek EMS on her recent appointment as the state director of EMS for the State of Arizona. We will miss Virginia as she departs Texas for her new job, but at the same time we wish her success and happiness. We look forward to working with Virginia in the future on national policy issues for emergency medical service.

We received several requests at the conference this year for information regarding the appointments to the Texas Emergency Medical Services Advisory Council. There are several important facts that need to be understood regarding these appointments:

1. All appointments to TEMSAC are made by the Texas Board of Health. We often get calls wanting the

Department to put someone on this advisory council. We simply do not have that authority as our role is confined to providing staff support to the Board regarding these appointments.

2. The EMS act identifies several positions in reference to the organization that can make the nomination to the Board. The positions on TEMSAC that are made from nominations received from statewide professional organizations are the physicians, municipal government representatives, elected county officials, hospital representative, private provider, paramedic, EMT, fire department representative and nurse representative. The positions that are open to statewide nominations outside of professional associations are the volunteer provider, local government provider, EMS educator, and consumer members.

3. Members of TEMSAC are appointed for staggered terms for six years, which expire in January.

The positions on TEMSAC that expire on January 1, 1990 are the Paramedic, municipal government provider, two physician positions, local government provider, and volunteer provider. These appointments are scheduled to be made by the Texas Board of Health at their November meeting.

For those of you who would like to plan ahead to provide input into the next group of expiring members, those appointments will expire on January 1, 1992. Positions on TEMSAC that will expire at that time are the two elected government officials, consumer member, municipal government provider, fire department representative, and EMS educator.

Every two years the terms of six members of the eighteen member council expire. In the future we will provide information on expiring terms in time for input from all areas of the state.

Texas Emergency Medical Services Advisory Council

Fidencio Barrera Pharr, Texas Municipal Government (1992)	R. Donovan Butter, D.O. Canyon Lake, Texas Physician (1994)	Mrs. Barbara Gehring El Paso, Texas Consumer (1992)	Kenneth Mattox, M.D. Houston, Texas Physician (1990)	Kenneth W. Poteete Georgetown, Texas Hospital Administration (1994)	Frankie Smith Pearland, Texas Local Government Provider (1990)
Gustavo Barrera Falfurrias, Texas Elected County Government (1992)	Jack Collier Temple, Texas Paramedic (1990)	Joe Huffman Garland, Texas Private Provider (1994)	Tommy Nations Denton, Texas Fire Department EMS (1992)	David Prentice, M.D. Houston, Texas Physician (1990)	Faye Thomas Corsicana, Texas Local Government Provider (1990)
Guinn Burks Crane, Texas EMT (1994)	William T. Donahue San Antonio, Texas Municipal Government (1990)	Jay Johnson Tulia, Texas Elected County Government (1992)	Nancy Polunsky San Angelo, Texas Consumer (1994)	Virginia L. Scott, R.N. Sugarland, Texas ER Nurse (1994)	Josiah W. Tyson III Houston, Texas EMS Educator (1992)

(Parentheses indicates year of term expiration)

Local and Regional EMS News

43 El Paso agencies participate in EMS Week

El Paso's Health Organization Network sponsored its annual EMS Day mall fair with 43 health organizations. Participants ranged from the American Cancer Society, to the Anthony Volunteer Fire Department, to Enhanced 911, to TDH Hazmat, to the U.S. Border Patrol Search, Trauma and Rescue Team.

Public Health Region 3 Health Educator Jan Lockhart said the Health Organization Network started as networking among the local hospital public relations people. The Network sponsors four public activities each year.

This year's EMS Day featured an extrication demonstration and rappelling off the side of the mall. The Border Patrol's Dave Clark, an EMT, organized the salute to EMS.

October National Head Injury Month

It is too late for 1989, but 1990's National Head Injury Month would be a good time to do some public awareness on injury prevention or plan an inservice on head injuries.

The Bureau's Mary Campbell, a member of the National Head Injury Foundation and the Texas Head Injury Foundation, gave a talk in Louisiana and appeared on a television talk show in Corpus Christi last month for National Head Injury Month.

Campbell said that head injuries are the most life-threatening, have the longest rehabilitation period, and present more complications than any other injuries. "A head injury totally disrupts an individual," she said, "and only 1 in 20 gets the rehabilitation they need."

Texas Head Injury Foundation avidly supported the Texas motorcycle helmet law passed in the last session of the Legislature.

LifeLine celebrates EMS Week in Wichita Falls

Two clowns and a bear from LifeLine EMS rode in a rodeo parade in Wichita Falls during EMS Week. The clowns are EMTs who like to dress up and visit kids in the hospital. They rode in a golf cart equipped to carry a stretcher which LifeLine uses at football games and other mass gathers has to maneuver through the crowd.

Other activities during EMS Week, said Terry Byers, included demonstrations with the Jaws of Life and a health fair. Wednesday during EMS Week a local television news station reporter rode out with LifeLine.

Cypress Creek's Virginia Barton goes West

Virginia Barton, Executive Director of the award-winning Cypress Creek EMS in Houston, has been named EMS Director for the state of Arizona. She began those duties October 15.

Barton, a paramedic, has been with Cypress Creek since 1980 and executive director since 1984. She was named the state's outstanding EMS director in 1988.

Pediatric training important in Panhandle

Over 800 paramedics, physicians, nurses, and respiratory therapists in the Panhandle have completed a Pediatric Advanced Life Support Course. Leland Lewis, director of Panhandle Emergency Medical Services System, said that a PALS course is offered now about every two months, and that about 25 students attend each class.

Rolf Habersang, M.D., was instrumental in establishing those classes. Two PALS instructor courses were taught this year also, said Lewis.

Arlington Fire Department helps 10 through Invalid Assist Program

According to 1st Responder, the Arlington Fire Department EMS Newsletter, ten invalid, elderly, or other disadvantaged people were referred last year by Fire Department EMS personnel to the Tarrant County Family Services and Adult Protective Services.

Arlington's Invalid Assist Program means that when firefighters or EMS personnel encounter and identify a needy person during an EMS or fire response, that person will be visited by a nurse or social worker from Tarrant County. Some of the services that can be provided include home nursing care, transportation service, meals on wheels, weekly visitation calls, or arrangements for constant care in extreme cases.

Life Star is working with the Fire Department to help needy people also. That provider has agreed to respond to invalid assist calls at no charge where help is requested in getting into or out of a house or car.

PHR 5 Course Coordinators complete Arlington seminar

EMS Course Coordinators in Public Health Region 5 recently completed the course coordinator seminar in

Local and Regional EMS News

Arlington with a passing rate of 92%. The mean score on the statewide coordinator exam was 88.3.

Region 5 EMS Advisor shows that PHR 5 certified 65 course coordinators for 1989-1991.

Donna Cronkhite named chief flight nurse for Flight for Life

According to the Tyler, Texas, Mother Frances Hospital **Flight for Life** newsletter, Donna Lynn Cronkhite, a registered nurse and Texas paramedic, has been named Chief Flight Nurse for Flight for Life out of Tyler.

Cronkhite has been a flight nurse with Flight for Life since November 1986.

December 1 deadline announced for health promotion awards

December 1 is the deadline for entries to be received by the Texas Department of Health for the Texas Community Health Promotion Awards.

These awards are part of a national recognition program for outstanding health promotion efforts conducted by voluntary and professional associations. Many EMS public information and education projects are eligible for the awards, such as citizen CPR training, blood pressure screening, a community EMS Week or EMS Day promotion, DWI and seat belt awareness programs, and EMS careers projects.

Projects conducted from September 1, 1987 through August 31, 1989 are eligible. Winners will receive special recognition plaques from TDH and will be submitted for national competition.

Applications and information are available from Roger Diamond, TDH Public Health Promotion Division, at (512) 458-7405.

Babe Aycock -- In the news again

September's **The EMS Leader** features Babe Aycock in its "Leaders" column. "We stress that all personnel strictly adhere to our policy of a big smile, lots of loving and tender care," said Aycock in the article which tells the history and accomplishments of Mart EMS. "We talk to Lions Clubs, Boy and Girl Scout troops, and anyone else who will let us talk to them about EMS.

"We also have a standing rule that we'll have the ambulance rolling within four minutes after the beepers

sound."

Aycock no longer serves as Mart's mayor, but of those years as mayor she said, "My work in EMS has been the greatest satisfaction that I've ever experienced. My 14 years served as mayor of Mart are a drop in the bucket compared to my working in EMS. My work makes me feel good inside. I feel that I'm the richest human being in the world."

Mart's weekly newspaper, **The Mart Herald**, runs a regular column by Aycock on emergency medical care and injury prevention. The column, called "The Life You Save May Be Your Own," features titles such as "Fall Brings Breathing and Airway Problems," "Snake Bites - What To Do," and "We Are Volunteers Because We Care!"

New vehicle for Post EMS volunteers

By the time this issue of the **Texas EMS Messenger** gets out, there will be 15 very happy and excited volunteers in Post, Texas. The object of their excitement? -- a modular Type III diesel ambulance which they feel will greatly increase their ability in the field.

Post EMS currently operates two ALS vehicles to cover Garza county, making about 335 runs each year. Dr. Jeff Young is their Medical Director, and Melodie Yarbro, EMT-I, serves as President.

South Plains EMS, Inc. Regional Coordinator Beverly Rector recently profiled Post EMS in the **SPEMS Emergency** newsletter.

Montgomery County Medical Center Hospital okays soft-body armor

Montgomery County Medical Center Hospital administration has approved a proposal to allow EMS personnel to purchase soft-body armor through payroll deduction. The body armor is custom-fitted for each person and the purchase is left for individual choice.

Paramedic Scott Springfield said that by purchasing the body armor through payroll deduction, personnel may wear the armor at their discretion, and EMS personnel can make individual choices about the amount of protection they want. "I wear mine all the time," said Springfield.

Soft body armor was approved after EMS personnel provided proof of the protection given to personnel from bullets, blunt trauma to the chest from patients and steering wheels, and lacerations to the back during vehicle extractions.

