



System-Entry Process & Instructions

Documents posted on website: www.nwcemss.org under System Entry tab

READ: Policy E3: System ENTRY: Credentialing and Practice Privileges

To open file - provide current & legible copies of the following:

- System entry authorization form** completed with signature of Provider EMSC or Chief/CEO.
- Illinois **PM or PHRN license**; NREMT certificate if applicable; and **AHA CPR for healthcare provider** card (front & back). A NREMT card is not an Illinois license. Out-of-state licensees must seek reciprocity with IDPH.
- Driver's license, DOB, phone/text number, and e-mail address.
- Letter of verification** from most recent EMS System including : Name of System; practice privileges awarded; dates of affiliation if not currently in good standing; any practice issues that would prevent them from being considered for reinstatement in that System. If newly graduated and never employed in EMS, submit a letter from the Paramedic/PHRN Education Program Director affirming your date of graduation.
- All **EMS CE hours** accumulated since licensure or the last renewal.

The **purpose** of System entry testing is to **measure your competence in three domains of learning**: knowledge of principles in national EMS Education Standards & NWC EMSS SOPs, policies & procedures; precision in performing skills required in our System and demonstrated professional characteristics.

- Prerequisites: Policy Manual and SOP self-assessments** (4 in total: Cardiac/Fundamentals/Medical/Trauma): The self-assessments **must be reviewed for completion & accuracy**, signed off by agency PEMSC or preceptor prior to submission.

If they are not submitted 1 wk prior to (Tuesday 5 pm) to ensure grading, the individual will not be allowed to test (Ex. test on TU, 07-11-19, assessment submissions must be to the EMS office by TU, 07-04-19).

Written Exams (4 tests plus ECG rhythm identification exam)

Study the SOPs, policy manual, self-assessments, ECG study guide, and the exam blueprints. CE credit will be awarded for time completing the Self-assessments and studying for the exams as verified by the PEMSC.

Exams are built from blueprints tied to high risk, mission critical objectives and consist of multiple choice items. Question numbers per test vary based on the complexity and extent of section content. The blueprints are posted for applicants to review in advance of testing. Each exam is graded separately. Minimum **passing score: 75%**.

- o **Fundamentals** - SOP sections: Introduction; General Assessment/IMC; Withholding or withdrawing resuscitation; Elderly; Extremely obese patients; Airway obstruction, DAI; Allergic Reactions/anaphylactic shock; Asthma/COPD; Patients with Tracheotomy; Childbirth; Post-partum complications; Newborn resuscitation; OB complications; Peds (whole section)
- o **Cardiac** (all cardiac SOPs)
- o **Medical** (all medical SOPs)
- o **Trauma** (all trauma SOPs)
- o **ECG strip test:** 15 rhythms. Must score $\geq 75\%$ + identify lethal rhythms: VT, VF, asystole, IVR, AIVR, 3°AVB.

Timing: You will be given a maximum of one minute per question to complete each exam.

Scheduling: Offered every Tuesday (unless a holiday) by appointment from 0900 to 1200 in the Kirchoff Center. Maximum 2 exams, plus ECG strip test may be attempted at one sitting.

Temporary System Privileges are awarded after exams are successfully completed if file is complete

Skills Lab

- Must successfully complete file, prerequisites, and written exams to register.
- Held monthly on the **first Monday** (unless a holiday) by appointment in the Kirchoff Center.
- Hr for Hr CE credits awarded upon successful completion as well as **Full ALS System Privileges**.

Skills tested: See System Procedure manual on website under System Standards of Practice tab for skill sheets

- **DAI** using King Vision, channeled blade and bougie (drugs: ketamine, etomidate, midazolam, and fentanyl).
- Bougie assisted **surgical cric**.
- **IO:** tibial and proximal humerus sites (unconscious and conscious pt - use of lidocaine prn).
- **12 L ECG** lead placement; tracing acquisition; interpretation of ischemia/infarction (identification of chest lead landmarks will be on each other; therefore come prepared dressing appropriately).
- Application of **C-PAP**, in-line nebulization of drugs for asthma.
- **Dynamic ECG** rhythm identification and treatment transitioning between pages of SOP – adaptive competence.
- **Pit crew approach to cardiac arrest management** using quality CPR, ResQPod, capnography, real-time CPR feedback device, apneic oxygenation, BLS to ALS airways, appropriate ventilation technique, vascular access, drug administration (epinephrine/ amiodarone); minimizing pauses in compressions for rhythm check/defib, dual sequential defibrillation, consideration of the Hs and Ts; recognition and treatment of ROSC; mixing and titrating a norepinephrine drip.

Schedule appts & written materials for file: Pamela Ross (pross@nch.org) or call 847-618-4482.

Report to the NWC EMSS office in the NCH Kirchoff Center by 0845 on the mornings of testing and lab.

Send self-assessments to K. Chesney by email; kchesney@nch.org for grading.