

VERMONT EMERGENCY MEDICAL SERVICES

EMT STUDENT MINIMUM COMPETENCY PROGRAM

Introduction

The following guidance from the Vermont EMS Education Competencies Group has been developed regarding in-program skill performance and scenarios. During the initial role out phase, the student will have the option to perform either the traditional VT EMT Psychomotor Exam or the new Integrated Out of Hospital Psychomotor Exam.

This manual was developed to provide guidance and expectations for programs implementing an EMT Student Minimum Competency Portfolio as part of their educational program. Each student's portfolio is tracked by the program Instructor Coordinator throughout the formative and summative phases of their EMT education. This manual adheres to the guidance and best practice standards set forth by the National Registry of Emergency Medical Technicians (NREMT) and National EMS Educational Standards 2021 set by the National Highway Traffic Safety Administration (NHTSA).

Each student must demonstrate competency in the necessary skills as an entry level EMS provider to qualify for successful course completion. The skill competencies will be documented using the attached skills evaluation forms. The complete portfolio becomes a part of the student's permanent education file. This process is a requirement for any programs requesting to use the Student Minimum Competency program in lieu of the third party formalized psychomotor examination for those students seeking NREMT EMT certification and State of Vermont EMS licensure.

Skills Lab Documentation

The formative Skills Lab evaluation forms, as implemented by this Program, represents a broad array of skills that provides adequate representation of the necessary skill domain of an EMT. These skills are determined by the standards set by the NREMT, NHTSA, and the EMS Department of the Vermont Department of Health.

Each program will decide how students will demonstrate competency in each skill prior to performing them in a scenario.

Student Evaluation

The program must document skill practice outcomes, both successful and unsuccessful. Students should review the formative Skills Lab documents and use it to help improve their performance. Observation of the student's performance can take many forms within the skills laboratory. When evaluating students, it is acceptable for peers to validate students' performance on some skills only after the students demonstrated 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 faculty being present. The skills evaluation forms should guide a student who received a quality demonstration; they are not designed for self-teaching and evaluation. During the skills evaluation process, there should be sufficient validation of the developmental process of achieving skill competency.

It is not required that students practice all skills on live patients. The use of simulation provides educational programs with a method to approximate a realistic patient presentation. Simulation can take on many forms throughout EMS education. The simulations can range from the simple to the very complex. Some simulations allow for easy skill performance, while others require more complex skill performance. Patient simulation can mimic many presentations of a sick or injured patient. The best use of simulation is determined by the faculty with the resources available to the educational program. When using simulation, it is important to make it as realistic as possible.

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The EMS education program must retain this documentation as part of the student psychomotor portfolio. Progression of knowledge and skills is part of the program and students' quality assurance. Constructive feedback regarding errors in the delivery of skills is part of the learning process. In addition, correct repetition of a skill leads to its appropriate automatic performance. Developing muscle memory thorough repeated practice of these discrete skills is increasingly important as students transition to performing simulated clinical scenarios and providing patient care.

Scenario Lab Documentation

Scenario Lab skills forms evaluate scenario-type practice in the laboratory setting where the student is expected to demonstrate performance within the context of an EMS call. This experience is critical in the development of overall student proficiency as a EMS provider. The scenario simulation should be as realistic as possible within the given restraints of the program (space resources, equipment, etc.). The Scenario Lab forms should be used to score students for both formative and summative assessments as a Team Leader and a Team member.

At a minimum, a student's file should include formative and summative Scenario Lab evaluations of pediatric, adult, and geriatric patients that are tracked in their portfolio. These evaluations should cover, at a minimum, an amount that demonstrates student proficiency in a wide range of illness and injury situations that the student would be expected to successfully treat/manage in the field.

Summative Evaluation of Skills

Entry- level competency is not mistake-free. Students who are entry-level competent must be able to consistently demonstrate and correctly complete 90% of the steps in a summative skills evaluation forms. If a student does not reach the 90% threshold during a summative evaluation, feedback should be provided, and the student should repeat the skill evaluation attempt as determined by the approved program guidelines.

Not every student will reach the minimum competency standard with the same number of performances. Accomplishing a complex skill to competency one time is insufficient evidence of the development of muscle memory necessary to perform that skill in an emergency care situation. It is important that every student is given quality instruction and appropriate time to reach the level of competency before it is determined that the student is either competent in the skill or will not be able to obtain the level of competency required. Students unable to reach the level of competency required should not progress to successful program completion.

Program Requirements

- Senior Instructor Status
- Competency Evaluation Course Application
- Including Required Supporting Documents:
 - Course Syllabus
 - Course Schedule
 - Student Handbook
 - Program Competency Design
 - List of Supervising and Lead instructors for Class and Lab Sessions
 - Acknowledgement and acceptance of a minimum of two (2) site visits by an EMS office official or its designee and review of portfolio or other student progress tracking instruments.
 - Active participation in a program quality assurance and quality improvement program.

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- Acknowledgement that failure to demonstrate documented student progressive proficiency or failure to follow the submitted approved program design, students will be required to take a third-party psychomotor examination approved by Vermont EMS.
- The Department should be notified within 3 business day
 - Program Design Change
 - Adjustments to the course schedule that extends or shortens the approved course by three (3) scheduled class periods.
 - Lead Instructor Changes

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Student Minimum Competencies Lab Phases

Phase I (Skills Lab Skill Sheets) - In this phase, students will demonstrate competency of individual skills. Skills can be evaluated by a peer or an instructor according to the chart below.

Phase II (Skills Lab Situation Based Use) - In this phase, the students are given simple formative scenarios which will allow them to demonstrate basic critical thinking and the application of isolated skills. These scenarios can only be evaluated by an instructor.

Phase III (Scenario Lab) - In this phase, the students are given comprehensive summative scenarios which will allow them to demonstrate the holistic application of skills and critical thinking. These scenarios are not intended to be a "talk my way through the scenario" but must be run in such a way to precisely match as closely as possible the way a real EMS call would actually be handled in the out-of-hospital setting. All assessments, clinical measurements, interventions, and documentation must actually be performed by either the team leader or delegated appropriately to another team member. These scenarios can only be evaluated by an instructor.

Laboratory Phase I – Skills Lab Skill Sheets

Laboratory Phase I – Skills Lab Skill Sheets	Minimum Number of Times Competency Demonstrated Successfully	Minimum Number Signed Off by Licensed Evaluator
Learning and performing isolated skills (How to perform skills)		
Assessment Skills		
Scene Size-up and Primary Assessment	2	1
Assessment of Vital Signs	2	1
Secondary Assessment and Reassessment - Medical	2	1
Secondary Assessment and Reassessment - Trauma	2	1
Lifting and Moving (Manual Maneuvers / Devices)	2	1
Communications (SBAR / IMIST-AMBO)	2	1
Airway		
NPA	2	1
OPA	2	1
Suctioning (Oral, Stoma, Tracheostomy)	2	1
CPAP	2	1
O2 Administration (NC, NRB, etc.)	2	1
BVM Ventilation (adult, pediatric)	2	1

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Trauma		
Advanced Spinal Assessment / Spinal Motion Restriction	2	1
Joint	2	1
Long Bone	2	1
Hemorrhage Control	2	1
Chest Injury Management	2	1
Traction Splinting	2	1
Pelvic Immobilizer (Commercial / Improvised)	2	1
Medical		
IN Medication Admin	2	1
Inhaled Medication Admin	2	1
IM Medication Admin	2	1
Auto-Injector Use	2	1
Oral Medication Admin	2	1
Sublingual Medication Admin	2	1
Glucometer	2	1
12-Lead EKG Acquisition	2	1
Cardiac		
Cardiac Arrest Management / AED / BVM (Adult/Pedi)	2	1 adult 1 pediatric
OB/Neonatal		
Normal Delivery and Newborn Care	2	1

Competency will be determined when a student can demonstrate and correctly complete at least 85-90% of the steps for each skill.

