



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.

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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

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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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