Reminding everyone about prevention can help the residents of your community -- and you -- to have a safe and happy holiday season, and can reduce accidents the year round.

By Alana S. Mallard

Injury Prevention - For Holidays Too

It seems as though summer has just ended and we just got the kids or ourselves back in school. But sure enough, it's already time to think about that holiday season made up of Thanksgiving, Christmas, Hanukkah, New Year's Eve and New Year's Day. THE holidays.

During the Holiday Season motor vehicle collisions are on the increase and people are vulnerable to a number of other dangers - home fires, falls, poisonings, hypothermia, and injuries to children. Right now would be a good time to schedule talks at schools and with community groups, or to set up a mall exhibit on Holiday Safety.

The following prevention tips were taken from **Accidents Don't Take Holidays**, a booklet published by Channing L. Bete Co., Inc., and would make a good framework for a public presentation on injury control for the holidays.

Five Holiday Season Rules for the Public

.. Don't drink and drive

Individuals need to know the alternatives to drinking and driving - choosing a designated driver, using public transportation, staying overnight. Party hosts who provide a variety of non-alcoholic drinks and plenty of food are doing their guests a favor. Do not force drinks on guests and close the bar an hour before the party ends.

If you drink, set limits on how much you drink, and stick to it by counting your drinks. A 160-pound man who, over a 2 hour period, drinks five 10-ounce beers or five drinks made with one ounce of liquor will have a blood alcohol content of .83. With that BAC, judgement and physical coordination both are impaired. Alternating an alcoholic drink with a non-alcoholic drink, eating before drinking, and

stopping well in advance of driving are all safe strategies for controlled drinking.

..Drive safely

Safety check your vehicle and allow extra travel time for heavier traffic and bad weather. Seat belts save lives. The seatbelt campaign slogan, "It's a law you can live with," is proved by Texas MVA statistics that show people are twice as likely to survive a wreck when they wear their seatbelts. Defensive driving helps against bad drivers and bad conditions, so reducing speed and keeping aware of road conditions could make the holidays happier.

..Prevent home fires

Most of us grew up with fire prevention programs in school, but adult refresher courses might save some heartache. Correct electrical

Preventing Injuries by Persuading, Requiring, and Providing

According to *Injury in America*, injuries can be prevented in a number of ways. The effectiveness of the different strategies depends on the degree to which people must change their usual behavior patterns.

Three general strategies are used to prevent injuries:

- .. **Persuade** individuals to alter their behavior--use seatbelts, install smoke detectors, don't drink and drive.
- .. **Require** behavior change by law or rule--require seatbelt use, strengthen DWI laws, pass motorcycle helmet laws.
- .. **Provide** automatic protection by product or environmental design--install airbags and passive restraints in vehicles, childproof medication containers.

While all of these strategies have a role in an injury control program, research says the third strategy is most effective and the first strategy is least effective. This does not mean that EMS needs to abandon its public education efforts because high-risk groups will continue to take risks. On the contrary, prevention education programs coupled with efforts to encourage lawmakers and manufacturers to eliminate hazards can result in decreased injuries in many areas.

The key to injury control, according to *Injury in America*, is research and training. Research is needed to

1. understand barriers to existing injury control measures,
2. develop product designs and environmental modifications, and
3. prevent injuries in the recreational, occupational, and home environment.

Training EMS and health professionals and other scientists in injury research and basic concepts of injury control is crucial to the development and application of new knowledge about the prevention of injury.



Hopkins County EMS plays Santa Claus and reminds us that the holiday season is a good time to make the public aware of EMS in positive ways.

hazards such as overloaded circuits, worn cords, missized fuses, or cords under rugs and furniture. Eliminate fire hazards by disposing of rubbish frequently, using portable heaters properly, and cleaning and inspecting stoves and chimneys often. Install smoke detectors, have an escape plan and practice that plan. Smokers need to be especially careful about disposing of cigarettes and matches properly and never smoking in bed.

..Decorate safely for the holidays

Many decorations add to the risk of home fire, especially trees. Place trees away from heat sources and out of traffic paths. Evergreen trees should be fresh, in a sturdy stand, and watered daily. Artificial trees should be flame resistant and approved by laboratory testing. Use noncombustible or flame-resistant decorations and throw out decorations that are sharp, cracked, or breakable.

Only lights that have a testing laboratory seal should be used, and they should be inspected for frayed wires. Unplug lights when leaving or going to bed. Candles are used frequently during the holidays, but they should never be used around evergreen trees or any combustible materials such as curtains and wrapping paper nor should they be left burning unattended.

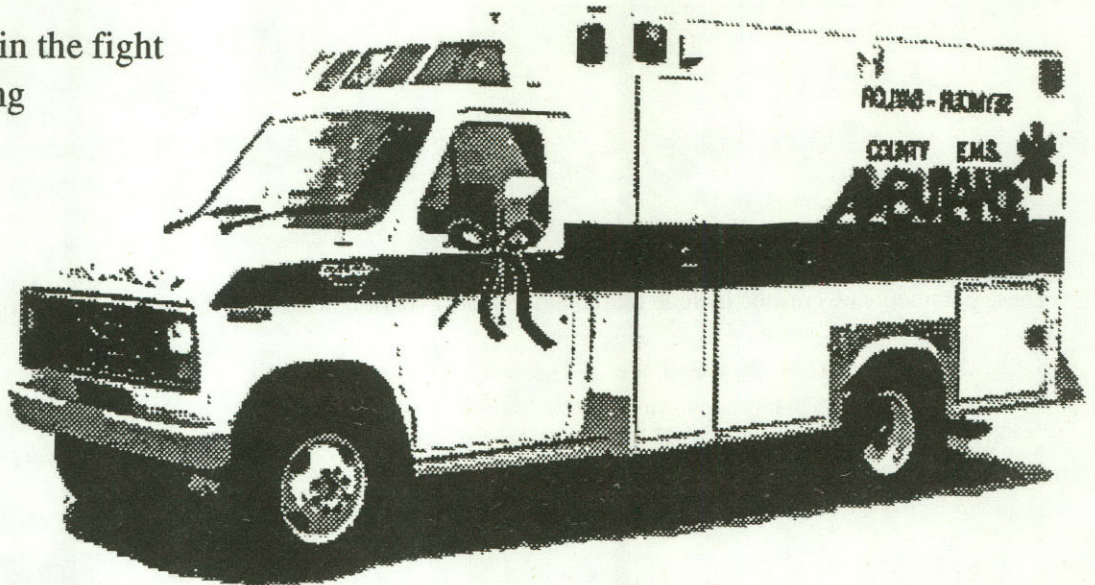
..Keep children safe from holiday hazards

Choose safe toys for gifts, ones that are appropriate for the child's age and ability and read labels and safety instructions before purchasing. Avoid toys that have sharp or metal edges, glass, cords and strings, lead paint, sharp points, or small parts that could be swallowed. Check toys frequently to guard against sharp edges, rust, or weak spots and splinters, and never use lead-based paint on children's toys. Explaining how to use toys safely and teaching children to put toys away will reduce accident risks.

Prepare babysitters by providing emergency phone numbers and home fire escape plan, as well as information about rules for children and phone number where parents can be reached.

Alana Mallard is director of the Public Information Program of the Bureau of Emergency Management.

EMS joins MADD in the fight
against drunk driving



Tie one on for safety

Mothers Against Drunk Driving was born when a teenager died at the hands of a repeat offender drunk driver in Fair Oaks, California, in 1980. MADD's aggressive campaign resulted in California passing the toughest drunk driving laws in the country at that time.

Mothers Against Drunk Driving has served as "the voice of the victim" of alcohol-related crashes since 1980. Through MADD's extensive chapter network of victims and their advocates, it has developed and expanded public awareness and community education programs to make alcohol and other drug-related driving socially unacceptable.

One of these programs which has found tremendous success nation-wide is the Red Ribbon campaign. Project Red Ribbon is a holiday awareness campaign developed by MADD to remind Americans to be responsible by driving sober during the holiday season and throughout the year. From November 16, 1989 - January 1, 1990, MADD is asking everyone to tie a red ribbon to their left vehicle door handle (or other visible location of their vehicle) to serve as a reminder to anyone entering the vehicle to drive sober. The red ribbon also serves as a sign that the vehicle owner has chosen to "tie one on for safety" and joined MADD's campaign to make the holidays happier by making them safer.

Actress Connie Sellecca is serving her third year as national spokesperson for Project Red Ribbon, and this drive is supported nationally by Southland 7-Eleven stores and statewide by the Texas Department of Public Safety and Texas Department of Health.

With your help, Project Red Ribbon will serve to alleviate these sobering statistics:

- * Every 23 minutes someone dies in an alcohol-related auto crash.

- * Nearly 500,000 people are injured each year in alcohol-related traffic crashes, an average of one injury per minute. (National Highway Traffic Safety Administration, 1988)

- * It is estimated that two out of every five Americans will be involved in an alcohol-related crash during their lifetime. (NHTSA, 1988)

- * Drunk driving is the most frequently committed crime in the nation today. National DWI arrests in 1988 totaled 1,790,500; the Texas arrest total was 42,114. (NHTSA, 1988; DPS, 1988)

- * In 1988, 23,351 persons across the nation died in alcohol-related traffic crashes. 1,919 of these were Texans.

- * More than 40% of all 15 to 19 year old deaths result from motor vehicle crashes. About half of these fatalities were in alcohol related crashes. Estimates are that 3,158 persons in this age group, including 237 Texans, died in alcohol related crashes in 1988. (NHTSA, 1989; DPS, 1988)

The ribbon in this magazine can be tied to an EMS vehicle or a personal vehicle to remind community members to drive sober. The Bureau of Emergency Management is distributing 4,000 ribbons this month and encourages every EMS organization in the state to participate in Project Red Ribbon.

For more information on MADD's "Project Red Ribbon," contact Karen Thorell, State Administrator, MADD-Texas State, 2525 Wallingwood, Suite 700, Austin, Texas, 78746, 1-800-777-MADD.

