

**EMT-CC/PARAMEDIC
CME BOOK**



**REGIONAL
CONTINUING MEDICAL
EDUCATION MANUAL**

January 1, 2010–December 31, 2010

Provider: _____

Level: _____

Primary Agency CME Manager:

_____ **Date:** _____

First Semester

_____ **Date:** _____

Second Semester

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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.

CNYEMS Regional Continuing Medical Education Guidelines

- 50% of the 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.

Date: _____ Provider: _____
Scenario: Adult Cardiac Arrest Scenario # _____

Key Evaluation Points:	Met	Not Met
Assures safety and verbalizes a general impression of the patient.		
Level of consciousness.		
Evaluates and treats airway.		
Evaluates and treats breathing.		
Evaluates and treats circulation.		
Determines patient priority and calls for rapid transport.		
Obtains vital signs.		
Obtains SAMPLE history.		
Identifies Unstable Tachycardia and follows protocol.		
Treats patient according to protocol.		
Cardioverts using safe manner.		
Evaluates A, B, C's and intervention.		
Identifies pulseless V-tach and follows protocol.		
Disengages sync and defibrillates in a safe manner.		
Initiates CPR.		
Manages the patients airway using ET and capnography.		
Reevaluates A, B, C's and intervention.		
Identifies Sinus Bradycardia and follows protocol.		
Correctly uses transcutaneous pacing and identifies indicators of successful pacing.		
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 Evaluator Signature:		
Notes:		

FIRST SEMESTER

Date: _____ Provider: _____

Static Rhythm Identification

Rhythms	Met	Not Met
1st Degree Heart Block		
2nd Degree Heart Block Type 1		
2nd Degree Heart Block Type 2		
3rd Degree Heart Block		
Atrial Fibrillation		
Atrial Flutter		
Atrial Tachycardia		
Idioventricular Rhythm		
Junctional Rhythm		
Multifocal PVCs		
Normal Sinus Rhythm		
Sinus Bradycardia		
Sinus Tachycardia		
Ventricular Bigeminy		
Ventricular Fibrillation		
Ventricular Tachycardia		
CME Evaluators Signature:		

FIRST SEMESTER

Scenario: Controlled Substances

The purpose of this scenario is to refresh the provider's knowledge of the medications contained within the agency's Controlled Substances Box. An actual Controlled Substances Box should be used for this scenario but actual medications are not to be administered. Agencies are encouraged to make substitute labels for old vials/carpuments for this evolution so they can't be confused with current stock.

You are ordered to administer ____ mg of Morphine Sulfate
(chose a dose 1 mg above what is carried in 1 Carpuject)
for a patient experiencing abdominal pain.

Key Evaluation Points:	Met	Not Met
Repeats and confirms on-line medical control order to administer Morphine _____ mg IV.		
Confirms six (6) rights: 1. Right patient 4. Right route 2. Right time 5. Right drug 3. Right dose 6. Right documentation		
Confirms proper concentration.		
Verifies expiration date .		
Confirms patient is not allergic and rules out contraindications.		
Demonstrates method of calculating proper dose (provider will need to utilize 2 vials/syringes to achieve proper dose).		
Has second provider confirm correct medication, calculation and dose drawn (evaluator may do this).		
Verbalizes loading of Carpuject™ and breaking of seal (if carried).		
Upon completion of the scenario the provider shall correctly identify all other medications in box and their concentrations.		
CME Evaluator Signature:		
Notes:		

FIRST SEMESTER

Date: _____ Provider: _____		
Scenario: Pediatric Medical Scenario # _____		
Key Evaluation Points:	Met	Not Met
Assures safety, verbalizes a general impression of the patient and considers ALS.		
Determines patient priority and calls for rapid transport.		
Level of consciousness.		
Evaluates and treats airway.		
Evaluates and treats breathing.		
Considers SAMPLE history.		
Administer Epinephrine.		
Evaluates and treats circulation.		
Establishes IV access and EKG.		
Obtains vital signs.		
Administers secondary medications per protocol.		
Calculates and administers fluid bolus.		
Provides no patient care that by commission or omission would result in significant harm.		
CME Evaluator Signature:		
Notes:		

SECOND SEMESTER

Date: _____ **Provider:** _____
Scenario: Pediatric Trauma **Scenario #** _____

Key Evaluation Points:	Met	Not Met
Assures safety and verbalizes a general impression of the patient.		
Level of consciousness.		
Determines patient priority and calls for rapid transport.		
Evaluates and treats airway.		
Manages airway according to Facilitated Intubation Protocol (Paramedic only).		
Uses capnography to confirm ET placement.		
Evaluates and treats breathing.		
Performs chest needle decompression (Paramedic only).		
Evaluates and treats circulatory compromise.		
Establishes venous access in accordance with protocols.		
Obtain vital signs.		
Considers SAMPLE history and rapid trauma exam.		
Provides no patient care that by commission or omission would result in significant harm.		
CME Evaluator Signature:		
Notes:		

SECOND SEMESTER

Scenario: Controlled Substance

The purpose of this scenario is to refresh the provider's knowledge of the medications contained within the agency's Controlled Substances Box. An actual Controlled Substances Box should be used for this scenario but actual medications are not to be administered. Agencies are encouraged to make substitute labels for old vials/carpjects for this evolution so they can't be confused with current stock.

You are ordered to administer ____ mg of Morphine Sulfate (chose a dose 1 mg above what is carried in 1 Carpuject) for a patient experiencing abdominal pain.

Key Evaluation Points:	Met	Not Met
Repeats and confirms on-line medical control order to administer Morphine _____ mg IV.		
Confirms six (6) rights: 3. Right patient 4. Right route 4. Right time 5. Right drug 3. Right dose 6. Right documentation		
Confirms proper concentration.		
Verifies expiration date .		
Confirms patient is not allergic and rules out contraindications.		
Demonstrates method of calculating proper dose (provider will need to utilize 2 vials/syringes to achieve proper dose).		
Has second provider confirm correct medication, calculation and dose drawn (evaluator may do this).		
Verbalizes loading of Carpuject™ and breaking of seal (if carried).		
Upon completion of the scenario the provider shall correctly identify all other medications in box and their concentrations.		
CME Evaluator Signature:		
Notes:		

SECOND SEMESTER