

AUSTIN/TRAVIS COUNTY EMS SYSTEM

OFFICE OF THE MEDICAL DIRECTOR

Emergency Medical Technician – Intermediate (ILS) / Advanced Emergency Medical Technician

Credentialing Process 2008



Austin/Travis County EMS System Office of the Medical Director

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Approved FRO ILS Credentialing Process

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Section 1 - Definitions and Descriptions

Austin/Travis County EMS System Comprehensive Medical Practice Management Program (CMPMP)

Document that defines the areas of System Patient Care, System Clinical Philosophy, System Clinical Processes/Procedures, System Credentialing, System Performance Management and System Medical Practice Management followed by all Credentialed Providers that care for patients in the Austin/Travis County EMS System.

Certification

For an individual to be credentialed, he or she must show proof of medical certification or licensure through the Texas Department of State Health Services (DSHS) at the ECA, EMT-Basic, EMT-Intermediate, or EMT-Paramedic level. Proof of certification may be in the form of copies of DSHS certificate or wallet card, or printout from DSHS web site certification query showing the individual's certification status. Registration with National Registry of EMTs (NREMT) does not equate to DSHS certification.

Credentials

All Credentialed Providers within the City of Austin/Travis County EMS System are allowed to provide care under the direction of the Medical Director. The Medical Director delegates the authority to make medical decisions and provide clinical care. Delegated authority to provide medical care is a requirement of the Texas Department of State Health Services and the Texas Medical Board. Credentialing is the final approval of a System and the Medical Director that ensures an individual's competency to care for patients as part of the Emergency Medical Services System. An individual is "Credentialed to Practice" when he or she successfully meets and maintains the defined credentialing requirements.

In addition to holding current a State of Texas certification or licensure every Provider that delivers medical care within the System must be "credentialed to practice." A Provider must be initially credentialed (for example when they are new to the System or just receive a new State certification or licensure) and must maintain their credentials in order to continue providing care at a designated level. Additionally, certain types of Providers may also be "qualified" to perform medical care in unique or special circumstances or environments. Levels of credentialing currently available in the Austin/Travis County EMS System are:

Emergency Medical Dispatch (EMD)

Emergency Care Attendant (ECA)

Emergency Medical Technician - Basic (EMT-B)

Emergency Medical Technician - Intermediate (EMT-I)

Emergency Medical Technician - Paramedic (EMT-P) (PM1 & PM2)

Qualifications are added competencies in specialty areas such as immunization, hazardous materials medicine, tactical medicine, etc. The available qualifications may change based on the needs of the EMS System. The requirements for all qualifications are in addition to credentialing requirements.

In order for a Provider to be credentialed at the EMT-I, EMT-P (PM1), the Provider's agency or organization must be registered as a 911 First Responder Organization as defined by the organization's current Austin-Travis County EMS System First Responder Organization Agreement and CMPMP.

Credentialing Assistance Plan (CAP)

The Credentialing Assistance Plan (CAP) is written documentation of a remediation plan developed between the OMD and a candidate's SCC and SCPs, in the event a candidate is unsuccessful in his or her attempt to credential. The purpose of the CAP is to help the candidate focus on the specific areas of the credentialing requirements in need of improvement. As appropriate, the CAP should describe the deficiency in specific detail (including the circumstances in which the deficiency was observed), the steps that will be taken to achieve a successful outcome, the specified timeline to achieve the successful outcome and the consequences of not achieving a successful outcome. Completion of a CAP does not necessarily equate to a candidate's success in the credentialing process. It is simply a tool to enhance the candidate's opportunity for success.

Credentialing Process

The assemblage of philosophies, requirements, procedures, documents, and definitions and descriptions necessary for an individual to credential, or move from one credential level to a higher credential level, within the Austin/Travis County EMS System

Credentialing Procedures

The specific steps of the Credentialing process an individual must follow in order to achieve the desired credential level.

Credentialing Process Signature Page

Document within the Credentialing Process. Completion and submittal signifies agreement between credentialing candidate, his or her organization, and the Office of the Medical Director to ensure all parties involved are aware of the procedures, requirements, and responsibilities involved in the credentialing process.

Credentialing Requirements

The specific requirements an individual must meet in order to achieve the desired credential level.

System Credentials Badge

Proper identification of System Providers is required by the Texas Department of State Health Services and to ensure that individuals delivering patient care at a given level are properly credentialed. In addition, proper identification of Providers facilitates the exchange of patient information within the guidelines established by Health Insurance Portability and Accountability Act (HIPAA). System identification badges serve as the primary identifier for System credentialed individuals as well as his/her credential level. Badges are the property of the Office of the Medical Director and are valid only if they are issued and maintained as designated by the Medical Director and CMPMP. Badges are valid throughout the System and are not limited to specific venues or defined response areas. The ATCOMD ID badges include the Provider's picture, name, currently defined qualifications, credential Level, state certification level and a color code to aid in identifying System Certification Level. Refer to the current version of the CMPMP, Professional Practices Section for additional information and badge colors.