Paramedic Exam Subscale Averages

May 15, 1989 through September 15, 1989

Compiled by Saleem Zidani

These paramedic test results include initial and refresher training testing for groups of five or more. The subscales are:

Subscale 1: Assessment, Airway, Shock, Pharmacology (30 questions); **Subscale 2:** Trauma, Burns, Rescue (30 Questions); **Subscale 3:** Cardiovascular (60 questions); **Subscale 4:** Medical (45 questions); **Subscale 5:** OB/GYN, Pediatrics, Geriatrics, Behavioral (25 questions); **Subscale 6:** Prehospital Environment (10 questions).

The critical subscales are 1 - 5. Subscale 6 is non-critical. The test has 200 questions; no more than 15% are basic level questions.

PHR City	Coordinator	Class Type	Class Size	Class Average	Averages by Subscale					
					1	2	3	4	5	6
PHR 1										
Temple	Pleasant	Initial	10	87.05	88	85	85	84	96	95
PHR 2										
Canyon	Croy	Initial	14	76.11	81	80	72	74	77	81
PHR 3										
El Paso	Blackwell	Initial	09	85.56	87	87	82	89	81	92
Midland	Davidson	Initial	13	78.62	77	77	79	76	83	85
San Angelo	Fuller	Initial	06	80.17	86	76	76	80	85	93
PHR 4										
Houston	Gaines	Initial	14	80.39	84	83	77	80	79	91
Pasadena	Bowling	Initial	20	82.83	86	79	81	81	87	94
Houston	Stevenson	Refresher	08	85.81	85	85	85	86	88	91
Houston	Stevenson	Refresher	20	82.83	81	81	82	82	86	96
PHR 5										
McKinney	Tobin	Initial	16	83.82	87	84	81	82	87	92
Dallas	Goodykoontz	Initial	30	86.18	86	85	85	85	90	93
Denison	Van Zandt	Initial	07	82.14	85	75	81	82	84	99
Hurst	Smith	Refresher	18	86.72	87	85	85	88	90	91
Stephenville	Koonce	Initial	06	86.92	88	87	85	87	89	88
Hurst	Smith	Initial	15	83.60	87	84	77	84	88	95
Hurst	Willis	Refresher	06	82.42	78	86	82	80	84	93
Saginaw	Key	Refresher	13	80.42	80	79	82	76	82	94
Dallas	Cantrell	Initial	25	83.60	85	82	81	83	87	95
Gainesville	Roberts	Initial	08	85.00	84	83	82	88	90	91
Sweetwater	Meeks	Initial	17	82.92	88	81	81	81	85	94
PHR 7										
Lufkin	Howland	Initial	19	86.61	92	86	84	84	88	95
Texarkana	Vickers	Initial	15	81.67	82	80	75	84	90	96
Longview	Lowery	Initial	12	80.63	78	80	77	83	83	97
PHR 8										
Laredo	Cantu	Initial	05	68.60	71	69	60	74	69	88
Statewide Averages			658	83.64	85	82	82	83	86	94

How to Find, Evaluate, and Select Funding Sources

Funding is a critical issue for EMS organizations, especially in rural areas. This article on funding is one that the Bureau's Jerry Lester uses to help local services find special funding.

In this era of reduced funding, you may think it is hopeless even to consider support from new sources outside the community--or that it is futile to try to meet specific needs through this approach. Of course, it is always easier just to go after what seems readily available, funds from the city or county.

Despite what you may believe, funds are available from outside sources. All the channels have not dried up, shut down, or disappeared in the recent wave of cutbacks. A more accurate assessment of the current situation is that the days of "easy money" are over. Numerous factors (such as fiscal accountability and growing competition for funds) are making it more difficult to obtain funding. But funds are available to those who are willing to do the work. So if you rise to the challenge, there is no reason why you should not be able to tap outside funds or other resources that may be available as well.

Step 1: Clarify Your Problems or Needs

Specifically, what are the problems and needs?
How do you know these problems or needs exist?
Do you have documentation to prove that these problems or needs exist?
Who is affected by the problem? How are they affected? How are needs manifested in your situation?
Do these problems or needs lend themselves to funding as a solution? Do you really need dollars?

Step 2: Develop Sound Approaches To Solving Problem/Meeting Needs

What kinds of projects, activities, or resources would solve these problems or meet these needs?
What approaches would you take to projects/activities?
Are these approaches the most efficient and effective in terms of capabilities, existing resources, and time frames?
Based on experience, how well have these approaches worked for you or others?
Do these approaches conform to federal, state, and local plans, policies, priorities, and procedures?

Step 3: Clarify the Strengths and Capabilities of Your Program

What are your current program goals and objectives?
What are the qualifications of program staff to manage these projects/activities?
What existing resources can you use to implement projects/activities?
Can you present a credible argument for your capabilities and resources?
Can you support your argument with hard documentation?

Step 4: Identify Funding Sources

What kind of projects/activities or resources does the source want to fund?
What are the source's goals and objectives?
What resources does the source have? How much money has it given recently?
What kinds of projects/activities or resources have recently received funding from this source?
What is the application process or means of access including:

- Eligibility requirements?
- Deadlines?
- Forms?
- Contacts?
- Policies?
- Procedures?

Step 5: Evaluate and Select Sources

Which sources have goals and objectives most similar to yours?
Which sources want to fund projects/activities or resources most in line with your problems or needs?
Which sources have funded projects/activities most like the ones you would propose? Which sources have funded resources similar to those you need?
Do your proposed approaches to projects and activities seem similar to what the source wants to fund or has funded in the past?
Which sources have the resources to fund your proposed projects and activities?
Can you meet all eligibility and other application requirements of sources that seem most appropriate for us?

Step 6: Contact Sources

How can you obtain application instructions and materials from sources you have selected?
What is the best way to approach each source you want to contact?

A foundation is usually a private, nonprofit sponsorship organization managed by trustees or a board of directors. Foundations maintain or aid social, educational, charitable, or religious programs, among other programs serving the common welfare. Grants are the type of support most often given by foundations. Private foundations can be either independent or corporate-sponsored. The most common type of public foundation is the community foundation.

Private, independent foundations include national, general-purpose foundations; special-interest foundations; and family foundations. These compose the majority of foundations.

National, general-purpose foundations include most of the larger, well-known organizations, such as the Ford Foundation. Their grants are usually national or regional in scope, and they frequently prefer to support innovative or model approaches to solving large-scale problems.

Special-interest foundations restrict their giving to specific fields or purposes designated in their charters. For example, foundations support only primary health-care projects.

Family foundations make up the largest group of private foundations. These foundations were usually established by an individual (often a philanthropist) and continue to be influenced and controlled by the original donor or his or her descendants or associates. Family foundations support small projects in particular regions or areas. They are not averse to making small grants.

Private, corporate-sponsored foundations obtain their funds from profit-making companies but function as separate legal entities. Their giving patterns reflect a local orientation and a perspective of self-interest. They make grants to organizations serving corporate employees or to communities in which the corporation has offices or plants. A typical example of a private, corporate-sponsored foundation is the Levi Strauss Foundation.

Community foundations are public charities with strong local ties and giving patterns. They are usually administered by local bank trust departments and governed by committees reflective of and responsive to local needs.

The number of community foundations is increasing. Community foundations may be the most accessible of all foundations because staff are generally knowledgeable in the universe of foundation offerings. In addition, community foundations are often supportive of emergency-related needs. If a community foundation exists in your area, you are probably already aware of it. However, you should find out all you can about your local community foundation and its giving patterns.

Top 10 Texas Foundations

These Texas foundations are the top donors in terms of numbers of grants. They have made a total of 4,563 grants ranging from \$15 to \$ 2,369,733.

Communities Foundation of Texas, Inc.

Edward M. Fjordbak,
Executive Vice-President
4605 Live Oak Street
Dallas, Texas 75204
(214) 826-5231

The LTV Foundation

Brent Berryman,
Executive Director
P.O. Box 225003
Dallas, Texas 75265-5003
(214) 979-7726

Enron Foundation-Houston

Deborah Christie,
Executive Director
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(214) 826-9431

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San Antonio, Texas 78205
(512) 225-2243

The James R. Dougherty Foundation

Hugh Grove, Jr.,
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Beeville, Texas 78104-0640
(512) 358-3560

Paul and Mary Haas Foundation

Paul R. Haas, Trustee
P.O. Box 2928
Corpus Christi, Texas 78403

Texas Commerce Bank Foundation, Inc.

Carol Bohannon,
Corp. Contributions Admin.
P.O. Box 2558
Houston, Texas 77252-8093

Funding categories for these foundations include health, medical, hospital, social services, youth, education, operating budgets, equipment, building funds, special projects, conferences, emergency funds, general purposes, seed money, land acquisition, and research projects. Not all foundations listed fund every kind of project.

“At last -- triage tags!!” says Jim Sutton

Supplies of a white/red/yellow triage tag will be available for purchase from the Bureau in early 1990.

Bureau employee Jim Sutton, who coordinated the development of the triage tag, said his goal was to come up with a reasonably priced triage tag that could be used by local services. “We finally have the tag available,” said Sutton, “and we will be selling them at a minimal price. I hope that in the future there will be a printer or a supplier that will take over the distribution of the tags.” Cost of the tags will be about \$20 per 100.

The triage tags, used to identify victims of a multi-casualty incident, can be used for drills and for actual responses. An order form will be in the January issue of the **Texas EMS Messenger**.

“The purpose of TDH offering the tag was in an attempt to standardize triage in MCI response, to avoid confusion, and to keep up with the latest concepts in rapid triage. They fit our response planning guide,” said EMS Division Director Pam West.

A copy of TDH’s **Multi Casualty Incident Response Planning Guide** can be included with each purchase of triage tags. A limited number of the **Guides** is available to EMS providers.

Contact Jim Sutton in the Disaster Response Program at (512) 458-7550 for information about the tags or about multi-casualty incident response planning.

Did you read ...?

...in the American Trauma Society’s June 1989 newsletter **Traumagram**, the quote from Dr. Red Duke in which he stated, “... between 30 and 70% of the people who die as a result of a car wreck die unnecessarily.”

