

EMT PSYCHOMOTOR COMPETENCY PORTFOLIO MANUAL

2019

The Louisiana Bureau of EMS adapted the National Registry of Emergency Medical Technician's 2015 Paramedic Psychomotor Competency Portfolio to develop this best practice package with step-by-step instructions for implementation of the EMT Psychomotor Competency Portfolio component of EMT education.

Laboratory Phase:
Skills Lab

Laboratory Phase:
Scenario Lab

Internship Phase

Psychomotor
Competency

Flow Chart

Pass/Fail Criteria

Skill Sheets

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Introduction

The Louisiana Bureau of EMS adapted the National Registry of Emergency Medical Technician's 2015 *Paramedic Psychomotor Competency Portfolio (PPCP)* to develop this best practice package with step-by-step instructions for implementation of the EMT Psychomotor Competency Portfolio component of EMT education. The Bureau of EMS developed this portfolio of vital skills in which each EMT student must demonstrate competency to qualify for the Bureau of EMS EMT Psychomotor examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the laboratory and internship settings. The complete portfolio becomes a part of the student's permanent education file and is a prerequisite to seeking NREMT EMT certification and a Bureau of EMS license. The Bureau of EMS *EMT Psychomotor Competency Portfolio Manual (Manual)* is designed to provide the reader with a description of what is needed to develop the competency portfolio and prepare EMT students for national EMS certification and state license.

Psychomotor skills are an important component of safe and effective out-of-hospital care. Delivery of care, at its most fundamental level, is when and where the importance of EMS is demonstrated to the public. Compassionate care using the complete affective skill set can result in a positive image of EMS and lead to medical and public support for the profession. The Laboratory Phase includes the Skills Lab and Scenario Lab components. Psychomotor education begins in the Skills Lab component, where psychomotor learning takes place. The Skills Lab component is the setting for educational imprinting, cognitive integration, frequent drilling and autonomic development of psychomotor skills. The Scenario Lab component provides students a contextual opportunity to demonstrate what they have learned in a simulated environment based upon the psychomotor skills established in the Skills Lab. Once students have demonstrated skill competence in the simulated environment, they progress to assessing and treating real patients in the Internship Phase with adequate supervision.

For many students, the Internship Phase provides the first opportunity to interact with a sick or injured patient at the EMT level, and is the formative time that includes "planned, scheduled, educational



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student time spent on an EMS unit, which may include observation and skill development.” (CoAEMSP, 2014, p.9).

The psychomotor competency model package, designed to provide a framework and evaluation system to document psychomotor competency, augments and enhances EMT education programs. Programs that correctly use this competency package and adhere to its standards can attest to the psychomotor competencies of students who are candidates for National EMS Certification by the NREMT.

This Manual provides examples of how to implement these tools into EMT education and provide standards that comprise the current research regarding the acquisition of psychomotor competency. Laboratory and Internship Phases of EMT education can be conducted in different ways, and this package is not designed to be a prescription as to how to deliver that education. It is a compilation of best practices in education, measurement, and documentation of psychomotor competency. This Manual does not prescribe the use of these instruments but merely provides best practice examples. This package should also help improve inter-rater reliability by attaching minimum standards and helping to standardize the evaluation of skill performances. It is the goal of this package to provide EMT education programs with instruments and methods to facilitate consistent recording of student performances and instructions to the evaluator focused on improving inter-rater reliability. The use of this package serves to document psychomotor competency that is a prerequisite to national EMS certification for EMTs issued by the NREMT. When a program uses this package as part of the documentation of psychomotor competency, it is essential that the Program Director understands the documentation and performance requirements of the Bureau of EMS.

At the end of this Manual are appendices that contain the individual instructions evaluation instruments and documents that can be used to complete an individual student portfolio.

Laboratory Phase: Skills Lab

The Skills Lab begins with the use of formative assessments and progresses to use of summative instruments for all phases of Paramedic education. The psychomotor domain is comprised of two subsets,



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the *psycho* domain representing procedural knowledge, and the *motor* domain or using muscles (and other senses) to do or accomplish the skills. Failure to combine these two domains leads to failure to develop appropriate psychomotor competency. Educational scientists indicate learning of psychomotor skills follows patterns of skill and knowledge acquisition. The first phase is a requirement to know what to do. This means the student must know (psycho/procedural knowledge) the steps that together compile delivery of the skill (task list) (Anderson & Krathwohl, 2001). After the knowledge of how to do a skill has been acquired, the instructor must adequately demonstrate the skill to his or her students. Complete and proper demonstration of skills by the instructor is essential as students will imprint the demonstration into his or her mind and learn to mimic the actions seen in the demonstration. Failure to accurately demonstrate a skill can cause life-long use of bad habits, shortcuts or improper technique. Following a successful demonstration, the new learner must practice the skill. Practice requires frequent, accurate feedback by the educator. Close supervision and feedback necessitate a proper student-to-instructor ratio during the phase of skill acquisition. Previous studies have suggested that an adequate learning environment for psychomotor skill should not exceed 4 to 8 students per faculty member (Dubrowski & MacRae, 2006; Snider, Seffinger, Ferrill, & Gish, 2012).

When students are practicing in the formative phase of education, they are forming habits, skills and knowledge that they will use throughout their EMS careers. The primary concern about formative evaluation is that it puts the power and control of learning into the hands of the student. A student who does not learn psychomotor precision during the formative phase of his or her development will fail during delivery of the skill.

Competency of psychomotor skills is not possessed after one successful demonstration of that particular skill. Competency requires repeated student skill demonstrations (practice) until the demonstration of that skill can be automatically delivered during stressful times, in unfamiliar places and to patients who are severely ill or injured. Autonomic delivery (automation) of a skill is maintained when the EMS practitioner can perform the skill without thinking about the steps. This frees-up working memory (Mayer, 2011) to continue the assessment, give directions to Team Members, and communicate



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effectively with the patient and others on the scene. Once competency of a skill has been achieved, an EMS professional can deliver that skill without thinking about the steps and adapt to differing situations.

Throughout EMT education, as students increase in knowledge and skills, they should be placed in increasingly stressful situations where skills must be performed. One of the first is to accomplish a skill in front of an instructor or classmates. Repetition of the vast array of psychomotor skills in a simulated environment is necessary to naturalize the skills and perform them without thinking about the steps. Repetition is time-consuming and therefore, expensive. Failure to incorporate enough repetition in early learning of new skills results in reduced skill retention and the inability of the student to spontaneously demonstrate that skill in either a testing environment or during actual patient care. Often, instructors do not have time to provide feedback individually to every student every time he or she practices a skill. Groups of students can use formative instruments that include detailed steps outlining entry-level competency during practice. Students evaluating other students and providing feedback can be useful once everyone understands the expected standard. A student whose performance is being compared to the formative instrument can be judged, and immediate feedback can be provided. Students observing another student's performance can frequently learn missed steps, varying or improper techniques and provide valuable feedback to peers (Weidner & Popp, 2007).

The Skills Lab instruments in the competency package represent a range of importance in skill delivery. Not every skill is used as often as others. Not every skill is equally complicated and equally important to the patient's outcome. Not every skill, if performed improperly, can cause the same potential for harm. Therefore, some psychomotor skills are more critical to acquire than others, but all interventions carry some risk. It is not sensible to frequently practice an easy-to-learn skill that has little bearing on the eventual outcome of critical patient care. However, it is sensible to practice the most important higher risk skills with greater frequency. It is imperative that the educational program has documentation in the student file that shows a student can deliver particular skills competently. The package allows some skills, even if they are difficult or necessary to be accomplished, to be measured by peers because these skills are infrequently used as part of out-of-hospital care. Instructions for each



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individual skill will further explain the measurement and documentation requirements. Finally, it is unethical for some skills to be practice on human beings in the Internship Phase of EMS education without competency first being validated by program faculty.

Communities of interest should be involved in establishment and reinforcement of student expectations. Ethics and local culture drive those communities of interest. Paramedic education programs interface with the communities of interest. Entry-level competency is not mistake-free. Students who are entry-level competent must be able to demonstrate and accomplish most of the steps in a summative evaluation using the Skills Lab instrument. Each of the Skills Lab evaluation instrument lists the minimum number of points that a student must achieve to be successful. If the community has a high standard of excellence, the program must perform at that standard to produce acceptable entry-level providers. The educational program does not usually control the level of excellence in the local EMS culture. If the communities of interest do not think the assigned minimum number of points is appropriate, they can change the threshold. The justification for any change to the standard should be documented. Likewise, previous research has demonstrated that faculty members may not effectively accomplish every measurement in a laboratory setting where the ratio is greater than four to eight students per instructor (Dubrowski & MacRae, 2006; Snider et al., 2012). Teamwork, responsible students who help and evaluate peers, and administrative support are needed to permit faculty adequate time to focus on the most important aspects of psychomotor acquisition and competency. Standards of excellence are necessary to help assure continuity in field delivered critical care.

Appendix C of the Manual includes sample individual Skills Lab evaluation instruments that can be utilized to evaluate student performance. The Bureau of EMS does not require use but provides them as best practice instruments that have been developed for use by education programs if they choose. These evaluations can be documented on paper, electronic format, or with commercially available evaluation instruments as the needs and resources of the education program dictate.



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Laboratory Phase: Scenario Lab

The Scenario Lab is an opportunity for the students to showcase what they have learned in a simulated environment and are based upon the foundations established in the Skill Lab. Scenarios should be introduced to the students at appropriate times throughout the curriculum and with increasing complexity. This competency package includes Scenario Lab instruments for both Team Leaders and Team Members. These Scenario Lab instruments should be used to critique student performances to provide guidance for improvement and/or to confirm competency.

The use of scenarios to demonstrate psychomotor skills as a part of patient care requires that the student “put it all together” or *synthesize information*. Implied within synthesis is the concept of critical thinking. Patient care requires critical thinking and delivery of psychomotor skills. Synthesis occurs after formative learning has been obtained and is measured by summative evaluations. Summative evaluation often occurs in two phases, one as a part of education and the other as part of certification such as a course final practical exam or the Bureau of EMS psychomotor certification exam. During EMT education, summative evaluation occurs after formative education has been measured and documented. Summative measurement instruments can only be developed when formative instruments, standards, and education are known. Errors identified during summative evaluation can be traced back to particular misunderstandings, omissions, or failures to meet formative education standards.

EMT education requires critical thinking skills. Summative evaluations help to identify the presence or absence of critical thinking skills. The summative evaluation requires a simulation scenario, an actual patient or the field devility or patient care. Summative evaluation takes place during the Laboratory phase of EMT education and requires repetitive measurement to document competency. EMT students are not competent after one successful summative demonstration. Scenarios, as part of EMT education, are critical in helping to ensure that the student can put it all together. A student’s competency package should include formative and summative Scenario Lab evaluations for pediatric, adult, and geriatric patients using a variety of scenarios from the following Scenario Topic Areas:

- Respiratory Distress/Failure



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- Chest Pain
- Stroke
- Overdose,
- Abdominal Pain
- Allergic Reaction/ Anaphylaxis
- Diabetic Emergency
- Psychiatric Condition
- Seizure
- OB/GYN
- Blunt Trauma
- Penetrating Trauma
- Burns
- Hemorrhage

A sample scenario and guidelines for developing additional scenarios are included in Appendices E and F. These evaluations require the Program Director to develop multiple scenarios for these evaluations and/or to purchase appropriate summative scenarios from a vendor. Appendices G and H respectively contain the Scenario Lab evaluation instruments and "How to Use Scenario Lab Evaluation Instrument," which helps to maximize inter-rater reliability. Summative laboratory evaluations of scenarios should be successfully accomplished before a student completes the corresponding topical section of EMT education.

Internship Phase

The internship is when the student acts as a Team Member on an EMS call during the Internship Phase. Internship evaluation of performance assesses a student as a Team Member and is isolated to the evaluation of individual skill delivery or a portion of patient care that is delivered. The student is not assuming the Team Leader role by integrating with other Team Members. When evaluating the student's performance as a Team Member, only the portion of care completed by the student is evaluated. The



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Team Member role contains an affective component and evaluates the students' cognitive understanding of complete patient care that EMTs are expected to deliver.

Psychomotor Competency

Competency is the extent to which an individual can handle the various situations that arise in the area of practice. The clinician who is competent, regardless of the complexity of the call, performs within the standard of care. The clinician who is incompetent needs partners to assist, direct or even perform an action when the performance approaches an unacceptable level. Perfection in a clinical occupation will not be demonstrated on every call or every day throughout an individual's career. There are too many variables in patient presentations, ages, illnesses, injuries and idiosyncratic responses to expect the ideal outcome on every call. Because of these variables, continuous education must be a part of continued competency.