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Laboratory Phase II – Skills Lab Situation Based Use

The scaffolding and application of isolated skills into formative scenarios (When to perform the skills)	Minimum Number Signed Off by Licensed Evaluator
Airway Management Evolution <i>Stand alone airway management scenarios and can be integrated into assessment/management scenarios and/or Cardiac Arrest Scenarios</i>	3 (1 Adult, 1 Pedi)
Trauma Physical Assessment/Management	2
Medical Physical Assessment/Management	2
OB/Neonate Care and Management <i>Pregnancy Complications, Abnormal Delivery, Neonatal Resuscitation</i>	2
Cardiac Arrest Management - High Performance/Team Resuscitation	3 (1 Adult, 1 Pedi)
Medication Administration <i>Stand alone Medication Administration scenarios and can be integrated into assessment/management scenarios (Oral, Sublingual, Intramuscular, Intranasal, Inhaled)</i>	3

Laboratory Phase III - Scenario Labs

Students will demonstrate competencies with Integrated scenarios as a team. The student will be assessed on: 1) Leadership and scene management, 2) Patient assessment 3) Patient management, 4) Interpersonal relations, and 5) Integration of all elements, report and handoff

Applying skills and critical thinking into comprehensive summative scenarios (Putting together the what, when, how, and why)	Minimum Number Signed Off by Licensed Evaluator
Team Member	5
Team Leader	5 (2 Medical, 2 Trauma) (1 Pedi)

The scenarios will include evaluations of pediatric, adult, and geriatric patients using the following scenario topics:

- Cardiac Arrest*
- Respiratory Distress / Failure*
- Chest Pain*
- Stroke
- Altered Mental Status (1 from AEIOU-TIPS)*
- Abdominal Pain
- Allergic Reaction/Anaphylaxis*
- Behavior Emergencies
- OB/GYN/Neonatal Resuscitation/Pregnancy Complications
- Blunt Trauma
- Penetrating Trauma (Impaled Object, Sucking Chest Wound)*
- Burns
- Hemorrhage
- Multisystem Trauma*

*All students must perform a scenario from these patient complaint categories

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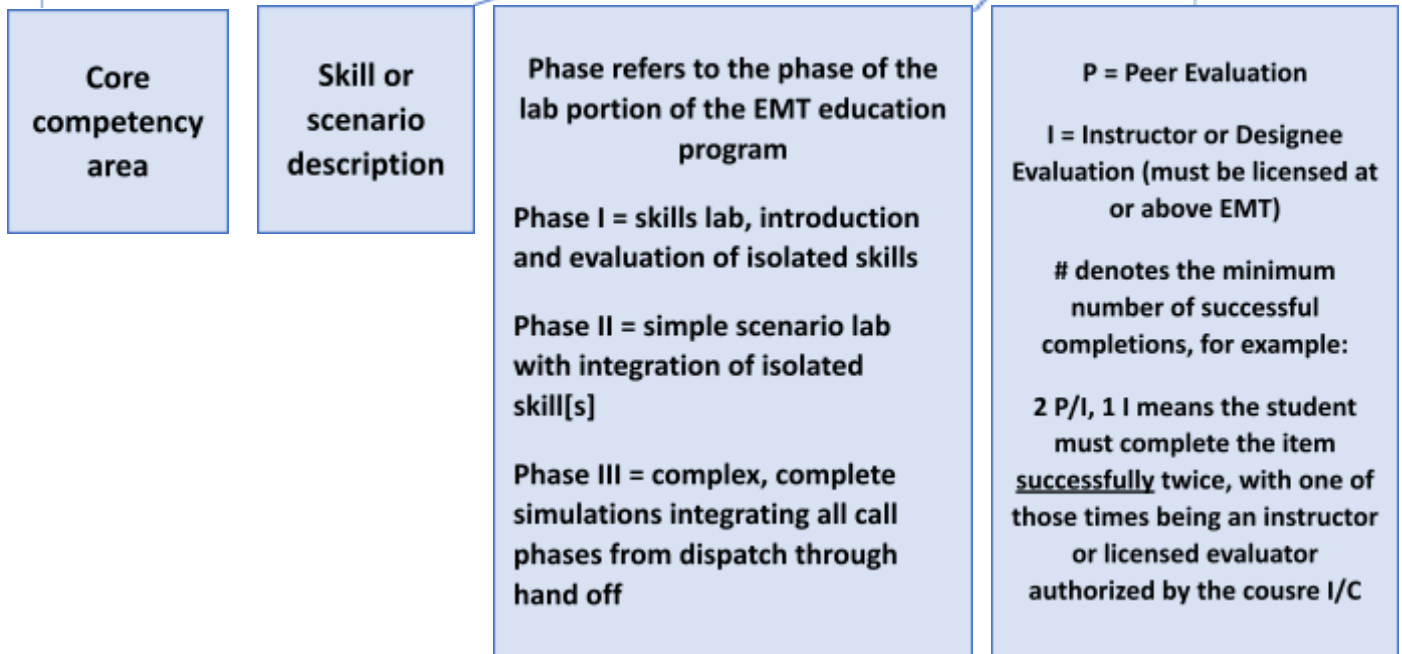
INSTRUCTOR & EVALUATOR MANUAL

This manual is an example for programs to use in their EMT Simulation Labs. These tools are designed to be completed and entered into the course files after the course I/C reviews the documents. These documents may be shared with VT EMS for the purposes of data and quality assurance review as the overseeing regulatory body for instructor and provider licensure. All skill assistants, evaluators, lab instructors, and instructor/coordinators are required to fill out forms accurately and completely.

How to use this manual

Each section has a heading such as below. Each heading is connected to a core competency area.

COMMUNICATION SKILL – PATIENT HANDOFF REPORT (Phase I - 2 P/I w/ 1 I)



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Student Name: _____

Patient Assessment - Scene Size-up/Primary Assessment (Phase I - 2 P/I w/1 I)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
SCENE SIZE-UP		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
PPE/Take or verbalize infection control precautions (self and crew)	1				
Identifies environmental hazards/dangers (scene safety)	1				
Determines number of patients (directly or via delegation)	1				
MOI/NOI (dispatch information, scene findings, bystander/family)	1				
Additional resources required (ALS, Extrication, Hazmat, Helicopter, etc)	1				
PRIMARY ASSESSMENT					
SMR assessment and application if needed	1				
Assesses mental status (AVPU)	1				
Determines chief complaint or identifies priority patient (Sick/Not Sick)	1				
Assess & address airway as needed: open, inspect & clear, adjunct	3				
Assess & addresses breathing: rate/depth, administers oxygen as needed, assures adequate ventilation as needed	3				
Assess & addresses circulation: pulse rate/quality, skin conditions, identifies & addresses major external bleeding and shock as needed	3				
Identifies need for transport to most appropriate hospital & priority	1				
Critical Criteria					
Fails to take appropriate PPE precautions					
Fails to determine scene safety before approaching the patient					
Fails to find or appropriately manage issues associated with airway, breathing, and circulation					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature		Date: / /	
Comments:		Comments:			