...in the May/June 1989 **EMS Communicator** about the Broselow Tapes which provide a method to determine correct resuscitation drug dosages for pediatric patients based on the patient’s length. For more information contact Broselow Medical Technologies, P.O. Box 3483, Hickory, N.C. 28603 or call 704/322-2992.

...in that same publication that Los Angeles is spending close to one half million dollars to purchase custom-fitted body armor for every EMT, paramedic, and firefighter in the city.

... in the July/August 1989 issue of **Emergency Health Services Federation, Inc.** about the have a high percent of motorcycle injuries being paid for out of public funds. In an article entitled “Helmet Law Biker Not Alone in Bearing Head-Injury Cost”, the author, J. Stanley Smith, Jr., M.D., chief of Trauma Services, M.S. Hershey Medical Center, Hershey Pennsylvania, states that studies found 63% of all costs were paid from public funds. Medicaid accounted for 89% of these funds. Further in the article the author cites a statement by a colleague, Edward P. Schwenlker, M.D., who is medical director for Penn State Spinal Cord Injury program and a 25 year motorcycle veteran who reportedly commented, “The protesting motorcyclists need to understand that head injuries

impose an enormous burden to society.”

...in the April 1989 issue of **Emergency Medical Services** in the article "Empathy: a Forgotten Response?" this quote: “The success and survival of health-care facilities are directly related to maintaining a high level of patient satisfaction with the services provided.”

...in the July 1989 issue of **Emphasis on Emergency Medicine in Texas**, which is published by the Texas Chapter of ACEP, that in 1987-88 Texas had the most hospital closings in the nation with a total of 52. Further, there are now 48 counties out of our 254 that have no hospital. That is almost 19% of our counties and has a profound effect on local EMS services.

...in the March/April 1989 issue of the **NAEMT News** that over two million teeth are accidentally knocked out each year in this country. The article stated that with proper highly specialized care over 90% of avulsed teeth can be retained for life. Pasturized whole milk can be used as a temporary short term medium for storing an avulsed tooth.

...the great comment from Dr. Bernard Beckerman, FACEP, Plainview N.Y., who said in his letter to the editor in October 1988 **jems** that, “criticism purely for the sake of criticism is useless chatter, whereas criticism in an attempt to improve our performance in the field is essential to the survival and growth of EMS.” A valid comment, no matter what the area of work.

EMS Skills Criteria Revised

by C. Wayne Morris

Members of the EMS Skills Committee are nearing the finishing point in their work to revise EMS Skills Criteria and Skills Examination Sheets.

The task required nearly 800 staff hours over a period of eight months from committee staffers and staff members of the Texas Department of Health.

The new skill sheets will be an improvement over those currently in use in several ways:

1. Each skill will have a set amount of time allowed for completion (The time limit will be more than adequate for a competent student).
2. Performance objectives will be identified for each skill as will Testing Conditions and station Equipment Requirements.
3. CPR criteria will be matched as closely as possible to nationally recognized criteria while maintaining the 2, 1, 0 scoring format.
4. The Examiner will be given specific instructions on conducting each exam.
5. The format for criteria and skills examination in each skill will be standardized. This will make it easier for both students and examiners to read through the skills packet

6. Each step on the skills examination sheet will be marked with 2, 1, 0 or 2, as appropriate to indicate the score possible on the step.

Taken together, these should facilitate standardization of EMS skills testing across the State of Texas.

Draft copies of the new skills sheets are presently in the hands of each EMS Program Administrator and each committee member. Coordinators interested in pilot testing the sheets under field conditions should contact their regional Program Administrator.

The new packet is scheduled for final approval and use by Coordinators and Examiners by the first of the year.

C. Wayne Morris is PHR 4 EMS Program Administrator in Houston. He chaired the EMS Skills Committee.

EMT-SS= EMT-I

Effective September 1, 1989 a provision of SB 312 as passed by the 71st Texas Legislature has changed the level of certification which was known as Special Skills to EMT-Intermediate.

The credentials of all personnel who were certified at the Special Skills level prior to September 1, 1989 will remain unchanged until their next expiration date. All new and recertifying personnel will be listed as EMT-Intermediate, as their paperwork is completed following the first of September.

The various manufacturers and vendors of EMS supplies have been notified of these changes and are making the necessary changes to patches and decals. It will probably be early November before any of the new patches become available in stores.

Since both levels of certification are equal, personnel may wear either patch. However, Special Skills patches will become increasingly hard to find as they are no longer being manufactured. People who become EMT-I should purchase the new patches once they are available.

Top Ten EMT Classes

May 15, 1989 - September 15, 1989

Coordinator/Location	Average Grade	Number Tested
1. Finley/Austin	91.90	10
2. Garoni/San Antonio	91.70	10
3. Caster/Plano	91.06	18
4. McMullen/Dallas	90.73	26
5. McMullen/Dallas	90.70	30
6. Lujan/El Paso	90.67	21
7. Reger/Port Lavaca	90.40	10
8. Robbins/Mason	90.07	15
9. Stevenson/Houston	89.50	16
10. Washburn/Austin	89.45	11

A total of 2493 EMT students tested; average grade was 85.77.

Compiled by Saleem Zidani

“The chance to meet and speak with the people involved in making EMS what it is, as well as getting the official word on changes, is great. Keep up the great work.” - 1989 Conference Participant

CE, Food, Photo Contest, Awards - Our annual EMS Conference succeeds for the fourth time

by Jan Brizendine

September 14 - the day had finally come - all the planning - all the work. People would be coming from all over the state and a number from out of state. Forty exhibitors, thirty faculty and 600 registrants would come to teach and be taught more about EMS.

For many weeks before this year's conference I had received calls from around the state - some from people who look forward all year long to coming to Austin. Some people brag they have not missed one of our conferences. They have been here every year since 1986. Those people have watched the conference grow to a number large enough so that we had to change hotels to accommodate the number of people wanting to be in on the "State Conference." One person called this year to ask when our next conference was. Since the call happened the week of September 11, I said "this week." They said "no, not this one - the next one." They were already trying to schedule their people for the 1990 Conference!

By early in September things were really buzzing - material to be copied, plaques to be engraved, certificates to be printed, exhibitor door prizes coming in, photos arriving.

About that time women in our office were trying to decide what to wear to the banquet. Should it be a very dressy affair or casual? Just calling it a banquet and serving wine made casual seem out of the question. We were not the only ones having trouble deciding what to wear judging by the phone calls I was getting. A number

of calls were just to ask that very question, and not all of the calls came from women.

We had not had rain in Austin in so long we could not remember it, and on the first day of the Conference there was downpour. Then the weather really cooperated and it was unusually cool for that time of year. Of course, the Search and Rescue Medic group out in the woods nearly had "for real" hypothermia, but they managed to tough it out. They had been prepared for really hot weather - not a Canadian norther!

It would seem to me that every hotel we have been to was changed a little just by us having been there. I am sure there were people wondering what was going on over at the Doubletree this year that kept ambulances there three days. Then those guys that are always tying ropes on the top floors - the hotel staffs must really have some stories to tell about those guys. The Stouffer Hotel chef in 1988 had never cooked a chicken-fried steak in his life. I'm sure that changed his life!

If you think it's hard to plan a meal to please a family of say four or five, try planning three meals to please 800 people. Sometimes things just do not work. It is kind of like giving a party at your house - some things just do not entertain as well as you think. An example of things we tried that did not work was the talent show in 1988. It just did not have enough appeal that people wanted to do it. An example of something that worked better than we thought it would was the larger than life birthday cake! It was to



Gene Weatherall welcomes nearly 700 EMS people to the fourth annual Texas EMS Conference sponsored by TDH.

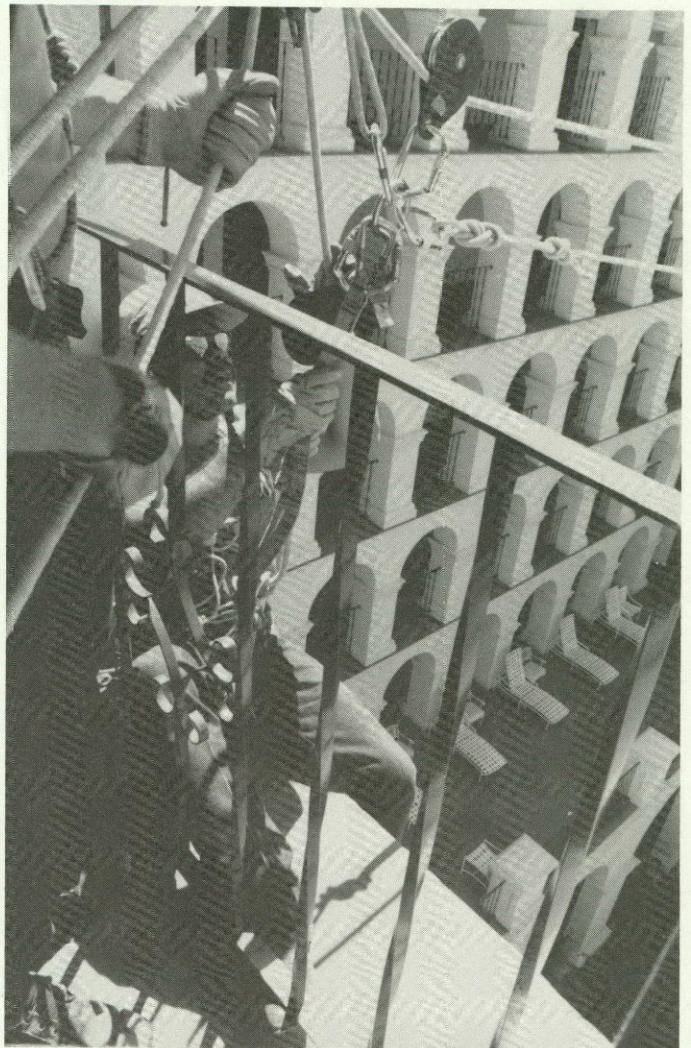
celebrate the 20th birthday of EMS. That was done in 1987 - a very big success. Another big success in 1987 was the "Hall of Fame." A few creative minds were talking about our annual conference one day and someone came up with the idea of the Hall of Fame. It turned out that people thought this was a pretty great idea to honor someone by putting them in the EMS Hall of Fame. The EMS Week Photo Contest started in 1988. We had talked about a photo contest idea but had not done anything with it. I sat down and made up rules as I went along. We printed the entry form in the *Messenger*, and the photo contest was born.