A Provider that is currently credentialed, but without a badge, is at that point, functioning as a First Aid Provider. While the lead transport medic and the Provider in question are responsible for assuring badge compliance, all Providers on scene are charged with pointing out discrepancies.

Evaluation of Patient Interaction and Care (EPIC)

Instrument used by the SCP to evaluate the credentialing candidate's performance during contact with patients and during simulation. The EPIC contains the specific criteria, divided into 8 separate modules, on which the candidate will be evaluated. The requirement at ILS and ALS credentialing level is to have the candidate exhibit proficiency by scoring a minimum average of 2.7 in each module for a determined number of patient contacts. For each patient contact or simulation, the candidate will be given a score of 0 to 3 in each module based on the following definitions

(0) Directive

Performance at the directive level is defined as the preceptor engaging in one-way communication; spelling out the candidate's role and telling the candidate what to do, where to do it, when to do it and how to do it; and closely supervising performance. Three words can be used to define directive behavior: structure, control, and supervise. The preceptor tells the candidate what, how, when, and where to do various tasks

(1) Coaching

At this level the preceptor still provides a great deal of direction, but he or she also attempts to hear the candidate's feelings about decisions as well as their ideas and suggestions.

(2) Supportive

Performance at the supportive level is defined as the preceptor engaging in two-way communication, listening, providing support and encouragement, facilitating interaction, and involving the candidate in decision making. Three words can be used to define supportive behavior: praise, listen, and facilitate. The preceptor's role is to provide recognition and to actively listen and facilitate problem solving and decision making by the candidate.

(3) Delegating/Independent

At this level the candidate is allowed greater autonomy because they have both the competence and confidence to accomplish the task on their own.

The 8 modules in the EPIC on which the candidate will be evaluated are identified as

1. Incident

Effectively preplans incident by taking into consideration...

- Time of day and day of week
- Incident location
- Dispatch information
- Environmental conditions

Conducts effective scene size-up by taking into consideration...

- Hazards and/or obstacles to patient care
- Possibility of incident deterioration
- Limits to access and/or egress
- The need for special rescue equipment/personnel
- Total number of patients
- Potential that incident is a crime scene

- Possibility of toxic environment
- Ensuring patient is in most advantageous position for delivery of care

Ensure incident safety through consideration of...

- Appropriate PPE
- Need for incoming units to stage
- Need for law enforcement or animal control
- Other Providers being alerted to hazards
- Requirements for traffic control
- Need for special resources for patient access
- Requirements for crowd management
- Need for special resources to control/mitigate hazards

Effectively gathers and process information related to nature and/or severity of incident and/or patient condition. Elements to be considered include...

- Incident type
- Bystander statements
- Mechanism of injury
- Environmental conditions
- Number of patients
- General impression of patient condition

Ensures appropriate equipment is available to deliver proper patient care. Types of equipment that should be considered include...

- Patient care
- Specialty equipment related to incident mitigation and/or incident safety
- Emergency scene/safety

Follows established infection control precautions by ensuring Providers don appropriate PPE based on...

- Patient presentation
- Information gathered during scene size-up
- Proximity to patient(s)
- Anticipated interventions

2. Initial Assessment

Effectively develops general impression of patient condition based on...

- Incident type
- Patient level of consciousness
- Suspected mechanism of injury or type of illness reported
- View from the door

Appropriately identifies patient's chief complaint. Factors to be considered include...

- Scene size up

- Patient interview
- Application of appropriate assessment algorithm(s)
- Patient presentation

Rapidly identifies apparent life threats and intervenes appropriately. Assessment factors to be considered include...

- Airway
 - Open
 - Protected
 - Adequate
- Circulation
 - Pulse rate and quality is appropriate
 - Skin color and temperature
 - Control of major hemorrhage
- Breathing
 - Appropriate work of breathing
 - Breathing rate
 - Sufficient air exchange
 - Adequate oxygenation
- Disability
 - Level of consciousness / AVPU
 - Possibility of c-spine injury

3. Patient Exam and Assessment

Properly determines if the appropriate next level/type of assessment for a particular patient would be...

- Focused assessment based on patient's chief complaint
- Detailed physical exam

Given patient chief complaint and condition, demonstrates the ability to conduct and document an appropriate physical examination and assessment of patient. As appropriate and necessary, assessment should include...

