



CENTRAL SHENANDOAH EMS COUNCIL

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Date: September 16, 2003
To: CSEMS Council ALS Providers, Agency Officers
From: Matt Lawler, Training Director
Re: Skills Drill, Other Information

Skill Drill – In June 2003, at the direction of the Medical Control Review Committee (MCRC) and the EMS Physicians, we began conducting skills drills in an evaluative format [*Skills Drill Memos 4/14/03, 5/22/03*]. Administration of future skills drills was discussed at the September MCRC meeting. Based on experiences during the June drills and provider feedback, the committee recommended and approved the following changes to the format of skills drills. The committee believes the changes are for the better and encourages your feedback.

- Skill stations will be conducted using two evaluators. One evaluator will act as the patient and role play based on the scenario. Manikins will be used for patients that are unconscious or in arrest.
- All providers will be required to take a short written test based on the prehospital protocols. A passing score on the written test will be 80%.
- A lottery will be conducted to randomly select 25% of the providers present at the drill to complete a skill station. The remaining providers will be excused from the drill if they scored 80% or better on the written test and there is no other continuing education material to cover.
- A provider scoring less than 80% on the written test will be required to complete a skill station. Successful completion of the skill station will negate a failing score on the written test.
- Any currently suspended provider will be required to complete a skill station.
- Providers that score less than 80% on the written test and/or fail a skill station will be given an opportunity to retest at another skills drill during the month. The provider must register for the second skills drill. Approval to attend the second drill will be contingent on the number of providers registered for the drill and the evaluator staffing arranged for the drill.

The MCRC also discussed preception of suspended providers. The committee agreed that suspended providers are permitted to perform ALS skills if they are being precepted by a regional preceptor.

I would like to remind you that registration is now required for skills drill. Registration can be accomplished on-line at www.csems.vaems.org/register or by calling our office. We are doing this so that we may better anticipate the number of providers that will be at each drill and schedule evaluators accordingly.

External Jugular Cannulation – At the April 2003 MCRC meeting, EMT-Intermediates were given authorization to perform external jugular cannulation in the field after receiving permission from on-line medical control. The authorization was given for a trial period to be reviewed at a future date. This procedure was discussed at the September MCRC meeting and the committee approved performance of the skill for EMT-Intermediates without on-line medical control for critically ill and arrest patients. Pending protocol revisions will reflect this change.

Narcotic Accountability – The Council has received reports that PPCRs in Cardiac drug boxes, which have been exchanged at area hospitals after narcotics have been used, sometimes do not have the appropriate signatures accounting for the use and/or wasting of the narcotics. Both the provider and the nurse exchanging the box need to sign the PPCR in the appropriate box indicating the narcotics have been accounted for, in addition to any paperwork required by the particular hospital.