HUDSON VALLEY REGIONAL MEDICAL ADVISORY COMMITTEE

MEDICAL CONTROL SHADOW PROGRAM POLICIES AND PROCEDURES

SECTION 1: Purpose

Over the past several years, ALS providers requested alternative methods for completing the Medical Control Contact Hour (MCCH) component of their regional credentialing requirements.

One resolution is to schedule a number of hours to “shadow” a Medical Control Practitioner during a regular Emergency Department shift. This idea was first trialed at various Emergency Departments throughout the region on an individual request basis. The HVREMSCO received positive reviews from both the medical control practitioner and the EMS providers involved in this process.

Expounding on this concept, the HVREMAC has approved the enclosed addendum to the Regional Credentialing and Continuing Medical Education Policies and Procedures.

The goal of this addendum is two-fold. First, it is intended to allow for an alternative method for providers to fulfill their medical control contact requirement. Second, it is intended to encourage interaction between medical control practitioners and EMS providers. This interaction continues to be a primary goal of the HVREMAC; and is the intention behind requiring medical control contact hours.

The HVREMAC reserves the right to deny an application or revoke the privilege of this program at anytime for any reason.

SECTION 2: Eligibility

1. Agency Eligibility:
    A. Any ambulance service authorized by the HVREMAC to provide Advanced Life Support Services may apply to participate in this program.

    B. Applicants must submit a written request for program participation to the HVREMAC for consideration. All applications must be signed by an authorized representative of the applying service, must affirm compliance to these guidelines, and must verify the agency's willingness to meet the following requirements:

        i. Designate an agency representative to coordinate, schedule, and oversee participating EMS providers;

        ii. Develop an agreement with a facility meeting the requirements outlined in Section 9 of the HVREMSCO Medical Control Plan to allow EMS providers to shadow a HVREMAC credentialed medical control practitioner (physician, physicians assistant, and nurse practitioner);

        iii. Provide documentation of all personnel's completed shadowing rotations to the HVREMAC during the CME verification process.

2. Provider Eligibility:
    A. Providers participating in this program must meet the following requirements.

    B. Advanced Life Support provider as defined in Section 4 of the HVREMSCO Medical Control Plan;

    C. Maintain an affiliation with an agency that has been approved to participate in the program;

    D. Maintain HVREMAC credentials and maintain good standing.

3. Medical Control Practitioner Eligibility:
    A. Any practitioner meeting the requirements outlined in Sections 12 and 14 of the HVREMSCO Medical Control Plan may participate in this program.

4. Facility Eligibility:
    A. Any facility meeting the requirements outlined in Section 9 of the HVREMSCO Medical Control Plan can be utilized for this program.

SECTION 3: Program Guidelines

The medical control shadow rotation affords the EMS provider the opportunity to experience how the Emergency Department operates, to witness the continuation of care, and most importantly, to have interaction with medical control practitioners.

The primary goal of the shadow program is to facilitate interaction between EMS personnel and medical control practitioners. ***EMS providers are not to perform skills***. Instead, EMS providers should observe the roles of Medical Control Practitioners.

Credit will be awarded on an hour for hour basis up to a maximum of eight (8) medical control contact credits per regional continuing medical education cycle.

Violation of these guidelines may result in suspension of program participation, termination of program participation and/or disqualification of any MCCH allotment earned through the program.

Responsibilities of the EMS provider during the Shadow Rotation:

1. The EMS provider must report directly to the Emergency Department upon arrival at the hospital. EMS providers are only to report on the date and at the time assigned by the agency coordinator;
2. EMS providers must report on time and comply with the established dress code (enclosed);
3. Prior to the conclusion of the Shadow Program rotation, the provider must complete *no less than one completed patient profile form (enclosed) for each hour of the Shadow Program rotation* and submit all forms to their agency designated representative for inclusion in to the provider's MCCH file;
4. *A HVREMSCO MCCH verification form must be completed for the rotation and must be signed by the medical control practitioner*. A copy of this form must be submitted to the agency designated coordinator for inclusion in to the provider's HVREMSCO Credentialing file;
5. The EMS provider will strictly adhere to all hospital policies regarding conduct, access control, and patient privacy;

6. EMS providers should observe how patients are received, triaged, and treated in the Emergency Department setting while interacting directly with Medical Control Practitioners;

7. At no time should the EMS provider be responsible for patient care. ***EMS providers are not to perform skills.*** Instead, EMS providers should observe the roles of Medical Control Practitioners.