- Exposure, physical examination, and palpation of...
 - Head and face
 - Scalp
 - Eyes
 - Mouth
 - Nose
 - Ears
 - Neck and chest
 - Jugular veins

Tracheal position
Use of accessory muscles
Cervical spine
Trunk
Abdomen
Pelvic region
Upper and lower extremities
Skin color
Distal circulation
Motor and sensory function
Posterior surfaces
Posterior thorax
Lumbar spine
Buttocks

As part of the assessment, conduct effective interview of patient, family, and/or bystander

- Establishes rapport
- Professional
- Organized
- Gathers...
 - Medical history
 - Reason for 9-1-1 call and changes since calling
 - Self-treatments
 - SAMPLE
 - OPQRST
- Differential questioning and assessment of pertinent negatives that is...
 - Organized
 - Thoughtful
 - Adequate to illicit necessary information

Given patient chief complaint and condition, demonstrates the ability to conduct assessment of vital signs

- Pulse rate and quality
- Respiratory rate and quality
- Blood pressure
- Capillary refill
- Skin color and condition
- Temperature
- Orthostatic vital signs

Demonstrates proper and appropriate use of

- Assessment tools
 - Glucometer

- Pulse oximetry
- Capnography/Colorimetric Capnometry
- Cardiac monitor (ALS Provider)
- Doppler (ALS Provider)

- Assessment algorithms
 - Spinal algorithm
 - GCS
 - APGAR
 - Rule of Nines
 - Cincinnati Prehospital Stroke
 - Wong-Baker

4. Development of Treatment Plan and Reassessment

Demonstrates the ability to process information gathered during the assessment process and develop an effective treatment plan in a timely manner. Factors to be considered should include...

- Information gathered during
 - Scene size-up
 - Patient assessment
 - Patient, family, and/or bystander interviews
- Patient management priorities related to...
 - Patients that are critically ill or injured
 - Patients that are likely to deteriorate
 - Available resources
- Applicable Clinical Operating Guidelines

Continues evaluation of patient based on...

- Time on scene
- Expected changes due to interventions
- Need to deliver additional interventions
- Deterioration or improvement in patient condition

5. Treatment Delivery

Based on treatment plan and credential level, delivers required interventions

- Interventions should be delivered...
 - Properly
 - Efficiently
 - Confidently
 - In a timely manner

A complete listing of approved Skills/Interventions by Credential level is listed in the CMPMP, Professional Practices Section

6. Communication

Utilizes effective interpersonal skills in order to...

- Communicate effectively with patient in an effort to...
 - Gain patient confidence
 - Keep patient informed
 - Gain support for treatment plan
- Communicate with other Providers in order to effectively convey ...
 - Assessments
 - Treatment plans
 - Changes in patient condition
- Communications with patients and other Providers should be...
 - Respectful
 - Concise
 - Comprehensive
 - Confident

7. Documentation

Demonstrates the ability to fully document incident including...

- Utilization of appropriate forms and/or documentation software
- Following Guiding Principles of Documentation as outlined in the CMPMP

8. Call Management

Demonstrates effective management of incident through...

- Active engagement of scene and patient
- Development and implementation of incident and/or patient treatment plan in a timely manner
- Organization
- Composure and self control
- Team Leader
 - Identifying incidents at which the Team Leader position is required
 - Functioning as Team Leader
 - Assigning role of Team Leader to another Provider as necessary
- Effectively directing other Providers as needed
- Discussing/demonstrating how to deal with a medication error
- Discussing/demonstrating problem solving related to equipment failure

Properly applies "Alert" and Patient Transport Condition Classification System criteria and makes notifications as appropriate. This includes proper identification of...

- All patients considered to be "priority" patients
- Alert patients
 - Trauma
 - STEMI (ALS Providers)
 - Stroke
 - Resuscitation
- All patients as...
 - Alpha
 - Bravo
 - Charlie
 - Delta
 - Echo
- Non-resuscitation candidates based on
 - Obvious signs of death
 - Time lapse during resuscitation
 - DNR present

The EPIC will be supplied in paper form but may be converted to an electronic format if an organization desires to do so.

High acuity patients

Those patients defined by CMPMP Appendices B-2 as Charlie / Delta / Echo patients

- | | |
|---------|--|
| CHARLIE | Patient condition or circumstance that requires moderate acute treatment or stabilization and further evaluation |
| DELTA | Patient condition or circumstance requiring immediate acute treatment and stabilization and further evaluation |
| ECHO | Patient condition or circumstance requiring immediate resuscitation and life sustaining measures |

System Credentialing Coordinator (SCC)

The role of the System Credentialing Coordinator is to oversee and manage the credentialing process for candidates affiliated with his or her organization. Depending on organizational resources and structure, this may be a purely administrative position or may be concurrent with the role of the organization's System Credentialing Preceptor. In either instance, the individual performing this function must be designated by his or her organization. The primary roles and responsibilities of the SCC may include but is not limited to:

- Possesses a comprehensive knowledge of the System credentialing process and candidate requirements
- Serve as liaison between an organization's SCPs and the Austin/Travis County Office of the Medical Director
- Scheduling to match candidate availability with resource availability
- Coordinate with the OMD and SCCs/SCPs, both inside and outside of his or her organization, to ensure available resources are utilized as effectively as possible during a candidate's credentialing process
- Manage all documentation related to a candidate's credentialing process
- Serve as the point of contact within his or her organization for all credentialing related matters