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Patient ASSESSMENT - Assessment of Vital Signs (Phase I - 2 P/I w/1 I)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
Pulse		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Palpate: • Radial pulse (on the thumb-side of the wrist) • Carotid pulse (to the left or right of the Adam's apple) • Brachial pulse (inside and proximal to the crux of the elbow) • Femoral pulses (near the groin at the thigh crease)	1				
Count the pulse for 15 seconds and multiply by 4 (or count for 30 seconds and multiply by 2; if pulse is irregular, count for a full minute)	1				
Assesses and Record rate, quality, and regularity.	1				
Respirations					
Count the patient's respirations for 15 seconds and multiply by 4 (or count for 30 seconds and multiply by 2)	1				
Assesses and Record rate, rhythm, and tidal volume	1				
Blood Pressure					
Select an appropriate-size blood pressure cuff (ie, large adult, adult, small adult, pediatric, or infant)	1				
Place the cuff snugly around the upper arm, about 1 inch above the antecubital space. Center the bladder over the brachial artery. Ensure the bulb and tubing are in the downward direction	1				
By Auscultation: Palpate the brachial artery. Place the diaphragm of the stethoscope over the artery and inflate the cuff rapidly	1				
By Auscultation: Deflate the cuff slowly (3–4 mm Hg per second); note the first sound heard (systolic pressure) and note where the sound changes or stops (diastolic pressure). Deflate the remainder of the cuff rapidly	1				
By Palpation: Palpate the brachial or radial artery. Inflate the cuff rapidly until a pulse can no longer be palpated	1				
By Palpation: Deflate the cuff slowly (3–4 mm Hg per second); note the point at which the pulse is palpable. Deflate the remainder of the cuff rapidly	1				
Record the reading	1				
Skin					
Assesses skin color, temperature, and condition	1				
Level of Consciousness					
Determines responsiveness of the patient	1				
Determines AVPU	1				
Lung Sounds					
Place the stethoscope in your ears, with the ear pieces angled toward the patient	1				
Direct the patient to breathe deeply through an open mouth	1				
Place the diaphragm of the stethoscope on an anterior surface of the chest (bilaterally): • Three finger-breadths below the clavicle at the mid-clavicular line • Fourth to fifth intercostal space at the mid-axillary line	1				
Place the diaphragm of the stethoscope on a posterior surface of the chest (bilaterally): • Vertebral border at the level of the third rib	1				

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• Three finger-breadths below the inferior angle of the scapula at the level of the diaphragm (approximately 10th rib)					
Assess and Record equality and any abnormality of the lung sounds	1				
Assessing Oxygenation Using Pulse Oximetry					
Explain the procedure to the patient	1				
Place the probe on the patient: • Select the finger (cleanest, least amount of nail polish, etc). • For a nondisposable, clip-style probe, slide the probe onto the patient's finger. • For a disposable probe, remove the plastic and wrap the probe around the circumference of the patient's finger. • Note: SPO2 readings may be delayed, inaccurate, or nonexistent in patients with cold extremities, heavily polished nails, or carbon monoxide poisoning; if unable to get a reading, switch fingers.	3				
Confirm the heart rate on the pulse oximeter with a mechanical pulse	1				
Assessing Blood Glucose Level					
Prepare the site (either the side or tip of a finger): • Place the hand in the dependent position for 10–15 seconds. • Grasp the finger of the nondominant hand to be used. • Cleanse the site using aseptic technique and allow it to dry	3				
Puncture the site with an appropriate safety lancet	1				
Dispose of the lancet in an appropriate sharps container	1				
Squeeze the finger to obtain a drop of blood	1				
Lightly touch the drop of blood to a test strip, completely covering the test zone(s)	1				
Wipe the blood from the finger with sterile gauze	1				
Apply pressure until the bleeding stops	1				
Apply a sterile adhesive dressing	1				
Read the blood glucose analysis from the machine and record it appropriately (normal range 80–120 mg/dL)	1				
Dispose of the test strip in an appropriate biologic waste/sharps container	1				
1 Reassess the patient for any adverse reactions (swelling, irritation, etc)	1				
Total score (minimum for competency is 33/38 w/o prompting)	38				
Critical Criteria					
Fails to locate required pulses or inappropriate technique					
Obtains inaccurate results (error of greater than 5 per minute for pulse)					
Obtains inaccurate results (error of greater than 2 per minute for respirations)					
Inappropriately places stethoscope when auscultating lung sounds					
Inaccurately interprets abnormal lung sounds					
Fails to auscultate in all required fields					
Uses inappropriate cuff size (too large or too small for patient)					
Obtains inaccurate reading (greater than 4 mm Hg difference)					
Fails to properly place the probe					
Fails to confirm the heart rate on a pulse oximeter with a mechanical pulse					
Fails to take or verbalize infection control precautions prior to using Glucometer					
Selects inappropriate site					
Contaminates site or equipment without appropriately correcting the situation					
Fails to dispose of equipment in a safe or appropriate manner					
Fails to properly read blood glucose analysis					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature		Date: / /	
Comments:		Comments:			

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Patient ASSESSMENT - Trauma Secondary Assessment (Phase I - 2 P/I w/1 I)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
SECONDARY ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Delegate vital signs/diagnostic tools: • BP, HR, RR, SPo2, blood glucose, ECG, 12-lead • Pain scale (1-10) or Wong-Baker FACES scale	2				
Determine the chief complaint/history of present illness/injury: • Onset (Sudden or gradual) • Provocation/palliation (Anything make it better or worse) • Quality (Describe what the pain feels like) • Radiation (Does the pain travel anywhere) • Severity (Scale 0-10) • Time (When did it start)	6				
Obtain a SAMPLE history: • Signs/symptoms • Allergies • Medications, medication compliance • Past medical history • Last oral intake • Events leading to present illness Note: If the patient has a poor GCS score/LOC, ask bystanders or family for pertinent information and look for medical alert tags, wallet, etc.	5				
Detailed Physical Exam					
Examine the head. • Inspect the mouth, nose, and facial area. • Inspect and palpate the scalp and ears.	2				
Examine the neck. • Check the position of the trachea. • Check for jugular vein distention. • Palpate the cervical spine before applying a cervical collar	3				
Examine the chest. • Inspect, palpate, and auscultate the chest	3				
Examine the abdomen and pelvis. • Inspect and palpate all four abdominal quadrants. • Palpate the pelvis. • Verbalize assessment of the genitalia/perineum as needed	3				
Examine the lower extremities. • Inspect, palpate, and assess distal circulation and motor and sensory function	2				
Examine the upper extremities. • Inspect, palpate, and assess distal circulation and motor and sensory function	2				
Examine the posterior thorax, lumbar, and buttocks. • Inspect and palpate the posterior thorax. • Inspect and palpate the lumbar and buttocks area.	2				
Manage any secondary injuries and wounds appropriately	1				
FIELD IMPRESSION					
Verbalizes field impression (within assessment or handoff report)	1				
Provides or orders interventions based on the patient's presentation	1				

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REASSESSMENT					
Reassess the Primary Assessment	1				
Reassess vital signs: HR, RR, BP, SPO2, blood glucose (as needed).	1				
Assess the patient's response to any interventions and treatments	1				
Repeat the focused assessment regarding patient's complaint or injuries	1				
Provides handoff report to receiving healthcare team / ALS	1				
Total score (minimum for competency is 34/38 w/o prompting)	38				
Critical Criteria					
Orders a dangerous or inappropriate intervention or medication					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /		
Comments:	Comments:				

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Patient ASSESSMENT - Medical Secondary Assessment (Phase I - 2 P/I w/1 I)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
SECONDARY ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Delegate vital signs/diagnostic tools: • BP, HR, RR, SPO ₂ , blood glucose, ECG, 12-lead • Pain scale (1-10) or Wong-Baker FACES scale	2				
Determine chief complaint/history of present illness: • Respiratory: Associated chest pain? Pain on breathing/palpation? Cough? One-word dyspnea? Orthopnea? • Cardiac: Onset? Provocation/palliation? Quality? Radiates? Severity? Time? Interventions? Associated shortness of breath? N/V? W/D? Orthopnea? • Altered mental status: Description of the episode. Onset? Duration? Associated symptoms? Evidence of trauma? Interventions? Seizure? Fever? • Allergic reaction: History of allergies? What were you exposed to? How were you exposed? Effects? Progression? Interventions? • Poisoning/overdose: Substance? When did you ingest/become exposed? How much did you ingest? Over what time period? Interventions? Weight? • Environmental emergency: Source? Environment? Duration? Loss of consciousness? Effects general or local? • Obstetrics: Are you pregnant? Complications? How long have you been pregnant? Pain or contractions? Bleeding or discharge? Do you feel the need to push? Last menstrual period? Prenatal care? • Behavioral: How do you feel? Determine suicidal tendencies. Is the patient a threat to self or others? Is there a medical problem? Interventions? Hallucinations? Delusions? Violence? • Weak/dizzy: Orthostatics? Syncope? Anxious? Nausea/vomiting? Overdose/underdose of medications? Recent activity/trauma? CP? Shortness of breath? Recent illness/fever?	5				
Determine the chief complaint/history of present illness/injury: • Onset (Sudden or gradual) • Provocation/palliation (Anything make it better or worse) • Quality (Describe what the pain feels like) • Radiation (Does the pain travel anywhere) • Severity (Scale 0-10) • Time (When did it start)	6				
Obtain a SAMPLE history: • Signs/symptoms • Allergies • Medications, medication compliance • Past medical history • Last oral intake • Events leading to present illness Note: If the patient has a poor GCS score/LOC, ask bystanders or family for pertinent information and look for medical alert tags, wallet, etc.	5				
Perform a focused physical examination pertinent to the patient's chief complaint:	5				