The primary problem for educators and even those who certify and license is, "When has the student reached a level of competency that is comprehensive enough to be able to safely and effectively practice?" This is a research question, and its answer is contained within psychometrics and judgment. This competency package requires that some of the variables that endure competency be acquired by the student.

First is the requirement that an adequate sample of skills and patient presentations be obtained as part of EMT education. In order to meet the requirements of this package, a student must be evaluated while in contact with simulated patients who have many types of injuries and illnesses. The EMT education program must ensure that their students have an appropriate opportunity to see adequate numbers of simulated patients with varying illnesses and injuries throughout the educational experience. These adequate numbers of patients provide the first needed step towards competency: sample size.

The second step of ensuring competency is an evaluation. Allowing students to matriculate through the education processes without evaluation provides no assurance that competency has been obtained. Allowing students adequate time to practice skills in the laboratory without any final measurement of skill acquisition does not validate competency. Scheduling students in the Internship



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Phase without tracking the types of patients they encounter does not ensure an adequate sample of patient contacts or validate competency. Failure to evaluate students during their interaction with the patient does not ensure competency. Competency cannot be obtained without documented evaluation.

When one considers all the skills of an EMT and all the types of patient interactions that should occur, it becomes complicated to determine how much education and exposure is adequate. This requires the application of a third step in psychomotor competency – extrapolation. A student cannot interact with patients who are suffering every known disease to mankind. A student cannot be required to remain in the Internship Phase until every skill is performed on a live patient. Opportunities are not controlled by the student. Patient volume and who happens to get sick while students are completing their Internship Phase affect these opportunities. What can be ensured is that the student's Internship Phase is comprised of a large enough sample of varying patients and that the interactions were measured and documented. Only when the student's Internship Phase evaluations have been documented can the results be extrapolated to make a reasonable judgment of competency. Students in EMT education programs must have a large enough sample that includes measurement to extrapolate that the student has reached entry-level competency to safely and effectively practice.

Lastly, education and competency are essential. It centers on validity and trust. Validity is difficult to control in psychomotor competency. For example, two judges can see the same performance and mark (score) the performance in different ways. The scoring can be dramatically different or vary slightly depending on the judge's bias, observational attention and current knowledge of the standard. When there are significant differences in judging the same performance, there is a lack of inter-rater reliability. This competency package establishes acceptable and uniform standards and explains those standards to the judges (faculty member or preceptor) in an instructional essay. Competency that has standards can be taught, evaluated and documented. Performance without standards cannot be taught. The evaluation process is subjective without instruments that document performance and by not having those documents, it is unacceptable for the purposes of certification. Appendix B of the Manual contains



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the performance standards and numbers of performances that must be accomplished to meet the Bureau of EMS EMT Psychomotor Competency Portfolio requirements.

Licensure and certification are designed to protect the public. Currently, in EMS we require applicants for certification to demonstrate psychomotor competency as part of the process. This demonstration contains components of psychomotor competency validation. Candidates who are competent when testing should successfully demonstrate that competency in front of judges in a simulated environment. Pass rates on performance examinations should be high because candidates should not attempt the examination without having demonstrated psychomotor competency as part of successfully completing the education process.

Performance examinations for certification are only able to evaluate a small sample of the entire psychomotor domain necessary for the occupation. This psychomotor examination provides an outside validation of competency over a representative sample of skills. This outside validation, coupled with the portfolio during the educational process, form the entire basis for judging psychomotor competence. Strengthening psychomotor education is good for the student, the educational program, the certification and licensure body, the EMS system and most importantly, the public. Competent psychomotor and affective skills are the cornerstone of quality EMS care and are essential for helping to ensure a high level of professional knowledge, skills, and behaviors of EMTs.



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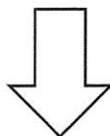
Appendix A
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FLOW CHART FOR USING LaBEMS EMT PCP FORMS

Skills Lab Forms

Document all performance using Skills Lab Forms. Please see "LaBEMS Psychomotor EMT Competency Portfolio Pass/Fail Criteria and Average Minimum/Maximum" for the list of recommended skills to be performed, minimum score needed, and the average number of student skills attempts documented. Forms can be completed by the instructor or peers. However, all forms listed with a "*" must be at least one successful instructor-evaluated and documented performance before starting the related Scenario Lab.

As soon as the student demonstrates acceptable performance in any skill identified by a "*" and is checked-off by an instructor, he/she needs to move on to practice those skills in the context of related scenarios.

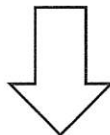


Scenario Lab Forms

Each student is required to successfully serve as a Team Leader during at least 10 scenarios and Team Member for 10 scenarios. The scenarios should be written based on one of the chief complaints listed below. At least 4 of the Team Leader evaluations shall be on an adult patient, at least 3 shall be on a pediatric patient, and at least 3 shall be on a geriatric patient.

Scenario Topic Areas

• Respiratory Distress/Failure	• Psychiatric Condition
• Chest Pain	• Seizure
• Cardiac Arrest	• OB/GYN
• Stroke	• Blunt Trauma
• Overdose	• Penetrating Trauma
• Abdominal Pain	• Burns
• Allergic Reaction/Anaphylaxis	• Hemorrhage
• Diabetic Emergencies	



Field Internship Evaluation Form

Internship Evaluation Worksheet must be completed by the Preceptor(s) for each Internship rotation.



Appendix B
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COMPETENCY CRITERIA AND AVERAGE MINIMUM/MAXIMUM

LABORATORY PHASE: SKILLS LAB SKILL SHEETS NOTE: All forms listed with * must have at least one successful instructor documented performance before starting the related Scenario Lab.	MINIMUM POINTS REQUIRED	AVERAGE	
		MIN Required	Faculty Eval. Required
History Taking and Physical Examination			
Obtain a Patient History from an Alert and Oriented Patient	80% of all points that are possible and relevant.	2	*
Comprehensive Normal Adult Physical Assessment Techniques		2	*
Comprehensive Normal Pediatric Physical Assessment Techniques		2	*
Airway, Oxygenation, and Ventilation			
Nasopharyngeal airway	80% of all points that are possible and relevant.	5	
Oropharyngeal airway		5	
Oxygen Administration by Non-Rebreather Mask		5	
BVM Ventilation of an Apneic Adult Patient		5	
Supraglottic Airway Device Adult		2	*
CPAP		1	*
Trauma			
*Trauma Adult Physical Assessment	80% of all points that are possible and relevant.	2	*
Spinal Immobilization Adult (Supine Patient)		1	
Spinal Immobilization Adult (Seated Patient)		1	
Joint Splinting		2	
Long Bone Splinting		2	
Hemorrhage Control		1	
Traction Splinting		1	
Medical			
*Medical and Cardiac Physical Assessment	80% of all points that are possible and relevant.	2	*
Intranasal Medication Administration		2	
Inhaled Medication Administration		2	
Intramuscular Medication Administration		2	
Use of auto-injector		2	
Oral medication administration (patient assist)		2	
Glucometer		2	
Cardiac			
Cardiac Arrest Management/AED	80% of all points that are possible and relevant.	5	
Obstetrics			
Normal Delivery with Newborn Care	80% of all points that are possible and relevant.	3	
*Abnormal Delivery with Newborn Care		2	*
Scenario Lab			
Team Member	80% of all points that are possible and relevant.	2	
Team Leader		2	

NOTE: Failure must be noted for any skill where the examiner has checked one of the "Critical Criteria" statements and documented the performance as required.



Appendix C
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LAB SKILLS SKILL SHEETS

Airway, Oxygenation and Ventilation

Nasopharyngeal airway
Oropharyngeal airway
Oxygen Administration by Non-Rebreather Mask
BVM Ventilation of an Apneic Adult Patient
Supraglottic Airway Device Adult

Trauma

Trauma Adult Physical Assessment
Spinal Immobilization Adult (Supine Patient)
Spinal Immobilization Adult (Seated Patient)
Joint Splinting
Long Bone Splinting
Hemorrhage Control
Traction Splinting

Medical

Medical and Cardiac Physical Assessment
Intranasal Medication Administration
Inhaled Medication Administration
Use of auto-injector
Oral medication administration (patient assist)
Glucometer

Cardiac

Cardiac Arrest Management/ AED

Obstetrics

Normal Delivery with Newborn Care
Abnormal Delivery with Newborn Care

OPTIONAL SKILLS

Obtain a Patient History from an Alert and Oriented Patient
Comprehensive Normal Adult Physical Assessment Techniques
Comprehensive Normal Pediatric Physical Assessment Techniques
Intramuscular Medication Administration
CPAP



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INSERTION OF A NASOPHARYNGEAL AIRWAY

Student Name:	Date:
Evaluator Name:	

Actual Time Started: _____	Possible Points	Points Awarded
Takes appropriate PPE precautions	1	
Ensures the appropriate size nasal airway by measuring appropriately	1	
Manually opens the airway	1	
Properly inserts the nasal airway	1	
Total	4	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to appropriately measure the nasal airway
- _____ Failure to appropriately insert the nasal airway
- _____ Inserts the nasal airway in a harmful or dangerous manner
- _____ Exhibits unacceptable affect with patient or other personnel

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



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INSERTION OF AN OROPHARYNGEAL AIRWAY

Student Name: _____	Date: _____
Evaluator Name: _____	

Actual Time Started: _____	Possible Points	Points Awarded
Takes appropriate PPE precautions	1	
Ensures the appropriate size oral airway by measuring appropriately	1	
Manually opens the airway	1	
Properly inserts the oral airway	1	
Total	4	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to appropriately measure the oral airway
- _____ Failure to appropriately insert the oral airway
- _____ Inserts the oral airway in a harmful or dangerous manner
- _____ Exhibits unacceptable affect with patient or other personnel

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Portfolio**

**OXYGEN ADMINISTRATION BY
NON-REBREATHER MASK**

Student Name:	Date:
Evaluator Name:	

Actual Time Started: _____	Possible Points	Points Awarded
Takes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Total	11	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to assemble the oxygen tank and regulator without leaks
- _____ Failure to prefill the reservoir bag
- _____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- _____ Failure to ensure a tight mask seal to patient's face
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Student Name: _____	Date: _____
Evaluator Name: _____	

Actual Time Started: _____	Possible Points	Points Awarded
Takes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<i>NOTE: After checking responsiveness, then checking breathing and pulse for not more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</i>		
Opens airway properly	1	
<i>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</i>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<i>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</i>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<i>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</i>		
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen as long as first ventilation is delivered with 30 seconds]	1	
<i>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</i>		
Re-checks pulse for no more than 10 seconds	1	
Attached the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10-12/minute (1 ventilation every 5-6 seconds) (1 point)]	2	
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</i>		
Total	16	

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to suction the airway BEFORE ventilating the patient
- _____ Suctions the patient for an excessive and prolonged time
- _____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate the patient at a rate of 10-12/minute (1 ventilation every 5-6 seconds)
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

SUPRAGLOTTIC AIRWAY DEVICE

Student Name:	Date:
Evaluator Name:	

SCORING		
N/A		Not applicable for this patient
0		Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1		Not yet competent, marginal or inconsistent, this includes partial attempts
2		Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment

BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Supraglottic airway device	
Capnography/capnometry	

Prepares patient

Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10-12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	

Performs insertion of supraglottic airway device

Lubricates distal tip of the device	
Positions head properly	
Performs a tongue-jaw lift	
Inserts device to proper depth	
Secures device in patient (inflates cuffs with proper volumes and immediately removes syringe or secures strap)	
Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures device	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Appendix C

Affect:	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
TOTAL	
0 / 50	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ If used, suctions the patient more than 10 seconds
- _____ Failure to preoxygenate the patient prior to insertion of the supraglottic airway device
- _____ Failure to disconnect syringe immediately after inflating any cuff
- _____ Failure to properly secure device in patient (cuff inflation or strap placement not acceptable)
- _____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- _____ Failure to voice and ultimately provide high oxygen concentration (at least 85%)
- _____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**TRAUMA ADULT PHYSICAL ASSESSMENT
SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Scene size-up**Safety**

Takes appropriate PPE precautions - gloves, gown, goggles, vest, helmet	
Hazards - chemical, thermal, atmospheric, electrical, weapons	
Environment - bystanders, hostile, ambient temperature, adequate space day/night	
Number of patients and location	
Additional resources - Hazmat, heavy rescue, power company, bystanders, historians, air medical	
Determines mechanism of injury - height of fall, intrusion, ejection, vehicle telemetry data	