System Credentialing Preceptor (SCP)

The role of the System Credentialing Preceptor (SCP) is to develop and oversee the progress of new System Providers and current Providers wishing to credential at a higher level. That role may include, but is not limited to:

- Teaching
- Mentoring
- Assisting credentialing candidates in understanding the A/TCEMS System credentialing process.
- Working with other preceptors, coordinators, and ATCOMD to ensure available resources are utilized as effectively as possible during a candidate's credentialing process.
- Providing verbal and written feedback to credentialing candidates.
- Assessment and documentation of competency related to the credentialing process at the appropriate level.

The SCP will work in concert with the SCC and ATCOMD to ensure:

- Candidate assessments are carried out according to prescribed processes and criteria.
- Candidate performances in the assessment processes are thoroughly and properly documented.

- Credentialing assistance plans for candidates are developed and documented as necessary.
- Candidate completion of developmental education provided by the ATCOMD.

Minimal qualifications to function as an SCP:

- Current system credentials at or higher than the level at which he or she wishes to serve as a SCP.
- Experience within the A/TCEMS System as a result of-
 - Being credentialed within the A/TCEMS System for at least one (1) year, at the level the candidate desires to serve as a SCP.

-OR-

- Being credentialed within the A/TCEMS System for a minimum of six (6) months at the level the candidate desires to serve as a SCP, plus at least one (1) year of verifiable and documented experience providing patient care in a like environment at that same level or above within the past five (5) years.
- A letter of endorsement from the leadership of his or her agency. If the SCP is the leadership in his or her agency, a letter of interest to the ATCOMD.
- Successful completion of ATCOMD Preceptor Development Workshop or a similar program approved in advance by the ATCOMD.
- Completion of any subsequent developmental education provided by the ATCOMD.

Section 2 - General Requirements

Credentialing is the final approval of the System and the Medical Director that confirms an individual's competency to care for patients as part of the Emergency Medical Services System. An individual is "credentialed to practice" when he or she successfully meets and maintains the defined credentialing requirements. Every Provider who delivers medical care within the System must be initially credentialed and must maintain those credentials in order to continue providing care at a designated level. The purpose of this document is to define requirements that must be met and processes that must be followed for an individual to become credentialed to practice within the Austin/Travis County EMS System.

By formally entering the credentialing process, the candidate and appropriate representative(s) from his or her organization, acknowledges:

- Credentialing within the Austin/Travis County EMS System is a privilege. Simply participating in the process is not a guarantee of success.
- The candidate and appropriate representatives from his or her organization are responsible for the contents of this document and for addressing any questions or concerns before the process is begun.

- Entering the process will result in a review of the candidate's past clinical or operational incidents within the System and that negative incidents may impact or exclude the candidate's participation.
- To participate in this process, the candidate must maintain "member in good standing" status within his or her organization based on the guidelines established by that organization.
- Terms of employment or membership status within an organization related to a candidate's success or lack of success in the credentialing process would be strictly between the candidate and the organization.
- Immediate suspension of the process and review of the related circumstances with all relevant parties will occur in the event of:
 - Inappropriate ethical or moral conduct while participating in this process
 - Involvement in an action defined by the Austin/Travis County EMS System Comprehensive Medical Practice Management Program (CMPMP) as one of the "Five Deadly Sins"

It is the intent of this credentialing process to give each candidate every possible opportunity for success. However, instances do occur where a candidate must be deemed unsuccessful and removed from the process. In addition to the circumstances previously addressed, the following situations could be, but not limited to, cause for a candidate being deemed unsuccessful in the process:

- Failure to successfully pass the CMPMP exam at the desired credential level.
- Failure to successfully complete the OMD skills and/or scenario evaluation.
- Failure to complete the terms of a Credentialing Assistance Plan and/or lack of success during a second attempt of the final credentialing scenario required for candidates desiring to credential at the EMT-Intermediate level.

Candidates removed from this process will not be allowed to reenter for at least six (6) months following the date of his or her removal. A candidate who is unsuccessful in this process but wishes to remain as a Provider within the Austin/Travis County EMS System will have his or her credential level determined by the Office of the Medical Director.

The OMD recognizes that there are significant life-altering events that may result in a candidate being unable to complete a credentialing process as required. Each of these situations will be reviewed individually with decisions concerning the candidate's process made on a case by case basis.

Section 3 - Credentialing Requirements

Documentation Requirements

To formally enter the credentialing process, all candidates are to submit the following documents to the Office of the Medical Director. All must be submitted simultaneously and prior to a candidate being scheduled to sit for a CMPMP exam.