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• Cardiovascular: peripheral edema, jugular vein distention (JVD), scars, medication patches, pacemaker/defibrillator, accessory muscle use, tripodding, diaphoresis, medical alert tags • Pulmonary: color of sputum, tripodding, accessory muscle use, pedal edema, JVD, ascites, diaphoresis, home oxygen • Neurologic: facial droop, incontinence, slurred speech, emesis, tics, medical alert tags • Musculoskeletal: twitching/shaking, tetany of muscles, spasms • Integumentary: scars, difference in pigment, blotches, burns • GI/GU: emesis, incontinence, diarrhea • Reproductive: prolapsed rectum/uterus, abnormal bleeding/fluids, hemorrhoids, signs of childbirth • Psychological/social: suicide marks, scratch marks, tics, Tourette's, hallucinations					
FIELD IMPRESSION					
Verbalizes field impression (within assessment or handoff report)	1				
Provides or orders interventions based on the patient's presentation	1				
REASSESSMENT					
Reassess the Primary Assessment	1				
Reassess vital signs: HR, RR, BP, SPo2, blood glucose (as needed).	1				
Assess the patient's response to any interventions and treatments	1				
Repeat the focused assessment regarding patient's complaint or injuries	1				
Provides handoff report to receiving healthcare team / ALS	1				
Total score (minimum for competency is 26/30 w/o prompting)	30				
Critical Criteria					
Orders a dangerous or inappropriate intervention or medication					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /		
Comments:		Comments:			

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LIFTING & MOVING – MOVING PT. FROM GROUND (Phase I - 2 P/I w/1 I)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
Takes / verbalizes appropriate PPE	1				
If SMR is indicated, assigns crew member to maintain neutral in-line position throughout patient movement (award point if non-SMR situation)	1				
Chooses appropriate device (backboard, flexible stretcher, scoop stretcher) and securing method	1				
Readies ambulance stretcher (lowers stretcher, unfastens straps)	1				
Prepares patient for the procedure with explanation and coaching	1				
Coordinates safe patient movement onto the device	1				
Secures the patient to the device	1				
Coordinates movement of the patient on the device to the stretcher	1				
Identifies situations where the patient may be left on the device	1				
Coordinates removal of the device	1				
Secures the patient to the stretcher	1				
Loads patient & stretcher into the ambulance	1				
Total score (minimum for competency is 10/12 w/o prompting)	12				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Eval 1 Signature	Date: / /	Instructor Eval 2 Signature	Date: / /
Comments:		Comments:	

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Student Name: _____

COMMUNICATION – PATIENT HANDOFF REPORT (Phase I - 2 P/I w/ 1 I)

Action (SBAR / IMIST AMBO) report to ALS, ED RN, or Medical Direction	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
Identifies/introduces the patient	1				
Situation or MOI/Medical Complaint	1				
Background: Injuries / information relative to complaint	1				
Background: Allergies, Medications, Past Medical History	1				
Assessment: Signs (vitals, GCS/orientation) & symptoms	1				
Assessment: Treatment given & trends noted	1				
Recommendation: Other information, scene/living conditions, directives, family notifications	1				
Total score (minimum for competency is 6/7 w/o prompting)	7				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

AIRWAY – SUCTIONING (Phase I - 2 P/I w/1 I)

ORAL SUCTIONING	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
OPENS AIRWAY – “patient is unresponsive, apneic, & weak pulse of 64”					
Appropriate manual maneuver to open airway	1				
Inspects airway	1				
SUCTION – simulated secretions or vomitus present or verbalized					
Identifies the need for oral suctioning	1				
Prepares powered suction unit	1				
Attaches suction tubing and rigid suction catheter	1				
Inserts catheter and suctions for no more than 10-15 seconds	1				
Total score	7				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

TRACHEOSTOMY / STOMA SUCTIONING	Points	Peer Inst. Date: / /	Inst. Eval 1 Date: / /
Takes / verbalizes appropriate PPE	1		
SUCTION – simulated secretions present or verbalized			
Identifies the need for suctioning (visible or audible secretions)	1		
Prepares powered suction unit	1		
Selects appropriate size flexible suction catheter and determines appropriate length (using obturator, if available, or 2-3 inches / 5-7 cm)	1		
Attaches suction tubing and flexible suction catheter	1		
Considers or instills up to 3 mL normal saline to assist in clearing thick secretions	1		
Inserts catheter and suctions for no more than 10-15 seconds	1		
Total score	7		
Critical Criteria			
Performs/directs a dangerous/unsafe procedure or inappropriate technique			
Did not act in a professional manner			

Instructor Evaluator 1 Signature	Date: / /	Comments:
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VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

AIRWAY – BASIC AIRWAY ADJUNCTS OPA & NPA (Phase I - 2 P/I w/1 I)

OROPHARYNGEAL AIRWAY	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
OPENS AIRWAY FOR EVALUATION					
Appropriate manual maneuver to open airway (and evaluates for difficult airway)	1				
Inspects airway	1				
SELECTS & INSERTS ADJUNCT – “the patient’s jaw is flaccid with no secretions or vomitus present”					
Selects appropriate airway	1				
Ensures appropriate size airway by measuring the adjunct appropriately	1				
Opens airway	1				
Inserts adjunct	1				
Total score (minimum for competency is 7/7)	7				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

NASOPHARYNGEAL AIRWAY	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
OPENS AIRWAY FOR EVALUATION					
Appropriate manual maneuver to open airway (and evaluates for difficult airway)	1				
SELECTS & INSERTS ADJUNCT – either “patient’s jaw is clenched” or no secretions or “patient moans with jaw opening”					
Selects appropriate airway as NPA	1				
Ensures appropriate size airway by measuring the adjunct appropriately	1				
Lubricates airway	1				
Inserts adjunct	1				
Total score (minimum for competency is 7/7 w/o prompting)	7				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

AIRWAY - BAG VALVE MASK VENTILATION (Phase I - 2 P/I w/1 I)

ACTION		Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ASSESSMENT			Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1					
Checks responsiveness	1					
Requests additional assistance	1					
Checks breathing and pulse simultaneously for 6 seconds	1					
OPENS AIRWAY – “patient is unresponsive, not breathing, with a weak pulse of 64”						
Appropriate manual maneuver to open airway	1					
INITIATES VENTILATION						
Selects appropriate BVM and mask	1					
Applies bacterial-viral filter	1					
Initiates ventilation at age-appropriate rate with chest rise for 60 seconds (adult & adolescent 12-20, child ~20, infant 20-30)	1					
Reevaluates breathing effort & pulse	1					
Resumes ventilation with adequate chest rise	1					
Ventilates at an age-appropriate range	1					
Total score (competency w/o prompting is 9/11)						
Critical Criteria						
Failure to initiate ventilations within 30 seconds or interrupts for 30 seconds						
Performs/directs a dangerous/unsafe procedure or inappropriate technique						
Did not act in a professional manner						

VERMONT EMERGENCY MEDICAL SERVICES

EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

AIRWAY – OXYGEN (Phase I - 2 P/I w/1 I)

SCENARIOS FOR EVALUATOR TESTING OF STUDENTS. Lab instructors may submit additional scenarios for I/C approval.

