

Reality Check: High Stakes Simulation



John M Gallagher, MD

EMS System Medical Director

Wichita/Sedgwick County Kansas

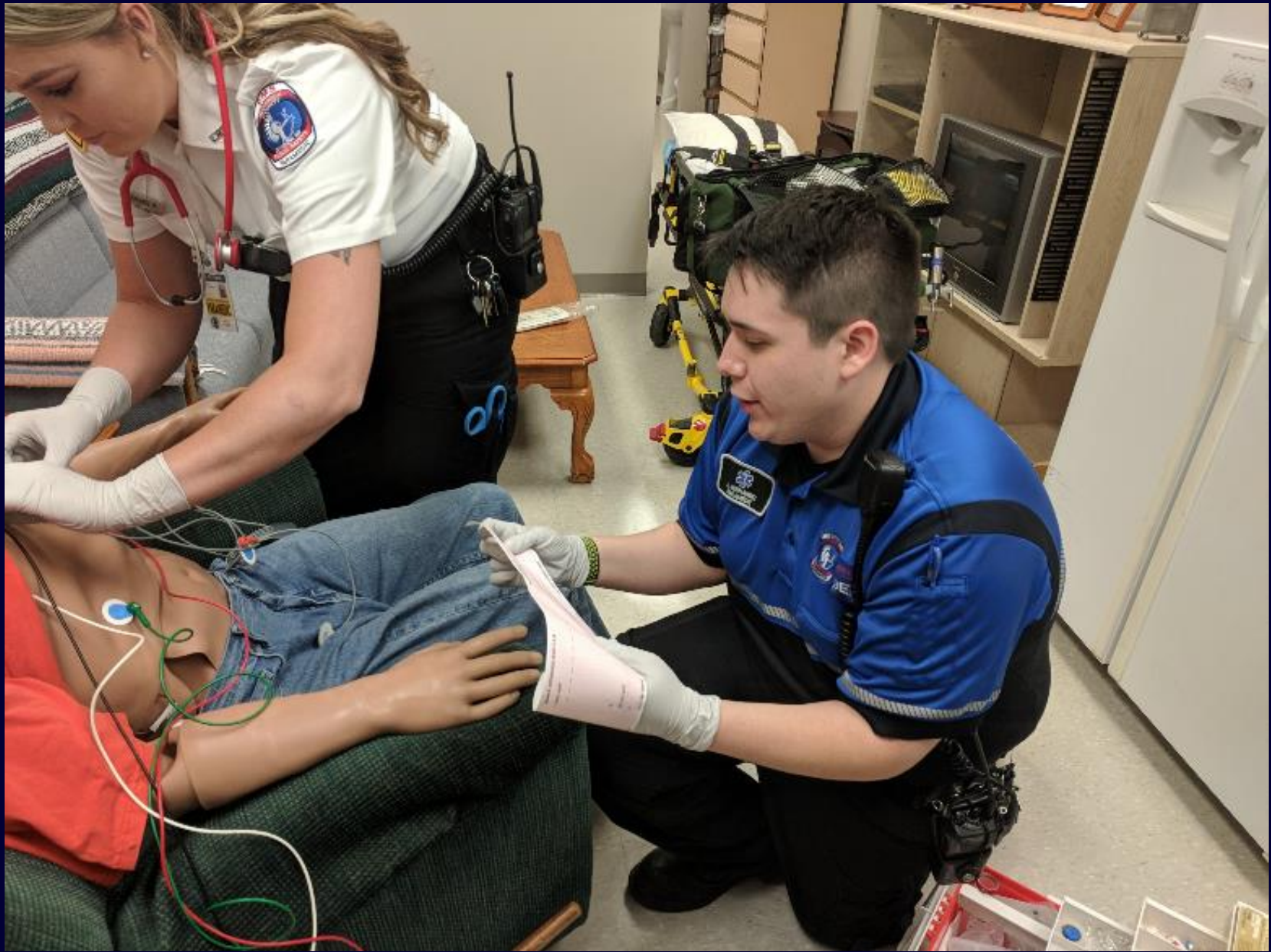


@JGallagherEMS





















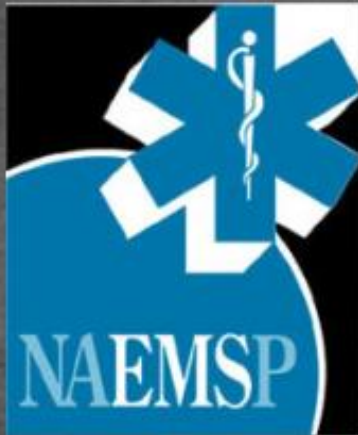
But it's still not real...

