

A More Efficient Credentialing Process

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Do you have a credentialing process?

How long does it take to clear a new provider in your EMS System?

NAEMSP Position Statement

CLINICAL CREDENTIALING OF EMS PROVIDERS

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. Although 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.

EMS providers acquire the cognitive knowledge and psychomotor skills of entry-level competence through completion of accredited education programs. Curricula standards for such programs are commonly based on such benchmarks as the *National EMS Education Standards* and the *National EMS Scope of Practice*. While such models identify the range of skills and roles that EMS providers at specified certification levels should be able to perform, they do not authorize the local practice of EMS medicine. Authorization to practice is a function of state licensure and local credentialing by

The NAEMSP and NREMT believe:

- The EMS physician medical director must have final authority and accountability for credentialing of EMS providers providing care under their oversight. While the physician medical director may delegate evaluation of an EMS provider's competencies, the EMS physician medical director must be actively involved in the EMS organization's clinical credentialing process.
- 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.

Training ≠ Knowledge

Experience ≠ Competence

Field Training Evaluation Process

- **Post-certification training and evaluation process to approve a provider to work in a particular EMS System**
- **Process varies based on:**
 - System design
 - Protocol design
 - Initial education/experience

What does it do?

- Assures minimum knowledge
- Provides supervised experience
- Teaches practices unique to the System
- Facilitates cultural indoctrination
- Establishes uniform minimum expectations for performance in the System

Wake County EMS Academy

- **5 week didactic**
- **4-6 month supervised clinical**
 - Field Training Officer
 - Objective/competency based
 - Graduated responsibility
- **Physician Evaluation**
 - Scenario and Oral

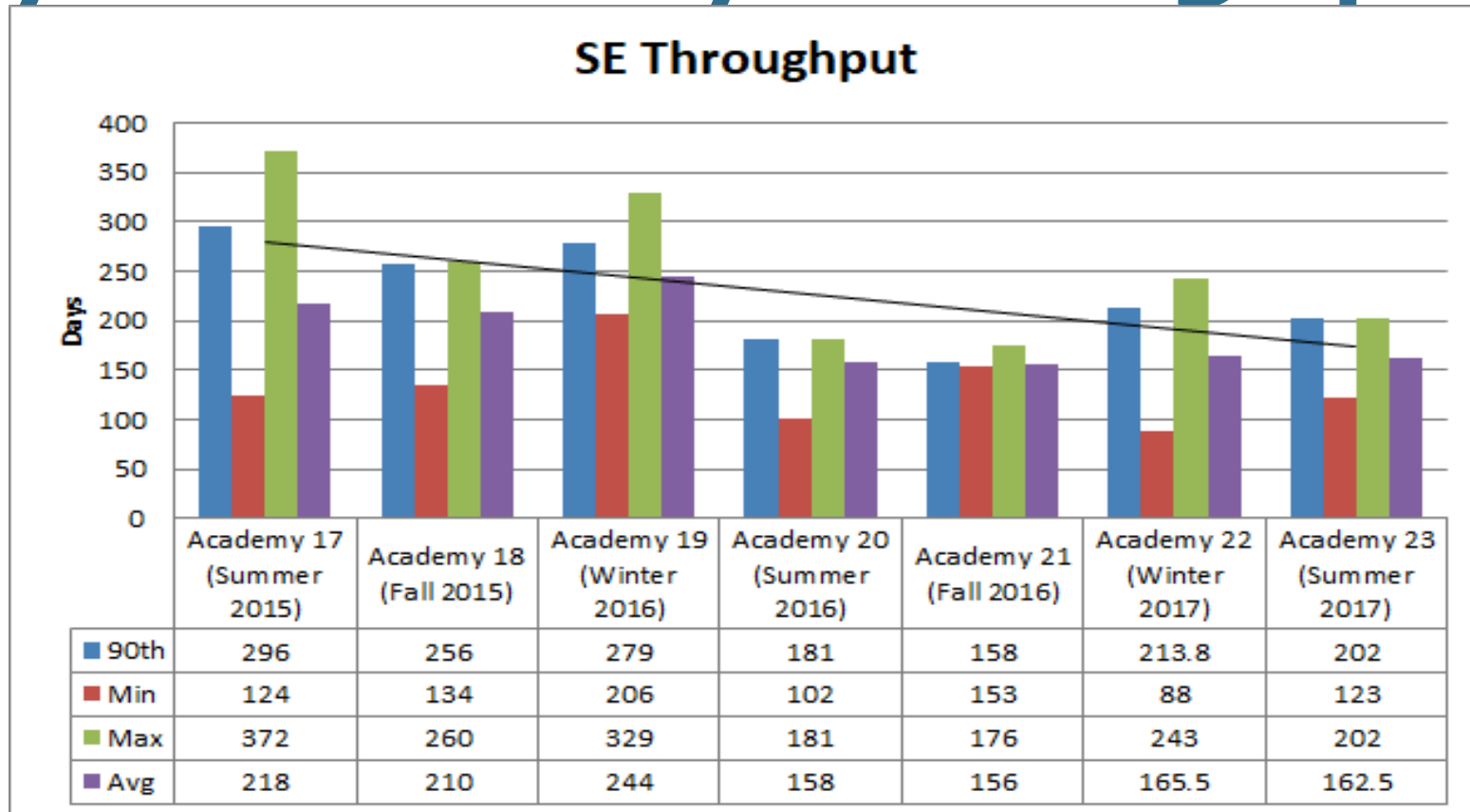
New Academy

- **Week 1- Week 3**
 - M-F with 2 days of operational ride time
- **Week 4-Week 6**
 - Work their assigned shift 2 days a week
 - Academy 2 days
- **Week 7- Week 15**
 - Recruits come every other week for **Sims and Skills**
- **Week 16**
 - Graduation
- **Complete Field Training Evaluation**
- **Medical Clearance**

Overall Process

WCEMS Academy (Old)	5 Weeks	9 Weeks	13 Weeks	17 Weeks	21 Weeks	25 Weeks
Didactic (5 weeks)						
Supervised clinical practice (24 weeks)						
Release to practice						
WCEMS Academy (New)	5 Weeks	9 weeks	13 Weeks	17 Weeks		
Didactic						
Supervised Clinical Practice						
Realease to practice						

System Entry Throughput



Take Away

- Credentialing is a critical part of assuring the quality of care you will provide as a System
- Having a process does not assure that your product will meet your need
- Build your process backwards from the outcome you expect
- Measure the impact and make changes