A1 – You have a 65-year-old complaining of mild shortness of breath, especially on exertion. RR 20 & non-labored, SpO2 92%, HR 80, BP 130/70, normal skin conditions. NC indicated.

A2 – You have a 72-year-old with dyspnea. Diminished lung sounds, RR 26, labored with SpO2 88%, HR 96, BP 160/90, normal skin conditions. NRB indicated.

A3 – You have a 45-year-old with chest pain. Vesicular/clear lung sounds, RR 20, non-labored with SpO2 90%, HR 64, BP 140/88, skin is warm, pale, dry. NC indicated.

P1 – You have a 5-year-old with cough & fever for several days. Lung sounds clear on left, rhonchi on right, RR 30 & non-labored, SpO2 92%, HR 140, BP 90/50, skin is hot, dry, flushed cheeks otherwise normal. NC indicated.

P2 – 1-year-old with sudden onset of dyspnea, awake with irritable crying. Perioral cyanosis, RR 60 and SpO2 85%, HR 120, BP 80/40, skin is pale with perioral cyanosis, cool, dry. NRB indicated.

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
PREPARATION		A1 A2 A3 P1 P2	A1 A2 A3 P1 P2	A1 A2 A3 P1 P2	A1 A2 A3 P1 P2	A1 A2 A3 P1 P2
Takes / verbalizes appropriate PPE	1					
Gathers equipment (tank, regulator/flowmeter, etc.)	1					
Opens tank valve to clear debris	1					
Assembles regulator/flowmeter to the oxygen tank	1					
Opens tank valve	1					
Checks for leaks	1					
Checks tank pressure	1					
SELECTS APPROPRIATE DEVICE - based on scenario		NRB NC	NRB NC	NRB NC	NRB NC	NRB NC
Attaches device to correct port of regulator	1					
Turns oxygen flow on (NRB prefills reservoir bag)	1					
Adjusts flow to assure appropriate rate for device (NC at 1-6 LPM or NRB at 10-15 LPM)	1					
Prepares patient for the procedure with explanation and coaching	1					
Attaches device to patient's face appropriately	1					
Total score (minimum for competency is 11/13 w/o prompting)	13					
Critical Criteria						
Performs/directs a dangerous/unsafe procedure or inappropriate technique						
Did not act in a professional manner						

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES

EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

AIRWAY – CPAP (Phase I - 2 P/I w/1 I)

SCENARIOS FOR EVALUATOR TESTING OF STUDENTS. Lab instructors may submit additional scenarios for I/C approval.

- 1 – You have a 72-year-old patient with dyspnea, history of congestive heart failure. Lungs: crackles bilaterally about halfway up from bases, RR 26, SpO2 91% on NRB, HR 100, BP 180/90 (MAP 120).
- 2 – You have a 55-year-old patient with dyspnea, fever and cough for 5 days, no significant medical history. Lungs: vesicular/clear on left, rhonchi on right, RR 28 & labored, SpO2 90% on NRB, HR 120, BP 110/50 (MAP 70).
- 3 – You have a 27-year-old patient with dyspnea, history of asthma. Lungs: wheezing in upper fields otherwise silent in bases, RR 20 & labored, SpO2 89% after NRB and albuterol nebulizer x 2, HR 118, BP 130/70 (MAP 90).
- 4 – You have a 13-year-old patient with respiratory distress after submersion in deep lake water, required lifeguard rescue. Lungs: crackles in the right lung fields, RR 30 & labored, SpO2 94% on NRB, HR 130, BP 124/78 (MAP 93).
- 5 – You have a 68-year-old patient with dyspnea, history of heart failure and COPD. Lungs: diminished bilaterally, RR 26 & shallow, SpO2 90% on NRB, HR 100, BP 150/88 (MAP 109).

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
PREPARATION & APPLICATION		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Takes / verbalizes appropriate PPE	1				
Identifies indication(s) for CPAP SpO2 <94% <u>or</u> labored breathing <u>or</u> RR >25-adult or teen, >30-school age, >34 -toddler, >60-infant	1				
Verifies no contraindications Apnea, unable to follow commands/maintain airway, agitated, vomiting or upper GI bleed, chest trauma, pneumothorax, facial trauma or difficult mask seal, adult or adolescent SBP<100 or MAP<65, pediatric SBP < 70 + (age in years x 2)	3				
Ensures sufficient oxygen and access to reserve/onboard oxygen	1				
Selects appropriately sized mask for the patient	1				
Applies bacterial-viral filter (or identifies integrated if equipped)	1				
Prepares patient for the procedure with explanation and coaching	1				
Adjusts device settings to achieve desired pressure: o Bronchospasm or undifferentiated 5 cmH ₂ O o Pulmonary edema, pneumonia, submersion 5-15 cmH ₂ O	1				
Follows device directions to ensure oxygen is flowing prior to application	1				
Places mask on patient & secures straps to ensure minimal leaks	1				
Titrates pressure (and FiO2 if available) to patient's response	1				
Identifies need to notify receiving hospital CPAP is in use	1				
Verbalizes need to reassess patient & vital signs every 5 minutes	1				
Total score (minimum for competency is 13/15 w/o prompting)	15				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

TRAUMA – TRAUMA PHYSICAL ASSESSMENT* (Phase II - 2 I)

Action	Points	Inst. Date: /	Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
SCENE SURVEY		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Identifies and manages hazards	1				
Determines MOI (dispatch information and scene findings)	1				
Identifies number of patients (directly or via delegation)	1				
Requests appropriate additional resources	1				
PRIMARY ASSESSMENT					
SMR assessment and application if needed	1				
Assesses mental status (AVPU)	1				
Determines chief complaint or identifies priority patient if AMS	1				
Assess & addresses airway: open, inspect & clear *, adjunct as needed	3				
Assess & addresses breathing: rate/depth, oxygen, ventilation, manages any injuries to chest/neck/back **	4				
Assess & addresses circulation: pulse rate/quality, skin conditions, identifies & addresses major bleeding, manages shock (position, oxygen, normothermia) ***	4				
Identifies need for transport to appropriate hospital as soon as feasible	1				
SECONDARY ASSESSMENT					
Attempts to obtain AMPLE history if available	1				
Head: evaluates scalp/skull, ears & eyes, face w/ mouth & nose*	3				
Neck: evaluates for JVD**, tracheal position**, cervical spine deformity **	3				
Chest: inspects **, palpates **, auscultates **	3				
Abdomen: inspects, palpates unless open wound/evisceration ***	2				
Pelvis: inspects, palpates checking for lateral & AP stability, perineum for injury as indicated ***	3				
Legs: inspect, palpate, check distal circulation / motor / sensory (CMS) ***	2				
Arms: inspect, palpate, check distal CMS ***	1				
Back: coordinated movement to inspect, palpate thoracic to buttocks **	1				
Obtains baseline vital signs (pulse, respirations, BP)	1				
Packages for transport and moves to ambulance if not already done	1				
REASSESSMENT					
Identifies and manages secondary wounds during transport	1				
Reassesses patient status and vital signs at appropriate interval	1				
Provides handoff report to receiving healthcare team / ALS	1				
Total score (minimum for competency is 39/44 w/o prompting)	44				
Critical Criteria					
Fails to prepare call and/or prepare for transport within 10 minutes					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:	Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

TRAUMA – HEMORRHAGE CONTROL* (Phase I - 2 P/I w/1 I)

