Northwest Community/Northern Lake County MIH Program MIH Clinician Qualifications and requirements

Minimum Qualifications:

- **LICENSURE**: Currently licensed Paramedic (PM)/PHRN in good standing in their EMS System (includes being up to date with all required credentials, CE, and competency assessments).
- **EXPERIENCE**: Two years active duty as a licensed PM or PHRN meeting NWC EMSS preceptoreligibility criteria as defined in Policy P-1 Preceptors unless a waiver is granted for early eligibility based on an individual's outstanding performance and qualifications.
 - Has had direct patient care in at least 6 of the last 12 months. If not, submit how full knowledge and competencies have been maintained as listed below.
- PRACTICE EXCELLENCE: No sustained allegations of misconduct classified as at risk or reckless behavior/willful defiance with respect to EMS professionalism or practice at their EMS Agency or within their EMS System in the past 12 months. The applicant cannot be on an active performance improvement plan or disciplinary action plan, restricted license, or probationary status per NWC EMSS Policy D1 Due Process: Corrective coaching/Disciplinary Action or G1 Grievance Recourse Step 1: Request for Clarification (RFC); complaint investigation.
- **EDUCATION**: Successful completion of an MIH CP Education program and credentialed to function as an MIH Clinician by the Program EMS MD.
- **ESSENTIAL SKILLS & COMPENCIES:** Demonstrated competency in all three domains of learning that ensures the delivery of quality person-centered care as defined in the MIH Program Plan, MIH Clinician Position Description, and SOPs to serve the health care needs of the MIH population.

Explanation of competencies:

• **Conceptual** (Demonstrated basic skills of thought and reasoning): Ability to clarify questions; gather relevant data; and reason to logical and valid conclusions; identify key assumptions; trace significant implications; and enter without distortion into alternative points of view.

Critical thinking: Routinely applies intellectual standards to the elements of reasoning to demonstrate strong intellectual traits.

- **Intellectual standards**: Uses discerning judgment based on standards and/or makes objective judgments by determining merits and faults. Able to think and act with clarity, precision, accuracy, relevance, depth, breadth, logicalness, significance, completeness, and fairness.
- **Elements of reasoning**: Considers a broad range of concepts, points of view, implications, information, and assumptions when making a determination, decision, or judgment.
- **Intellectual traits**: Intellectual humility/teachable spirit; autonomy, integrity, intellectual courage, perseverance, and confidence in reason and fairmindedness.
- **Technical competence**: Proficiency in performing all skills/tasks within a CP/CPHRN's scope of practice with correct technique, sequencing, timing, and without coaching or critical error
- Adaptive competence: Adapts fluidly to changing environments, situations, and patient needs
- **Contextual competence:** Understands how MIH practice fits within the greater whole of the healthcare continuum. Uses conceptual and technical skills in the right context, avoiding a technical imperative.
- Integrative competency: Ability to put together all other competencies to meld theory and practice
- **Social competence:** The ability to engage appropriately in social interactions with others. This includes social cognition, social values, positive self-identity, interpersonal social behaviors, self-regulation/behavioral adjustment, planning and decision-making, and emotional intelligence,
- **Emotional intelligence:** Ability to perceive, understand, self-regulate, and manage emotions and use emotions appropriately to inform thinking and actions.
 - **Uncompromising character:** Strong professional identity; lives program values, demonstrates strong ethical behavior; scholarly concern for improvement; and motivation for continued learning.
- Communicative competence: Strong interpersonal and communication skills (written, verbal, and nonverbal).
- Patient advocacy: Consistently defends patient's rights, places patient's needs first unless a safety threat exists; and protects confidentiality

Submit applications to: Erik Christensen

E-Mail: <u>EChristensen@waucondafire.org</u> or by fax, mail, or hand delivered to Erik at the Wauconda FD. All applications shall be reviewed and approved by Dr. Matthew T. Jordan.

NWC/Northern Lake County MIH Clinician/Community PM (CP) APPLICATION

| | | • | |
|---|-------------------------|-------------|--|
| Name (PRINT): | Employer: | | |
| EMS System affiliation: | EMS credential PM PHRN | | |
| DOB: | License #: | Exp. Date:: | |
| SS#: | Length of EMS service: | | |
| Phone #: | e-mail address : | | |
| | | | |
| Additional licensures/certifications (Submit current card/license if applicable) □ CPR inst. □ Flight RN/PM □ Community/health ed. □ Critical care RN/PM □ EMS Lead instructor □ ACLS □ AMLS/EMPACT □ ITLS/PHTLS/TNCC/TNS □ PALS, APLS, or PEPP □ ABLS □ GEMS □ EMS educator/Preceptor □ Peer Educator (list level) □ Other (list): | | | |
| Levels of academic preparation – select all that apply Paramedic certificate PN diploma RN diploma Associate degree: List credential: Bachelor's degree: List credential: Doctorate: List credential: | | | |
| MIH CP applicant: Give a brief description of why you would like to serve as a CP/CPHRN. May attach a letter/memo if preferred. This information is accurate to the best of my knowledge: Signature MIH CP/CPHRN candidate | | | |
| Provider EMSC - please verify and rate | | | |

| Qualifications | |
|--|--|
| Currently licensed as a Paramedic/PHRN in good standing meeting all EMS System requirements. | |
| Two years active duty as a licensed PM/PHRN meeting preceptor-eligibility criteria or early eligibility waiver | |
| Has had direct patient care in at least 6 of the last 12 months. (If no, submit how competency has been maintained.) | |
| No sustained complaints relative to patient care or ethical violations suggesting high risk behavior in past year per Policy G-1 | |

Rating key

- Exceptional/superior: Clearly outstanding consistently exceed standards Proficient: Strong performer that consistently meets standards
- Marginal/deficient: Opportunity; performs inconsistently or below benchmarks

| Rating of recommended competencies: | | |
|---|--|--|
| Conceptual medical knowledge: Working knowledge and ability to apply concepts in conformity with MIH practice standards | | |
| History taking skills: Ability to obtain a thorough & accurate history needed to assess the patient's health status | | |
| Technical competency/Physical exam skills: Ability to perform a thorough/accurate exam appropriate to the patient's needs | | |
| Clinical reasoning skills: Ability to problem solve and reach accurate conclusions using appropriate reasoning skills | | |
| Affective domain: Social & emotional intelligence; living professional values/attributes of integrity, empathy, self-motivation, appearance; self-confidence; time mgt; teamwork & diplomacy; attitude; patient advocacy, respect; cultural humility, careful delivery of service | | |
| Communication skills (verbal and nonverbal) | | |
| Patient coaching/teaching skills: Ability to competently coach patients to achieve optimum health | | |
| Written documentation: Completes reports that reflect the clinical encounter in a factual, accurate, complete and timely manner. | | |
| Intellectual curiosity: Independent study of SOPs, clinical literature, standards and guidelines reflecting effort to improve knowledge and competencies. | | |