

## ALS Redesign Expert Panel Meeting

February 28, 2022, 2p.m. ET



### This month's topic: Clinical Judgement Model

#### How It Works: The Framework

The topic for this ALS Redesign Expert Panel meeting was Clinical Judgement. The panel gained further understanding of Clinical Judgment in EMS certification and the direction that the National Registry will be moving towards. This information was presented by several speakers, Dr. Mihaiela Gugui, Dr. Ashish Panchal, and Dr. Tom Platt, all of whom are authors of the paper, "A Framework for Clinical Judgement in EMS."

From Dr. Ashish Panchal, we highlighted Clinical Judgment within EMS through Competency and Education. Dr. Panchal addressed the challenges that newly certified and those recertifying experience when making important judgment calls based off knowledge, skills, and reasoning. Dr. Panchal furthered his presentation to explain how Clinical Judgement in the EMS experience is integral for the development of recognizing critical cues upon decision making and establishing competency that goes beyond the retainment of knowledge and application of skills.

Dr. Tom Platt addressed why there may be criticism of the Clinical Judgment definition, however, made a key point that when making important judgement calls, there is good intention behind wanting to do the right thing. He moved on to say there lacks the ability and opportunity to apply Critical Judgement or cognitive decision making in the field. Dr. Platt described the Dispatch portion of the model (copied below) to explain the transitions from En Route, Scene and Post Scene.

Dr. Mihaiela Gugui educated the panel with her contribution by explaining the proposed framework of the Clinical Judgement Model and the process that took place in establishing it. By providing references to similar processes of clinical decision-making that nurses use, this process was constructed with Clinical Judgement through steps of decision making, reasoning, and coming to a conclusion. Dr. Gugui recognizes that although there are similarities in nursing and EMS environments, there are more complexities with EMS. A detailed explanation of each of the information processes and "loops" within the model were provided including capturing Patient Cues, Environmental Cues, Clinician Factors, and the many variables that come with each. Dr. Gugui explained that Clinical Judgment is the over-arching construct with leadership and communication being the supportive pieces to the framework. Dr. Gugui stressed that through the theoretical model of Clinical Judgement, the purpose is to create scenarios that emulate reality as accurately as possible that go beyond testing material purposes.

#### Current State and Research

The paper, “A Framework for Clinical Judgement in EMS” authored by the Mihaiela R. Gugiu, PhD, Ashish R. Panchal, MD, PhD, Thomas E. Platt, EdD, and Kim Mckenna, PhD, MEd, BSN, NRP defines and explains the clinical judgement domain and how it works in EMS. This accepted version of this paper is available online. The final version of the paper will be available at a later determined date.

### **Posed Question**

Do you have any feedback on the model or what may be missing? And how can we help prepare the EMS community for this change?

### **The Consensus**

The conversation was rich and full of great dialogue. The panel made a point that some education materials and responsibility for prepping the community should happen outside of the Registry and the benefits of involving other organizations such as NEMSA and NAEMSP.

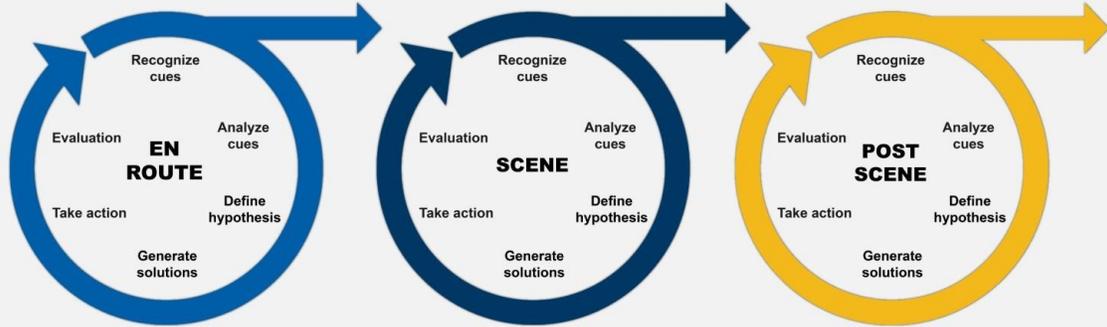
It was also important to the panel to highlight to the community the main message, which is, the National Registry is not rolling out a new examination. They are introducing a new way to conduct and measure clinical judgement and giving others the tools, definitions, and language, they need to incorporate them into their programs.

Performance scenario rubrics will be available to stakeholders and instructors, models and graphics will continue to support the framework and the right terms, definition and materials will be a top priority for the Registry during this time of transition.

The driving force of this update is to create scenarios and an experience that emulates reality as accurately as possible.



**Clinical Judgment**



**Patient Cues, Environmental Cues & Provider Factors**