If anyone out there has ever wondered why we don't have a lot of pictures printed in the *Texas EMS Messenger* of the conference happenings - it's because there are not any. Well not very many. Somehow we can not get our cameras to work properly. Either the film is not loaded right or else the people who promise to come and take pictures do not come or they come and do not take pictures. There was the year one girl promised to take pictures; she said photography was her hobby. The day before the conference began we called her to ask what type of film she needed and what film speed. She said "What do you mean, film speed?" Anyway, we know next year we will get pictures!

And we do listen to people who have comments about what we do at the conference. If enough people want something, we listen. We listened when so many people wanted the golf tournament back. It looks pretty certain from what I hear, that it will be back in 1990. And look for a return to chicken fried steak also. And we found out a buffet for 800 people doesn't work as well as we had hoped for no matter how good the food is.

We have had a quick look at the conference evaluations. Eventually they all will be entered into a computer program to evaluate all activities. One of the reasons this is done is to give workshop presenters an idea of how their

Temple Fire Department paramedic Leroy Vargas attaches a carabiner as he gets ready to traverse the courtyard from six stories up.



EMS Week Awards
presented by
Texas Department of Health
Bureau of Emergency Management
September 15, 1989

EMS Educator Award

Members of EMS Skills Committee:

Leland Lewis, Amarillo, Steve Harris, Converse
Margarita Brown, El Paso, J.R. Gonzalez, Corpus Christi
Keith Butler, Christoval, Jane Montgomery, Austin
Jan Auerbach, Dallas, Debra Conley, Texas City

EMS Medical Director Award

Leonard Marks, M.D., San Antonio

EMS Administrator Award

Faye Thomas, Corsicana

Citizen Award

Ann Carlson, Plano

EMS Public Information Award

Harlingen EMS

EMS Hall of Fame

Lin Vickers, Tyler

EMS Private Provider Award

P & S Ambulance, Houston

EMS Public Provider Award

Val Verde County Hospital District EMS

EMS Volunteer Provider Award

Kendall County EMS

Bureau Chief's Award

Joe Tyson, Houston, Jimmy Dunn, PHR 5
Wayne Morris, PHR 4, Terry Bavousett, PHR 2, Tom Ardrey, TDH

Congratulations to these outstanding individuals and organizations



The San Jacinto College North "Gator-Ayds" and Baylor EMS "Baylor Bums" battled for 1st place in the Valsalva Bowl competition. The crowd applauds as the "Gator-Ayds" show off their bedpad plaques. The Champs: San Jacinto College North team is Curtis Brant, Jack Pitcock, Kemp Jacks and Carol Wheeler. Reserve Champs: Baylor EMS team is Scott Smith, Joelle Harmon and Bill Walker.

presentation was received by the people that attended. Another thing it helps the conference planners do is find out what was liked a lot and what was liked a little. We know of course that everyone cannot be pleased all the time. But we give serious consideration to the comments when we plan each conference.

Here are some of this year's comments:

- "Glad I got to come."
- "Charles King is the funniest man alive! Mark Warren is great."
- "Better than last year's and it was good"
- "Change city."
- "Wouldn't miss it!"
- "Stay at this hotel for next year. Officer that spoke at the general session was great - get a bigger room!"
- "Can't improve on the best!"
- "Temperature of the hotel was freezing!"
- "I'm leaving a little wiser than I came this year."
- "Trauma panel should have been on earlier. They had something good to say, but everyone was tired."
- "Registration staff extremely helpful and friendly."
- "The food was excellent and I liked the band."
- "The band was great!"
- "We enjoy taking home the handouts to share with our co-workers."
- "The hotel was outstanding in courtesy and service."
- "Promote photo contest and Valsalva Bowl earlier."
- "The food at the banquet wasn't very good. Fire the band. This was the best conference ever."
- "My first conference - looking forward to next year."
- "Begin workshops earlier."
- "Begin workshops later."
- "One day longer would solve the problem of repeating workshops."
- "Liked having banquet at night. Go back to chicken fried steak."
- "Bring ambulances indoors."

- "Lt. Warren's session was once again excellent."
- "Have hot tea available, cokes, milk and have a buffet dinner as well as lunch. Just have some tables."
- "Have a Texas-style meal - like barbecue."
- "All lectures were wonderful."
- "The band played "old-folks" music."
- "Good conference - worth the time and money."
- "Motel rooms below average."
- "Why do most of the lecturers go over their time limit?"
- "Some kind of provisions for spouses; also, child care."
- "Food great."
- "Please don't start Valsalva Bowl on Thursday."
- "You didn't freeze us to death this year. The food was great."
- "Great meals and a great, great dance band. Thanks."
- "More exhibits."
- "Great, Great, Great! More of everything."
- "Emphasis and priorities well placed."
- "You are in contact with planet earth."



The Teddy Bear this year was won by Rick Deel of North Channel EMS and Lubrizol in Houston who donated it to Austin's Children's Hospital. The picture shows the bear catching a ride with Tom Ardrey.

1989 Photo Contest Winners

Color		Black/White
Susan Shirley	First	Daniel Byrum
Tom Rinard	Second	Lou A. Schafer
David White	Third	David Fry

Jan Brizendine, a member of the Bureau's Public Information Program, was at the Conference heading up registration. If you have questions about the 1990 Conference, Call Jan at (512) 458-7550.

Home Meds: Most often prescribed drugs

By Dan Finley

Each year, **Pharmacy Times** reports on the most commonly prescribed drugs in America. As EMTs and paramedics, we see a lot of medicine bottles in the homes of our patients. This is the fourth in a series of five articles covering the drugs we most often see. The thirty-first through fortieth medicines are:

(31) **Augmentin**: is the brand name for amoxicillin trihydrate/clavulanate potassium produced by Beecham Laboratories. Augmentin comes in a 375 mg white oblong tablet (250 mg amoxicillin/125 mg clavulanate). Augmentin also comes in yellow round chewable tablets.

Amoxicillin is a semi-synthetic penicillin antibiotic which works by interfering with the synthesis of bacterial cell walls. Clavulanate is a B-lactamase inhibitor which blocks the action of B-lactamase, which is thought to be responsible for transferred drug resistance to penicillins and cephalosporins.

Augmentin is indicated for certain lower respiratory infections, otitis media, sinusitis, skin infections, and urinary tract infections. Usual adult dose is 250 mg every 8 hours.

(32) **Calan SR (Sustained Release)**: is the brand name for verapamil produced by G.D. Searle and Company. Calan SR comes in a 240 mg light green oblong caplet.

Verapamil is a slow channel calcium blocker. The drug produces vasodilatation which results in reduced systemic vascular resistance.

Calan SR indicated in the management of essential hypertension. Usual adult dosage is 240 mg taken with food in the morning.

(33) **Slow K**: is the brand name for potassium chloride. Slow K comes in a 600 mg (8 mEq) buff colored round tablet. Potassium chloride is an electrolyte replenisher, designed to restore the potassium which may be lost in prolonged diuretic therapy, dehydration, or certain disease states.

Slow K is indicated for hypokalemia, especially in

patients who poorly tolerate or comply with liquid potassium preparations. Usual adult dosage is 40-80 mEq daily.

(34) **Ventolin (Aerosol)**: is the brand name for albuterol produced by Allen and Hansbury. Ventolin comes as an inhaler containing 200 metered doses, with each dose delivering 90 mcg of albuterol per inhalation.

Albuterol is a relatively selective beta II adrenergic bronchodilator, with little or no effect on the heart.

Improvement in pulmonary function is seen within 15 minutes of administration. Ventolin is indicated for (a) prevention or relief of bronchospasm seen in asthma, and (b) prevention of exercise induced bronchospasm. The dose in adults and children over the age of 12 is two inhalations every 4 to 6 hours.

(35) **Maxzide**: is the brand name for triamterene/hydrochlorothiazide produced by Lederle Laboratories. Maxzide comes in a 62.5 mg green bow tie-shaped tablet (37.5 mg triamterene/25 mg hydrochlorothiazide) and a 125 mg yellow bow tie-shaped tablet (75 mg triamterene/50 mg hydrochlorothiazide).

Triamterene is a potassium sparing diuretic, while hydrochlorothiazide is a natriuretic agent, which increases urine production through sodium excretion. The effect of this combination drug is to provide diuresis without the usual secondary loss of potassium and bicarbonate.

Maxzide is indicated in the treatment of hypertension or edema in patients who develop hypokalemia on hydrochlorothiazide alone. Usual adult dosage is one to two tablets daily.

(36) **Monistat-7**: is the brand name for 2% miconazole nitrate produced by Ortho Pharmaceutical Corporation. Monistat-7 comes in 100 mg white elliptically shaped vaginal suppositories and in a 45 gram tube vaginal cream.

Miconazole is an antimycotic agent which is effective against the fungus candida.

Monistat-7 is indicated in the local treatment of

vulvovaginal candidiasis (also known as moniliasis). Usual adult dose is one suppository, or one applicator full administered intravaginally at bedtime for seven days.

(37) **Clinoril**: is the brand name for sulindac produced by Merck Sharp and Dohme. Clinoril comes in a 150 mg yellow hexagon-shaped tablet and a 200 mg yellow hexagon shaped tablet.

Sulindac is a non-steroidal, anti-inflammatory drug (NSAID) and a non-salicylate, which possesses analgesic and antipyretic properties. Its exact mode of action is unknown, but probably is due to prostaglandin synthesis.

Clinoril is indicated for acute or long term relief of symptoms of (a) osteoarthritis, (b) rheumatoid arthritis, (c) ankylosing spondylitis, (d) acute painful shoulder, and (e) acute gouty arthritis. Usual adult dose is 150 mg twice daily. Maximum daily dose is 400 mg. Clinoril should be taken with food.

