

AAMS

A Strategic Glimpse of AAMS

As board chair, I would like to reach out to all AAMS members and thank you for your continued support. Each summer, our board convenes an in-person meeting for a Strategic Plan update. The plan consists of 4 principal tasks: advocacy, education and information programs, chapter and community involvement, and membership and member services. Each year, the staff reviews the items under their purview and goals are identified, after which the updated Strategic Plan is formally presented to the board. I would like to thank the staff for their efforts in creating a living and changing document. Strategic plans often end up on a shelf and are never looked at again. AAMS works hard to use this active plan to guide decision-making as we continue to grow and evolve.

- **Advocacy** is split into government relations, public education, and media relations. These subtasks are used to promote the importance and value of our industry. AAMS strives to be the industry's Voice in Washington by maintaining relationships with members of Congress and monitoring relevant legislation. Communicating with the members and the public is done in various forms, such as our newly redesigned AAMS and MedEvac Foundation websites; our weekly member newsletter, News on the Fly; timely messages from the CEO; and the distribution of relevant press releases, just to name a few. Moving forward, you will all be receiving notes from the board chair after each in-person board meeting to keep you up to date on the activity of AAMS' leadership.
- **Education and Information Programs** consist of world class programs such as AMTC, Medical Transport Leadership Institute (MTLI), Safety Management Training Academy (SMTA), as well as developing new programs for the industry. AAMS is continuing its support of the AAMS Vision Zero initiative, and we're working on a new Website to support the program.
- **Chapter and Community Involvement** are happening in many active AAMS chapters at both state and regional levels. The AAMS board and staff are looking to do more to support those by developing formalized partnerships through which we can help each other with industry goals and objectives. We have a broad variety of very active committees,

sections, and special interest groups that continue to grow and serve our community. AAMS is also committed to working in conjunction with international organizations such as Aeromedical Society of Australasia (ASA), European HEMS & Air Ambulance Committee (EHAC), and Society of Aeromedicine Malaysia (SAMB) in the provision of medical transport worldwide.

- **Membership and Members Services** consists of providing a simple and straightforward membership and dues structure, as well as increased member benefits. We have recently introduced a new discounted shipping service, PartnerShip, as a member benefit. AAMS has also moved to a new association management software that will help the staff keep better member records and provide better information to the membership. A member portal is in the works where members will be able to communicate each one another, access member-only documents, join committees, and update their contact information. We also continue to support the Community Awards at AMTC with the help of our generous sponsors.

For the past 2 years, we have held a strategic June meeting in Denver to coincide with the Air Medical Memorial. Both AAMS and the Foundation board members attended the service. As always, it was a beautiful, personal, and well-organized means for us to remember and honor our fallen colleagues. Special thanks to Mark Mennie and his team for the Memorial Lights ceremony, a striking visual remembrance of those lost. I strongly encourage others to attend the Air Medical Memorial service and National EMS Memorial events next year.

AAMS CEO Rick Sherlock, the AAMS board, and I very much look forward to seeing many of you at the 2014 Air Medical Transport Conference in Nashville! The AMTC hasn't been back in Nashville since the late 1990s, and I'm excited about the many changes to Music City USA since we last convened there in 1999. We'll see you at the newly built Music City Center in the heart of downtown Nashville, site of almost all AMTC-related events and activities.

Also of note, AAMS will be swearing in our newly elected board members during our annual membership meeting in Nashville. Please join me in welcoming the following fine group of industry professionals:

- **Region 3 Director, Ted Ryan, MBA, RN, EMT-P**
Ted, a first-time AAMS board member, is the system director at Ministry Spirit Medical Transportation in Central, WI.
- **Region 4 Director, Deborah Boudreaux, MSN, RN, CCRN, C-NPT, LP, CMTE**
Debbie, also a first-time board member, is the program director at Teddy Bear Transport in Fort Worth, TX.
- **Region 5 Director, Doug Garretson, EMT-P, NREMT-P, CMTE**
Doug was appointed in June 2013 to the board and was re-elected as the Region 5 Director. He is the president and CEO for the Center for Emergency Medicine of Western PA, Inc. /STAT MedEvac.