EXTREMITY	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Applies direct pressure to wound with standard or hemostatic gauze	1				
TQ APPLICATION – “wound continues to bleed”					
Directs partner or patient (if able) to maintain direct pressure	1				
Applies tourniquet	1				
SHOCK MANAGEMENT – “the patient is showing signs of hypoperfusion”					
Positions patient appropriately (supine or recovery)	1				
Applies oxygen at 15 LPM via NRB	1				
Maintains normothermia (blanket, ensures heat in ambulance, etc.)	1				
Identifies / acts to immediately transport	1				
Total score (minimum for competency is 8/8 w/o prompting)	8				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

JUNCTIONAL	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Applies direct pressure to wound with standard or hemostatic gauze	1				
TQ APPLICATION – “wound continues to bleed”					
Directs partner or patient (if able) to maintain direct pressure	1				
Packs wound with standard or hemostatic gauze	1				
Identifies need to maintain direct pressure (3 minutes for hemostatic gauze, 10 minutes for standard gauze)	1				
SHOCK MANAGEMENT – “the patient is showing signs of hypoperfusion”					
Positions patient appropriately (supine or recovery)	1				
Applies oxygen at 15 LPM via NRB	1				
Maintains normothermia (blanket, ensures heat in ambulance, etc.)	1				
Identifies / acts to immediately transport	1				
Total score (minimum for competency is 8/9 w/o prompting)	9				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:	Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

TRAUMA – JOINT IMMOBILIZATION* (Phase I - 2 P/I w/1 I)

SHOULDER, KNEE, ELBOW, ANKLE, etc.	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Directs partner or patient to manually immobilize injured extremity	1				
Prepares patient for the procedure with explanation and coaching	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Selects splinting material	1				
Applies splinting material to immobilize joint(s) above & below or entire extremity if shoulder	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Total score (minimum for competency is 6/7 w/o prompting)	7				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

TRAUMA – LONG BONE IMMOBILIZATION* (Phase I - 2 P/I w/1 I)

RADIUS/ULNA, TIBIA/FIBULA, HUMERUS	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Directs partner or patient to manually immobilize injured extremity	1				
Prepares patient for the procedure with explanation and coaching	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Selects splinting material	1				
Measures splinting material on uninjured extremity	1				
Applies splinting material to immobilize joint(s) above & below	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Total score (minimum for competency is 6/8 w/o prompting)	8				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

TRAUMA – TRACTION SPLINTING* (Phase I - 2 P/I w/1 I)

	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Directs partner or patient to manually immobilize injured extremity	1				
Prepares patient for the procedure with explanation and coaching	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Selects traction splint and ensures all components are present	1				
Measures splint on uninjured extremity	1				
Prepares splint in accordance with manufacturer instructions	1				
Directs partner to apply manual traction or other actions as indicated by manufacturer instructions	1				
Secures device as indicated by manufacturer instructions	1				
Evaluates distal circulation, motor, sensory function on injured extremity	1				
Total score (minimum for competency is 9/10 w/o prompting)	10				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

TRAUMA – PELVIC BINDER* (Phase I - 2 P/I w/1 I)

SAM PELVIC SLING II	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Identifies indications for use (unstable pelvis on physical assessment)	1				
Prepares patient for the procedure with explanation and coaching	1				
Removes objects from pockets or removes clothing	1				
Selects pelvic binder	1				
Places binder behind the thighs and slides it upward to correct position at the greater trochanters (hips)	1				
Places black strap through the buckle and pulls completely through	1				
Holds orange strap and pulls black strap in opposite direction until a click is heard / felt	1				
Presses black strap onto surface of sling to secure	1				
Identifies / acts to immediately transport	1				
Total score (minimum for competency is 9/10 w/o prompting)	10				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

TRAUMA – CHEST INJURY MGMT.* (Phase I - 2 P/I w/1 I)

CHEST SEAL - COMMERCIAL OR IMPROVISED	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Inspects / exposes chest to evaluate wound	1				
Identifies open chest injury (bubbling, sucking, hissing, etc.)	1				
Directs or performs immediate covering of wound with gloved hand	1				
Palpates and auscultates chest	1				
Selects occlusive dressing (improvised or commercial)	1				
Wipes away any excess blood	1				
Places occlusive dressing over wound	1				
If non-commercial device secures dressing with tape on 3-4 sides	1				
Provides indications for need to attempt to relieve suspected tension by un-taping highest side/corner to see if air releases "burp"	1				
Identifies / acts to immediately transport	1				
Total score (minimum for competency is 9/11 w/o prompting)	11				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

TRAUMA – SPINAL MOTION RESTRICTION* (Phase I - 2 P/I w/1 I)

SMR ASSESSMENT	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Identifies MOI that could cause spinal injury	1				
Prepares patient for the procedure with explanation and coaching	1				
Directs partner to maintain neutral in-line manual immobilization	1				
Identifies conditions that could indicate an unreliable patient: - o Child unable to participate - o Patient anxious, uncooperative, or difficulty understanding - o Altered mental status or intoxication	3				
Evaluates for physical findings or symptoms that indicate high-risk: - o Distracting injury to patient or others or - o Abnormal neurological function or sensation - o Spinal tenderness or torticollis (neck spasm) in pediatrics	3				
If previous 2 criteria are normal, evaluates for complaints of pain when patient flexes, extends, or rotates neck	1				
Verbalizes SMR application determination to confirm with partner	1				
If SMR not indicated, releases manual immobilization If SMR is indicated, proceeds to application procedure below	1				
Total score (minimum for competency is 11/13 w/o prompting)	13				

Critical Criteria

Performs/directs a dangerous/unsafe procedure or inappropriate technique

Did not act in a professional manner

SMR APPLICATION	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Continues appropriate PPE & neutral in-line manual immobilization	1				
Prepares patient for the procedure with explanation and coaching	1				
Sizes rigid cervical collar or towel roll/padding	1				
Applies rigid cervical collar or towel roll/padding	1				
Determines most appropriate method to move patient (self-extrication, full length extrication device)	1				
Positions patient on the stretcher (supine or recumbent/recovery)	1				
Describes situations where a patient may not be moved from full length device (multisystem trauma, unstable, combative, etc.)	1				
Total score (minimum for competency is 7/7 w/o prompting)	7				

Critical Criteria

Performs/directs a dangerous/unsafe procedure or inappropriate technique

Did not act in a professional manner

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

MEDICAL – MEDICAL ASSESSMENT* (Phase II - 2 I)

Action	Points	Inst. Date: /	Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
SCENE SURVEY		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Identifies and manages hazards (scene safety)	1				
Determines NOI (dispatch information, scene findings, bystander/family)	1				
Identifies number of patients (directly or via delegation)	1				
Requests appropriate additional resources	1				
PRIMARY ASSESSMENT					
SMR assessment and application if needed	1				
Assesses mental status (AVPU)	1				
Determines chief complaint or identifies priority patient if AMS	1				
Assess & address airway as needed: open, inspect & clear, adjunct	3				
Assess & addresses breathing: rate/depth, administers oxygen as needed, assures adequate ventilation as needed	3				
Assess & addresses circulation: pulse rate/quality, skin conditions, identifies & addresses major external bleeding and shock as needed	3				
Identifies need for transport to most appropriate hospital & priority	1				
SECONDARY ASSESSMENT					
History of present illness: onset, provocation/palliation, quality, region/radiation, severity, time, clarifying questions (2)	8				
History of events / medical conditions: allergies, medications, pertinent medical history, last intake, events leading to current condition	5				
Obtains baseline vital signs (pulse, respirations, BP)	3				
FOCUSED ASSESSMENT –performs most relevant assessment based on chief complaint/presentation & history					
Cardiovascular/pulmonary: 12-lead ECG, lung sounds, JVD, pedal edema, SpO2	5				
Neurological: CPSS/FAST-ED, BGL, pupils, GCS/orientation, SpO2					
Abdominal/GI/GU: palpate 4 quad, nausea/emesis/diarrhea, input/output history, reproductive history					
Integumentary/Musculoskeletal: inspect, palpate, evaluate range of motion/weakness, symmetrical, consider neuro exam					
Psychological/Social: thoughts/acts of harm, signs of psychosis/agitation, living environment safety, resources for ADLs, considers medical/trauma causes					
FIELD IMPRESSION					
Verbalizes field impression (within assessment or handoff report)	1				
Provides or orders interventions based on the patient's presentation	1				
REASSESSMENT					
Reassesses response to treatment & vital signs at appropriate interval	1				
Provides handoff report to receiving healthcare team / ALS	1				
Total score (minimum for competency is 38/43 w/o prompting)	43				
Critical Criteria					
Fails to call for or prepare for transport within 15 minutes					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature		Date: / /	
Comments:	Comments:				