- Credentialing Agreement Signature page with required signatures
- Completed Provider Registration form
- Proof of appropriate level medical certification, EMT-B or above, through the Texas Department of State Health Services (DSHS)
- Documentation of successful completion of all System education modules currently required for Providers at the desired credential level
- Documentation of successful completion of all System skills competency verification processes currently required for Providers at the desired credential level
- Copy of American Heart Association Healthcare Provider certification card or certification card from equivalent CPR course as described in the CMPMP.
- Copy of certification card from ITLS Advanced Skills, or equivalent PHTLS course

The Office of the Medical Director will retain responsibility for storage and maintenance of the previously mentioned documents. The candidate's sponsoring organization is responsible for storage and maintenance of documents related to the candidates credentialing process, including any documentation of skills proficiency, patient interaction requirements and ambulance ride-out experiences associated with the specific credential levels. These documents are required to be maintained for a minimum of five (5) years following the candidate's completion of the credentialing process.

Background Education

There is a body of knowledge each candidate must possess prior to entering the credentialing process. Submittal of the Credentialing Process Signature Page with required signatures, indicates the candidate's organization has taken responsibility for ensuring the candidate has been effectively trained and/or educated in the following:

- Requirements to be credentialed as a Provider in the Austin/Travis County EMS System.
- Requirements to maintain credentials as a Provider in the Austin/Travis County EMS System.
- Occurrences, including the "Five Deadly Sins", as defined in the Austin/Travis County EMS System CMPMP, which could result in the loss or suspension of System credentials and/or suspension of the credentialing process.
- Expectations of a Provider in the Austin/Travis County EMS System related to attitude and demeanor of professionalism. Those expectations include but are not limited to:
 - Appropriate attire and grooming
 - Maintaining physical and mental preparedness
 - Active participation in station, unit, and/or facility activities
 - Active participation during emergency scene operations
 - Compassion for patient condition(s)
- Guiding principles relating to Protected Health Information, the role of a Provider in protecting a patient's privacy, and the steps that the candidate's organization takes to ensure a patient's Protected Health Information remains private.
- Principles relating to proper infection control measures including a working knowledge of:
 - Appropriate personal protection based on patient presentation and/or procedures being performed
 - The distinction between a contamination and an exposure incident
 - Proper procedures that should be followed in the event of a contamination or an exposure
- Responsibilities related to patient care and emergency scene equipment. These include but are not limited to:
 - Knowing the location of patient care and emergency scene equipment specific to the candidate's location/unit.
 - Remaining competent in the operation of all equipment appropriate to the candidate's current and desired credential level.
 - Awareness of when equipment readiness checks are required and the ability to conduct those checks.

Comprehensive Medical Practice Management Program (CMPMP) Exam

Refer to the current version of the Comprehensive Medical Practice Management Program (CMPMP), Professional Practices Section for System requirements related to testing and process.

**Emergency Medical Technician – Intermediate (ILS) /
Advanced Emergency Medical Technician**

Initial Credentialing requirements (CMPMP Professional Practices Section):

- Current EMT-Intermediate (EMT-I/AEMT) Certification (or above) by the Texas Department of State Health Services (TDSHS).
- Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization designated as a “Public Safety Organization” by the Office of the Medical Director. And, registered with the OMD as an Intermediate / Advanced EMT Organization or above and Licensed with the TDSHS; as an “Advanced” Organization.
- Current certification through an EMS System approved CPR program:
 - American Heart Association (AHA) Healthcare Provider
 - American Red Cross CPR/AED for the Professional Rescuer
 - National Safety Council Professional Rescuer CPR course plus AED course
- Current PHTLS or ITLS Advanced Certification.
- Successful completion of all current System Education Modules.
 - Must be successfully completed and documentation and/or tests turned into the OMD prior to CMPMP testing.
- Successful completion of all current System Defined Skill Competencies for EMT-I / AEMT Credential Level.
 - Must be completed with their SCP and documentation turned into the OMD prior to scheduling the final credentialing scenario.