“The sim center is really cool...but it's still not real. You just can't replicate the emotion, fear, and high-stakes sensations of the real world with a simulation.”



...and he was right





Clinical Credentialing EMS Providers



POSITION PAPER

NATIONAL ASSOCIATION OF EMS PHYSICIANS

Clinical Credentialing of EMS Providers

A joint position statement of the:

National Association of EMS Physicians® approved 20 December 2016

and the

National Registry of EMTs® approved 01 December 2016

The practice of Emergency Medical Services (EMS) Medicine is complex, dynamic, and diverse. This practice is historically built upon the domains of education, certification, and licensure. Though these domains remain continuously relevant, there is an equally compelling need for a fourth domain in sound medical practice: EMS provider credentialing by the local EMS physician medical director.

The process of credentialing specifically involves the attestation by an organization's EMS physician medical director that the EMS provider possesses required competencies in the domains of cognitive, affective, and psychomotor abilities. These aptitudes must be shown in the application of clinically oriented critical thinking, particularly in situations germane to that organization's local practice of EMS medicine. Both the initial and ongoing assessments of these competencies are important components in verification of the provider's continued competence.

- Credentialing is attestation by an organization's EMS physician medical director that the EMS provider possesses required competencies
- Both initial and ongoing assessments are important components

Credentialing

W/SC EMSS

Kari T.
KS BEMS #044532



John M. Gallagher, MD
Medical Director



SYSTEM CREDENTIALIED
EMT



Valid thru
12/2018


W/SC EMSS

Brendan M.
KS BEMS #049060



John Gallagher, MD
Medical Director



SYSTEM CREDENTIALIED
PARAMEDIC



Valid thru
07/2020


W/SC EMSS

T.J. Popp
KS BEMS #029436



John Gallagher, MD
Medical Director



**Community
Paramedic**



Expires
08/01/2018


W/SC EMSS

Shannon R.
KS BEMS #034270



Dr. John Gallagher, MD
Medical Director

**Critical
Care**



Valid thru
03/2019

- Credentialing involves at a minimum 1) demonstration of sufficient cognitive knowledge; 2) demonstration of mature, responsible affective ability; 3) demonstration of a command of all involved psychomotor skills; and 4) integrating the three previous domains in the application of critical thinking in the provision of clinical care for all acuities of patients that may be reasonably encountered in the jurisdictionally relevant practice of EMS medicine.

- Credentialing at a minimum involves:
 - Cognitive knowledge
 - Mature, responsible affective ability
 - Psychomotor skills
 - Integration of the above in critical thinking towards application of clinical care

