



HVREMSCO and HVREMAC Policy and Procedures Manual

Policy Name: Shadow Program	
Policy Number: CR-SP - 1	
Approved by: REMAC	Effective Date: 6/5/2017
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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 any time for any reason.

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 providers;



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- 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, physician's assistant, and nurse practitioner);
- iii. Provide documentation of all personnel 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.



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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;



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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.



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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.



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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

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.



**Hudson Valley Regional
Emergency Medical Services Council**
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**Medical Control Shadow Program
Patient Profile Form**

Provider Name: _____ **MAC #:** _____

Rotation Site: _____ **Date:** _____

Medical Control Representative: _____

Demographic Data:			PMHX & HPI:
Age:			
Chief Compliant:			
Male <input type="checkbox"/> Female <input type="checkbox"/> Pediatric <input type="checkbox"/>			
Signs & Symptoms:			
Assessment Notes:			
Additional Findings:			
Treatments Given:			

Upon completion of the clinical rotation, a copy of this completed form must be submitted to the agency designated CME Coordinator along with a CME authorization form signed by the Medical Control Representative and should be maintained in the provider's CME file. A minimum of three patient profiles must be completed.