(38) **Flexeril**: is the brand name for cyclobenzaprine produced by Merck Sharp and Dohme. Flexeril comes in a 10 mg butterscotch yellow D-shaped tablet.

Cyclobenzaprine is a centrally acting antispasmodic which relieves skeletal muscle spasm without interfering with muscle function. Cyclobenzaprine is ineffective in muscle spasm due to central nervous system disease.

Flexeril is indicated as an adjunct to rest and physical therapy in the relief of skeletal muscle spasm of local origin. Usual adult dose is 10 mg three times daily.

(39) **Provera**: is the brand name for medroxypro-

gesterone acetate produced by the Upjohn Company. Provera comes in a 2.5 mg orange round tablet, a 5 mg white hexagon-shaped tablet, and a 10 mg white round tablet.

Medroxyprogesterone is a progesterone derivative.

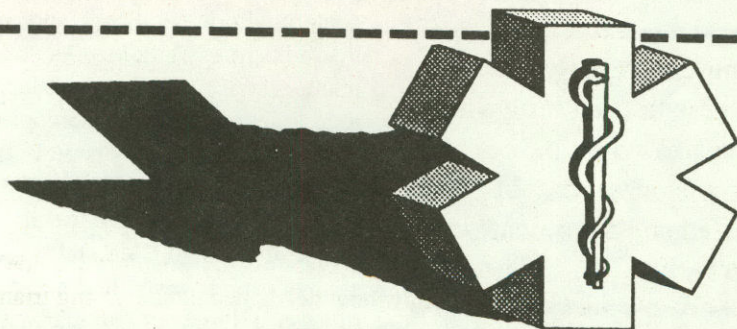
Provera is indicated in the treatment of (a) secondary amenorrhea, and (b) abnormal uterine bleeding secondary to hormonal imbalance not associated with organic pathology, e.g., fibroids, uterine cancer. Usual adult dose is 5-10 mg daily.

(40) **Minipress**: is the brand name for prazosin produced by Pfizer Laboratories. Minipress comes in a 1 mg white capsule, a 2 mg white and pink capsule, and a 5 mg white and blue capsule.

Prazosin is an antihypertensive agent which works by blocking the post-synaptic alpha adrenoreceptors, primarily at the arteriole. The result of this blockade is a decrease in peripheral vascular resistance.

Minipress is indicated in the treatment of hypertension, either alone or in combination with a diuretic or other antihypertensive agent. Dosing is individualized with the most common therapeutic range being 6-15 mg daily in divided doses. Maximum daily dose is 20 mg.

Dan Finley, an EMS instructor at Austin Community College, was recently recognized as one of the nation's outstanding college instructors.



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Say What?

by Pam West

You weren't able to pass a vehicle inspection because you didn't have activated charcoal on board or a poison kit? You were in an automobile accident and couldn't complete recertification requirements within the time period so you were told you had to get more education hours before you could apply for recertification? You have been told that even though there is a paramedic available to "moonlight" with your service, he can't perform advanced procedures because your firm does not have a medical director? The regional staff has been throwing their weight around, right? WRONG! It's the rule and none of us can get around it. But what you can do if you don't like it, is work to change it.

Rules are adopted by the Texas Board of Health and are based on laws passed by the state legislators.

The need for a rule can generate from several different sources. For example, the law gives the Board of Health rule making authority to establish equipment standards for EMS vehicles. The Texas EMS Advisory Council (TEMSAC), staff, or any of you can make suggestions regarding what should be required equipment on

a vehicle. Because there is already a rule regarding required equipment, implementing such a suggestion would require a rule revision. Staff would draft the revision and forward it to the Rule Committee for review. This is a Bureau committee made up of regional and central office staff and a representative from TEMSAC. If the committee agrees that the rule change would benefit the delivery of EMS care, they would forward the draft revision to the Provider Committee.

The Provider Committee is a standing committee of TEMSAC. If the rule in question had to do with EMS education, then the draft would be forwarded to TEMSAC's Education Committee. If the standing committee agrees with the draft, it is forwarded to TEMSAC's Medical Directors' Committee for yet another review. Only after the draft has been scrutinized by these committees is it forwarded to TEMSAC for action. TEMSAC will receive committee reports on the draft and ask for comments from the floor. All EMS personnel are encouraged to attend TEMSAC meetings and input is

"As you can readily see the rule process takes a long time and there are many points at which the process may be interrupted so that a draft can be reworked."

always welcome. At this point TEMSAC will decide whether or not to forward the draft to the Board of Health.

If the draft is forwarded, the Emergency and Disaster Committee, a subcommittee to the Board of Health, will discuss the draft in light of its impact on patient care and the EMS community. If members agree that the change would be beneficial, the chair presents it to the Board for their consideration. If the Board agrees in the benefits of the suggested change, then and only then do we have a PROPOSED RULE.

After the proposed EMS rule is published in the Texas Register there is a

90 day comment period. The proposed rule is also published in the Texas EMS Messenger. Additionally, there is almost always a public hearing which is announced well ahead of time so that anyone can give testimony in favor of or against the proposed rule. It is also possible for you to mail your comments, in which case they will be read into the record at the public hearing.

At each step along the way, the Office of General Counsel within the Department reviews every draft and revision from a legal perspective.

At the next Board of Health meeting following the 90 day comment period, the proposed rule is again put on the agenda for consideration. If after reviewing all the comments members still feel that the proposal is a worthy one, then it is added to the official rules and it becomes binding on all of us; and staff develops a procedure that will address specific implementation of the rule.

This same process is exactly what happens to a new rule as well. Frequently there is a misunderstanding because EMS people may hear about content within a draft rule and believe that it is already binding. As you can readily see the rule process takes a long time and there are many points at which the process may be interrupted so that a draft can be reworked.

If you have questions, feel free to call your regional EMS staff. They are always very involved in the rule process and they are familiar with the many issues that may be associated with a given rule. Find out about the regional advisory councils that meet within your region and plan to attend meetings and express your opinion. Determine who the TEMSAC member is who represents your area of interest, and inform them about your position on specific issues.

Everyone is very willing to share information, but it is your responsibility to make your needs known.

EMS Division Director Pam West RN, MSN, clarifies EMS policy in this recurring EMS Messenger column.

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Gene Weatherall
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For more details on the conference, call Lamar University at (409) 880-2233 or clip and mail this form to Lamar University, P. O. Box 10008, Beaumont, TX 77710.

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EMS Education in Far West Texas



Margarita Brown was recently recognized at the Texas EMS Conference '89 as one of the state's outstanding educators for her work on the EMS Skills Committee.

by Tom Ardrey

People have many reasons for becoming involved in EMS. Altruism seems to head the list. There is a great feeling of satisfaction gained from being able to help other people and being a contributor in the community in which one lives. Then too, there are those who have a feeling of responsibility, be it of ethical, moral, or religious origin. In another vein, there is the excitement of it all, the flashing lights and the drama of the quick response to the call for help.

A few weeks ago, I met a person who is in EMS education because she feels that prehospital emergency care is both exciting and challenging. It also gives her a strong feeling of accomplishment. In her words, she says, "EMS is an area where a good instructor can help individuals appreciate the joy of learning and then use their natural abilities and apply what they have learned to meet the challenge of helping someone else.

"This El Paso, Texas native became a registered nurse in 1963. Between that time and 1977, when she first became interested in prehospital emergency medical care, Margarita S. Brown, R.N., worked in almost all of the major hospital departments, OB, Pediatrics, Emergency, Medical and Surgical. This was very satisfying and provided Brown with an excellent sense of accomplishment.

In 1977, she and her husband, Bill, developed a privately operated BLS system to serve the rural areas of El Paso County. Margarita was in school nursing at that time, but husband and duty called and she became the ambulance systems EMS person. Many field emergency care people laughed at the idea of an R.N. working in the field. Brown realized that even though she was an R.N., she had to prove herself to the EMTs in the area.

The first thing that she did was enroll in an EMT Course at El Paso Community College. "Then," says Brown, "I prayed that the calls our ambulance service got would be something that we had already covered in the classes and

something that I could handle well." After a short period of time, going to EMT school and working aboard the ambulance, "I was hooked," says Brown.

However, education has always held a great fascination for Margarita Brown. After becoming an EMT in 1977, she received her B.S. in Social Psychology in 1979 and then an M.S. in Health Services Management in 1986. She is currently a Texas Registered Paramedic and the Instructor Coordinator for EMS Education at El Paso Community College.

She takes great pride in trying to help students understand the classroom work that is necessary to learn the skills of prehospital emergency care. Brown feels that it is the Instructor's responsibility to help the students to translate the printed word in the texts into the applied skills of emergency care. She recognizes the fact that many students, especially along the border, need help with language, reading, and study skills. She, herself, experienced this as a young girl. She feels, however, that she was fortunate in having a mother that instilled the importance of hard work and education in her life. "Now, it's my turn to give the same assistance and encouragement to others."

Today there are many attitudes toward the classroom instructor's role in education. As anyone who talks to this person very long would guess, M. Brown has her own attitudes. They are interesting and not necessarily mainstream. Brown deplors the instructional attitude that she believes is expressed by the statement, "I have spoken, therefore the students have learned."

Her belief is that the instructor has just as much of a responsibility to see that the students are learning the presented material as the student has to try to learn that same material. "It is," says Brown, "the instructor's job to teach. Quite possibly it is the instructor who has failed in his or her job when a student fails a course. Possibly, that instructor has not presented the lessons in a comprehen-

sible format or manner. Don't be afraid to try new approaches to teaching. Who knows? Maybe it'll work."

In addition to the classroom responsibilities, Brown feels that instructors must be good role models and says "If instructors are assigning homework, then by all means they should have their own homework done. Lessons plans should be complete and up-to-date and classes should start on time. Instructors should by all means dress appropriately. If an instructor doesn't have enough respect for his or her own job and position to dress cleanly, neatly, and appropriately, how can the students be expected to have any respect for the instructors, the material they're teaching and subsequently for themselves? Students gain experience from all of the many aspects of EMS training. They gain knowledge during extrication, and the various skills exercises, whether they pass the course or not. If they don't pass the course and they truly want to be EMTs, they'll be back, once they have strengthened their language and communication skills. But," says Brown, "We should make sure that they leave our classrooms with a feeling of some accomplishment and their self esteem intact!"

