Student Minimum Competency (SMC) Recommendations

September 28, 2021



The Facilitators



Mike Miller Assistant Director



Jennifer Anderson Warwick Accreditation Consultant



Joseph Mistovich Day Job: Retired, Youngstown State University (Ohio)

Volunteer Role: Board Member



Doug York Technical Consultant



Patricia Tritt Day Job: Director of Instruction, AMR Learning

Volunteer Role: Past Board Member



Overview of the Student Minimum Competency Recommendations (SMC)



Collaborative Project



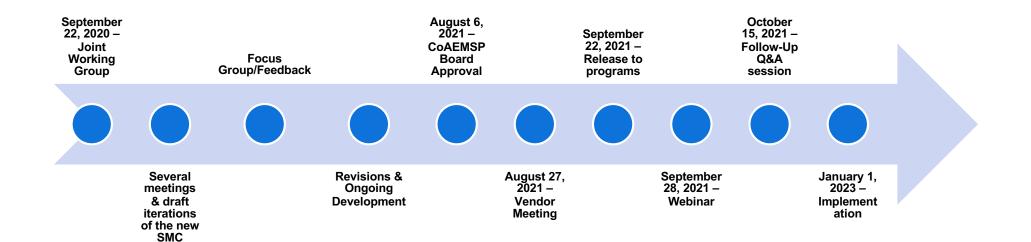
Credible education through accreditation



National Registry of Emergency Medical Technicians® THE NATION'S EMS CERTIFICATION[®]



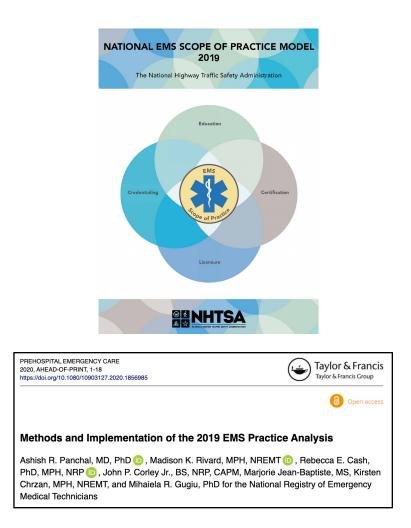
Development Timeline





Evidence

- The original SMC (formerly Appendix G) developed in 2016 included a national group of SME and analysis of student records data
- National EMS Scope of Practice 2019
- National Registry's Practice Analysis 2019
- National EMS Education Standards and Guidelines





Principles of Design

Simplicity

- Focus on what instead of how
- Easily incorporate EBGs

Modularity

• Easily adapt single items or table

 Framework for other personnel levels

Clarity

- Minimum expectations to provide evidence of competency
- Identify areas of exposure, experience and simulation



Implementation

- Students enrolling on or after January 1, 2023
- The new SMC meets requirements of the National Registry portfolio
- CoAEMSP recommended numbers, not requirements (MD approved and AC endorsed)
- Simulation has been designated





Let's Explore the Tables & Summary Tracking...



Table 1 - Ages

Student Minimum Competency COAEMSP Table 1 Ages

Patients of different ages present with distinct anatomics, physiologies, and disease processes. Students must have exposure to patients of various ages to build both competence and confidence. There is age-specific considerations for assessment and management for age groups. The educational institution must assess student ability to provide stell and effective care for a variety of ages of patients.

Each patient encounter or simulation should only have one (1) age designation. If a simulation involves multiple patients, the competency should be assessed for each patient.

CoAEMSP Student Minimum Competency (SMC)	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total	Minimum Recommendations by Age* (*included in the total)
Pediatric patients with pathologies or complaints	15	15	30	Minimum Exposure Age 2 Neonate (birth to 30 days) 2 Infant (1 mo - 12 mos) 2 Toddler (1 to 2 years) 2 Preschool (3 to 5 years) 2 School-Aged/ 2 School-Aged/ 2 Preadolescent (6 to 12 years) 2 Adolescent (13 to 18 years)
Adult	30	30	60	(19 to 65 years of age)
Geriatric	9	9	18	(older than 65 years of age)
Totals:	54	54	108	



Summary Tracking Report - Ages

	Table 1							
	Ages							
		(Only Repo	ort Successful Att	empts)				
	Minimum Number	Pediatrics (Newborn to 18 years)	Adult (19 to 64 years)	Geriatric (65 and older)				
	Recommended ==>	15	30	9				
	Program Required Minimum Numbers ==> Graduate Name(s)↓							
1								
2								
3								
4								
5								



CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primay and secondary assessment) and performs motor sitilis if appropriate and available, and assists with development of a management plan on a <u>patient</u> with some assistance for evaluation.	Column 2 Exposure in Clinical or Field Experience/Capstone Field Internship Conducts a patient assessment and develops a management patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint	
Trauma	Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship.	18	9	27	
Psychiatric/ Behavioral	Minimum of one (1) psychiatric simulated scenario must be successfully completed prior to capstone field intemship.	12	6	18	
Obstetric delivery with normal newborn care	N/A	2 (simulation permitted)			
Complicated obstetric delivery (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, prenature birth, abnormal presentation, postpartum hemorrhage)	Minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field intemship including a prolapsed cord and a breech delivery.	2 (simulation permitted)	2 (simulation permitted)	6	
Distressed neonate (birth to 30 days)	Minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship.	2 (simulation permitted)	2 (simulation permitted)	4	
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship.	12	6	18	
Cardiac arrest	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed prior to capstone field internship.	2 (simulation permitted)	1 (simulation permitted)	3	
Cardiac dysrhythmias	N/A	10	6	16	
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	Minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field intemship.	8	4	12	
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship.	8	4	12	
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, genecologic, reproductive pathologie, or addoninal pain oncipianis, infectos disease, endocrine disorders or complaints (hyrodycenia, DKA) (hyrodycenia, barry, general addoning) (hyrodycenia, barry, general addoning) (hyrodycenia, barry, general addoning) (hyrodycenia, barry, general addoning) (hyrodycenia) (hyrod	Minimum of one (1) geriatric sepsis simulated scenario must be successfully completed prior to capstone field intemship.	12	6	18	
	Totals:	88	46	134	

Table 2 - Conditions

- Trauma (27)
- Psychiatric/Behavioral (18)
- Obstetric Delivery with Normal Newborn Care and Complicated Obstetric Delivery (6*)
- Distressed Neonate (4*)
- Cardiac Pathologies or complaints (18)
- Cardiac Arrest (3*)
- Cardiac Dysrhythmias (16)
- Medical Neurological (12)
- Respiratory (12)
- Other Medical (18)



Summary Tracking Report – Pathology/Complaint (Conditions)

Table 2										
Pathology or Complaint (*) Simulation Permitted										
				(Only	Report Succes	sful Attempts)		1		
Minimum Number	Trauma	Psychiatric/ Behavioral	Obstetric delivery w/ normal newborn care and/or complicated obstetric delivery	Distressed neonate (birth to 30 days)	Cardiac pathology or complaint	Cardiac arrest	Cardiac dysrhythmia	Medical neurologic pathology or complaint	Respiratory pathology or complaint	Other medical conditions or complaints
Recommended ==>	9	6	2*	2*	6	1*	6	4	4	6
Program Required Minimum Numbers ===>										



Table 3 - Skills

CoAEMSP Recommended Motor Skills Assessed and Success	Column 1 Successful Formative Individual <i>Simulated</i> Motor Skills Assessed in the Lab	Column 2 Minimum Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship *Simulation permitted for skills with asterisk	Totals	Column 4 Cumulative Motor Skill Competency Assessed on <i>Patients</i> During Clinical or Field Experience or Capstone Field Internship
Establish IV access	2	25	27	Report Success Rate
Administer IV infusion medication	2	2*	4	
Administer IV bolus medication	2	10	12	Report Success Rate
Administer IM injection	2	2	4	
Establish IO access	4	2*	6	
Perform PPV with BVM	4	10*	14	
Perform oral endotracheal intubation	2	10*	12	Report Success Rate
Perform endotracheal suctioning	2	2*	4	
Perform FBAO removal using McGill Forceps	2	2*	4	
Perform cricothyrotomy	2	2*	4	
Insert supraglottic airway	2	10*	12	
Perform needle decompression of the chest	2	2*	4	
Perform synchronized cardioversion	2	2*	4	
Perform defibrillation	2	2*	4	
Perform transcutaneous pacing	2	2*	4	
Perform chest compressions	2	2*	4	
Totals:	36	87	46	



Summary Tracking Report – Skills (*Success Rates, ALL attempts)

Table 3 (Success Rates) Cumulative Motor Skill Competency Assessed on Patients During Clinical, Field Experience, or Capstone Field Internship (*)Simulation Permitted

(Success Rate is calculated by total number of successful attempts divided by total number of attempts multiplied by 100)

	Establish IV access			Admin	ister IV bolus med	lication	Perform oral endotracheal intubation		
Minimum Number	Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %	Successful Attempts	Total Number of Attempts	Success Rate = %
Recommended ==>	25			10		Column % outo	10*		Column % outo
Program Required Minimum Numbers ===>		(Place the total number of attempts for each graduate below)			(Place the total attempts for each graduate below)	Column % auto calculates based on formula above		(Place the total attempts for each graduate below)	Column % auto calculates based on formula above

(Report Successful Attempts and Total Attempts in order for the Success Rate to Calculate)