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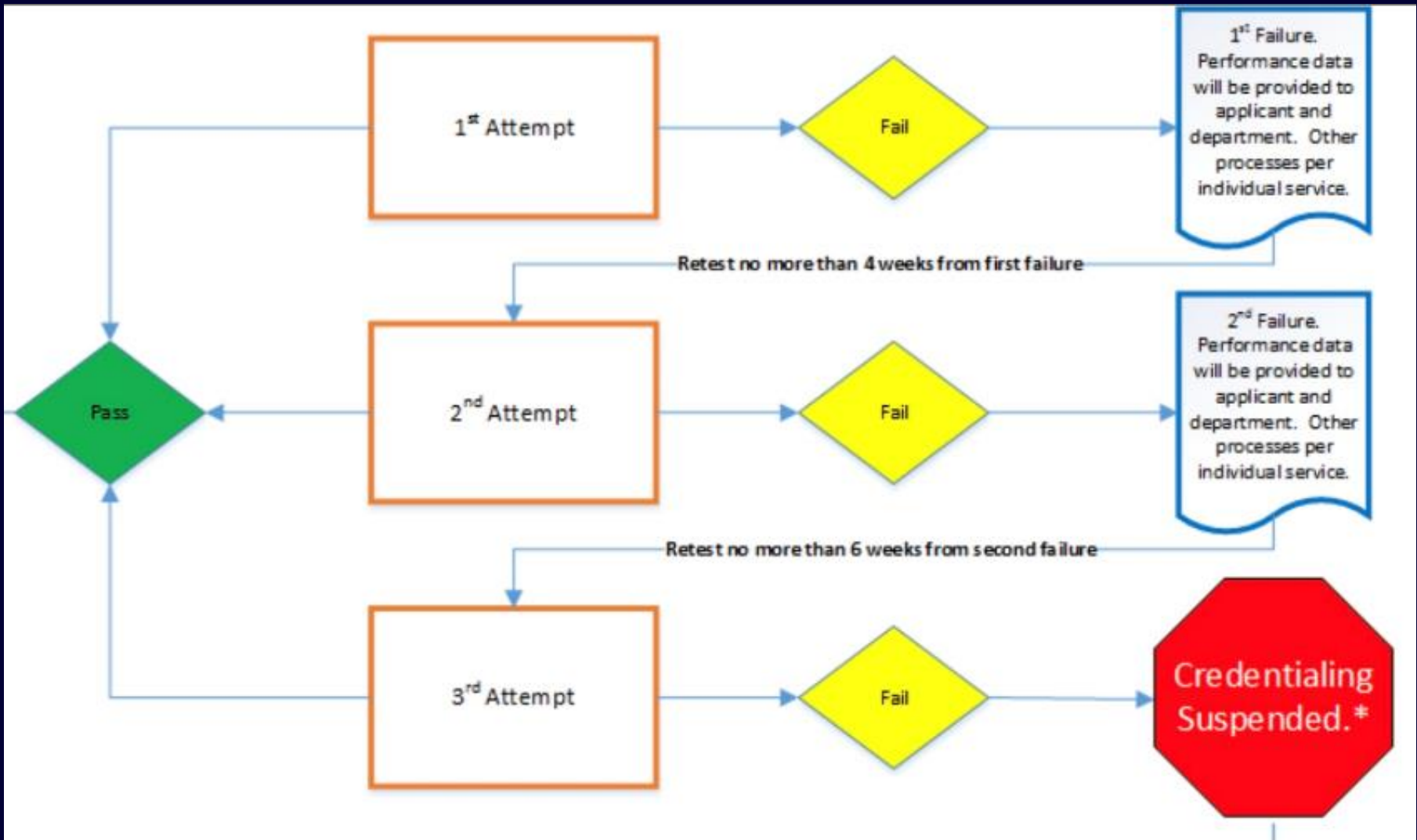
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Credentialing

Credential Level	Skills Verification	Written Exam	Integration Scenario	Medical Director Interview
LEO	✓	Integrated into skills verification		
EMR	✓	✓		
EMT	✓	✓		
AEMT	✓	✓	✓	
Paramedic	✓	✓	✓	✓

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BECOME REAL SHIT HAS

Paravertebral Scenario

Case: Pediatric Diabetic

Admission to case: 00000000 / N/A via 000000

Location: Meds 31 (according to 100 W. Main St) / 75.5 km distance

Scene Setting: Patients will be lying in bed. Main sitting next to chair.

Background info: According to mom the patient has been known to hypoglycemia and has had 3 times some behavioral changes as well as complaining of blurry vision the past week or so. She states that he/she started sweating soaked around 4:00 last night.

Initial Assessment

Scene Assessment: 1) 100% O2 via nasal cannula 2) 100% O2 via nasal cannula

AVPU: Verbal

Airway: Open and patent

Breath: Normal, equal and bilateral

Chest: Normal, symmetric, clear

Distal: Dorsal, normal

SAMPLE History

S: Patient not eating right

A: Normal

V: None

T: 4-5 last nights soaked

P: Mom had been getting panicked over bed time crying

OPQRST

O: 30 minutes when being brought to the hospital

T: Unresponsive

Q: None

R: None

S: None

T: 30 minutes

Vitals	Initial	Second	Third	Fourth
BP	106/70	108/72	100/70	100/70
Pulse	100	100	100	100
Respirations	40	44	42	40
SpO2	98%	98%	98%	98%
ETCO2	40	40	40	40
Pain				
Pupils	PEFL	PERL	PERL	PERL
JRC	Verbal	Verbal	Verbal	Verbal
ETC		48.2		
Temp	38.5			
Skin	Dry/Mo	Dry/Mo	Dry/Mo	Dry/Mo
MO	5 min. Tach	5 min. Tach	5 min. Tach	5 min. Tach

What See Candidates do

Turn on at least: BP, Pulse, RR, O2 sat

Primary Assessment: General Impression/ABCs

Secondary Assessment: Reassess changes in the patient's condition and perform appropriate physical exams.

