Student Minimum Competency Recommendations (SMC)
Frequently Asked Questions

September 22, 2021

1. **Q: Why are the Student Minimum Competency (SMC) recommendations changing since the current recommendations were implemented in July of 2019?**

   A: After receiving feedback from Program Directors, the CoAEMSP Board of Directors felt the SMC could be simplified, and the recommendation for the education process (formative exposure) should be separated from the required reporting for competency. The new SMC document includes information on both processes.

2. **Q: The new version looks like the 2019 version with multiple tables. What has changed?**

   A: The 2019 version was more prescriptive and regimented the education process. The new version separates the formative process from the competency evaluation. Programs are responsible for determining and documenting how they will sequence formative experiences. The Program is only required to report the *summary* tracking information to CoAEMSP.

   In addition, the Program required minimums have been revised, and simulation is included.

3. **Q: When will the SMC recommendations be updated again?**

   A: The SMC will be reviewed every four (4) years, incorporating any potential changes based upon current evidence, including The National Registry's practice analysis, National Scope of Practice, National Education Standards, and other pertinent information. Furthermore, during the review, the CoAEMSP recommended minimum requirements may be revised based on data related to program experience in determining minimum competency.

4. **Q: What are the Program's required minimum numbers based on?**

   A: The expectations for minimum expected formative experiences were developed from a national panel of educational subject matter experts and records of student data. Consideration was also given to information obtained in The National Registry's Practice Analysis and the NHTSA 2019 National Scope of Practice.

5. **Q: Who was involved in establishing these new minimum numbers/requirements?**

   A: A committee of CoAEMSP Board members, The National Registry representatives, and CoAEMSP staff members met for a year to develop the new SMC and provide the Program Directors and program Medical Directors more flexibility in identifying program required assessments, skills, and skills tracking. A focus group meeting was also held with a group of programs to obtain feedback on the draft SMC document.

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6. Q: What is the difference between formative and competency or summative evaluations?

A: Formative experience is defined as an activity in which the student performance is assessed to provide feedback to the student during the educational experience and expose the student to a variety of patients and conditions.

Competency is defined as the performance expectation by which the educational Program can attest that the student has amassed a portfolio of demonstrated performance of skills and abilities necessary for safe and effective care.

7. Q: Do I have to use the CoAEMSP recommended minimum numbers?

A: No. The CoAEMSP specifies a recommendation, ***not*** a requirement. If the Program wishes to select minimum numbers lower than the CoAEMSP recommendations, the Program Director will document the Medical Director's approval and the Advisory Committee's endorsement of the required minimum numbers determined to assess competency. The documentation is maintained in the Program's files for review by site visit teams.

8. Q: Is there still a separate National Registry Portfolio required?

A: No. Documentation that each student met the Program required minimum competency evaluations will serve as an attestation of competency. The new SMC encompasses the entirety of The National Registry portfolio requirements for documentation of skills competency.

9. Q: What happens if the CoAEMSP recommended minimum numbers are too high? Can our Program lower the minimum numbers?

A: Yes, a program may choose to specify minimum numbers lower than the CoAEMSP recommendations; however, the Program is held accountable for students' achieving competency. It is also noted programs may choose to establish minimum requirements higher than the recommended minimum.

10. Q: If our Program selects minimum numbers lower than the recommendations, do I still need to complete a rationale form?

A: A rationale form is no longer required. However, Programs must be prepared to demonstrate that graduates are competent using various metrics, including certifying examination scores and graduate and employer satisfaction.

11. Q: What do I report to CoAEMSP?

A: The final table in the CoAEMSP Excel® SMC document specifies the required Summary Tracking. Summary Tracking must include: the specified CoAEMSP ages, pathologies or complaints, motor skill competencies, and capstone field internship team leads; the Program required minimum numbers; and the name of each graduate in the cohort. Proficiency tracking, reported as percentage of success, is also required for IV access, IV bolus medication administration, and endotracheal intubation.

12. Q: How much simulation can we use? Can we simulate all patient encounters?

A: A mix of live patient encounters and simulation is permitted, but not all events can be simulated. Some guidance is provided regarding when simulation is permitted, and additional simulation recommendations are currently being developed.

13. Q: Why do we have to report success rate?

A: Consistent successful performance is a critical part of competency.

14. Q: Should we require students to enter all attempts at skills or just successful attempts?

A: Students should be entering ***all*** attempts in the tracking system. This is not a new concept but currently may not be common practice. In addition, students should be instructed to continue to enter all skills and encounters after they have reached the program minimum requirements. Future decisions on recommended minimums will include data from student records of actual experiences.

15. Q: Why does the new SMC include EMT skills?

A: The National Registry and CoAEMSP expect programs to verify the Paramedic student possesses the necessary basic skills to competently perform as a paramedic. The Program may choose to accept current EMT certification/licensure as evidence that the individual has been found competent in the skills or may choose to complete their own assessment.

16. Q: When do I have to implement these new recommendations?

A: The new SMC is effective for all students ***enrolling in a Paramedic program on or after January 1, 2023.*** Programs may choose to implement the new CoAEMSP recommendations and program requirements for students enrolling before January 1, 2023.

17. Q: My program has submitted its self-study report, and we are waiting for a site visit. Which SMC will we be held accountable for?

A: The 2019 SMC version. Since the requirement for the *new* SMC goes into effect with cohorts enrolling on or after January 1, 2023, student reporting and review will be based on the previous 2019 SMC version.

18. Q: Can a 'programed patient' count as a live/actual patient encounter?

A: No. Programed patients in simulations are ***not*** considered as live patients, presenting with actual symptoms or complaints. Live patient encounters occur in the clinical and field settings.

19. Q: What happened to airway management? Do we not need to track airway any longer?

A: Airway management continues to be important, however, there is no overall category of airway management. The various components of managing a patient's airway are included in the skills table.

20. Q: Do we not have to report the individual pediatric age subgroups any longer?

A: Exposure to the various pediatric age groups continues to be essential and is included in the Age Table. However, in Summary Tracking, only the total number of pediatric patients is reported.

21. Q: Do all the skills and patient conditions have to be completed before the capstone field internship?

A: No. Some patient types, conditions, ages, and skills may be encountered and documented during the capstone field internship.

22. Q: What is the best way to track all this information/data?

A: Programs may choose to use a commercial vendor product or develop their own tracking system using a variety of technological solutions. There is no one recommended system.

23. Q: The new SMC format does not have columns for the Program required minimum numbers in all the tables. Where do I document the Program requirements?

A: Program requirements must be specified in the tracking system you choose to adopt for your Program.

24. Q: Who approves the Program SMC minimum requirements?

A: The Program required SMC minimums ***must*** be approved by the program Medical Director and endorsed by the program Advisory Committee annually. The Summary Tracking tab includes an area to attest to both activities.

25. Q: Can our Program implement the new SMC for cohorts enrolling before January 1, 2023?

A: Absolutely. Discuss with the program Medical Director and program Advisory Committee and implement it when feasible for your Program.

26. Q: Why is this document no longer referred to as Appendix G?

A: Appendix G was a tab in the self-study report and became a convenient moniker. The process, and documentation, is assessing student minimum competency, and the term Appendix G is formally retired.

27. Q: If a program can choose to modify the recommended minimums, can we also delete certain skills that we may not teach?

A: No. Programs must track and report each of the elements in the Summary Tracking tab. Deleting skills would be inappropriate as the SMC was derived from the NHTSA 2019 Scope of Practice Model and The National Registry's Practice Analysis.