

# Northwest Community EMS System Provisional Certificate – Paramedic (PP) Instructions

## 1. What is a Provisional Paramedic Certificate?

- Provisional EMS Certificates are NOT an IDPH State License. They are only an EMS System approval recognized by IDPH during the COVID-19 pandemic that allows a qualified candidate to function with the awarded level of privileges in an effort to support staffing and/or to provide a path to licensure.
- Every effort should be made to obtain state licensure as soon as internships and testing become available

## 2. Eligibility criteria for a Provisional Paramedic Certificate (Provisional Paramedic):

- Paramedic students who have completed the last semester of class (EMS 216) evidenced by passing the final written and practical exams but have not yet completed the Field Internship capstone experiences.
- Must have: complete class file; current EMT license; CPR card, background check, and health verification info.

## 3. What are the practice privileges awarded to a Provisional Paramedic?

- **Same ALS privileges awarded during the Field Internship.**
- However, they are not operating as a paramedic student in any way. They must be recognized in Image Trend as a Provisional Certificate Paramedic employed by that agency.

## 4. Under what circumstances can a Provisional Paramedic provide care?

- **Be EMPLOYED** by a NWC EMSS Provider Agency on a vehicle assigned to the NWC EMSS.
- **Partnered with a qualified paramedic:** e.g., licensed paramedic with full NWC EMSS Practice privileges recognized as a Peer II, III, or IV educator or be a current or formerly approved preceptor.
- **ALS care may only be provided with and under the direct supervision of an approved partner.** The partner must be physically present with them at all times in the patient care environment/compartments.
- **At no time can a PP be alone in the back of the ambulance with a patient requiring ALS care.** There must be two fully licensed PMs caring for all emergency response ALS patients on scene and enroute per System S3 policy as we are not yet operating under Crisis conditions. On these calls, one PM can drive and the other qualified partner can supervise the PP or Expanded Scope EMT. PPs and the Expanded Scope EMTs have temporary ALS privileges, but cannot be counted toward ALS staffing requirements at this point in time.
- **Based on hardship and an approved waiver:** An EMS agency may request authorization for a licensed PM to be in the back with a PP or Expanded Scope EMT and have another authorized party drive the ambulance.
- **If a BLS call,** a PP and/or Expanded Scope EMT holds an EMT license, so they may be the sole practitioner in the back with a patient.
- Two individuals granted a Provisional certificate under this special waiver shall not practice together and must be paired with an approved regular licensee.

## 5. What is the Modified Capstone Experience Portfolio requirements for the S20 class?

- While we cannot eliminate the need for live patient encounters to meet Capstone requirements, we can modify the number of real patients required by substituting carefully designed simulated calls until 10-31-20.
- For S20 class only, the requirements originally put forth in Phases 1 and 2 of the field internship are combined and the options for completing patient calls are modified by adding simulated scenarios requiring higher order thinking and leadership ability to the capstone competency assessments.

### **Amended Capstone experience and Student Portfolio S2020:** Each student must complete the following:

- 6 scripted self-videotaped ALS assessments graded as acceptable
- 6 complex simulated ALS calls demonstrating leadership skills (final practical exam) with passing grade
- **8 real-patient ALS calls demonstrating entry-level competence as a PM as the team leader.**  
Will accept calls completed during Phase 1 of the Field Internship (suspended in March) if the student served as the team leader as authorized by the assigned hospital EMSC/educator. Will also accept calls that meet criteria completed while working under EMT expanded scope or PP privileges.
- Successful completion of amended minimum numbers of skills, pt types and ages, and competencies tracked through the labs, hospital clinicals and Field experience in Fisdap software. Minimums approved by EMS MD/endorsed by Advisory Committee (CoAEMSP Appendix G), provided to students.

## 6. Criteria for acceptable real patient ALS Team Lead calls

- Noted as the team leader on the ePCR.
- ALS pt transported to a healthcare facility with a condition that required critical thinking/decision-making and on whom ALS assessments/skills were performed.
- Expanded scope EMT/PP must have completed an appropriate assessment, reached a correct (or reasonable within the information available at the moment) impression, directed care consistent with SOP; transported to an appropriate destination, and ensured complete documentation in the ePCR.
- Participation must be entered into Fisdap, with the "I did" boxes AND the "I was the team leader" box checked.
- No BLS, triple zero, or refusal of service calls are accepted this year toward the 8 Capstone leadership calls but may be counted toward breadth of experience.

## 7. Breadth of experience calls

- If an Expanded Scope EMT/PP serves as **team member** on ALS calls or **team leader or member on BLS calls** during which they assess the patient and provide care, enter that participation in Fisdap to meet patient minimums on Table 1 of their Appx G report.
- Consider non-team lead ALS & all BLS runs since the beginning of March and those done after getting employed as a PP. To get credit for these pts by age, condition, and skills performed, enter them into Fisdap and attach the redacted PCR, with the correct impression and the skills performed, and the two "I did" boxes checked and submit to Jen Dyer.

## 8. How are ALS Team Lead calls approved for the Portfolio capstone experience this year?

### Require 100% QI review - process:

- Have partner complete and sign their evaluation of the Expanded Scope EMT/PP's performance on the Field Internship Critique form as the form is familiar and it accurately notes the elements that need to be monitored.
- The Expanded scope EMT/PP may choose to answer the probing questions posed on the first page of the critique form but that is not required. Those elements may be discussed in the phone/Zoom interview.
- Scan and electronically submit the signed critique forms along with redacted (blinded) copies of the PCRs to the designated HEMSC/educator who will evaluate the submissions for compliance with program requirements. All forms must be completely filled out with all appropriate signatures.
- When 8 acceptable calls have been received and approved; the HEMSC/educator will conduct a conference phone or Zoom interview with the PP and at least one of their qualified partners to determine whether the candidate has fully demonstrate entry level competence as a paramedic.
- **At the conclusion of the phone/Zoom conversation**, if entry level competency has been demonstrated and approved, the assigned HEMSC/educator shall complete the Phase II Summative evaluation form as the form is familiar and accurately notes all QI assessments that must be documented. The nurse must obtain verbal consent from the qualified partner to sign their name on the form. The HEMSC/educator must also obtain the Provider EMSC/s consent to sign their name on the form.
- The HEMSC/E shall submit the approved ALS Team Lead calls, the redacted PCRs, and the completed and signed Phase 2 summative evaluation form to the NWC EMSS office for inclusion in the student's file.

## 9. What if a student declines to become employed as a Provisional Paramedic?

Students, who choose not to become employed as a PP will have one month to complete all course Field Internship requirements when limitations on student participation are lifted and Field Internships are reinstated with the host agencies. It is unclear at this time when that may happen.

## 10. What are the paramedic licensure requirements for this year?

If the complete body of student work and summative evaluation instruments clearly show that they have achieved the class primary program goal and required terminal competencies; the student will graduate and be eligible to take the NR exam.

"To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels." (CoAEMSP, 2019)

With current limitations on the practical exam, graduates may take the **NREMT written as an assessment exam**. A passing score makes them eligible for **Illinois licensure as a paramedic**. Those that take the written only are not eligible for NREMT certificates or registration. When the practical exam is also completed, they will earn NREMT certification. The Practical exam is currently scheduled for July 17, 2020.