Back in 1977 when Margarita Brown first became a Registered EMT, she was asked by El Paso Community College to become an EMS instructor for that school. Between that time and 1982, when El Paso first offered Paramedic training to the general public, Brown worked almost continually to bring paramedic training to her community and to enhance EMS as a profession. Paramedic training was being offered before that time to Fire Department employees. However, that training was not open to others who had completed EMT training. She set about contacting all the necessary people, i.e., the local nurses, physicians, Fire Department officials, hospital administrators and department heads, and the officials at the school where she taught. Slowly she gained their support and cooperation and it all came together in 1982, when the first paramedic course was offered.

"El Paso is a truly cooperative community", says Brown. She feels that all the people that are necessary to run a paramedic program are very willing to work together to the common goal. "Frequently," says Brown, "I have almost all the qualified people I need to run the program, simply through those people calling and asking how they might help. We have great community spirit here in El Paso."

Some of El Paso's outstanding public spirited people she named are, Carlos Miranda, M.D., who is a board qualified surgeon and the Medical Director for the paramedic program; Paul Navar, M.D., Emergency Director at Sierra Medical Center; Marshal Dennis Mabry, M.D. one of the Emergency Department physicians at Sierra Medical Center; and Mike Wainscott, M.D. now at Southwestern Medical School at Dallas. "Then there are the Registered Nurses like Jill Field who is one of the coronary care nurses at Providence Hospital, and who is always ready to teach the cardiac portion of the course," said Brown.

As would be expected, Margarita Brown and El Paso Community College offer outreach programs to many of the surrounding rural communities. Training and equipment are generally available to any community in need. In addition to helping the rural communities, EMT training has been given to all the Communication

Division of the Juarez, Mexico, Police Department. Many of the training materials for the various levels of EMS have been translated into Spanish and are available for the asking. All the surrounding communities who need help for EMS training have to do is ask for help and they'll get it.

Since 1977, when Margarita Brown, R.N., first became interested in prehospital emergency medical care, El Paso Community College and EMS training as a whole in that area of our State has come a long way. Brown sees even more improvement for the future. Her goal is to integrate the paramedic training into the Associate Degree Program and subsequently, the Associate Program into a four year program, offering a degree in Emergency Medical Services Management. When asked what she would like to see happen in EMS education in the future, Brown quickly came up with five improvements she'd like to see occur. They are:

1. Standardization and continuity of training based on what is best for the patients. For EMTs to act as professionals, they need the education background that allows for sound judgements and problem solving. EMTs also need the support, recognition, and compensation of a true professional.

2. Quality educators are a must! The formalized instructor certification course is a beginning; but it should be used wisely. Instructors in some of the rural area may not know the "educational terminology" for the methods they are now using, but many use program development and adult teaching principles very well. We need to insure that the instructor-coordinators' course helps these rural instructors to grow and does not end by cutting them out of the program entirely. Many areas such as El Paso need more and more full-time educators.

3. Four year degree programs in health service management for EMS personnel.

4. Money for maintenance of college ambulances. They are a great teaching tool.

5. BTLs, ATLS, PHTLS, and PALS courses locally.

With the dedication and determination that this educator has, along with the community spirit and cooperation of the medical community in El Paso, Texas, I believe that these goals will be accomplished. I also believe that Margarita S. Brown, R.N. is definitely one of the many "everyday heroes" of EMS.

Tom Ardrey is on staff with the Bureau's Public Information Program. If you have an "Everyday Hero" for Tom to interview call him at (512) 458-7550.

Researching and construction of test questions will enhance the validity of the paramedic exam. Learn how in these two articles. By Debra Bradford

A Call For Paramedic Questions

The Education Program is in the process of identifying content areas and DOT knowledge objectives within each paramedic subscale where additional exam questions could be utilized. We are asking for your help in writing and submitting questions pertaining to the identified DOT knowledge objectives listed below. Our goal is to increase our databank with quality multiple-choice, referenced test items in certain content areas. As some of you know, the vast majority of the present databank exam questions were written by working EMS professionals within the regions. This ongoing process of improving the quality of our state exams is greatly dependent on your input.

Identified Content Areas and DOT Knowledge Objectives to base your questions on:

Subscale	Content areas	DOT Obj. #
Subscale II Trauma		
DOT Division 3, Section 1	- Assessment and management of spinal injuries	3.1.90
DOT Division 3, Section 2	- Management of 3rd degree burns	3.2.12
Subscale III Cardiovascular		
DOT Division 4, Section 2	- Patient situations with lead II ECG tracings and treatment of dysrhythmias. We have adequate items pertaining to V-fibs, V-tach, and asystole	4.2.51
Subscale IV Medical		
DOT Division 4, Section 3	- Management of hypoglycemic and ketoacidotic patients who are unconscious	4.3.30, .31
DOT Division 4, Section 5	- History and management of acute abdominal pain	4.5.12, .15
DOT Division 4, Section 7	- Management of emergencies stemming from: hallucinogens, PCP, cocaine, marijuana, amphetamines, acute alcohol overdose	4.7.19, .21
DOT Division 4, Section 8	- Management of and EMT safety precautions with: tuberculosis, hepatitis, meningitis, AIDS, mumps, chicken pox, measles	4.8.39,.40,.45,.46, .53,.54,.72,.73,.89,.90
DOT Division 4, Section 9	- Management of heat stroke, severe hypothermia and near-drowning	4.9.19, .28, .39, .40
Subscale V OB/GYN, Pedi, Geriatric and Behavioral		
DOT Division 5, Section 1	- Assessment and management of postpartum hemorrhage	5.1.38-.40
	- Assessment and management of distressed infant	5.1.48-.52,.55-.57
DOT Division 4, Section 11	- Management of the following pediatric conditions: dehydration, suspected meningitis, septicemia and Reyes Syndrome	4.11.19-.22
DOT Division 4, Section 10	- Management of neurological disorders commonly in the elderly: dementia, delirium, Alzheimer's Disease, stroke/TIA, and adverse affects of drugs	4.10.14,.17,.19-.21
	- Assessment and management of cardiovascular conditions common in elderly	4.10.22-.24
	- Assessment and management of respiratory distress and COPD in elderly	4.10.30-.34
	- General management of the cancer patient	4.10.38
	- Hypothermia and hyperthermia in elderly	4.10.53-.54
	- Common adverse drug reactions and toxicity in elderly	4.10.62-.70
DOT Division 6, Section 1	- Restraining and transporting a patient forcibly	6.1.22

To give a better idea of the kind of questions we need and how to go about this, below is a list of guidelines. Our suggestions are meant to be helpful, certainly not to hinder your willingness to submit questions.

1. Emphasize advanced treatment beyond the basic EMT level. We are striving for a goal of approximately 80% of paramedic exam items to focus on advanced treatment.
2. Concentrate on patient situations which describe signs/symptoms, history, and actual vital signs. After describing the scenario, have the question ask for the correct management or treatment indicated for the patient. Using this type of question allows for analysis, problem solving and decision making, instead of simple identification of the patient disorder. (An idea for coming up with realistic patient situations, might be to extract from actual run sheets, of course not revealing the patient's identity.)

Example of Patient Scenario Question

You respond to a call from the husband of a 35-year-old woman who is 8 1/2 months pregnant. The patient denies having any pain, however she experiencing bright red vaginal bleeding. The patient's vital signs are: BP 100/70, pulse 90, respirations 16. Which of the following would be the most appropriate management in addition to providing minimal on-scene time and rapid transport?

- a. IV of D5/W, O2 with nasal cannula at 2L/MIN, and patient in position of comfort
- b. IV of RL, O2 with partial rebreathing mask, and carefully perform a vaginal examination
- c. IV of NS with 10 units Oxytocin (Pitocin), O2 with simple face mask at 4L/MIN, and patient in supine position
- d. IV of NS, O2 with nonrebreathing mask, and patient in left lateral recumbent position

EMS Test Item Format Paramedic Level

Knowledge Objective: (Include identifying number)

Text(s) Referenced:

Text Name	Edition #	Page(s) Referenced
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Correct Answer

Item Submitted

Submit your test items to EMS Education Program, 1100 West 49th Street, Austin, Texas 78756-3199.

3. It would be very helpful to first read over the actual DOT knowledge objective (s) you are going to write about. The DOT National Standard Curriculum Course Guide (1985) provides a more complete description of the content needed than the listing of topics provided.
4. Reference the question with at least two sources of the six that are listed below, and note the knowledge objective # corresponding to the question. This process is very important, because we cannot use the question unless the answer can be referenced. The page number(s) where the exact answer can be located must be listed.

Emergency Care in the Streets by Caroline (3rd Edition)

DOT Manual for the Paramedic in the Field - 1983 or DOT National Standard Curriculum Course Guide -1985

Emergency Care, Principles and Practices for the EMT-P by Gazzaniga (2nd Edition)

Emergency Cardiac Care by Huszar, 2nd Edition.

Prehospital Care and Crisis Intervention by Hafer & Karen, (3rd Edition)

AAOS Emergency Care and Transportation of the Sick and Injured by AAOS (4th Edition)

5. Do not copy questions from published textbooks. However, if you change a question substantially, it is considered original. (Note: Substantial does not mean editing or grammatical changes.)
6. Study guides provide good content ideas for question writing. Write the questions in multiple-choice format with 4 or 5 choices. Refer to the "Tips on Writing Multiple-Choice Items" article.
7. The following format provides a suggested guideline for submitting questions. It is not mandatory that you use this exact format. Again, our objective is to receive quality multiple-choice, referenced questions pertaining to the listed content areas.