8. Medical control practitioners, facility administration, HVREMSCO staff and agency representatives reserve the right to remove the participant from the shadow program at any time for violation of the program guidelines.

Responsibilities of Medical Control during the Shadow Rotation:

1. Provide a safe and effective learning environment;

2. Provide direct supervision of the EMS provider;

3. Provide explanation regarding equipment used in the Emergency Department;

4. Involve EMS providers in the evaluation and treatment decisions employed when receiving patients presenting to the Emergency Department;

5. Discuss relevant factors regarding pre-hospital care interventions and explain the Emergency Department's role in the continuum of care;

6. Provide authorized signature at completion of the rotation.

SECTION 4: Learning Objectives

Participants in the shadow program will:

Observe and understand in-hospital assessments and management of a variety of patient presentations including, but not limited to:

- Abdominal Pain
- Altered Mental Status
- Behavioral Emergencies
- Cardiovascular Emergencies
- Endocrine Emergencies
- Environmental Emergencies
- Fracture Reduction and Post Care
- Geriatric Emergencies
- Hypoperfusion
- Metabolic Disorders
- Misc. Trauma Emergencies
- Misc. Medical Emergencies
- Pain Management
- Respiratory Emergencies
- Toxicological Emergencies
- Traumatic Injuries

It is understood that participants in this program may not have the opportunity to see all of these presentations.

Participants should also observe how Medical Control must function in the following areas:

- Charting
- Communications
- Diplomacy
- Empathy and Patient Advocacy
- Provision of On-line Medical Control
- Time Management
- Supervision of Health Care Providers

SECTION 5: Provider Dress Code

Professional attire and conduct is a must. The provider dress code will be strictly followed or the EMS provider will be dismissed from the rotation site.

- No jeans
- No sneakers
- No excessive jewelry (not more than two earrings, no facial jewelry)
- All clothing shall be neat, clean, and well pressed
- Button up shirt
- Hands must be neat and clean. Fingernails should be trimmed.
- Hair must be clean, neatly combed, and of a natural color.
- Dress pants or skirts (no shorter than 1 inch above the knees)
- HVREMSCO credential card present (on person)
- ID tag if provided by agency or facility
- Excessive perfume / cologne should be avoided

Alternative Dress Code:

EMS providers may wear duty uniforms if permitted by their agency and the facility.

FORM: Medical Control Shadow Program Patient Profile

Provider Name: _____ MAC #: _____

Rotation Site: _____ Date: _____

Medical Control Practitioner: _____

Demographic Data:	**PMHX & HPI:**
Age:	
Chief Complaint:	
Male ❒ Female ❒ Pediatric ❒	
Signs & Symptoms:	
Assessment Notes:	
Additional Findings:	
Treatments Given:	

APPENDIX 1:

CONSIDERATIONS WHEN PLANNING EDUCATIONAL CONTENT FOR ANY CONTINUING MEDICAL EDUCATION

SECTION 1: Purpose

At the heart of any successful EMS System are all of the EMS Providers that are involved in providing patient care, whether that is a Certified First Responder at the scene of an accident or the Emergency Physician or Nurse in the hospital where the patient will be treated. For those in the pre-hospital environment, the two key components responsible for their competency are the:

1. Quality of the NYS DOH Certification programs they complete and the,
2. Quality and relevance of the Continuing Medical Education (CME) programs they attend.

Aside from the initial certification programs EMS Providers attend, an increasing number of providers seek to achieve their mandatory three-year (3) re-certification requirement through a NYS DOH Bureau of EMS CME option. This option contains mandatory core hours that may only be taught / approved by a NYS Certified Instructor Coordinator (CIC), and other non-core hours that may be taught by other appropriately qualified practitioners.