Patient assessment management

Begins spinal precautions if indicated

Primary survey/resuscitation

General impression - patient appearance	
Estimates age, gender and weight of patient	
Manages any gross visible hemorrhage - direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Response to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway - position, obstructions	
Manages airway as appropriate - suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Palpates for instability that impairs breathing - sternum and ribs	
Auscultates lung sounds - presence, clarity, abnormal sounds	
Notes minute volume - rate, tidal volume and equal chest rise and fall	
Manages any injury compromising ventilation	
Administers oxygen or ventilates with appropriate device - BVM, NRB	

Appendix C

Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Capillary refill	
Removes patient's clothing	
Performs a rapid, full-body sweep for major hemorrhage or other life-threatening injuries	
Controls major hemorrhage when found	
Manages life-threatening injuries if necessary	
Disability	
GCS - calculates score	
Pupils - size, equality, reactivity to light	
Transport decision	
Critical - begins immediate packaging for transport	
Non-critical - continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO ₂	
Pain - if appropriate	
Secondary assessment	
Obtains an oral history - pertinent to situation	
History of present illness/injury	
SAMPLE - signs/symptoms; allergies; medications; past medical history; last meal; events leading up to injury	
OPQRST - onset; provocation; quality; region/radiation; severity; timing	
Head and neck	
Immobilization as necessary	
Interviews for pain, inspects, and palpates	
Scalp/skull	
Facial bones	
Jaw	
Eyes - PERLA	
Mouth	
Ears	
Nose	
Neck	
Trachea	
Jugular vein status	
Cervical spine processes	
Manages wounds or splints/supports fractures	
Chest	
Inspects	
Palpates	
Auscultates - credit awarded if already performed in Primary survey	
Manages any wound not previously treated	

Appendix C

Abdomen and pelvis			
Inspects			
Assesses pelvic stability			
Manages any wound not previously treated			
Lower extremities			
Inspects and palpates			
Assess distal function - pulse, motor, sensory, perfusion			
Management wounds or splints/supports fractures			
Upper extremities			
Inspects and palpates			
Assesses distal function - pulse, motor, sensory, perfusion			
Manages wounds or splints/supports fractures			
Posterior thorax, lumbar and buttocks			
Inspects and palpates posterior thorax			
Inspects and palpates lumbar and buttocks			
Transportation decision			
Verbalizes destination decision			
Other assessment and interventions			
Utilizes proper diagnostic tools at the appropriate time - ECG, glucometer, capnography			
Performs appropriate treatment at the correct time - splinting, bandaging			
Affect			
Explains verbally the use of team members appropriately			
Accepts evaluation and criticism professionally			
Shows willingness to learn			
Interacts with simulated patient and other personnel in a professional manner			
<table border="1"> <tr> <td>TOTAL</td> </tr> <tr> <td>0 /152</td> </tr> </table>		TOTAL	0 /152
TOTAL			
0 /152			

Actual Time Ended: _____

Critical Criteria

- _____ Failure to recognize life-threatening injuries
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to provide spinal precautions according to scenario
- _____ Failure to assess or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- _____ Failure to perform primary survey/management prior to secondary assessment/management
- _____ Failure to attempt to determine the mechanism of injury
- _____ Failure to assess, manage and package a critical patient within 10 minutes
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**SPINAL IMMOBILIZATION ADULT
(SUPINE PATIENT) SKILLS LAB**

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Selects, checks, assembles equipment

Long spine immobilization device with strap	
Cervical collar	
Head immobilizer (commercial or improvised)	
Padding material	

Immobilizes patient

Takes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Directs movement of the patient onto the device without compromising the	
Applies padding to voids between the torso and the device as necessary	
Secures the patient's torso to the device	
Evaluates and pads behind the patient's head as necessary	
Immobilizes the patient's head to the device	
Secures the patient's legs to the device	
Secures the patient's arms	
Reassess motor, sensory and circulatory function in each extremity	

Affects

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in profession manner	

TOTAL

0 /44

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved the patient excessively causing potential for spinal compromise
- _____ Head immobilized to the device before patient's torso sufficiently secured to the device
- _____ Patient moves excessively up, down, left or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device
- _____ device

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**SPINAL IMMOBILIZATION ADULT
(SEATED PATIENT) SKILLS LAB**

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Selects, checks, assembles equipment

Short spine immobilization device with strap	
Cervical collar	
Padding material	

Immobilizes patient

Takes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Secures the device to the patient's torso	
Evaluates torso fixation and adjust as necessary	
Evaluates and pads behind the patient's head as necessary	
Secures the patient's head to the device	
Reevaluates and assures adequate immobilization	
Reassesses motor, sensory and circulatory functions in each extremity	
Properly moves patient onto a long backboard	
Release/loosens leg straps	
Secures patient to the long backboard	
Reassesses motor, sensory and circulatory function in each extremity	

Affect

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL

0 / 46

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved the patient excessively causing potential for spinal compromise
- _____ Head immobilized to the device before patient's torso sufficiently secured to the device
- _____ Patient moves excessively up, down, left or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device and to the long backboard

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

JOINT SPLINTING SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING		
N/A		Not applicable for this patient
0		Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1		Not yet competent, marginal or inconsistent, this includes partial attempts
2		Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Selects, checks, assembles equipment

Cravats	
Roller gauze	
Splinting material	
Padding material	

Splints joints

Takes appropriate PPE precautions	
Directs application of manual stabilization on the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Selects appropriate splinting material	
Immobilizes the site of the injury and pads as necessary	
Immobilizes the bone above the injury site	
Immobilizes the bone below the injury site	
Secured the entire injured extremity	
Reassesses motor, sensory and circulatory function in the injured extremity	

Affect

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL
0 /32

Actual Time Ended: _____

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the bones above and below the injury site
- _____ Did not reassess motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Did not secure the entire injured extremity upon completion of immobilization

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

LONG BONE SPLINTING SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Selects, checks, assembles equipment	
Cravats	
Roller gauze	
Splinting material	
Padding material	
Splints long bone	
Takes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Measures the splint	
Applies the splint and pads as necessary	
Immobilizes the joint above the injury site	
Immobilizes the joint below the injury site	
Secures the entire injured extremity	
Immobilizes the hand/foot in the position of function	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;"> TOTAL 0 / 46 </div>	

Actual Time Ended: _____

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the joint above and the joint below the injury site
- _____ Did not immobilize the hand or foot in a position of function
- _____ Did not reassess motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Did not secure the entire injured extremity upon completion of immobilization

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

HEMORRHAGE CONTROL SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment

Field dressings (various sizes)	
Kling ® , Kerlix ® , etc.	
Bandages (various sizes)	
Tourniquet (commercial or improvised)	

Controls hemorrhage

Takes or verbalizes appropriate PPE precautions	
Applies direct pressure to the wound	
Bandages the wound	
Applies tourniquet	
Properly positions the patient	
Administers high concentration oxygen	
Initiates steps to prevent heat loss from the patient	
Indicates the need for immediate transportation	

Affect

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL
0 /30

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Did not administer high concentration oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

☐ Successful ☐ Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

TRACTION SPLINTING SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Selects, checks, assembles equipment	
Traction splint with all associated equipment (ankle hitch, strap, etc.)	
Padding material	

Splints long bone	
Takes appropriate PPE precautions	
Directs application of manual stabilization of the injured leg (not necessary when using a unipolar device [Sagar or similar] that is immediately available)	
Directs application of manual traction (not necessary when using a unipolar device, but must be applied before elevating the leg if the leg is elevated at all)	
Assesses motor, sensory and distal circulation in the injured extremity	
Prepares/adjusts the splint to proper length	
Positions the splint at the injured leg	
Applies proximal securing device (e.g., ischial strap)	
Applies distal securing device (e.g., ankle hitch)	
Applies appropriate mechanical traction	
Positions/secures support straps	
Re-evaluates proximal/distal securing devices	
Reassesses motor, sensory and circulatory function in the injured extremity	
Secures patient to the long backboard to immobilize the hip	
Secures the traction splint/legs to the long backboard to prevent movement of the splint	

Affects	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL

0 /38

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Loss of traction at any point after it is assumed or applies inadequate traction
- _____ Failure to apply manual traction before elevating the leg
- _____ Did not reassess motor, sensory and circulatory functions in the injured extremity after splinting
- _____ The foot is excessively rotated or extended after splinting
- _____ Final immobilization failed to support the femur or prevent rotation of the injured leg

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**MEDICAL AND CARDIAC PHYSICAL ASSESSMENT
SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Scene size-up	
Safety	
Takes appropriate PPE precautions - gloves, gown, gloves, vest, helmet	
Hazards - chemical, thermal, atmospheric, electrical, weapons	
Environment - bystanders, hostile, ambient temperature, adequate space, day/night, patient prone to sudden behavior change	
Number of patients and location	
Clues/evidence at the scene - medication bottles, chemical containers, syringes, illicit drug paraphernalia, etc.	
Additional resources - hazmat, heavy rescue, law enforcement, bystanders, historians, air medical	
Nature of illness - determines reason for call	
Patient assessment and management	
Begins spinal precautions if indicated	
Primary survey/resuscitation	
General impression	
Patient appearance - posture, position, obvious distress, incontinence, vomiting, odors, pain	
Estimates age, gender, and weight of patient	
Manages any gross visible hemorrhage - direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Responds to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway - position, obstructions	
Manages airway as appropriate - suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Auscultates lung sounds - presence, clarity, abnormal sounds	
Notes minute volume - rate, tidal volume and equal chest rise and fall	
Manages any injury compromising ventilation	
Administers oxygen or ventilates with appropriate device - BVM, NRB	
Circulation	
Pulse	

Appendix C

Presence, rate, quality	
Skin	
Color, moisture, temperature	
Turgor, edema	
Capillary refill	
Disability	
GCS - calculates score	
Pupils - size, equality, reactivity to light	
Chief complaint	
Determines chief complaint	
Transport decision	
Critical - begin an immediate packaging for transport or resuscitation	
Non-critical - continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO ₂	
Pain - if appropriate	
Secondary assessment - performs secondary physical examination and assesses affected body	
Obtains an oral history - pertinent to situation	
History of present illness	
SAMPLE - signs/symptoms; allergies; medications; past medical history; last	
OPQRST - onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, recent trauma, events	
Inspects and palpates	
Scalp/skull	
Facial bones	
Facial muscles - symmetry	
Jaw	
Eyes - PERLA, pupil size, ocular movements, visual acuity, position of eyes	
Mouth - assess tongue, says "Ah," color of palate	
Ears - aligns to open canal, discharge	
Nose - discharge, obstruction, nasal flaring	
Neck - lumps, hard nodules	
Trachea - checks for stoma	
Jugular vein status	
Cervical spine processes	
Chest and cardiovascular	
Interviews patient - pain, history, current medications	
Inspects - rate, rhythm, depth, symmetry, effort of breathing, color, scars, lumps	
Palpates - tenderness, lumps	
Auscultates - vesicular, bronchial, bronchovesicular breath sounds in proper	
Percussion - symmetry of sounds	
Oxygenation/ventilation - adjusts oxygen flow, changes adjunct accordingly,	
Auscultates heart sounds - S ₁ , S ₂	
Cardiac management - monitor/12-lead ECG, medications	
Abdomen and pelvis	
Interviews patient - location, type of pain, duration, events leading up to current complaint, food or	
Inspects - scars, distention, pulsations, color, including flanks and posterior	
Auscultation - bowel sounds	

Appendix C

Palpation - guarding, tenderness with a cough or increasing pressure, pulsations, rigidity	
Assesses pelvic stability	
Extremity	
Interviews patient - location, type of pain, duration, events	
Arms - pulses, edema, capillary refill, grip strength, drift	
Legs - pulses, edema, pressure sores, extension/contraction of legs/feet	
Manages wounds or splints/supports fractures	
Mental status examination	
Appearance - dress, eye contact, posture, depression, violence, facial grimaces, actions, mannerisms	
Speech - spontaneous, slow/fast, volume, clarity, appropriate	
Mood - depressed, euphoric, manic, anxious, angry, agitated fearful, guilty	
Thoughts - racing, hallucinations, delusions, suicidal, unconnected, disturbed, homicidal	
Neurological	
Interviews patient - pain, paralysis; location, duration, events leading up to, changes over time, past medical history, medications	
Stroke scale - facial droop, arm drift, abnormal speech	
Motor system - posturing, involuntary movements, strength, coordination, flaccid, seizures, gait	
Transportation decision	
Verbalizes destination decision	
Other assessment and interventions	
Utilizes proper diagnostic tools at the appropriate time - ECG, glucometer, capnography	
Performs appropriate treatment at the correct time - oxygenation/ventilation, medication administration	
Affect	
Explains verbally the use of team members appropriately	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
TOTAL	
0 /112	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to recognize life-threatening injuries
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to provide spinal precautions according to scenario
- _____ Failure to assess or appropriately manage problems associated with airway, breathing, cardiac rhythm, hemorrhage or shock
- _____ Failure to perform primary survey/management prior to secondary assessment management
- _____ Failure to attempt to determine the mechanism of injury
- _____ Failure to properly assess, manage and package a critical patient within 10 minutes
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