- ❑ Successful completion of the current City of Austin/Travis County EMS System Intermediate/AEMT Credentialing process:
 - All Certificates, current Education Module (s) and the Credentialing agreement signature document must be turned into OMD prior to CMPMP testing.
 - Successful CMPMP exam per the process in the Professional Practices Section.
 - Must be currently Credentialed in the System and have been for the past consecutive 12 months at the EMT-B level. **(OR)** Six (6) months of verifiable work experience as an Independently Functioning Advanced Provider with a “911” System. Exceptions to this experiential criterion may be granted by the OMD on a case by case basis, based on a review of the candidates CV/Resume in conjunction with the sponsoring organization and the candidate.
 - Must document patient contacts (real **and/or** via simulation).
 - These must be evaluated by a System Credentialing Preceptor (SCP) while the credentialing candidate is serving as lead Provider and; they must have an acuity level designated as Charlie, Delta or Echo as defined by CMPMP Appendices B-2.
 - Documentation will be via a System PCR and the EPIC form.
 - In order to demonstrate competency, a minimum average score of 2.7 in each module identified in the EPIC must be achieved for a minimum of **(10)** of the (real **and/or** simulation) patients listed above that are evaluated by a SCP.
 - Once the appropriate numbers and average scores as indicated above on the (real **and/or** simulated) patients are achieved; the SCC will notify the OMD Designated Staff via e-mail that the Candidate is ready for their final Credentialing scenario with a System Medical Director.
 - If the candidate is successful they will be issued the appropriate Credentialing badge.
 - If a candidate is unsuccessful in the final Credentialing scenario, a CAP will be developed to assist the credentialing candidate in focusing on the specific area (s) of the credentialing process in need of improvement.
 - Successful completion of the CAP will afford the credentialing candidate with one (1) additional attempt at a final credentialing scenario.
 - If the candidate is unsuccessful at this attempt they would remain out of all credentialing processes for six (6) months from the date of the second final credentialing scenario attempt. Suspension from the process under this circumstance, the Provider will retain their EMT-B Credentials. And, must return their transition badge (blue to green) to the OMD.

Addendum page to ILS Credentialing process:

- ❑ Current System Defined Skill Competencies for EMT-I / AEMT Credential Level.
 - Advanced Airway (King LTS-D Airway Device) Decision Process and Skill Demonstration.
 - EZ-IO Decision Process and Skill Demonstration.
 - CPAP Decision Process and Skill Demonstration.
 - Intravenous Therapy Decision Process and Skill Demonstration.
 - Foreign Body Airway Obstruction (FBAO) using laryngoscope and McGill forceps Decision Process and Skill Demonstration.

These competencies may be demonstrated and evaluated individually and/or incorporated into a scenario based situation. Documentation of the evaluation of these current competencies must be provided to the OMD. This supplemental listing may be modified by the System Medical Director as needed.

Section4 – Procedures

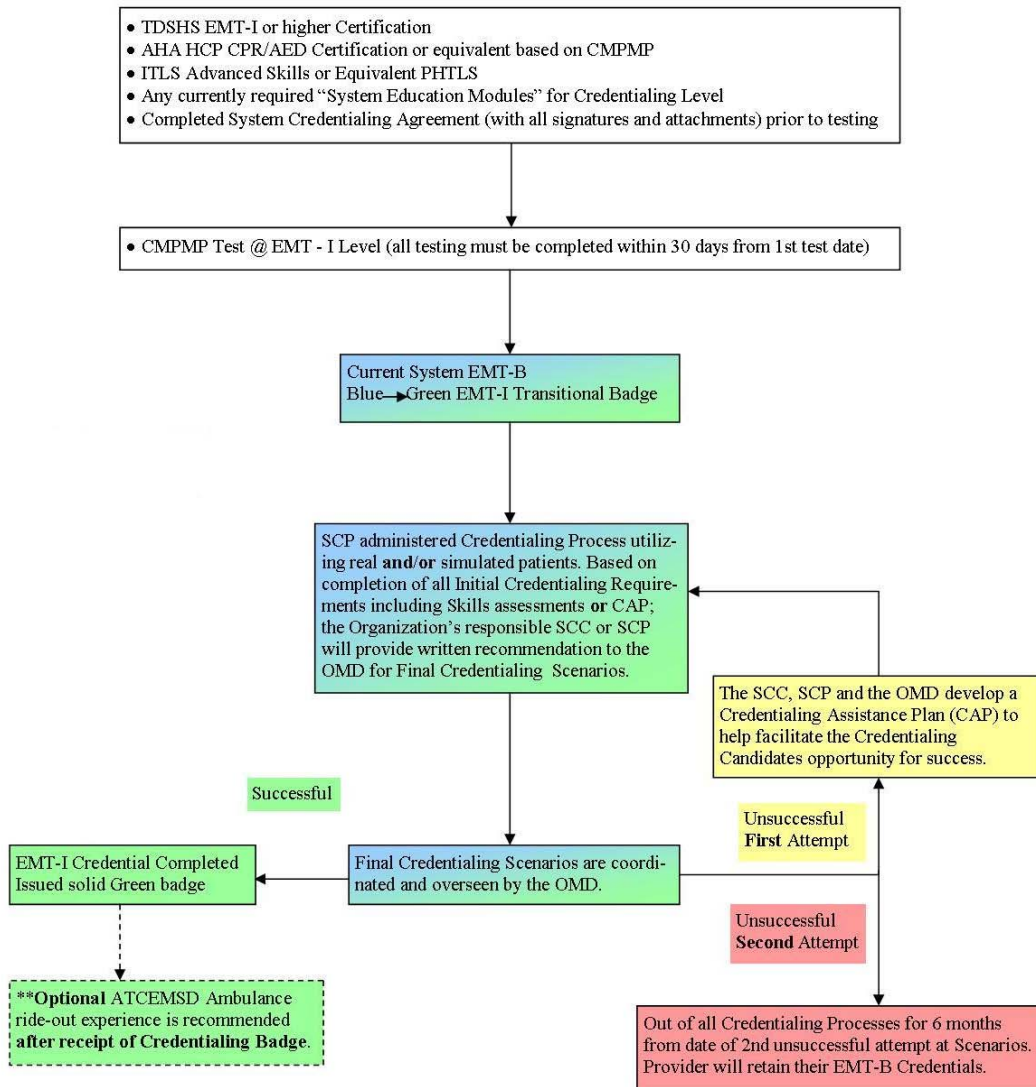
1. Candidate completes all education modules and skills verification processes required of Providers at the desired credentialing level
2. Candidate submits required documentation to Office of the Medical Director (OMD)
3. OMD confirms all necessary documents have been completed and submitted as required, and begins review of any past System clinical or operational incidents involving the candidate
4. Candidate coordinates with OMD for scheduling of CMPMP exam
5. Upon successful completion of CMPMP exam, OMD issues candidate the appropriate badge
6. In partnership with an appropriate level SCP, candidate begins efforts toward completion of requirements as defined in Section 3 Credentialing Requirements
7. If the candidate is successful based on requirements as defined, the Organization's System Credentialing Coordinator (SCC) will provide a written recommendation to the OMD that the candidate be scheduled for his or her final credentialing scenarios.