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – INTRANASAL MEDICATION ADMIN.* (Phase I - 2 P/I w/1 I, Phase II)

NALOXONE PREFILLED SYRINGE	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway management / ventilation is being performed	1				
Chooses correct medication and mucosal atomizer device	1				
Assembles prefilled syringe and mucosal atomizer device	1				
Verifies patient allergies	1				
Verbalizes correct medication identifying right: patient, medication (name, clarity, & expiration), dosage, time, route	1				
Cross-checks correct medication with partner	1				
Directs partner to pause ventilation	1				
Administers 1 mL (1 mg) per nostril for adult patient, 0.5 mL (0.5 mg) per nostril for patient under 20 kg (ventilation between each nostril administration preferred)	1				
Directs partner to resume ventilation	1				
Disposes of prefilled syringe into sharps container	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 11/12 w/o prompting)	12				

Critical Criteria

Performs/directs a dangerous/unsafe procedure or inappropriate technique				
Did not act in a professional manner				

NALOXONE NASAL SPRAY	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway management / ventilation is being performed	1				
Chooses correct medication	1				
Verifies patient allergies	1				
Verbalizes correct medication identifying right: patient, medication (name & expiration), dosage, time, route	1				
Cross-checks correct medication with partner	1				
Directs partner to pause ventilation	1				
Administers 1 spray (4 or 8 mg)	1				
Directs partner to resume ventilation	1				
Disposes of nasal spray into sharps container					
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 10/11 w/o prompting)	11				

Critical Criteria

Performs/directs a dangerous/unsafe procedure or inappropriate technique				
Did not act in a professional manner				

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

MEDICAL – INHALED MEDICATION ADMIN. (Phase I - 2 P/I w/1 I, Phase II)

BRONCHODILATOR NEBULIZER	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway / oxygenation / ventilation is being performed	1				
Chooses correct medication, small volume nebulizer, & oxygen source	1				
Assembles nebulizer	1				
Verifies patient allergies & prepares/coaches patient on procedure	1				
Verbalizes correct medication identifying right: patient, medication (name, clarity, & expiration), dosage, time, route	1				
Cross-checks correct medication with partner	1				
Connects nebulizer to oxygen source	1				
Instills 2.5 mg albuterol with or without 0.5 mg ipratropium into nebulizer	1				
Connects mouthpiece or mask and initiates oxygen flow at 6 LPM	1				
Administers medication to patient	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 10/12 w/o prompting)	12				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

BRONCHODILATOR METERED DOSE INHALER	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway / oxygenation / ventilation is being performed	1				
Chooses correct medication metered dose inhaler (MDI)	1				
If available, assembles MDI with spacer	1				
Verifies patient allergies & prepares/coaches patient on procedure	1				
Verbalizes correct medication identifying right: patient, medication (name & expiration), dosage, time, route	1				
Cross-checks correct medication with partner	1				
Provides 2-4 puffs albuterol with or without ipratropium coaching the patient to deeply exhale prior to and inhale deeply with each actuation	1				
Resumes oxygen therapy	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 9/10 w/o prompting)	11				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – IM MEDICATION ADMIN. (Phase I - 2 P/I w/1 I, Phase II)

EPINEPHRINE	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway / oxygenation / ventilation is being performed	1				
States indications for epinephrine administration	1				
Chooses correct medication & supplies with Ready, Check, Inject card	1				
Identifies correct dose of epinephrine: 0.3 mg >25 kg or 0.15 <25 kg	1				
Attaches needle to syringe	1				
Removes cap from medication vial	1				
Cleans top of vial	1				
Inserts needle into epinephrine vial	1				
Withdraws appropriate volume of medication	1				
Removes air bubbles from syringe	1				
Expels any additional air & fluid to reach correct volume	1				
Cross-checks correct medication with partner, each confirms: - o Correct medication (epinephrine 1 mg/mL) - o Correct dose is drawn into the syringe - o Visually inspect and confirm no air bubbles	3				
Identifies proper site for injection (vastus lateralis / anterior-lateral thigh)	1				
Cleans site with alcohol prep	1				
Flattens skin with thumb and forefinger	1				
Inserts needle quickly perpendicular to skin (1" adult, 0.5" infant/child)	1				
Administers medication to patient – depresses plunger slowly	1				
Removes syringe & activates needle safety mechanism	1				
Disposes needle & syringe in proper sharps container	1				
Verbalizes desired effects and possible adverse / side effects	1				
Explains procedure if needle becomes contaminated after drawing medication & before injection	1				
Total score (minimum for competency is 21/24 w/o prompting)	24				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:	Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

MEDICAL – AUTOINJECTOR MEDICATION ADMIN. (Phase I - 2 P/I w/1 I, Phase II)

EPINEPHRINE	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Assures adequate airway / oxygenation / ventilation is being performed	1				
States indications for epinephrine administration	1				
Chooses correct medication	1				
Identifies correct dose of epinephrine: 0.3 mg >25 kg or 0.15 <25 kg	1				
Verbalizes correct medication identifying right: patient, medication (name, clarity, & expiration), dosage, time, route	1				
Cross-checks correct medication with partner	1				
Identifies proper site for injection (vastus lateralis / anterior-lateral thigh)	1				
Removes clothing & cleans site or verifies no objects are in the patient's pockets if clothing is difficult to remove	1				
Firmly depresses the autoinjector against the site and holds device in place for duration indicated by the autoinjector manufacturer	1				
Removes autoinjector & disposes into sharps container	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 11/12 w/o prompting)	12				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – ORAL MEDICATION ADMIN. (Phase I - 2 P/I w/1 I, Phase II)

	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Chooses correct medication	1				
Verifies patient allergies & prepares/coaches patient on procedure	1				
Verifies patient can follow commands and safely swallow	1				
Verbalizes correct medication for scenario, identifying right: patient, medication (name, clarity, & expiration), dosage, time, route - o Oral glucose/VT Maple Syrup: 15-30 g adult, up to 15 g pediatric - o Aspirin 324 mg (adjusts dose if patient has already taken some) – verifies additional contraindications of suspected / known GI bleeding or other internal bleeding - o Acetaminophen 325-1000 mg – verifies additional contraindications of hepatic impairment, liver disease, alcohol abuse, or has taken acetaminophen within 4 hours	1				
Cross-checks correct medication with partner	1				
Administers medication to patient	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 8/8 w/o prompting)	8				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – SUBLINGUAL MEDICATION ADMIN. (Phase I - 2 P/I w/1 I, Phase II)

	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Chooses correct medication	1				
Verifies patient allergies & prepares/coaches patient on procedure	1				
Verifies patient can follow commands	1				
Verbalizes correct medication, identifying right: patient, medication (name, clarity, & expiration), dosage, time, route Nitroglycerin 0.3 mg or 0.4 mg tablet or spray and verifies it is prescribed to the patient, the patient has S/S of ACS, verifies absence of additional contraindications including SBP must be ≥ 100 and patient has not taken phosphodiesterase inhibitors within 24 hours (Viagra/sildenafil, Levitra/vardenafil) or 48 hours (Cialis/tadalafil)	1				
Cross-checks correct medication with partner	1				
Administers medication to patient	1				
Verbalizes acceptable dosing regimen (every 3-5 minutes up to 3 doses total given no contraindications) and need to contact medical direction for additional doses beyond 3	1				
Verbalizes desired effects and possible adverse / side effects	1				
Total score (minimum for competency is 8/9 w/o prompting)	9				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – BLOOD GLUCOSE EVALUATION (Phase I - (Phase I - 2 P/I w/1 I)