INTRANASAL MEDICATION ADMINISTRATION SKILLS LAB

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

	SCORE
Actual Time Started: _____	
Assures that patient is being ventilated adequately if necessary	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe, needle, mucosal atomizer advice (MAD®)	
Sharps container	
Alcohol swabs	
Sterile gauze	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also check medication for:	
Clarity	
Expiration date	
Assembles syringe and needle while maintaining sterility	
Cleanses rubber stopper, draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reaffirms medication	
Disposes of needle in proper container and attaches mucosal atomizer device	
Takes or verbalizes appropriate PPE precautions	
Stops ventilation of patient if necessary and removes any mask	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger	
Disposes/verbalizes proper disposal of syringe and mucosal atomizer device in proper container	
Resumes ventilation of the patient if necessary	
Verbalizes need to observe patient for desired effect and adverse side effects	

Appendix C

Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL

0 /58

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- _____ Recaps needle or failure to dispose/verbalize disposal of needle, syringe and mucosal atomizer device in proper container
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**INHALED MEDICATION ADMINISTRATION
SKILLS LAB**

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Assures that patient is being ventilated adequately if necessary	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Nebulizer unit (medication cup, mouthpiece/mask, extension tube, etc.)	
Oxygen supply tubing	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also check medication for:	
Clarity	
Expiration date	
Places medication into nebulizer unit	
Reaffirms medication	
Attaches mouthpiece/mask and extension tube to the nebulizer unit	
Attached oxygen supply tubing to nebulizer unit and turns on oxygen until tube/mask is filled with mist of medication	
Takes or verbalizes appropriate PPE precautions	
Removes oxygen mask and directs patient to firmly hold nebulizer unit	
Coaches patient how to breathe correctly to inhale all medication	
Resumes oxygen administration	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL
0 / 50

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Administers improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- _____ Failure to coach patient to breathe correctly to inhale all medication
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

AUTO-INJECTOR MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

SCORING	
Actual Time Started: _____	SCORE
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Sharps container	
Alcohol swabs	
Adhesive bandage or sterile gauze dressing and tape	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also check medication for:	
Clarity	
Expiration date	
Takes or verbalizes appropriate PPE precautions	
Identified and cleanses appropriate injection site	
Removes needle and disposes/verbalizes proper disposal of auto-injector in proper container	
Applies direct pressure to site	
Covers puncture site	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL
 0 / 44

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify acceptable injection site
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

**ORAL MEDICATION ADMINISTRATION
SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Asks patient for known allergies	
Clearly explains procedure to patient	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also check medication for:	
Expiration date	
Takes or verbalizes appropriate PPE precautions	
Explains to the patient the proper method of intake	
Assures that the patient take the medication appropriately	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL

0 /30

Actual Time Ended: _____

Critical Criteria

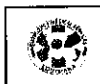
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Contaminates medication without appropriately correcting situation
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

GLUCOMETER SKILLS LAB

Student Name: _____	Date: _____
Evaluator Name: _____	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Identifies the need for obtaining a blood glucose level	
Identifies the normal parameters for blood glucose level	
Identified contraindications	
Identifies potential complications	
Erroneous reading	
BSI exposure	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Glucometer	
Test strip	
Needle or spring-loaded puncture device	
Alcohol swabs	
Checks blood glucose level	
Takes or verbalizes appropriate PPE precautions	
Turns on glucometer and inserts test strip	
Preps fingertip with alcohol prep	
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	
Expresses blood sample and transfers it to the test strip	
Applies pressure and dresses fingertip wound	
Records reading from glucometer and documents appropriately	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL
0 / 42

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to dispose of blood contaminated sharps immediately at the point of use
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to identify 2 indications
- _____ Failure to identify 2 potential complications
- _____ Failure to identify normal blood glucose parameters
- _____ Failure to obtain a viable capillary blood sample on first attempt
- _____ Exhibits unacceptable affect with patient or other personnel

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio**

CARDIAC ARREST MANAGEMENT/AED

Student Name: _____	Date: _____
Evaluator Name: _____	

Actual Time Started: _____	Possible Points	Points Awarded
Takes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<i>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate: "The patient is unresponsive, apneic and pulseless."</i>		
Performs 2 minutes of high-quality, 1 rescuer adult CPR * Adequate depth and rate (1 point) * Correct compression-to-ventilation ratio (1 point) * Allows the chest to recoil completely (1 point) * Adequate volumes to each breath (1 point) * Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
<i>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED</i>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Total	17	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- _____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- _____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- _____ Interrupts CPR for more than 10 seconds at any point
- _____ Failure to correctly attach the AED to the patient
- _____ Failure to operate the AED properly
- _____ Failure to deliver shock in a timely manner
- _____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock (verbalizes "All clear" and observes)
- _____ Failure to immediately resume compressions after shock delivered
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successfully or unsuccessful in this skill? _____

Successful

Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

NORMAL DELIVERY WITH NEWBORN CARE
SKILLS LAB

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

	SCORE
Actual Time Started: _____	
Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	
Prepares for delivery	
Prepared appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal presenting part of not the head	
Checks for nuchal cord	
Manages nuchal cord if present	
Assesses for and notes the presence of meconium	
Delivers the shoulders	
Delivers the remainder of the body	
Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	

Appendix C

Newborn care (Birth - 30 seconds postpartum)	
If newborn is distressed, clears airway as necessary	
Warms and dries newborn	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn care (30 - 60 seconds postpartum)	
If heart rate is less than 100, gasping or apneic	
Provides PPV without supplemental oxygen	
Monitors SpO ₂ in neonate	
Clamps and cuts umbilical cord	
Places on mother's chest to retain warmth	
Determines 1 minute APGAR score	
Newborn care (after 1 minute postpartum)	
If heart rate is less than 100	
Takes ventilation corrective steps and continues PPV	
If heart rate is less than 60	
Considers intubation	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV	
Administers epinephrine IO	
Determines 5 minute APGAR score	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
TOTAL 0 /92	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify or manage a nuchal cord
- _____ Failure to immediately suction the newborn nose and mouth
- _____ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- _____ Failure to provide appropriate newborn care
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMS Psychomotor Competency Portfolio

ABNORMAL DELIVERY WITH NEWBORN CARE SKILLS LAB

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	

Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	

Prepares for delivery	
Prepared appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	

Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal presenting part of not the head	
Recognizes abnormal presentation that requires immediate care and transport (prolapse cord, hand, foot, shoulder dystocia)	
Delivers legs and body if possible and continues to support fetus	
Delivers head	
If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord	
Assesses for and notes the presence of meconium	
Initiates rapid transport	
Delivers the shoulders if not previously delivered	
Delivers the remainder of the body if not previously delivered	
Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	

Appendix C

Reassesses mother's vital signs	
Newborn care (Birth - 30 seconds postpartum)	
Warm, dry, and stimulate the newborn	
Clears airway if obvious obstruction to spontaneous breathing or requires PPV	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn care (30 - 60 seconds postpartum)	
If heart rate is less than 100, gasping or apneic	
Provides PPV without supplemental oxygen	
Monitors SpO ₂ in neonate	
Clamps and cuts umbilical cord	
Places on mother's chest to retain warmth (if not actively resuscitating the neonate)	
Determines 1 minute APGAR score	
Newborn care (after 1 minute postpartum)	
If heart rate is less than 100	
Takes ventilation corrective steps and continue PPV with supplemental oxygen	
If heart rate is less than 60	
Considers intubation if no chest rise with PPV	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV	
Administers epinephrine IO	
Determines 5 minute APGAR score	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	

TOTAL

0 /98

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify or appropriately manage an abnormal presentation
- _____ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- _____ Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

**OBTAIN A PATIENT HISTORY FROM AN
ALERT AND ORIENTED PATIENT SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING		
N/A		Not applicable for this patient
0		Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1		Not yet competent, marginal or inconsistent, this includes partial attempts
2		Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Demographic data	
Age	
Weight - estimated/translated to kg	
Sex	
Ethnic origin	
Source of referral	
"Who called EMS?"	
Reliability	
Do you believe the patient?	
Does the patient have appropriate decision-making capacity to consent for	
Is the patient oriented appropriately?	
Chief complaint	
"Why did you call us?"	
Duration of this episode/complaint	
History of the present illness	
Onset	
"When did this begin?"	
"Was it sudden or gradual?"	
Provocation	
"What brought this on?"	
"Is there anything that makes it better or worse?"	
Quality	
"How would you describe your pain or symptoms?"	
"Has there been any change in your pain or symptoms since it began?"	
Region/Radiation	
"Can you point and show me where your pain or symptoms are located?"	
"Does the pain move or radiate anywhere else?"	
Severity	
"How would you rate your level of discomfort right now on a 0-10 scale?"	
"Using the same scale, how bad was your discomfort when this first began?"	
Timing	
"When did your pain or symptoms begin?"	
"Is it constant or how does it change over time?"	
Setting	
"Is there anything unique to place or events with this episode?"	
Treatments	
"Have you taken anything to treat this problem?"	
Pertinent negatives	
Notes any signs or symptoms not present	

Appendix C

Converges	
Moves history from broad to focused to field impression	
Past medical history	
General health status	
What does the patient say about his/her health?	
Current medications	
"What prescribed medications do you currently take?"	
"What over-the-counter medications or home remedies do you currently take?"	
"When did you take your last dose of medications?"	
"Do you take all your medications as directed?"	
Adult illnesses	
"What other similar episodes were present?"	
"Is this an acute or chronic illness?"	
"What medical care do you currently receive for this illness?"	
"What medical care do you currently receive for other illnesses?"	
Allergies	
"Do you have any allergies to any medications, foods or other things?"	
Operations	
"What previous surgeries have you had?"	
Environmental	
Patient nutritional status	
"Do you have any habitual activities, such as drugs, alcohol or tobacco use?"	
Family history	
Questions patient about pertinent family medical history	
Psychological history	
Asks appropriate related history questions based upon patient presentation	
Verbal report	
Completes succinct report	
Identifies pertinent findings	
Identifies pertinent negatives	
Organization	
Organizes report in logical sequence	
Affect	
Makes the patient feel comfortable	
Uses good eye contact	
Establishes and maintains proper distance	
Uses techniques that show interest in the patient	
Professional appearance	
Takes notes of findings during history	
Preferably uses open-ended questions	
Follows patient lead to converge questions	
Uses reflection to gain patient confidence	
Shows empathy in a professional manner	
TOTAL	
0 /112	

Actual Time Ended: _____

Appendix C

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to complete an appropriate history
- _____ Failure to obtain vital information necessary for the proper assessment, management and diagnosis of the patient's condition

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMS Psychomotor Portfolio**

**COMPREHENSIVE NORMAL ADULT PHYSICAL
ASSESSMENT TECHNIQUES SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING		
N/A		Not applicable for this patient
0		Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1		Not yet competent, marginal or inconsistent, this includes partial attempts
2		Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Initial general impression

Appearance

Speaks when approached	
Facial expression	
Skin color	
Eye contact	
Weight - estimated/translated to kg	
Work of breathing	
Posture, ease of movement	
Odors of body or breath	
Dress, hygiene, grooming	

Level of consciousness/mental status

Speech	
Quantity	
Rate	
Volume	
Articulation of words	
Fluency	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	

Assesses baseline vital signs

Vital signs

Blood pressure	
Pulses - brachial, radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature - oral, tympanic, rectal	
SpO ₂	

Secondary physical examination

Appendix C

Skin	
Colors - flushed, jaundiced, pallor, cyanotic	
Moisture - dryness, sweating, oiliness	
Temperature - hot or cool to touch	
Turgor	
Lesions - types, location, arrangement	
Nails - condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity - vision is clear and free of disturbance	
Appearance - color, iris clear	
Pupils - size, reaction to light	
Extraocular movements - up, down, both sides	
Ears	
External ear	
Ear canal - drainage, clear	
Hearing - present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea - midline	
Jugular veins - appearance with patient position	
Chest	
Chest wall movement - expansion	
Skin color - closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	
Lower airway	
Auscultation - anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovascular	
Vesicular	