If the candidate is unsuccessful based on requirements as defined, the organization's SCC will request that a Credentialing Assistance Plan (CAP) be developed. The OMD, in concert with the SCC and appropriate SCPs, will develop the CAP in an effort to help the candidate focus on the specific areas of the credentialing requirements in need of improvement and enhance the candidate's opportunities for success.

8. The final credentialing scenarios will be scheduled, coordinated, and overseen by the OMD. Success during the final credentialing scenarios will be based on accepted standards and the Austin/Travis County EMS System CMPMP. If the candidate successfully completes the final credentialing scenarios, the appropriate credential badge will be issued.

If the candidate is unsuccessful in the final credentialing scenarios, the OMD, in concert with the candidate's SCC and appropriate SCPs, will develop a CAP for the candidate. If the candidate is successful in completing the CAP, a second opportunity for the final credentialing scenarios will be scheduled.

ILS Credentialing Flowchart



Austin/Travis County EMS System
Credentialing Candidate
Evaluation of Patient Interaction and Care

Candidate: _____

Evaluation Date: _____

Credentialing at: EMT-I Level / EMT-PM 1 Level

Manner of Evaluation:

Candidate Organization: _____

Patient Contact / Incident # _____

Pt Class: Alpha Bravo Charlie Delta Echo

Preceptor: _____

Alert: Trauma Stroke Resusc. STEMI N/A

Preceptor Credential Level: EMT-I / EMT-PM 1/ EMT-PM 2

Scenario / Simulation

Discussion

Preceptor Organization: _____

Exam

To verify that feedback has been given to the candidate and that the candidate understands, he or she is required to initial each module in this evaluation.

Evaluation Scoring:

Signatures of Credentialing Preceptor and Candidate indicate agreement to Evaluation result.

(0) Directive – Performance at the directive level is defined as the preceptor engaging in one-way communication; spelling out the candidate’s role and telling the candidate what to do, where to do it, when to do it and how to do it; and closely supervising performance. Three words can be used to define directive behavior: structure, control, and supervise. The preceptor tells the candidate what, how, when, and where to do various tasks

Credentialing Candidate / Date

(1) Coaching – At this level the preceptor still provides a great deal of direction, but he or she also attempts to hear the candidate’s feelings about decisions as well as their ideas and suggestions.

Credentialing Preceptor / Date

To the Preceptor:

- The purpose of this form is to document the assessment of a credentialing candidates performance as the lead Provider at a single incident
- Comments regarding a candidate’s performance on a specific section should be referred to the last page of this document
- Questions concerning this candidate, or the credentialing process in general, should be referred to your organizations Credentialing Coordinator.

(2) Supportive – Performance at the supportive level is defined as the preceptor engaging in two-way communication, listening, providing support and encouragement, facilitating interaction, and involving the candidate in decision making. Three words can be used to define supportive behavior: praise, listen, and facilitate. The preceptor’s role is to provide recognition and to actively listen and facilitate problem solving and decision making by the candidate.

To the Candidate:

- Maintenance and security of this credentialing document is solely your responsibility
- Questions concerning this evaluation, or the credentialing process in general, should be referred to your Preceptor or your organizations Credentialing Coordinator.

(3) Delegating/Independent - At this level the candidate is allowed greater autonomy because they have both the competence and confidence to accomplish the task on their own.