Summary Tracking Report – Skills (Successful Attempts)

Table 3

Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship *Motor Skill Can be Achieved by Simulation

	(Only Report Successful Attempts)												
Minimum Number	Administer IV infusion medication	Administer IM injection	Establish IO access	Perform PPV with BVM	Perform endotracheal suctioning	Perform FBAO removal using McGill Forceps	Perform crico- thyrotomy	Insert supraglottic airway	Perform needle decompression of the chest	Perform synchronized cardioversion	Perform defibrillation	Trans- cutaneous pacing	Perform chest compressions
Recommended ==>	2*	2	2*	10*	2*	2*	2*	10*	2*	2*	2*	2*	2*
Program Required Minimum Numbers ===>													



Table 4 – Field Experience & Capstone Field Internship

Student Minimum Competency Table 4 Field Experience / Capstone Field Internship						
Field Experience	Capstone Field Internship					
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance					
30	20					



Summary Tracking Report – Capstone FI Team Leads Table 4





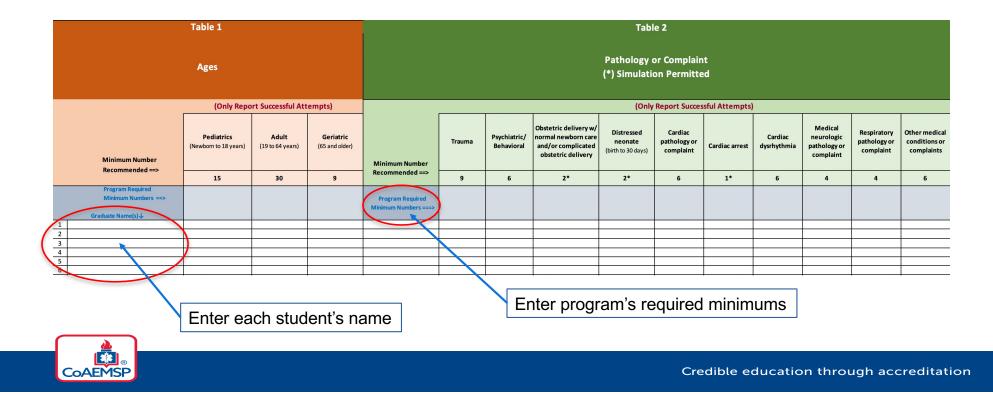
Table 5 – EMT Skills Competency

EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	Evidence
Insert NPA	
Insert OPA	
Perform oral suctioning	
Perform FBAO - adult	
Perform FBAO - infant	
Administer oxygen by nasal cannula	
Administer oxygen by face mask	
Ventilate an adult patient with a BVM	
Ventilate a pediatric patient with a BVM	
Ventilate a neonate patient with a BVM	
Apply a tourniquet	
Apply a cervical collar	
Perform spine motion restriction	
Lift and transfer a patient to the stretcher	
Splint a suspected long bone injury	
Splint a suspected join injury	
Stabilize an impaled object	
Dress and bandage a soft tissue injury	
Apply an occlusive dressing to an open wound to the thorax	
Perform uncomplicated delivery	
Assess vital signs	
Perform a Comprehensive Physical Assessment	
Perform CPR - adult	
Perform CPR - pediatric	
Perform CPR - neonate	



Tables and Summary Tracking Report

- The individual Tables 1-5 are implementation tools for program use
- Summary Tracking (Tab 7) is reported to CoAEMSP (only showing Tables 1 & 2 below)



Next Steps & Resources



Additional Resources

- October 15 Follow-Up Q&A Session
- SMC FAQ
- SMC itself is well-referenced
- CoAEMSP Resource Library

ed thr	edible ucation ough creditation ACCREDITATION V SITE VISITS V	STUDENTS & PUBLIC Y ABOUT Y	✓ NEWS & EVENTS ✓
	MEET & EXCEED STANDARDS	SEEKING ACCREDITATION	MAINTAINING ACCREDITATION
	Why Become Accredited?	Seeking Accreditation	Maintaining Accreditation
	What You Need To Know	Letter of Review	Annual Reports
	Accreditation Tools		Personnel
· · · · · · · · · · · · · · · · · · ·	Distance Education		Policies & Procedures
Resource	Evaluation Instruments / Program Resources		Sample Accreditation Documents
	Standards & Guidelines		Self-Study Reports
	What Participants Are Saying		2
	RESOURCE LIBRARY		







ACCREDITATION \lor SITE VISITS \lor STUDENTS & PUBLIC \lor ABOUT \lor NEWS & EVENTS \lor



"The CoAEMSP-staff and site visitors-are available as a resource."

Contact Us / Staff Members



8301 Lakeview Parkway Suite 111-312 Rowlett, TX 75088 **p 214.703.8445** f 214.703.8992