- **At-Large Director, Christopher Hall, FP-C, CMTE**
Chris, a first-time AAMS board member, is the business operations manager for government affairs & industry relations at PHI Air Medical LLC.
- **At-Large Director, Russell MacDonald, MD, MPH, FRCPC**
Russell is the medical director at Ornge Transport Medicine in Mississauga, ON, Canada, and is also an associate professor in the Faculty of Medicine at the University of Toronto in Toronto.

Please feel free to reach out to me, Rick, or any other board member with your suggestions, questions, or comments. Again, thank you for your continued support of AAMS!

Martin Arkus, Chairman

AMPA

The Distance Runner Without a Watch

As we started eighth grade, my best friend Jerry convinced me to run cross country instead of playing football. Jerry had run cross country in seventh grade, and he was fast. I knew this because he told me, all the time. I had no idea if I would be any good at cross country. I didn't know the first thing about the sport, but the thought of another year of football—of getting repeatedly tackled by guys who weighed twice as much as I did at the time—convinced me to give cross country a shot. It would turn out to be a good call.

In the 2 weeks leading up to the first practice, I decided to do some training so that I wouldn't embarrass myself. I just went out and ran: through the woods, on the roads, and mostly at the golf course where I worked. I didn't own a watch nor actual running shoes. I didn't know how fast I was running or how far; I just went until I got tired. I had absolutely no idea if I was terrible or pretty fast.

I showed up to that first practice in my high-top sneakers and nearly got laughed off the course. (Jerry was laughing hardest of all.) But still, that turned out to be a good day because, for the first time, I began to be able to measure my performance. I still didn't have a watch, but when the coach sent the team out on a 3-mile run, I finished at least a minute before Jerry or anybody else.

Soon, equipped with actual running shoes, an Ironman watch, and (with the help of my parents) several measured running courses starting from my house, I became more adept at measuring my performance. I could easily measure myself against myself and against my teammates. On the other hand, where I stood compared to runners on teams from other schools around the region was completely mysterious to me. A total black box. I hadn't even begun to consider how I might compare to runners from different parts of the state, the country, or the world.

Our first actual race is a day I'll never forget. I'd been faster than everybody on the team in practice thus far, but I pretty much assumed that Jerry had been holding back on me and

was capable of blowing me away in actual competition. That didn't turn out to be the case. I won that race by a good margin, despite falling down when I got clotheslined (by a literal clothesline some prankster had strung across the course!). Now, I started to get hungry to measure my performance against a lot more people.

Of course, as more races happened, it didn't take me long to learn that there were quite a few guys out there faster than I was. I was frustrated that I had no idea how they *got* faster than me, nor what I could do to get faster. I asked my coach. He was a great guy, but he was a social studies teacher and a basketball coach whose knowledge of distance running was pretty limited. Pretty much all our practices were the same—we'd go out and run the same 3-mile course and call it a day. So when I asked him, he wasn't able to give me much help.

Then one day my phys ed teacher handed me a copy of *Runner's World* magazine after class, saying that he thought I might enjoy it. After devouring several issues, everything became crystal clear. I knew exactly how fast the best runners in the world could complete each distance, both on the cross country course and on the track, from high school all the way up through the professionals. Even better, there was article after article describing exactly how these world-class runners *got* that fast. I realized that it wasn't rocket science. I could do some of the same training techniques they used. Of course that didn't guarantee that I'd become world-class, but it *did* pretty much guarantee that I'd at least get better.

Our patients don't know it, but when you really strip away all our great PR and outreach, we in critical care transport medicine (CCTM) are, with regard to our ability to measure our team's performance in relation to our peers, in a situation not unlike my predicament prior to seeing that first copy of *Runner's World*. For the most part, we measure ourselves only against ourselves and our teammates, using metrics that we assume are important with definitions that make sense to us, but we have no basis for comparison against other teams

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