Evaluation Criteria

Module 1 / Incident	Score	0	1	2	3	N/A
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- Incident pre-planning
- Scene size-up
- Equipment availability

- Incident safety
- Gathering and processing incident information
- Infection control measures

Comments: _____

_____ **Candidate Initials:** _____

Module 2 / Initial Assessment	Score	0	1	2	3	N/A
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- General impression of patient condition
- Determining patient's chief complaint

- Identification of apparent life threats

Comments: _____

_____ **Candidate Initials:** _____

Module 3 / Patient Exam and Assessment	Score	0	1	2	3	N/A
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- Physical exam
- Use of assessment tools and algorithms
- Effective patient and bystander interview

- Assessment of vital signs
- Determination of proper next type of assessment
- Appropriate differential questioning

Comments: _____

_____ **Candidate Initials:** _____

Module 4 / Development of Treatment Plan and Reassessment of Patient	Score	0	1	2	3	N/A
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Comments: _____

_____ **Candidate Initials:** _____

Module 5 / Treatment Delivery	Score	0	1	2	3	N/A
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Comments: _____

_____ **Candidate Initials:** _____

Module 6 / Communication	Score	0	1	2	3	N/A
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Comments: _____

_____ **Candidate Initials:** _____

Module 7 / Documentation	Score	0	1	2	3	N/A
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Comments: _____

_____ **Candidate Initials:** _____

Module 8 / Call Management	Score	0	1	2	3	N/A
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- Overall management of the incident and patient care
- Patient classification

- Identification of "Alert" notification patients
- Team Leader

Comments: _____

_____ **Candidate Initials:** _____

Preceptor General Comments: _____

Candidate General Comments: _____

It is the responsibility of both the preceptor and the candidate to ensure this document is completed as required, including the necessary signatures on the cover page.



Austin / Travis County EMS System Provider Registration

Agency _____
Primary Secondary

Name _____
Last First MI

Address _____
Street Apt #

_____ City State Zip

Phone _____
Home Work Pager

e-mail _____

DSHS Certification Level ECA EMT-B EMT-I EMT-P

DSHS Personnel ID or License # _____ Expiration Date _____

Course Type

CPR Provider American Heart Red Cross Natl. Safety Council
 Copy of card provided Expiration Date _____

ACLS Provider _____
 Copy of card provided Expiration Date _____

Course Type

Trauma Course Provider ITLS Advanced PHTLS Advanced
 Copy of card provided Expiration Date _____

Course Type

Pediatric Course Provider PEPP PALS Basic Advanced
 Copy of card provided Expiration Date _____ Other _____

-----Office Use Only-----

CMPMP Version	Exam Level: ECA <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-PM1 <input type="checkbox"/> EMT-PM2 <input type="checkbox"/>											
		1 st Attempt			2 nd Attempt			3 rd Attempt			Begin 3 month timeline for resumption of testing if failed 3 rd attempt. Date candidate may begin retesting process:	
	Exam Version	A	B	C	A	B	C	A	B	C		
	Score	_____			_____			_____				
	Administrator	_____			_____			_____				
	Location	_____			_____			_____				
Date	_____			_____			_____					
Picture in File <input type="checkbox"/>		Badge Printed <input type="checkbox"/>		Badge Delivered / Received _____				By _____		Date _____		



Credentialing Process Agreement

Signature Page

By checking the appropriate boxes, please indicate your current credential level and the level you desire to achieve through this process

Current Credential Level

- Not credentialed
- ECA
- EMT-Basic
- EMT-Intermediate

Desired Credential Level

- ECA
- EMT-Basic
- EMT-Intermediate
- EMT-Paramedic (PM1)

Signing and submitting this agreement to the Office of the Medical Director indicates that both you and your organization understand and agree to the information contained within and the requirements of the credentialing process.

Candidate's Organization

Candidate Signature

Printed Name

Date

Organization Chief Officer / Representative Signature

Printed Name

Date

OMD Representative Signature

Printed Name

Date

Please supply the requested information concerning the organization's primary point of contact for this credentialing process. This may or may not be the organization's representative that signed above. Please print legibly.

First and Last Name

Position / Title in the Organization

Preferred Phone / Type (Work, Cell)

Alternate Phone / Type

e-mail #1

e-mail #2

---Required Document Check List---

- Credentialing Agreement Signature Page with required signatures
- Completed Provider Registration form
- Proof of appropriate level medical certification, ECA or above, through DSHS
- Documentation of successful completion of all System Education modules currently required for Providers at the desired credential level
- Documentation of successful completion of all System skills competency verification processes currently required for Providers at the desired credential level
- Copy of American Heart Association Healthcare Provider certification card or certification card from equivalent CPR course as described in the CMPMP
- Copy of American Heart Association ACLS certification card (EMT-P (PM1) Candidates only)
- Copy of certification card from ITLS Advanced Skills, or equivalent PHTLS course (EMT-I and PM1 Candidates only)