



# CRAM

CAPTAIN MARK ZANDHUISEN,  
ADVANCED CARE PARAMEDIC  
BONNER COUNTY EMS  
SANDPOINT, ID, USA

## Clinical Review and Mentoring

- Competency verification for new and advancing providers
- Critical evaluation of new and current products and practices
- Draws from the experience of the system's providers
- Committee of Mentors and interested providers meets quarterly

**WHAT IS CRAM?**

# **CRAM is an alternative to the traditional FTO style of field training**

**Newly hired and advancing provider candidates paired with a mentor**

- Mentor oversees candidate's progress

**Candidate's work as a third rider during peak hours**

- Candidates coworkers that day are the preceptors
- Points earned in various categories on calls
- Preceptors fill out evaluation for each call



## **COMPETENCY VERIFICATION**

# Once a candidate reaches the required number of points

- Mentor presents the evidence at the next scheduled CRAM meeting
- CRAM committee votes to recommend the candidate for independent practice
- System medical director makes final decision
  - May choose to meet with the provider

**COMPETENCY VERIFICATION**

# Positives

- Candidate able to learn from multiple preceptors instead of just one FTO
- Mentor advocates for the candidate, offers wisdom, identifies areas for training
- Mentor for life

# Negatives

- Eliminating FTO position may decrease opportunities for professional development (already an industry challenge)

**COMPETENCY VERIFICATION**

# Lessons learned

- Difficult for part time employees to be mentors
- Best for new hires to work as an
- Advancing providers do fine working their normal shift with an experienced partner
- Need to set a time deadline to complete CRAM

**COMPETENCY VERIFICATION**

**Turn your EMS system into a think tank**

**EMS providers have a lot of time to think**



**INNOVATION REVIEW**

# A provider identifies...

- A new product on the market
- An idea for a new procedure
- A solution to a problem with current equipment, supplies or procedures

That provider becomes the  
champion of their innovation



**INNOVATION REVIEW**

# The innovation is presented to the CRAM committee

- The innovation is critically evaluated using evidence based research and best practices
- The committee votes
- CRAM makes a recommendation to the appropriate department

**INNOVATION REVIEW**

## Positives

- Purchases become evidence driven and not vendor driven
- Increased provider buy-in
- System is better able to adapt and change

## Negatives

- Changes can be slow at times

**INNOVATION REVIEW**

# Lessons learned

**Some recommendations may be clinically best, but are too expensive**

- Important not to cloud clinical recommendations with cost
- Submit secondary recommendation in case cost of primary recommendation is too high



**INNOVATION REVIEW**

- From August 2011 to April 2012, eight newly hired or advancing providers were cleared through CRAM
- New electrodes proposed and trialed
- ITD evidence critically reviewed
- Bandaging supplies reviewed and trimmed
- Blood clotting agent proposed
- New IV catheters proposed
- Pelvic wrap proposed
- Hypothermia thermometers proposed
- CQA meetings video conferenced online
- Community Paramedic Program Started

## **CRAM SUCCESS STORIES**

**Mark Zandhuisen contact Info:**

[MZandhuisen@co.bonner.id.us](mailto:MZandhuisen@co.bonner.id.us)

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