There are also additional Physician & Medical Control requirements for Advanced Life Support (ALS) Providers that must be maintained each year for them to achieve the credentialing required by the HVREMAC to practice at their respective level of care. In the Hudson Valley Region, the specific type of CME ALS providers require is either Physician Contact Hours (PCH) or Medical Control Contact Hours (MCCH).

When we use the term "CME" colloquially, we can be talking about it being used for NYS Certification, or HVREMSCO Credentialing. This is a very important distinction to be aware of, since CME has now transitioned from an amenity offered by local hospitals for EMS, often as a marketing tool, to a mandatory educational component for the EMS Provider to continue to practice. Any agency that offers CME must understand this, and that the NYS DOH or the HVREMSCO has jurisdiction over whether the CME an agency is offering is acceptable for meeting credentialing requirements for either the purposes of the NYS DOH or the HVREMSCO.

With that in mind, the HVREMSCO wants to provide information to any Agency offering CME for EMS Providers, so that they can ***provide high-quality usable*** CME content for the intended audience. We hope that this will help to avoid some potential pitfalls that can have negative ramifications for both the Agency offering the CME or for the EMS Provider attending.

SECTION 2: Content Requirements

When planning for the content to be offered in a CME session, organizers should consult with both the HVREMSCO and the NYS DOH BEMS websites to see what categories of CME EMS providers are required to attend for their recertification or their credentialing. **With proper planning, many EMS providers may be able to use the CME sessions offered for both their NYS DOH Re-Certification, and for HVREMSCO Credentialing.**

Please note: When reviewing the CME content for a NYS DOH BEMS re-certification program you will note that it is divided into the following:

- **CORE Content:** This is very specific content in a number of designated categories, and must be under the oversight of a NYS Certified Instructor Coordinator (CIC). While the CIC may not have to actually provide the lecture themselves, they are to ensure that the content conforms to the NYS DOH specifications, and that the duration (hours) of the presentation has been verified. If the content or the hours are not appropriate, or the CME was not under the CIC oversight, ***it may not count!*** That might mean that an EMS Provider does not have the necessary content to qualify for re-certification or NYS funding.

- **NON-CORE Content**. When an agency conducts presentations classified as "Non-Core" there is an almost limitless array of possible content topics, without the financial or oversight issues associated with "CORE" content. Consulting the NYS DOH BEMS website can help to identify some general content areas in which an agency may want to plan their presentations.

Is your planned content appropriate for the EMS personnel attending?

Content offered must be reviewed for appropriateness for the level of audience attending. Here is a very common example scenario encountered by EMS Providers attending some scheduled CME sessions: Often Physicians have voluntarily offered CME sessions, but in a number of these sessions they have used pre-existing "canned" lectures. Unfortunately many of these have content initially designed for physicians or other clinicians above the educational level of our EMS Providers. Some of these sessions were on the fringe of the EMS Provider's level of comprehension, but many went well beyond. Regrettably, they were not considered an appropriate level of content for the EMS Provider.

CME offered without factoring these considerations, may be of good intent, but will not truly address the needs of the EMS providers. We want to make sure that both the Agency offering the CME and the EMS provider that require it both benefit.

A final word about content:

Often a hospital may need to offer specific CME sessions to support a special designation or service they offer, such as being a *Stroke Center*. This requires the hospital to offer two (2) CME sessions a year to the EMS Providers on the subject of stroke. When you realize that there are at least ten (10) hospitals in the HVREMSCO area with that designation (*so the potential for 20 Stroke CME presentations*), plus at least another ten (10) in adjacent regions, you can see how the EMS Providers may become saturated with that one topic. While the Hospital may meet their NYS DOH requirement, the EMS Providers cannot use most of the repeated Stroke CME presentations. Varying the time (day versus evening) may distribute these repeated content CME presentations to a more broad-based cross section of the EMS providers, and result in less repetition in a traditional CME time slot.

SECTION 3: Timeframes

Organizers may find it difficult to accurately assess how long it will take to deliver the content of the CME they are offering, especially when allowing for questions and comments from their audience.

