

# EMT-INTERMEDIATE CME BOOK



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## REGIONAL CONTINUING MEDICAL EDUCATION MANUAL

*January 1, 2010—December 31, 2010*

*Provider:* \_\_\_\_\_

*Level: AEMT-Intermediate* \_\_\_\_\_

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**Primary Agency CME Manager:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**First Semester**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Semester**

*Daniel Olsson, DO  
Regional Medical Director*

## HOW TO USE THIS PROVIDER MANUAL

Keeping with New York State's emphasis on CQI and the REMAC's desire to increase individual and agency responsibility, this record of Continuing Medical Education is the obligation and responsibility of the holder.

### How many hours are required for the regional CME program?

(Refer to CNYEMS Policy Statement 08-01 for complete details.)

| Level   | Minimum Didactic Hours |
|---------|------------------------|
| AEMT-I  | 6 hours per semester   |
| AEMT-CC | 10 hours per semester  |
| AEMT-P  | 12 hours per semester  |

### What do I do with this manual?

Complete the semester's requirements **prior to** the stated deadline. Submit this record of CME to the **primary agency** CME Manager. Failure to complete the requirements, or failure to have all records reviewed by the end of each semester will result in **AUTOMATIC RESTRICTION OF ALL ADVANCED LIFE SUPPORT (ALS) PRIVILEGES**.

### Will I be notified of ALS privilege restriction?

No formal notification of ALS restriction will be issued from the CNYEMS program. As stated above, failure to fulfill requirements will result in automatic restriction. You will not be allowed to practice at the level of your certification in the CNY region until the requirements are fulfilled.

### How do my ALS privileges get reinstated?

Upon completion of requirements (and the Agency CME Manager has reviewed the CME record) privileges are reinstated and the provider may resume practicing at the appropriate level of certification once the CME Manager has notified CNYEMS.

### Who is responsible for keeping this manual?

This manual is to remain the property of the provider to track CME requirements during each semester. At the end the semester, the manual is signed by the CME Manager, once he or she deems it complete. A copy will be made by the CME Manager and the original will be returned to the provider unless other arrangements are made. The CME Manager will retain this copy in agency files.

### Can I make multiple copies of this manual?

During the semester, each provider should record CME in only ONE manual. However, if a manual is lost or misplaced, second copies can be downloaded from [www.cnyems.org](http://www.cnyems.org).

## CNYEMS Continuing Medical Education Guidelines

- A maximum of 12 hours may be credited for self-study activity through documented continuing education via publications, video and/or internet training.

### Self Study Activities

Magazine Articles  
Videos  
Interactive computer programs  
Web based courses

- A maximum of 12 hours may be credited for teaching EMS related training courses.
- A maximum of 16 hours may be credited for national continuing education programs, such as PHTLS, BTLS, PALS, ACLS, AMLS, etc.
- A maximum of 12 hours may be credited to any one specific topic.

**The following are accepted continuing medical education programs. All programs require documented proof of attendance, participation and content:**

### Continuing Education Activities

Journal Clubs  
Call Reviews/Audits, Grand Round Sessions  
Agency Drills or in-services  
Lectures, Seminars, EMS Conferences  
Nationally recognized CME programs  
Pediatric Courses (PALS, PPCC, TRIPP, PEPP)  
Trauma Courses (PHTLS, BTLS, CTC)  
Emergency Driving (CEVO, EVOC, Defensive Driving)  
OSHA required training  
Hazardous Materials Training  
Literature Reviews  
Research Projects  
Clinical Rotations

### Skill Workshops

Credit can only be given for actual hours participated in the activity.

## DIDACTIC HOURS RECORD

### BASIC LIFE SUPPORT (BLS) HOURS

| Topic & Date | Hrs | Instructor Name/IC #/ Signature |
|--------------|-----|---------------------------------|
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |

### ADVANCED LIFE SUPPORT (ALS) HOURS

| Topic & Date | Hrs | Instructor Name/IC #/ Signature |
|--------------|-----|---------------------------------|
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |
|              |     |                                 |

**CPR Proficiency** (verified by certified American Heart Association, American Red Cross or National Safety Council **CPR INSTRUCTOR only**)  
 AHA     ARC     NSC

Instructor Signature & Date: \_\_\_\_\_

Date: \_\_\_\_\_ Provider: \_\_\_\_\_  
 Scenario: **Adult Cardiac Arrest** Scenario # \_\_\_\_\_

| Key Evaluation Points: ILS Scenario   | Met | Not Met |
|---|-----|---------|
| Checks level of responsiveness and ABC's.   |     |         |
| Determines patient priority and transport priority.   |     |         |
| Request for ALS.  |     |         |
| Establish cardiac complaint by vital signs and history.   |     |         |
| Prepares IV equipment for peripheral site. Establishes IV access using aseptic technique with appropriate fluids.                   |     |         |
| Prepares AED and defibrillates patient according to appropriate procedures and protocols.   |     |         |
| Defibrillates patient in a safe manner.   |     |         |
| Evaluates effectiveness of intervention.  |     |         |
| Initiates CPR.  |     |         |
| Initiates BLS airway maneuvers and rescue breathing.  |     |         |
| Prepares ET equipment appropriate to patient and performs intubation using standard technique.                                      |     |         |
| Uses appropriate confirmation device. Directs ventilation at appropriate rate.  |     |         |
| Provides no patient care that by commission or omission would result in significant harm.   |     |         |
| After Completion of Scenario: Identify indications for use of the Combitube and place device using accepted standards and protocol. |     |         |

**CME Evaluators Signature:** \_\_\_\_\_

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Scenario: Epinephrine Auto Injector Scenario # \_\_\_\_\_

| Key Evaluation Points: ILS Scenario   | Met | Not Met |
|---|-----|---------|
| Evaluates and treats airway.  |     |         |
| Evaluates and treats breathing.   |     |         |
| Evaluates and treats circulation.   |     |         |
| Determines patient priority and transport priority.                                       |     |         |
| Calls for ALS.  |     |         |
| Determines criteria for Epinephrine Auto Injector use.                                    |     |         |
| Checks for known allergies and contraindications.   |     |         |
| Checks medication for:<br>Correctness – Clarity – Concentration - Expiration              |     |         |
| Administers medication using appropriate techniques and protocol.                         |     |         |
| Establishes IV if age appropriate.  |     |         |
| Evaluates patient and verbalizes documentation.   |     |         |
| Provides no patient care that by commission or omission would result in significant harm. |     |         |
| <b>CME Evaluators Signature:</b>  |     |         |
| <b>Notes:</b>   |     |         |

Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Scenario: Nebulized Albuterol Scenario # \_\_\_\_\_

| Key Evaluation Points: ILS Scenario   | Met | Not Met |
|---|-----|---------|
| Evaluates and treats airway.  |     |         |
| Evaluates and treats breathing.   |     |         |
| Evaluates and treats circulation.   |     |         |
| Determines patient priority and transport priority.                                       |     |         |
| Calls for ALS.  |     |         |
| Determines criteria for Nebulized Albuterol use.  |     |         |
| Checks for known allergies and contraindications.   |     |         |
| Checks medication for:<br>Correctness – Clarity – Concentration - Expiration              |     |         |
| Administers medication using appropriate techniques and protocol.                         |     |         |
| Establishes IV if age appropriate.  |     |         |
| Evaluates patient and verbalizes documentation.   |     |         |
| Provides no patient care that by commission or omission would result in significant harm. |     |         |
| <b>CME Evaluators Signature:</b>  |     |         |
| <b>Notes:</b>   |     |         |