*Debbie Bradford, who has a MSHP in allied health education, taught at Southwest Texas State University's School of Health Professions for 10 years. She is a Registered Respiratory Therapist and wrote **Pressure Cycled Ventilators** which was published by Prentice-Hall in 1985.*

Writing a multiple-choice question takes time and attention to detail. Constructing plausible incorrect options is a challenge that requires a working knowledge of the topic and skill in item writing. Although writing multiple-choice items is time consuming, some advantages of using multiple-choice items are that they are purely objective, can be designed to test a variety of learning principles, are more reliable, and reduce guessing.

Learning how to write a multiple choice item begins with looking at the anatomy of the question. The stem states the question, problem or scenario. The alternatives or options consist of the correct answer and several incorrect choices. The incorrect alternatives are called distractors.

Tips For Writing Multiple-Choice Items

1. Direct the multiple-choice item towards a specific knowledge objective. Avoid testing trivial information, and make sure the content being tested is worthwhile.
2. Keep the sentence structure, language and punctuation clear.

POOR example: In Texas, the season of the year in which records indicate maximum statistical occurrence of hurricanes is:

- | | |
|----------------|--------------|
| a. summer | c. midwinter |
| b. late winter | d. spring |

IMPROVED example: In Texas, hurricanes are most likely to occur in:

- | | |
|----------------|--------------|
| a. summer | c. midwinter |
| b. late winter | d. spring |

3. The correct answer should be one that can be referenced with current textbooks. Use four or five alternatives or options in each item. Use only one best answer.
4. Put as much of the important information in the stem as possible. Make the alternatives as short and concise as possible.

POOR example: **The Yearling**.*

- | |
|--|
| a. is a story of the Ozark foothills |
| b. describes life in Washington timber country |
| c. has as its setting the Allegheny Mountains |
| d. has the Florida scrub as its locale |

IMPROVED example: The locale of **The Yearling** is the:*

- | |
|------------------------------|
| a. Ozark foothills |
| b. Washington timber country |
| c. Allegheny Mountains |
| d. Florida scrub |

POOR example: Milk can be pasteurized at home by:*

- | |
|---------------------------------------|
| a. heating it to a temperature of 130 |
| b. heating it to a temperature of 145 |
| c. etc. |

IMPROVED example: Milk can be pasteurized at home by heating it to a temperature of:*

- | |
|---------|
| a. 130 |
| b. 145 |
| c. etc. |

5. Incorrect alternatives or distractors should be superficially reasonable. In other words, the distractors should be attractive to students who do not know the information. If the distractors are completely unrelated to the problem, the student may choose the only related option (the correct answer) even if they do not know the answer.

POOR example: The vessel that carries oxygenated blood from the heart to the body is the:*

- | | |
|---------------------|--------------------|
| a. trapezius muscle | c. patella tendon |
| b. forebrain | d. ascending aorta |

IMPROVED example: The vessel that carries oxygenated blood from the heart to the body is called the:*

- a. vena cava
- b. pulmonary artery
- c. femoral artery
- d. ascending aorta

6. Alternatives should all be consistent in appearance. Avoid making the correct answer the most detailed and longest.

POOR example: The boiling point of water is:*

- a. 424 degrees F
- b. 282 degrees F
- c. 212 degrees F at sea level, in an open container
- d. 98 degrees F

IMPROVED example: The boiling point of water at sea level, in an open container is:*

- a. 424 degrees F
- b. 282 degrees F
- c. 212 degrees F
- d. 98 degrees F

7. Avoid grammatical inconsistencies. Each alternative must grammatically fit the stem ending. Reread the stem with each alternative to make sure it reads smoothly and correctly. Avoid using "a" or "an" as the last word in the stem.

POOR example: A steel ball and a ball of cotton would fall at the same speed in a:*

- | | |
|---------------|--------------|
| a. atmosphere | c. any fluid |
| b. vacuum | d. gases |

Because alternatives a, c, and d are grammatically incorrect, the correct answer is a give-away.

8. Use negatives sparingly. Capitalize or underline them when they are used. Never use a double negative in a test item (negative in the stem and in an option).
9. Arrange alternatives in a logical or numerical order (either ascending or descending). This practice makes it easier for the student to locate his choice. Example: 2, 4, 6 and 8; or 8, 6, 4, and 2.

10. The alternatives should be independent and not overlap with one another.

POOR example: Approximately what percentage of the population of Texas lives in Austin?

- a. less than 30%
- b. less than 40%
- c. more than 40%
- d. more than 60%

IMPROVED example: Approximately what percentage of the population of Texas lives in Austin?

- a. less than 30%
- b. between 30% and 40%
- c. between 40% and 60%
- d. more than 60%

11. Scatter the position of the correct answers. For example, avoid setting a pattern for the most common answer being "b".
12. Do not allow one item to supply the answer to another item on the exam.
13. Avoid using "all, always and never" because they are usually incorrect. Avoid using "maybe, sometimes and usually" because they are usually correct.
14. Reread the entire item to see if it really needs all of the information and the words included.

* Examples taken from: **Improving the Classroom Test** by Sherman N. Tinkelman, The University of the State of New York, State Education Department Bureau of Test Development, Albany: 1964.; and **Test Construction for Training and Development** by Charles C. Denova, American Society for Training and Development. Madison, WI. 1979.

Other references:

Preparing Criterion-Referenced Tests for Classroom Instruction by Norman E. Gronlund. New York: Macmillan, 1973.

Educational Measurement by Robert L. Thorndike. Washington: American Council on Education, 1971 (2nd Edition)

Emergency Medical Services Instructor Training Programs - A National Standard Curriculum - Instructor Lesson Plans (1st Edition). US DOT, 1986.

AROUND THE STATE

December 2, 1989, EMS Update, Galveston, contact Doug Stevenson (713)748-8840 or Pat Crutsinger (512)258-4051.

December 4 & 5, 1989, International Conference of Emergency Medical Dispatch, Orlando, Florida, featuring Henry Heimlich, M.D. Preconference activities include Systems Approach to Medical Priority Dispatch, an administrators course. Call (801)363-9127 for information.

December 8, 1989 Texas EMS Advisory Committee, quarterly public meeting in Austin, Contact Harold Broadbent, Bureau of Emergency Management (512) 458-7550.

FOR SALE: Defibrillators and battery support system. Two Liteguard 9 defibrillators made by Marquette Electronics. Seven batteries, external power pack, battery support system, all accessories. \$5500 for each defibrillator; \$700 for the battery support system; \$9750 for everything. Call Bob Knowles (409)982-4357.

FOR SALE: 1979 Chevrolet Van, good condition, 55,000 miles; BLS equipped, extra equipment included. Call Betty Weaver, Rusk, Texas, (214)683-4760.

FOR SALE: EMT-I Equipment: coordinator discontinued EMT-I level training; 2 IV training hands (NEW); intubation supplies; 1 infant B-V-M-/AMBU (NEW); shock trousers - 3 gauge; intubation head. Also, First Responder Automatic Defibrillators, demonstrator models, factory refurbished like new with factory warranty. Good Price. For details contact Clo Haney (713) 922-1108 after 6pm or write P.O. Box 750878, Houston, Texas 77275-0878.

FOR SALE: 1981 Ford 350, Type I Ambulance. \$7500. Call (713)576-5820 or 576-5710.

EQUIPMENT NEEDED: South Anderson County Volunteer Emergency Corps is looking for the following items free or at a reasonable price: Portable two-way radios; bunker gear; light bars; voice pager. If you can help, please contact Randy McCoy, Elkhart, Tx (214) 764-5566.

FOR SALE: Two person kickdown stretchers; two person multilevel stretchers; rotating lights; Welen Mod 8 and Twinsonic parts; Federal sirens; CPR boards; 12 volt radio power supply; 1978-1981 Type II & III ambulances. Contact Mike Harmon, LifeLine EMS at (817)322-1506.

EMT-SS/Paramedic: Texas Department of Corrections is hiring EMTs with Special Skills, Choice of location in Texas, excellent benefits, \$1622/month. Requires Texas certification as EMT-I/Paramedic or TDC certification as EMT. Prefer experience. Contact Texas Department of Corrections, P.O. Box 99, Personnel Annex, Huntsville, Texas 77342 or call (409) 294-2755.

Paramedic Instructor: The University of Texas Southwestern Medical Center has an opening for full time paramedic faculty. PA or RN registration required. Minimum salary \$25,000. Send CV to Debra Cason, Department of Internal Medicine, 5323 Harry Hines, Dallas, Texas 75235-9030 or call (214)688-3131. The University of Texas Southwestern Medical Center is an equal opportunity employer.

Paramedics: Offshore, 28 days on, 14 off. \$795 week. Send resume to Offshore Pipelines, Inc., Attn: John Brady, 14035 Industrial Road, Houston, 77015. No calls please.

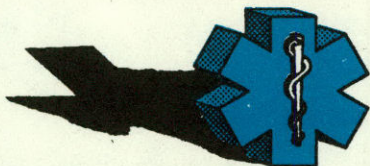
Paramedics, EMT-I: LifeLine EMS accepting applications. Prefer ACLS. Send resumes to Charles Grady, LifeLine EMS, P.O. Box 2160, Wichita Falls, Texas 76301.

EMTs: Applications being accepted for EMT, Intermediate, Paramedic for West Texas Ambulance Service with Alpine and Monahans Divisions. Send resume to WTAS, P.O. Box 338, Alpine, Texas 79831.

Paramedic: To work in rural west Texas. Must hold Texas certification, prefer field experience. Send resume and salary requirements to Terrell County EMS, P.O. Box 75, Sanderson, Texas 79848.

EMS Administrator: Experience preferred; salary commensurate with experience; full benefit package; only mature responsible individuals need apply. Send resume by December 11, 1989 to Cook County Judge, Cook County Courthouse, Gainesville, Texas 76240. (817)668-5435.

Paramedics: to staff offshore drilling and production facilities in the Gulf of Mexico. Two years experience as paramedic, National Registry, ACLS certification, and basic computer skills required. Must be available to come to Port Arthur, Texas for interview. Shifts will be seven on - seven off or fourteen on - fourteen off. Send resume to Medic Systems, P.O. Box 3184, Port Arthur, Texas 77642.



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