



# Announcement

The goal of the credential maintenance program is to strengthen the relationship between competencies of credential holders and expectations linked to those credentials. Participant feedback indicates credentialed practitioners find value and meaning in the assessments.

As an added value, we would like to share the list of **Most Missed Concepts** identified by the Credential Maintenance Program Assessments. It is our hope that this information will be useful to educators, managers, and practitioners while stimulating conversation or planning to address these gaps and to enhance understanding of important concepts impacting patient care.

## Most Missed Concepts on the 2022 Credential Maintenance Program Assessments

Someone credentialed in the Adult Critical Care Specialty is expected to recognize:

- No missed concepts were identified this year.

Someone credentialed in the Neonatal / Pediatric Specialty is expected to recognize:

- CT of the chest with contrast or an MRI is used to confirm a vascular ring after a barium swallow test shows esophageal compression.
- When applying the JumpSTART algorithm in a mass casualty incident, a patient who remains apneic after airway repositioning and receiving five rescue breaths is tagged as black even when they have a pulse.

Someone credentialed in Pulmonary Function Technology is expected to recognize:

- No missed concepts were identified this year.

Someone credentialed in the Sleep Disorders Specialty is expected to recognize:

- Ensuring immediate patient safety is the highest priority when an agitated patient threatens sleep center staff and other patients.
- When preparing for an overnight sleep study, a specialist should recognize that an all-channel 50 microvolt DC calibration is done to verify the accuracy of the PSG signals.
- The PAP level should remain the same, when there is too little time left to evaluate an increase, even after the patient moves to the supine position prompting new apneic events.

Someone credentialed in Respiratory Therapy is expected to recognize:

- During PC, A/C invasive ventilation, the peak inspiratory pressure may need to be increased to increase the  $\Delta P$  to ensure adequate tidal volume during a bronchoscopy. Increasing the PEEP only decreases the  $\Delta P$  and delivered tidal volume.
- When the peak inspiratory pressure remains below 25 cm H<sub>2</sub>O and exhaled tidal volume is 5 mL/kg of PBW during PC, A/C invasive ventilation, the delivered inspiratory pressure should be increased to correct respiratory acidosis. Increasing the mandatory rate will have little or even no effect when the patient's total rate already far exceeds the mandatory rate.