Appendix C

Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S ₁	
S ₂	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color - closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation - quadrants, masses, tenderness, rigidity	
Back	
Color - closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation - tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia - inspects for:	
Wounds, rashes, external lesions, drainage	
Drainage	
Female genitalia - inspects for:	
Wounds, rashes, external lesions, drainage	
Drainage	
Asks about bleeding or discharge	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	

Appendix C

Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Brachial	
Radial	

Affect

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e., uses appropriate name, explains procedures, maintains modesty	

TOTAL

0 /208

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to adequately assess airway, breathing or circulation
- _____ Performs assessment in a disorganized manner
- _____ Failure to assess the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Performs assessment inappropriately resulting in potential injury to the patient

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



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EMT Psychomotor Portfolio**

**COMPREHENSIVE NORMAL PEDIATRIC PHYSICAL
ASSESSMENT TECHNIQUES SKILLS LAB**

Student Name:	Date:
Evaluator Name:	

SCORING		
N/A		Not applicable for this patient
0		Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1		Not yet competent, marginal or inconsistent, this includes partial attempts
2		Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE**Initial general impression**

Appearance

Facial expression	
Skin color	
Work of breathing	
Odors of body or breath	
*If toddler or school-aged child:	
Activity level	
Speaks when addressed	
*If school-aged child	
Eye contact	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	

Assesses baseline vital signs

Vital signs

Blood pressure	
Pulses - brachial, radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature - oral, tympanic, rectal	
SpO ₂	

Secondary physical examination

Somatic growth

Length	
Weight	
Head circumference	

Appendix C

Skin	
Colors - flushed, jaundiced, pallor, cyanotic	
Moisture - dryness, sweating, oiliness	
Temperature - hot or cool to touch	
Turgor	
Lesions - types, location, arrangement	
Nails - condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity - vision is clear and free of disturbance	
Appearance - color, iris clear	
Pupils - size, reaction to light	
Extraocular movements - up, down, both sides	
Ears	
External ear	
Ear canal - drainage, clear	
Hearing - present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea - midline	
Jugular veins - appearance with patient position	
Chest	
Chest wall movement - expansion	
Skin color - closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	
Lower airway	
Auscultation - anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovascular	
Vesicular	

Appendix C

Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S ₁	
S ₂	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color - closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation - quadrants, masses, tenderness, rigidity	
Back	
Color - closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation - tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia - inspects for:	
Wounds, rashes, external lesions, drainage	
Female genitalia - inspects for:	
Wounds, rashes, external lesions, drainage	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	

Appendix C

Pulses	
Brachial	
Radial	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner,	
TOTAL	
0 / 97	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to adequately assess airway, breathing or circulation
- _____ Performs assessment in a disorganized manner
- _____ Failure to assess the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Performs assessment inappropriately resulting in potential injury to the patient

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful Unsuccessful

COMMENTS:



Louisiana Bureau of EMS
EMT Psychomotor Competency Portfolio

INTRAMUSCULAR MEDICATION ADMINISTRATION SKILLS LAB

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

	SCORE
Actual Time Started: _____	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe and needle(s)	
Sharps container	
Alcohol swabs	
Adhesive bandage or sterile gauze dressing and tape	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also check medication for:	
Clarity	
Expiration date	
Assembles syringe and needle	
Draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reconfirms medication	
Takes or verbalizes appropriate PPE precautions	
Identified and cleanses appropriate injection site	
Pinches/stretches skin, warns patient, and inserts needle at proper angle while maintaining sterility	
Aspirates syringe while observing for blood return before injecting IM medication	
Administers correct dose at proper push rate	
Removes needle and disposes/verbalizes proper disposal of syringe and needle in proper container	
Applies direct pressure to site	
Covers puncture site	
Verbalizes need to observe patient for desired effect and adverse side effects	

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Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
TOTAL 0 /58	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify acceptable injection site
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to adequately dispel air resulting in the potential for air embolism
- _____ Failure to aspirate for blood prior to injecting IM medication
- _____ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an
- _____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



**Louisiana Bureau of EMS
EMS Psychomotor Competency Portfolio**

CPAP SKILLS LAB FORM

Student Name:	Date:
Evaluator Name:	

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE**Prepares patient**

Takes or verbalizes appropriate PPE precautions	
Assures adequate blood pressure	
Positions patient in a position that will optimize ease of ventilation (high Fowler's)	
Assess patient to identify indications for CPAP:	
Congestive heart failure	
Pulmonary edema	
Asthma	
Pneumonia	
COPD	
Assesses patient to identify contraindications for CPAP	
Unconscious, unresponsive, inability to protect airway or inability to speak	
Inability to sit up	
Respiratory arrest or agonal respirations	
Nausea/vomiting	
Hypotension (systolic blood pressure < 90mmHg)	
Suspected pneumothorax	
Cardiogenic shock	
Penetrating chest trauma	
Facial anomalies/trauma/burns	
Closed head injury	
Active upper GI bleeding or history of recent gastric surgery	

Selects, checks, assembles equipment

Assembles mask and tubing according to manufacturer instructions	
Coaches patient how to breathe through mask	
Connects CPAP unit to suitable O ₂ supply and attaches breathing circuit to device (not using oxygen regulator or flowmeter)	
Turns on power/oxygen	
Set device parameters:	
Turns the rate (frequency) dial to 8-12 per minute (based on local protocols)	
Turns the oxygen concentration dial to the lowest setting (28-29% oxygen)	
Titrates oxygen concentration to achieve an SpO ₂ >94%	
Sets tidal volume to 10-12 mL/kg (based on local protocols)	
Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary	

Performs Procedure

Places mask over mouth and nose (leaves EtCO ₂ nasal cannula in place)	
Titrates CPAP pressure (based on local protocol/device dependent):	
Max 5 cm H ₂ O for bronchospasm	

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Max 20 cm H ₂ O for CHF, pulmonary edema and pneumonia	
Max 5 cm H ₂ O for pediatric patients	
Coaches patient to breathe normally and adjust to air pressure	
Frequently reassesses patient for desired effects:	
Decreased ventilatory distress	
SpO ₂ > 94%	
Decreased adventitious lung sounds	
Absence of complications (barotrauma and pneumothorax)	
Records settings/readings and documents appropriately	
Affect	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in a professional manner	
TOTAL 0 / 84	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify 2 indications
- _____ Failure to identify 2 potential complications
- _____ Failure to frequently reassess the patient after application of the CPAP device
- _____ Failure to set the proper parameters for the device (pressure relief, tidal volume, oxygen concentration, rate, etc.)
- _____ Failure to test the pressure relief valve prior to application
- _____ Exhibits unacceptable affect with patient or other personnel

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



How to Use the Formative Skills Lab Instrument

Skill Performance:

Before exposing a student to a formative Skills Lab instrument, it is important to teach the student the steps of the instrument in the classroom. Once the faculty has adequately demonstrated the steps either live or via video, the skill practice can begin. In the beginning of practice, very close faculty and peer supervision is necessary. It is permissible for students to use these formative instruments to correct their own actions or those of peers after initial supervision by faculty. The more complex and comprehensive a skill is the more laboratory practice time that must be dedicated to ensuring its acquisition.

Students cannot demonstrate skills they do not know or have not seen. Students who merely memorize and recite the steps of a skill may know what to do (procedural knowledge). However, the faculty must then ensure that the student can actually perform the skill from a psychomotor perspective. Students must spend time engaged with formative Skills Lab instruments, practicing until they reach the standard, and then practice repeatedly. Faculty can allow students to practice on their own when the standard is known but not yet acquired by everyone in the class. There are some skills that it is imperative that only the faculty (or designated laboratory evaluators) individually evaluate and determine if competency has been met for those skills. Education programs, working with their communities of interest should evaluate which skills need to be evaluated by faculty and which skills can be evaluated by peers.

Skills Lab Instrument:

The formative Skills Lab instruments, chosen by the Louisiana Bureau of EMS, represent a broad spectrum of skills that, when combined, form an adequate representative sample of the necessary skill domain of an EMT. These instruments attempt to create standardization and imply an entry-level standard. It is understood that communities of interest may desire a different, more rigid standard, and this is acceptable.



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There are limitations in the development of formative Skills Lab instruments. Writings can only be in two directions on paper: horizontally and vertically. Because of this limitation, readers of formative instruments may believe every step must be accomplished in a horizontal or linear order. That assumption is sometimes false, although there has been an attempt to list the steps in a sequential order so that the beginning EMT student can proceed from the top of the list to the bottom. Sometimes there are over-arching areas of a formative Skills Lab instrument that globally guide learning and evaluation of the student. The point to understand is that, at times, it is appropriate for competent students to skip and jump some of the steps found in a formative instrument, yet maintain more than an entry-level of proficiency. These instruments were designed for new students and new student evaluation. Faculty should feel free to improve the instruments for their students as they progress in ability level if they desire.

Student Evaluation:

The program must document skill practice outcomes, successful and unsuccessful. Students should then review the formative Skills Lab instrument documentation and use it to help improve skill performance. Observance of the student's performance can take many forms in the laboratory. When evaluating students, it is acceptable for peers to validate students' performance on some skills only after the student demonstrates the ability to consistently perform the skill within acceptable standards. When this type of evaluation and documentation is being accomplished, faculty must be present and observe the peer-reviewed activity. Students must not conduct peer-evaluations without knowledgeable faculty being present (Appendix B).

These instruments guide a knowledgeable student who received a quality demonstration. They are not designed for self-teaching and evaluation. These instruments are not practical examination instruments. The rigors of a standardized psychomotor examination do not apply in the use of these instruments, evaluations, and documentation. When a student has only one peer-reviewed instrument of an important but not often accomplished skill in his/her portfolio, there is not sufficient validation of competency for that student in that skill.



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Skills that are legally risky or invasive and have been designated as part of the competency package, must be evaluated by faculty (or designated laboratory evaluators) individually, while other skills can be evaluated by peers working together in groups. Appendix B lists of each of these skills and who should complete the summative evaluation for each.

It is not realistic to practice all skills on live patients. The use of simulation provides education programs with a method to approximate a realistic patient presentation. Simulation can take on many forms throughout EMS education, ranging from the simple to the very complex. An unresponsive medical patient can be simulated by a student who lies on the floor and does not move. Some simulators allow for easy skill performance, while others require more complex skill performance. High-fidelity patient simulators can mimic many presentations of the sick and injured. The best use of simulation is determined by the faculty within the available resources of the educational program. When using simulation, it is important to make it as realistic as possible.

The program must retain this documentation as part of the student psychomotor portfolio. Progression of knowledge and skills is part of program and student quality assurance. Constructive feedback regarding errors in the delivery of skills is part of the learning process. In addition, correct repetition of a standard leads to the appropriate automatic performance of a skill. Automation of these discrete skills will be important for managing the load in working memory as students transition to scenarios and actual patient care in the clinical and field settings. Documentation of student performance using formative Skills Lab instruments retained in a student portfolio is vital for providing evidence of skill acquisition and psychomotor competency.

Rating Scale:

The Scenario Lab instruments have a 4-point judgment scale. The following helps to standardize judgments and improved inter-rater reliability:

2 = Successful/competent; no prompting necessary - The student performed at the entry-level of competency as judged by the preceptor. Entry-level competency



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takes into account the amount of education the EMT student has undergone at the time of the clinical interface

- 1 = Not yet competent, marginal or inconsistent; this includes partial attempts
- 0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes “Not attempted” when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest
- N/A = Not applicable – not needed or expected for this patient. This is a neutral rating.
(Example: Student expected to only observe, or the patient did not need intervention).

Scoring student performance as a judge is not a simple exercise. Each judge should act independently and assign a score. Judges who favor a student or have a bias for or against a student are acting improperly. All judges must understand their role in shaping and judging the entry-level competency of EMT students. The public, our patients, reasonably expect to be cared for by competent EMTs. Judging the competency of an EMT student is a serious responsibility. Judges should know their judgments are going to become part of the portfolio for a student and part of that student’s competency record. Students make mistakes. Students and judges learn from student mistakes. Errors found in the Skills Lab setting are safe since they occurred where no actual patient harm could result. The steps of the formative Skills Lab instruments help provide standardization.