AVPU/Head/Extremities

ETCO2/NO2

500 End-tidal CO2 22.5

Vital signs: None

Objectives

1. Given the credentialing scenario the candidate will identify that the patient has hypoglycemia. [Knowledge Level]
2. Given the credentialing scenario the candidate will perform a full patient assessment. [Application Level]
3. Given the credentialing scenario the candidate will put in to action a treatment plan for the patient in per New York State Protocols. [Application Level]
4. Given the credentialing scenario the candidate will recall the signs and symptoms of a patient that presents with hypoglycemia. [Knowledge Level]



Integration Scenario

Candidate: _____

Examiner: _____

Scenario: _____

Scene Management	Possible Points	Points Awarded
Thoroughly assessed and took deliberate actions to control the scene.	3 - Exceeded	
Assessed the scene, identified potential hazards, did not put anyone in danger.	2 - Met	
Incompletely assessed or managed the scene.	1 - Almost Met	
Did not assess or manage the scene.	0 - Failed	

Patient Assessment	Possible Points	Points Awarded
Completed and organized assessment and integrated findings to expand further assessment.	3 - Exceeded	
Completed primary survey and secondary assessment.	2 - Met	
Performed an incomplete or disorganized assessment.	1 - Almost Met	
Did not complete a primary survey.	0 - Failed	

Patient Management	Possible Points	Points Awarded
Managed all aspects of the patient's condition and anticipated further needs.	3 - Exceeded	
Appropriately managed the patient's presenting condition.	2 - Met	
Performed an incomplete or disorganized management.	1 - Almost Met	
Did not manage life-threatening conditions.	0 - Failed	

Interpersonal Relations	Possible Points	Points Awarded
Established rapport and interacted in an organized, therapeutic manner.	3 - Exceeded	
Interacted and responded appropriately with patient, crew, and bystanders.	2 - Met	
Used inappropriate communication techniques.	1 - Almost Met	
Demonstrated intolerance for patient, bystanders, and/or crew.	0 - Failed	

Integration (verbal report, field impression, and transport decision)	Possible Points	Points Awarded
Stated correct field impression and pathophysiological basis, provided succinct and accurate verbal report including social/psychological concerns, and considered alternate transport destinations.	3 - Exceeded	
Stated correct field impression, provided succinct and accurate verbal report, and appropriately stated transport decision.	2 - Met	
Stated correct field impression, provided inappropriate verbal report or transport decision.	1 - Almost Met	
Did not assess or manage the scene.	0 - Failed	



Integration Scenario

Candidate: _____

Examiner: _____

Candidates must have a 2 or 3 in every category of the rubric.

Critical Criteria

- ___ Failure to manage the patient as a competent provider.
- ___ Exhibits unacceptable affect with patient or other personnel.
- ___ Uses or orders a dangerous or inappropriate intervention.

Notes

Stamp and Signature

Pass: ___ Fail: ___

Signature: _____ Date: _____

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Candidate: _____ Examiner: _____

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____ Failure to manage the patient as a competent provider.

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But everyone's gonna fail !!!

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2017:

95.8% first attempt pass rate

100% second attempt pass rate

2018:

96.4% first attempt pass rate

100% second attempt pass rate

Take home:

1. *Being asked to demonstrate your competency should not be received as lack of faith that it exists*

Take home:

1. *Being asked to demonstrate your competency should not be received as lack of faith that it exists*
2. *Simulation can have two branches:
Low stakes training & High stakes testing*

Thank You!

John M Gallagher, MD, FAEMS, FACEP

Emergency and EMS Physician



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Office of the Medical Director



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