Some CME sessions are fairly accurate in hours, and a few have even gone longer than anticipated. ***However, most have not only run shorter, but have been approximately 50% (or more) shorter than the announced duration.*** In such cases, attendees are given two (2) hours of CME for a session lasting only one (1) hour. The organizer providing the CME may feel the audience is pleased that they are getting out early, and they may be right. ***However, providing an approval form that awards two (2) hours of attendance when only one (1) has taken place is fraudulent.***

Since some EMS Providers are enrolled in a New York State DOH Recertification Program, with clearly defined content requirements and minimum hourly requirements, they are subject to review and audit. The auditing can be from the NYS DOH and/or the NYS Office of the Comptroller, especially since state funds are often involved in the

student's recertification. Fraudulent time sheets for CME sessions can result in a number of penalties, and may include loss of certification by the provider who knowingly submits the fraudulent CME time sheet, and suspension or revocation of a Course Sponsor if they were at all complicit in the offering, submission, or oversight.

Thus, efforts must be made to both content and time frame, for CME offerings, in a more realistic manner. Here are some suggestions that might help:

- **Modularize the content**. Breaking content down into sub-sections and planning the essential information to be the first modules to be delivered will insure that the key components are covered in the session. Developing a few smaller modules of "enhancement" material, will allow for their introduction if the essential information is delivered quicker than anticipated, so that the CME session meets the time frames planned. In this manner, no essential information will be left out, and if there is not enough time to introduce the "enhanced" material there will be no educational content compromised.

- **Pre-Plan a Scenario or series of questions.** Based upon your presentation content, you may want to plan out a mock scenario to use on the attendees to see if they can "tie it all together". Do they understand the principles stressed and know how to use them? A series of questions posed to the attendees can also help to assess if they benefited from the material.

- **Review some actual calls related to the content presented**. Having a few actual EMS calls that were done, and reviewing them with the attendees will reinforce the presentation.

While these are only suggestions, they may help to keep CME presentation meet the advertised CME hours and eliminate any of the ramifications associated with not being of a long enough duration. As a rule it is safer being longer than being shorter!

SECTION 4: Presenters

The individual(s) presenting a CME must meet certain requirements based on the type of CME. We already mentioned the role of a NYS DOH CIC.

Medical Control Contact Hours (MCCH) can only be presented by a Physician, Physician Assistant, or Nurse Practitioner who has been credentialed by the HVREMSCO to provide Medical Control.

If a presenter does not have Regional Medical Control credentials, regardless of their licensure, the CME cannot qualify for regionally required MCCH.

Occasionally, organizers will apply for MCCH for a CME actually presented by a non-credentialed individual, but state that a Medical Control Credentialed individual will be "in attendance". **Unless the Medical Control Credentialed Practitioner is actually presenting at least 50% of the CME it will not be eligible for MCCH allotment.** For example: If a two (2) hour Medical Control CME is offered, the Medical Control Practitioner must actually present sixty (60) minutes or more to be allotted MCCH.

SECTION 5: Documentation

Once an approved CME session is completed, the original attendance roster for the CME session must be signed by the presenter(s) and forwarded to the HVREMSCO within five (5) days.

Until this documentation has been received, no individual CME credit will be awarded to the attendees. The HVREMSCO receiving this document might be crucial to a provider who needs the CME credit to qualify for their NYS DOH Recertification or their HVREMSCO Credentials. Please note: In both cases, failure to secure this documentation in a timely manner may not just affect their NYS re-certification or HVREMSCO credentialing, but their continued employment as well.

While the HVREMSCO will make every effort to assist organizers and providers when occasional problems arise, the attendees will be informed that the reason they cannot receive the credit is because the Agency presenting the CME in question has not provided the necessary documentation.

SECTION 6: Conclusion

We all benefit from CME when it is appropriate in content, time, and provided by an individual knowledgeable in the subject matter and possessing the proper credentials.

Many dedicated organizers (agencies, hospitals, groups, specialists, etc…) have a long history of providing CME sessions that meet or exceed these expectations.

We hope that this document will provide the additional information needed for all organizers to provide successful and compliant CME sessions.

If your organization ever has any question as to whether or not a planned CME presentation will be useable please do not hesitate to contact the HVREMSCO for assistance.

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