Summative Evaluation of Skills:

Entry-level competency is not mistake-free. Students who are entry-level competent must be able to demonstrate and correctly complete 90% of the steps in a formative instrument. If a student does not reach the 90% threshold, feedback should be provided and the student should repeat the skill evaluation attempt. If after a second attempt the student cannot reach the 90% threshold, then the student needs



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more instruction, drill, and practice time. A third evaluation should be accomplished on a different day. Not every student will reach the competency standard with the same number of performances; some may need more, others less. Accomplishing a complex skill to competency one time is insufficient evidence of the automation necessary to deliver that skill in an emergency care situation. What is important is that every student is given quality instruction and appropriate time to reach that level before it is determined that the student is incapable of reaching competency. Incompetent students should not progress in the program.



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References

National Highway Traffic Safety Administration (2009). *National Emergency Medical Services Education Standards* (DOT HS 811 077A) Washington, DC: Government Printing Office



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Scenario Template

MINIMUM EQUIPMENT	
EMS equipment and supplies	
Props	
Sound clips	
Medical identification jewelry	
SETUP INSTRUCTIONS	
<ul style="list-style-type: none"> <i>(Where is the patient located?)</i> <i>(What acting is needed by the patient?)</i> <i>(What props should be placed in the exam area?)</i> <i>(How do the props fit into the scenario?)</i> <i>(What distractors are going to occur? i.e., barking dog, crying child, angry family member)</i> 	
BACKGROUND INFORMATION	
EMS System description	
Other ancillary personnel needed (define personnel and identify who can serve in each role)	
MOULAGE INFORMATION	
Integumentary	
Head	
Chest	
Abdomen	
Pelvis	
Back	
Extremities	

DISPATCH INFORMATION (Specific script for each scenario. Must be read over radio, telephone or in such a way that resembles the actual dispatching of an EMS call)	
Dispatch time	
Location	
Nature of the call	
Weather	
Personnel on the scene	

READ DISPATCH INFORMATION TO STUDENT:



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SCENE SURVEY INFORMATION	
A scene or safety consideration that must be addressed	
Patient location	
Visual appearance	
Age, sex, weight	
Immediate surroundings (bystanders, significant others)	
Mechanism of injury / Nature of illness	

PRIMARY ASSESSMENT	
General Impression	
Baseline mental status	
Airway	
Ventilation	
Circulation	
HISTORY (if applicable)	
Chief complaint	
History of present illness	
Patient responses, associated symptoms, pertinent negatives	
PAST MEDICAL HISTORY	
Illnesses/Injuries	
Medications and allergies	
Current health status/Immunizations (consider past travel)	
Social/Family concerns	
Medical identification jewelry	
EXAMINATION FINDINGS	
Initial Vital Signs	Blood Pressure Pulse Respirations Temperature Pain GCS
HEENT	
Respiratory/Chest	
Cardiovascular	
Gastrointestinal/Abdomen	
Genitourinary	
Musculoskeletal/Extremities	
Neurologic	
Integumentary	
Hematologic	
Immunologic	
Endocrine	
Psychiatric	
Additional diagnostic tests as necessary	



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PATIENT MANAGEMENT	
Initial stabilization	
Interventions	
Treatments	
Additional Resources	
Patient response to intervention	
EVENT	
"xx" minutes into the scene include an issue that the team leader must address	
REASSESSMENT	
Appropriate management of the patient	Patient stabilizes with improvement in vital signs B/P: Pulse: Respirations: Integumentary:

TRANSPORT DECISION: Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.

MANDATORY ACTIONS: List all actions that need to be completed by the Team during the Assessment and Management of the patient.

POTENTIALLY HARMFUL/DANGEROUS ACTIONS: List all actions, that if performed, would most likely have an adverse effect on the patient condition.



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How to Create Psychomotor Scenarios

Introduction:

The Scenario Lab is an opportunity for students to showcase what they have learned in a simulated environment and is based upon the foundations established by the use of Skills Lab Instruments. Scenarios should be introduced to the students at appropriate times throughout the curriculum and with increasing complexity. Scenario performances should occur only after the students has demonstrated acceptable and consistent competence of the skills in that unit (airway, trauma, pediatrics, etc.)

Individual programs should decide how to show competence for each student in each skill prior to performing the skills within a scenario. At a minimum, a student's file should include formative and summative Scenario Lab evaluations for pediatric, adult, and geriatric patients that are tracked in the student's portfolio. These evaluations should cover the following Scenario Topic Areas:

- Respiratory Distress/Failure
- Chest Pain
- Cardiac Rhythm Disturbance (including cardiac arrest)
- Stroke
- Overdose
- Abdominal Pain
- Allergic Reaction/ Anaphylaxis
- Diabetic Emergencies
- Psychiatric Conditions
- Seizure
- OB/GYN
- Blunt Trauma
- Penetrating Trauma
- Burns



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- Hemorrhage

Students are evaluated based on their assigned role on the team. The student who is in charge of patient care is the Team Leader, all others are Team Members. The Team Leader conducts the physical assessment and management of the simulated patient with the assistance of the Team Members. The Team Leader formulates an appropriate treatment plan for the patient. This means that most, if not all of the decisions have been made by the Team Leader, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/moving of the patient. Team members are responsible for assisting in the treatment of the simulated patient as a competent provider. Team Members should be evaluated along with the Team Leader to assess their competency.

Scenario Development

These instructions and the “Bureau of EMS Scenario Lab Template” (Appendix E) are designed as a best-practice tool to assist Program Directors and instructors in developing the scenarios needed for their students throughout the Scenario Lab phase of education. The scenarios should range in complexity from simple patient presentation and management problems used early in the program, to complex presentation and management issues as students’ progress. Authors of these scenarios need to keep the objectives of the evaluation and resources available in mind when designing them.

The scenarios are divided into seven sections:

- Minimum equipment, setup instructions, background information, and moulage information
- Dispatch information
- Scene survey information
- Primary assessment, history, past medical history, examination findings
- Patient management, event, and reassessment
- Transport decisions
- Mandatory actions and potential harmful/dangerous actions



Each of these sections is separated from the others to aid in the efficient use by the individual setting up a scenario as well as the evaluator.

Minimum Equipment, Setup, Background, and Moulage Information

The minimum equipment needed for the scenario is listed in this section. The individual setting up the scenarios uses this information to ensure that the resources required are available. It should include EMS equipment and supplies, props, sound clips, medical identification jewelry and additional personnel that may be required to complete the scenario successfully. When selecting EMS equipment, the author should use caution not to provide unintentional clues as to what treatment is necessary for the patient. For example, the patient has a fractured femur and the only splinting equipment available is a traction splint. Props and sound clips can be as simple as a picture of a scene and a recording of lung sounds or as complex and an overhead projection of the scene background onto a wall and audio files played through a sound system.

Authors of the scenarios need to balance the resources of the program, set-up time, and the complexity of the patient presentation when determining what resources are needed. The setup instructions describe how the scene is to be set-up, how props and sound clips will be used, and the level of certification and roles that additional Team Members will play. These factors need to be determined prior to delivery of the scenario to ensure the consistent evaluation of students. Prior to beginning the scenario, background information is provided to the Team Leader and Team Members that describes the scene, EMS system, location of the incident, and weather. When assigning ancillary personnel roles, Team Members can be assigned varying roles including EMR, EMT, bystander, or family member based on the complexity of the scenario and the phase of education. Any moulage that needs to be done to the simulated patient needs to be listed in this section. At a predetermined time during the scenario, an event will occur. The description of this event and the time that it will occur is listed in this section.

Dispatch Information:

This information is read to the Team Leader and Team Members in such a way that the students are unable to observe the evaluator. Information presented in the dispatch information should



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correspond to similar information that they would receive on an EMS call. The dispatch information should include the dispatch time and nature of the call.

Scene Survey Information:

When developing scenarios, the author should include a safety concern that needs to be addressed for the safety of the Team, patient, or bystanders. Early in the formative phase, this can be a simple item such as a barking dog prior to entering the residence or a trip hazard on the floor near the patient that needs to be addressed. The location of the patient, his or her visual appearance, age, sex, and weight are described.

A simulated patient should be chosen that approximates the patient description given in the scenario to avoid artificiality. If the sex, age, and weight of the patient are not critical, they should be changed to reflect the simulated patient. The immediate surroundings of the patient should be described, including the presence or absence of bystanders and significant others. Additional information or props/sound clips that need to be used are also described here. For example, the evaluator gives the Team Leader and Team Members a picture of a motorcycle crash scene or the overhead projector displays a motorcycle crash scene for all to see.

Primary Assessment, Past Medical History, and Examination Findings:

This section contains the majority of the information about the patient's condition and should be reviewed by the evaluator and simulated patient prior to beginning the scenario. It is impossible to list all negative findings that can be expected in a scenario. When there is no pertinent finding, place "---" in the associated field so the evaluator can give an answer that would be within normal limits for a patient in a similar condition. The Primary Assessment includes information that the Team Leader uses to form his or her general impression, baseline mental status (AVPU), and airway, respiratory, and circulatory status.

If the simulated patient or bystanders are able to provide it, the history should include information about the patient's chief complaint, history of the present illness, associated symptoms, pertinent negatives and simulated patient response to the Team's questions or assessment. Past medical history includes any relevant illnesses, injuries, medications, allergies, current health status,



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immunizations, social or family concerns, and any medical identification jewelry that the patient may be wearing. These examination findings include initial vital signs, examination findings broken down by body systems and the results of any diagnostic test that the Team may perform. The evaluator and simulated patient only provide specific information as the skill is performed, or the body part is examined. If sound files are included, they should be played as the Team Leader or Team Member examines a specific body part or system. Any findings that are unable to be simulated should be described for the Team Leader or Team Member after he or she has assessed that body part or system.

Patient Management, Event, and Reassessment:

This section lists initial stabilization and interventions that are needed for the patient. Recommended treatments are listed that the Team needs to perform to manage the patient successfully. It also includes additional resources that should be requested, and the patient's response to the Team's appropriate and inappropriate management.

At a predetermined time in the scenario, an event should occur. This could be a scene safety concern, rapid change in patient condition, or an issue with equipment, bystanders, or additional personnel. The Team Leader and Team Members will need to address this issue while continuing to manage the patient.

Different options should be given in reassessment that describe the patient's response to the Team's treatment. Appropriate management of the patient should result in an improvement in the patient's condition as would be expected in a live patient with a similar condition. Inappropriate management should result in deterioration of the patient's condition as would be expected in a live patient with a similar condition. At no time should the patient's condition drastically change unless it is physiologically possible.

Transport Decision:

This section lists the suggested transport destination based on the local EMS system. The Team Leader should verbalize his or her transport destination and describe the appropriate transport mode.



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Mandatory Actions Potentially Harmful/Dangerous Actions:

This section is used to list all actions that need to be completed by the Team during the assessment and management of the simulated patient. Potential harmful/ dangerous actions are listed that if performed would have an adverse effect on the patient condition.

Scenario Validation:

Prior to using a scenario to evaluate students, it should be reviewed by a committee of subject matter experts. This review committee should include members of the program's education staff, medical director, and the program's community of interest. The content needs to be reviewed to ensure that it is compliant with the *National Emergency Medical Services Education Standards* (NHTSA, 2009) and local protocols. The amended scenario should then be pilot tested with students who have already demonstrated the necessary cognitive and psychomotor abilities to determine if any adjustments in the scenario are necessary. Feedback following the evaluation should be gathered from the students and evaluators. This feedback along with commonly missed issues should be used to further refine the scenario.



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References

National Highway Traffic Safety Administration. (2009). *National Emergency Medical Services Education Standards*. (DOT HS 811 0-77A) Washington, DC: Government Printing Office



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TEAM MEMBER EVALUATION - SCENARIO LAB

Student Name:	Date:
Evaluator Name:	

Age Group: _____-Pediatric _____-Adult _____-Geriatric

Scenario Topic Area

_____ Respiratory Distress/Failure _____ Cardiac Rhythm Disturbance _____ Overdose _____ Abdominal Pain _____ OB/GYN _____ Diabetic Emergency _____ Penetrating Trauma _____ Hemorrhage	_____ Chest Pain _____ Stroke _____ Seizure _____ Allergic Reaction/Anaphylaxis _____ Psychiatric Condition _____ Blunt Trauma _____ Burns
--	--

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

FOLLOWERSHIP CATEGORY

Demonstrates followership (is receptive to position as a Team Member by not interfering with Team Leader's assessment or management plan unless dangerous, speaking up when patient care will be negatively affected, etc.)

Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)

COMMUNICATION

Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)

Immediately suggests corrective action if a harmful intervention is ordered/performed by others

Communicates clearly and professionally with Team Leader, crew, bystanders, and others, and accepts feedback

AFFECT

Demonstrates confidence, compassion, maturity

Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)

Maintains professionalism and demonstrated appropriate affect toward patient and other team members

SCENE SIZE-UP CATEGORY

Advocates safety concerns and is safety conscious at all times

Follows instructions of Team Leader and suggests corrective action as needed

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PATIENT MANAGEMENT CATEGORY	
Performs tasks in a timely manner when directed by Team Leader	
Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
<div style="text-align: right;"> TOTAL 0 /30 </div>	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to recognize life-threatening injuries or illness
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to address safety concerns
- _____ Failure to correct any dangerous or inappropriate intervention
- _____ Performs any action or uses any equipment in a dangerous or inappropriate manner
- _____ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
- _____ Failure to function as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to receive a total score of 22 or greater

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



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TEAM LEADER EVALUATION - SCENARIO LAB

Student Name:	Date:
Evaluator Name:	

Age Group: _____-Pediatric _____-Adult _____-Geriatric

Scenario Topic Area

<p>_____ Respiratory Distress/Failure</p> <p>_____ Cardiac Rhythm Disturbance</p> <p>_____ Overdose</p> <p>_____ Abdominal Pain</p> <p>_____ OB/GYN</p> <p>_____ Diabetic Emergency</p> <p>_____ Penetrating Trauma</p> <p>_____ Hemorrhage</p>	<p>_____ Chest Pain</p> <p>_____ Stroke</p> <p>_____ Seizure</p> <p>_____ Allergic Reaction/Anaphylaxis</p> <p>_____ Psychiatric Condition</p> <p>_____ Blunt Trauma</p> <p>_____ Burns</p>
---	---

SCORING

N/A	Not applicable for this patient
0	Unsuccessful: required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

LEADERSHIP CATEGORY

COORDINATION OF TREATMENT

Directs Team Members to perform tasks with appropriate timeliness, prioritization/sequence	
Maintains accountability for team's actions/outcomes	
Demonstrates confidence, compassion, maturity and command presence	
Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
<i>Critical prompts by team: <u> </u> Timeliness <u> </u> Sequence <u> </u> Transport decision (specify in comments). Should only be checked if they are serious to this particular scenario</i>	

FLEXIBILITY

Adapts treatment plan and sequence as information becomes available, listens to teammates	
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)	

COMMUNICATION AND DOCUMENTATION

Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results)	
Reports progress on tasks	
Communicates accurately and concisely while listening and encouraging feedback	
Provides succinct and accurate verbal report	

AFFECT

Establishes basic rapport with the patient and interacts professionally with all on scene (Uses patients's name, eye contact, introduces self)	
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)	

SCENE SIZE-UP CATEGORY

Takes charge (steps forward, asks questions of bystanders and patient, gives direction to others)	
---	--

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Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources	
Addresses safety concerns and is safety conscious at all times (scene hazards, agitated bystanders, sharps handling, etc.)	
Critical prompts by team: <u>BP, P, R</u> <u>SpO₂</u> <u>Lung sounds</u> <u>ECG</u> <u>12-lead ECG</u>	
Should only be checked if they are serious to this particular scenario	
PATIENT ASSESSMENT AND MANAGEMENT CATEGORY	
PRIMARY SURVEY/RESUSCITATION (3 minutes to complete) Addresses spinal stabilization, airway, ventilation, oxygenation, circulation and hemorrhage management	
Critical prompts by team: <u>AVPU</u> <u>Airway/Reposition/Adjunct</u> <u>Breathing/O₂/BVM</u> <u>Pulse check/CPR start.</u>	
Should only be checked if they are serious to this particular scenario	
Creates, implements and revises an acceptable action plan according to patient presentation	
Assesses situation and resources and modifies accordingly	
Performs tasks accurately and in a timely manner	
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)	
HISTORY TAKING	
Determines chief complaint, mechanism of injury, associated symptoms	
Receives, processes, verifies and prioritizes information	
SECONDARY ASSESSMENT	
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives	
PERTINENT PAST MEDICAL HISTORY	
Obtains pertinent SAMPLE/OPQRST history	
Critical prompts by team: <u>BP, P, R</u> <u>SpO₂</u> <u>Lung sounds</u> <u>ECG</u> <u>12-lead ECG</u>	
Should only be checked if they are serious to this particular scenario	
FIELD IMPRESSION AND TREATMENT PLAN CATEGORY	
DIFFERENTIAL DIAGNOSIS	
Creates an appropriate list of differential diagnoses	
Critical prompts by team: <u>Critical Differential</u> (specify in comments)	
Should only be checked if they are serious to this particular scenario	
ACUITY	
Makes accurate clinical judgments about patient acuity	
Critical prompts by team: <u>Critical</u> <u>Not Critical</u> (specify in comments)	
Should only be checked if they are serious to this particular scenario	
THERAPEUTIC INTERVENTIONS AND MONITORING	
Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices	
Critical prompts by team: <u>Treatment</u> (specify in comments)	
Should only be checked if they are serious to this particular scenario	

TOTAL

0 /54

Actual Time Ended: _____

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Critical Criteria

- _____ Failure to recognize life-threatening injuries or illness
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to address safety concerns
- _____ Failure to provide spinal precautions when indicated
- _____ Failure to assess or appropriately manage problems with airway, breathing, oxygenation or ventilation
- _____ Failure to complete management of the patient within the given time limit
- _____ Failure to initiate transport within 10 minutes for a critical trauma patient
- _____ Performs any action or uses any equipment in a dangerous or inappropriate manner
- _____ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
- _____ Requires excessive prompting or a single critical prompt by team members
- _____ Failure to function as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to receive a total score of 40 or greater

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



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Integrated Out-Of-Hospital Scenario

Student Name: _____	Date: _____
Evaluator Name: _____	

	Possible Points	Points Awarded
Actual Time Started: _____		
Leadership and Scene Management		
Thoroughly assessed and took deliberate actions to control the scene, encouraged	3	
Assessed the scene, identified potential hazards, advocated for safety at all times	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further	3	
Completed primary survey, secondary assessment, and reassessment given	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary survey or reassessment of the patient	0	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified	3	
Appropriately managed the patient's presenting condition with appropriate	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal relations		
Encouraged feedback, took responsibility for the team, established rapport and interacted in an organized, therapeutic manner	3	
Integrated and responded with patient, crew, and bystanders using closed loop	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	
Actual Time Patient Transported _____		
Integration (Field Impression and Transport Decision)		
Provided appropriate management, offered a brief summary of prioritized	3	
Provided appropriate management and identified appropriate field impression,	2	
Provided correct management but did not identify appropriate field impression,	1	
Did not provide correct management, appropriate field impression, patient acuity	0	
Total	15	

Actual Time Ended: _____

Critical Criteria

- _____ Failure to appropriately address any of the scenario's "Mandatory Actions"
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention
- _____ Failure to receive a total of 11 or greater

STUDENT SELF-EVALUATION:

Were you successful or unsuccessful in this skill?

Successful

Unsuccessful

COMMENTS:



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How to Use Scenario Lab Evaluation

Introduction:

Scenario Lab instruments are used as an opportunity for the students to demonstrate what they have learned in a simulated environment and are based upon the foundations established by the use of Skills Lab Instruments. Scenarios should be introduced to the students as appropriate time through the curriculum and with increasing complexity. This competency package includes Scenario Lab instruments for both Team Leaders and Team Members. These Scenario Lab instruments should be used to critique student performances in order to provide guidance for improvement and/or confirm competency.

Scenario Performance:

Scenario performances should occur only after the student has demonstrated acceptable and consistent competence of the skills in that unit (airway, trauma, pediatrics, etc.) following sufficient practice. Individual programs should decide how best to document competence for each student in each skill prior to performing the skills within a scenario. For example, in the formative phase, students can practice individual airway management, oxygenation, and ventilation skills until they feel competent. Then a summative instructor evaluation might occur to confirm and log competency for those given skills. At this point, the students are ready to incorporate those skills in a variety of scenarios which could include management of a patient with a difficult airway, removal of an obstruction or management of a patient in respiratory distress, failure or arrest. Other skills such as patient assessment could also be incorporated into scenarios during this unit.

Programs should not wait to begin scenarios until all discrete (individual) skills in the program have been tested. Begin airway scenarios as soon as acceptable performance of airway skills has been documented. Begin trauma scenarios as soon as acceptable performance of the discrete trauma skills has been demonstrated, and so on for each unit within the EMT curriculum.



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Scenario Lab Instruments:

Scenario Lab instruments evaluate scenario-type practice in the laboratory setting where the student is expected to demonstrate how he/she would perform within the context of an EMS call. The simulation should be as realistic as possible within the given restraints of the program (space, resources, equipment, etc.). Simulations should include a 2-person team of students, one acting as Team Leader and one as the Team Member. Additional first responders can be added based on the complexity of the call. For example, if an EMT or firefighter is needed to perform CPR, another classmate can be called into the scenario to perform EMT tasks. The Scenario Lab instruments can be used to score both formative and summative Team Leader and Team Member performances depending upon whether students are in the early stages of scenario practice for this unit (airway, trauma, cardiology, etc.) or nearing completion of scenario laboratory practice for this type of patient situation.

The Team Leader is in charge of conducting patient assessments, interpreting findings, making a decision about care, and directing treatments. Team Members are responsible for correctly performing all skills as directed by the Team Leader. It is imperative that Team Members only offer suggestions when there is concern for the patient or team safety. Skills performed by either the Team Leader or Team Member should be evaluated for competency.

Evaluation:

The Team Leader evaluation instrument includes scene management, patient assessment and management, field impression, treatment plan, and leadership scoring criteria. The standard for scene management evolves from the assessment of data points gathered in the Skill Lab instrument on obtaining a patient history. The standard for patient assessment and management is derived from the steps found in the related patient assessment Skills Lab instrument but condensed. In scenarios, the patient presentations are abnormal. During patient assessment and management, the faculty member creates the scenario, and the students should adjust their assessment and interventions to fit the scenario appropriately. This phase of assessment is where linear presentation of steps no longer is considered, but rather where an appropriate physical examination for the scenario is judged.



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Summative laboratory scenarios are learning situations and testing situations. Faculty and peer judges should discuss the care delivered by the team. Appropriateness of therapy, priorities of care, sequence, teamwork, thoroughness of physical examinations and histories, hand-off reports and affective characteristics demonstrated by Team Leader and Team Members should be discussed and scored. The summative laboratory scenarios can also be utilized for high stakes testing situations embedded in the curriculum for the students to prove scenario competence.

Judges of student performance using scenario instruments must thoroughly understand the standards established during the formative phase of education. Assigning scores based on their judgment is invalid when a passing or failing score is not correlated with a known standard. The judge documenting performance in the isolated skill may be a student peer who has already demonstrated Skill Lab competency over the skill he/she is judging. For example, a student who has previously proven competency in the Skill Lab phase may judge another student. Multiple student judges may be used when evaluating performance in the Scenario Lab as each student judge will also learn during this process. Many students can be involved at once in the Scenario Lab phase, especially when all non-team members act as judges of peer performance. Teams and roles within the team should be rotated between students so that each student has ample opportunity to develop all necessary skills.

There are many advantages to team-based scenario management. For instance, Team Leaders may under-treat or over-treat a patient. He/she may get priorities out of order or request care that is inappropriate. A Team Member might need to suggest an alternate treatment or point out a scene hazard that the Team Leader failed to notice. These "mistakes" should occur in the laboratory setting where vital learning can take place without jeopardizing actual patient care.

Rating Scale:

The Scenario Lab instruments have a 4-point rating scale. The following helps to standardize judgments and improves inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry level of competency as judged by the evaluator. Entry-level of



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competency takes into account the amount of education the EMT student has undergone at the time of the scenario evaluation.

- 1 = Not yet competent, marginal or inconsistent; this includes partial attempts
- 0 = Unsuccessful = required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performance with some errors of commission or omission that would lead the evaluator to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.
- N/A = Not applicable – not needed or expected for this scenario. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

Scoring student performance as a judge is not a simple exercise. Each judge should act independently and assign a score. Judges who favor a student or have a bias for or against a student are acting improperly. All judges must understand their role in shaping and judging entry-level competency of EMT students. The public, our patients, reasonably expect to be cared for by competent EMTs. Judging the competency of an EMT student is a serious responsibility. Judges should know their judgments are going to become part of the portfolio for a student and part of that student's competency record. Students make mistakes. Students and judges learn from student mistakes. Errors found in the Scenario Lab setting are safe since they occurred where not actual patient harm could result. The steps of the Scenario Lab instruments help provide standardization.

Scenarios that progress from straight-forward and uncomplicated to more complex near the end of the program should be incorporated into the process. Motivation and practice by the students should enhance their performance throughout the program. Review of standards established by the program and/or found in the Skill Lab instruments should be helpful for remediation. Skill and scenario competency in each unit that has been acquired should be continuously evaluated throughout EMT



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education. For example, airway scenarios should not be run after airway and then never revisited. Throughout each subsequent section of the program, an airway, trauma, or OB scenario should be incorporated into scenario lab practice days. Scenario Lab evaluations formative and summative that are scored by both faculty and peers become part of the student portfolio.

Implementation of the Psychomotor Examination:

The Louisiana Bureau of EMS will be implementing the scenario-based examination during 2019. Each program will have the option of integrating this psychomotor examination process during 2019. Each candidate will be evaluated on his/her ability to manage a call, lead a team, direct all personnel and resources on scene, effectively communicate and maintain professionalism throughout the call. The three (3) psychomotor stations that will comprise the Bureau of EMS EMT Psychomotor examination effective January 1, 2020, are as follows:

1. Integrated Out-of-Hospital Scenario A
2. Integrated Out-of-Hospital Scenario B
3. Cardiac Arrest Management

Education Program

Internship Site

Student Name						Date
Time In		Time Out		Preceptor	Unit/Station	
Instructions: Each contact must be rated by the student first, and rated by the preceptor second. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections.						
Patient Age Sex	Impression/Differential Diagnosis	LOC, Complaints, Event/Circumstances	Summary of successfully rendered treatments	Rater	Clinical Objectives	Comments and Immediate Plan for Improvement for Next Contact
				S	Pt Interview & Hx Gathering Physical Exam Impression Tx Plan Skill Performance Communication Professional Behavior/Affec Team Membership Initials	
1				S		
				P		
2				S		
				P		
3				S		
				P		
4				S		
				P		

[illegible]



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INTERNSHIP EVALUATION WORKSHEET

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Education Program

Internship Site

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported _____ on time; _____ well groomed; _____ in uniform and prepared to begin the shift _____ yes _____ no

Behavior was professional: _____ accepts feedback openly; _____ self-motivated; _____ efficient; _____ flexible; _____ careful; _____ confident

Student asked relevant questions and participated in learning answers, used downtime to its highest potential: _____ yes _____ no

Student knows equipment location and use. _____ yes _____ no Student helps clean up and restock, unprompted. _____ yes _____ no

Student left site early (did not complete shift). _____ yes _____ no

Preceptor requests a follow-up with appropriate program personnel. _____ Phone Call _____ or _____ Email _____

Student Signature

I agree to the above ratings:

Preceptor Signature

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrates compassion and/or firm bedside manner depending on the needs of the situation

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination

Impression & 1x Plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely

Communication: Student communicates effectively with team, provides an adequate verbal report to other healthcare providers and completes a thorough written patient narrative

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better

Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly

Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

A team member's primary responsibility is to provide care to a patient in a safe, efficient, and effective manner. The student is not assuming the Team Leader role but integrated with other Team Members. When evaluating the student performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that EMTs are expected to deliver.



How to Use the Internship Evaluation Instrument

Introduction:

The overarching objective of EMT experiential learning is to prepare EMT students as competent entry-level EMTs. Students are to conduct themselves in a professional and courteous manner at all times and are expected to be self-motivated to engage consistently in learning opportunities during the Internship Phase. Goals for participation in the Internship Phase include:

1. Observe and participate in the dynamic patient care interactions as members of the interdisciplinary healthcare team.
2. Engage patient and family members utilizing various strategies of therapeutic communication.
3. Participate in gathering patient histories and performance of physical examinations, synthesizing the information in appropriate differential diagnoses.
4. Discuss with preceptors and other clinical staff an appropriate treatment plan.
5. Perform psychomotor skills that are within the EMT scope of practice and for which the student has received program approval to perform.

Preceptor Preparation, Training and Expectations:

Preceptors are busy providing patient care at most locations throughout the internship rotation. Preceptors must work with students and use an evaluation instrument that captures information pertinent to student performance. We suggest that the faculty provide a brief orientation to the evaluation worksheet and review the goals for the internship rotation for each preceptor prior to beginning student rotations. Preceptors should have access to emergency contact numbers for the appropriate program personnel at all times should any questions or unforeseen issues arise.

Students should assess scene safety, perform patient interviews, conduct physical examinations, and perform treatment and procedures as these opportunities present. Preceptors need to ensure that this occurs without jeopardizing the quality of patient care or adversely affecting the patient. In the event the preceptor deems provider, patient or public safety is being compromised, the preceptor should intervene



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in as professional manner as possible to ensure optimal outcomes while ensuring a safe learning environment.

Student Self-Evaluation:

It is important that the EMT student evaluates his or her own performance, recognize any disparities in knowledge or performance and correct these in subsequent patient encounters. Honest self-evaluation is imperative for continued growth and improvement and is a characteristic of a professional. It is essential that the preceptor assist any student exhibiting difficulty with accurate self-evaluation of his or her performance. There are numerous methods that an EMT education program can use to document the Internship Phase of EMT student education. This document describes a best-practice approach to documentation of the Internship Phase.

The "Internship Shift Evaluation Worksheet" serves as the overall log for the shift or day's internship activity. This worksheet is used to document and evaluate the EMT student's performance as a Team Member as soon as possible after a patient contact. At the conclusion of each patient encounter, the student should first evaluate his or her performance on the "Internship Shift Evaluation Worksheet," followed by the evaluator/preceptor's evaluation of his or her performance. This allows the evaluator/preceptor to assess the accuracy of the student's self-evaluation prior to providing constructive feedback regarding the process of self-evaluation.

Students should mark their self-evaluation ratings in the row labeled (S). The evaluator/preceptor should document his or her rating of the student in the row marked (P). The evaluator/preceptor should continue to document all shaded sections after the student has completed all of the sections required. Please comment on any discrepancies at the end of the row or on the backside of the form. The following list provides a description of what should be entered in each section of the "Internship Shift Evaluation Worksheet."

Student Name: Name of Student

Date: Date internship rotation began

Education Program: Name of the EMT program the student is attending



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Clinical Site: Name of the EMS/ambulance service

Time In and Out: Time student arrived and departed from the clinical site

Preceptor: Name of Preceptor

Unit or Station: Radio call sign or "report to work" location

Patient Age/Sex: Patient's age and sex

Impression and/or Differential Diagnosis: This section is a judgment of the EMT student based on findings of the history and physical examination. At times, a patient's differential diagnosis may be unknown as all of the evidence to make a diagnosis is not yet known. EMT students should be judged on their differential diagnosis based upon the information that is obtained in the history and physical examination. Students may not know or have access to in-hospital diagnostic data. Consequently, EMT students may reach a different diagnosis other than the definitive diagnosis that was derived after many in-hospital tests were completed.

LOC/Complaints/Event/Circumstances: This section is used by the EMT student to document the patient presentation, history of present illness and significant patient assessment findings.

Summary of treatments rendered successfully by the student: The student uses this section to document treatments performed successfully and is judged based upon information that the student has obtained from the history and physical exam. A successful attempt should be based on the outcome of a discussion between the preceptor and the student that answers the question, "How would you, as an EMT, treat this patient in the field based on your history and physical examination findings?" Each clinical setting is somewhat different, and each patient presentation may be different.

Clinical Objectives Rating: This section is used to document EMT student's performance of Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; Professional Behavior/ Affect; and Team Membership. The EMT student should first complete his or her ratings followed by the preceptor. The following four-point Likert scale will help to standardize judgments and improve inter-rater reliability:



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- 2 =** Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the EMT student has undergone at the time of the internship interface with the patient.
- 1 =** Not yet competent, marginal or inconsistent; this includes partial attempts
- 0 =** Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes “Not attempted” when the student was expected to try. The student performed with some errors of commission or omission what would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable – not needed or expected for this patient. This is a neutral rating. (Example: Student expected only observe, or the patient did not need intervention).

***Note:** Ideally, students will progress their role from observation to participation in simple skills, to more complex assessment and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active, and attempt to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process when students need prompting.

Improvement plans must follow any unsuccessful or inconsistent ratings.

Preceptor Evaluation:

As soon as possible after the student completes the self-evaluation of the Internship Objectives, the preceptor should review the information that the student entered and document his or her rating in the section provided (P). Please record any comments necessary to clarify ratings or provide additional feedback. Identify improvements needed for the future patient contacts. You may use additional paper or electronic communication to the program as necessary. Any disparate ratings between the student and evaluator ratings should be discussed. The evaluator should briefly document any suggestions for



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improvement or other comments in the "Comments and Immediate Plan for Improvement for Next Contact" section.

At the completion of the student's shift, the evaluator should document any "Comments on any unsatisfactory ratings or discrepancies" and "Overall plan for improvement for future shifts" if needed. The preceptor should then check the boxes that indicate the student affect during the shift and whether follow-up is requested from appropriate program personnel.

After the student and preceptor have discussed any discrepancies, both should sign the "Internship Shift Evaluation Worksheet" and it should be turned into the appropriate program personnel without further alteration. Systems need to be developed for returning completed instruments to the program. The system should employ methods to prevent alteration of the evaluation by the student and/or discarding of the evaluation instrument by the student. Systems that permit students to alter preceptor-completed evaluations and/or allow students to throw away unsuccessful patient evaluations are not valid.



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References

Committee on Accreditation of Educational Programs for the Emergency Medical Services Progressions.

(2014). Standard Revision Updates. Retrieved from

http://coaemsp.org/Standards_Revisions.htm.



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Definitions

The following list includes definitions of terms that are included in the EMT Psychomotor Competency Portfolio.

Internship Phase: This component of a student's education includes planned, scheduled, educational student experience with patient contact activities in settings outside of the classroom.

Communication: Student communicates effectively with the patient, team members, and preceptor/evaluator. The student provides an adequate verbal report to other healthcare providers and, if required, completes a thorough, accurate written patient narrative to include correct spelling and grammar.

Entry-level Competency: Entry-level competency is defined as consistent student performance and safe, appropriate patient management over multiple patient encounters. Please keep in mind that minimally competent EMS providers may not perform to the level that a more experienced provider would; for example, they may not perform as rapidly or as smoothly. It is expected that the student will perform timely and appropriate assessments, skills, and formulate accurate field impressions and provide appropriate management. Cases have varying levels of difficulty and acuity. The preceptor should assign a successful rating if you feel the student has successfully participated as a team member. A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Preceptors should not assign a successful rating unless the student performed adequately as a competent entry-level EMT. As a general rule, more unsuccessful attempts indicate a willingness to try and are preferable to no attempt. An unsuccessful rating should be assigned if a student required more than minimal or critical prompting, or ordered or performed an action that could have inappropriately endangered the physical or psychological safety of the patient. Withholding appropriate care or not recognizing appropriate interventions can be just as dangerous as performing incorrect ones.



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Evaluation/Preceptor Documentation: In the early stages of learning, performance can be inconsistent. It is impossible to predict when the student will begin to show consistent achievement so it is imperative that each attempt is evaluated and documented. Since competency must be documented and tracked over multiple attempts, monitoring student performance, achievement of set goals, and the response to your coaching is essential. Evaluators/preceptors are encouraged to document additional notes and attach additional documentation as necessary.

Professional Behavior (Affect): Student demonstrates that he or she is:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performances.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed, and organizes the team to work more efficiently.

Flexible: Makes adjustments to communication style, directs Team Members, changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

Confident: Makes decisions, trust and exercises good personal judgment, is aware of limitations and strengths.

Open to feedback: Listens to evaluator/preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Skill Performance: Student performs technical skills accurately and safely.

Team Member Attributes: Demonstrates followership – is receptive to leadership; performs functions using situational awareness and maintains it; utilizes appreciative inquiry; avoids freelance activity; listens actively using closed-loop communication and reports progress on tasks; performs tasks accurately and in a timely manner; advocates for safety and is safety conscious at all times; leaves ego/rank at the door (NREMT, 2012).



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Prompting: Successful ratings in assessment and skills requires little to no prompting on the part of the preceptor. Prompts should, therefore, be focused on important interventions that affect patient care and satisfaction. Non-essential prompts that do not affect patient care may be appropriate, but should not affect the evaluation of the student's performance.



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References

National Registry of Emergency Medical Technicians. (2012, March). Team Leader and Team Member Attributes. W.E. Brown (Chair), *Team Leader and Team Member Attributes Meeting*, National Registry of Emergency Medical Technicians, Columbus, Ohio.