	Points	Peer Inst. Date: /	Peer Inst. Date: /	Inst. Eval 1 Date: /	Inst. Eval 2 Date: /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Describes indications for blood glucose evaluation	1				
Prepares/coaches patient on procedure	1				
Selects and prepares appropriate equipment and supplies: glucometer, tests strips (verifies expiration date), alcohol preps, lancet, gauze, sharps container	1				
Identifies appropriate site for blood glucose evaluation - o Lateral sides of the finger for an adult - o Heel for infants	1				
Cleans site with alcohol (allows 30 second dry time)	1				
Performs lancet stick	1				
Places lancet in sharps container	1				
Wipes away first drop of blood	1				
Obtains sample with second drop of blood	1				
Applies gauze to test site	1				
Verbalizes blood glucose levels for hypoglycemia (<60 mg/dL) and hyperglycemia (>250 mg/dL)	1				
Total score (minimum for competency is 10/12 w/o prompting)	12				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

MEDICAL – 12-LEAD ECG ACQUISITION (Phase I - (Phase I - 2 P/I w/1 I)

	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ACTIONS		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1				
Describes indications for 12-Lead ECG acquisition	1				
Prepares/coaches patient on procedure	1				
Selects and prepares appropriate equipment and supplies: ECG monitor, leads, electrodes, alcohol and razor as needed for skin prep	1				
Turns on ECG monitor	1				
Places limb leads per ECG monitor manufacturer instructions	1				
Places precordial leads at their appropriate location: - o V1 right of sternum at 4th intercostal space - o V2 left of the sternum at 4th intercostal space - o V4 midclavicular line at 5th intercostal space - o V3 midway between V2 and V4 - o V5 anterior axillary line at 5th intercostal space - o V6 midaxillary line at 5th intercostal space	6				
Ensures patient is in the Fowler's to supine position	1				
Coaches the patient to remain still, breathing normally, & not talking	1				
Acquires 12-lead ECG	1				
Reviews for any obvious artifact	1				
Verbalizes or performs transmission to medical direction	1				
Contacts medical direction for interpretation and additional orders	1				
Verbalizes need to repeat 12-lead ECG in high-risk patients	1				
Verbalizes the need to contact the receiving ED with a "STEMI Alert" if the patient's ECG is interpreted as STEMI by medical direction	1				
Total score (minimum for competency is 18/20 w/o prompting)	20				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:	Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

CARDIAC – CARDIAC ARREST MANAGEMENT (Phase I - 2 I w/ 1 Adult & 1 Pediatric, Phase II - team resuscitation 3 I w/ 1+ Adult & 1+ Pediatric)

Action	Points	P I Inst. 1 Date: / /	P I Inst. 2 Date: / /	P II Inst 1 Date: / /	P II Inst 2 Date: / /	P II Inst 3 Date: / /
ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1					
Checks for hazards and ensures safety	1					
Checks responsiveness	1					
Requests additional assistance & AED if not already present	1					
Checks breathing and pulse simultaneously for 6 seconds	1					
INITIATES CPR – “patient is unresponsive, apneic or gasping (agonal), & pulseless”						
Initiates chest compressions at 100-120 per minute, depth: 2-2.4 inches adult, ~2 inches child, ~1.5 inches infant (1/3 AP diameter of chest)	1					
Ensures full chest recoil with chest compressions	1					
Adult: OPA / NPA with BVM ventilation either at 15 LPM or if resource limited, OPA/NPA with NRB at 15 LPM until BVM 30 compressions to 2 ventilations or Continuous compressions with 1 ventilation every 10 th compression Phase I eval is 1-rescuer	2					
Pediatric: OPA / NPA with BVM ventilation at 15 LPM 1 rescuer: 30 compressions to 2 ventilations 2+ rescuer: 15 compressions to 2 ventilations Phase I eval is 1-rescuer						
Assures adequate volume with each breath visible chest rise or compressor confirms chest rise	1					
Minimizes interruptions	1					
Attaches AED o Turns power on to AED o Follows prompts and correctly attaches AED to patient (age appropriate pads if available) o Stops CPR for rhythm analysis o Directs compressor to perform compressions while charging o Ensures all individuals are clear with compressor hovering hands over the chest and delivers shock o Directs immediate resumption of chest compressions	6					
PHASE I EVALUATION ENDS HERE (minimum for competency is 15/17 w/o prompting)						
Ensures rotation of compressors every 2 minutes	1					
Verbalizes termination of resuscitation criteria or post-ROSC care depending on the scenario	1					
Total score (minimum for competency is 17/19 w/o prompting)	19					
Critical Criteria						
Performs/directs a dangerous/unsafe procedure or inappropriate technique						
Did not act in a professional manner						

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:		Comments:	

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

OB/GYN – NORMAL DELIVERY & NEWBORN CARE (Phase I - 2 P/I w/1 I)

Actions	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
Takes / verbalizes appropriate PPE	1				
OBTAINS RELEVANT HISTORY - Estimated date of confinement / due date - Frequency, duration, & intensity of contractions - Rupture of amniotic sac (time & presence of meconium) - Previous pregnancies & deliveries (duration, complications, etc.) - Prenatal care, pre-existing medical conditions, & medications - Vaginal bleeding or abdominal pain	6				
ASSESSMENT - Vital signs (P, R, BP, Temp) - Evidence of imminent delivery (crowning, urge to push / defecate)	2				
PREPARES FOR DELIVERY - Prepares area and removes patient clothing - Prepares obstetric kit with bulb syringe, cord clamps, towels, newborn blanket - Places clean pad under patient	3				
DELIVERS NEWBORN - During contractions, urges patient to push - Delivers & supports fetal head - Checks for nuchal cord & manages if present - Assesses for and notes the presence of meconium - Delivers the remainder of the body	5				
POSTPARTUM CARE - Places newborn on mother's abd. or level with mother's uterus - Notes the time of birth - Controls hemorrhage as necessary - Reassesses mother's vital signs (P, R, BP, skin)	4				
NEWBORN CARE, BIRTH to 30 SECONDS POSTPARTUM - If newborn is distressed, clears airway as necessary - Warms and dries newborn - Wraps newborn in blanket or towels to prevent hypothermia	3				
NEWBORN CARE, 30-60 SECONDS POSTPARTUM - If HR<100, gasping, or apneic provides BVM ventilation - Clamps & cuts umbilical cord - Places on mother's chest to retain warmth - Determines 1 minute APGAR score	4				
NEWBORN CARE, >60 SECONDS POSTPARTUM - If HR >100, continues monitoring & determines 5-minute APGAR - If HR 60-100, continues ventilation - If HR <60, starts CPR	1				
Total score (minimum for competency is 25/29 w/o prompting)	29				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature		Date: / /	
Comments:	Comments:				

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

AIRWAY – AIRWAY MANAGEMENT EVOLUTION (Phase II - 3 I w/ 1 IA & 1 IP)

Action	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
ASSESSMENT		Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi	Adult Pedi
Takes / verbalizes appropriate PPE	1					
Checks responsiveness	1					
Requests additional assistance	1					
Checks breathing and pulse simultaneously for 6 seconds	1					
OPENS AIRWAY – “patient is unresponsive, apneic, & weak pulse of 60”						
Appropriate manual maneuver to open airway	1					
Considers occipital padding if non-trauma situation	1					
Inspects airway (and evaluates for difficult airway)	1					
SUCTION – “patient’s mouth is full of secretions & vomitus”						
Identifies the need for oral suctioning	1					
Prepares powered suction unit	1					
Attaches suction tubing and rigid suction catheter	1					
Inserts catheter and suctions for no more than 10-15 seconds	1					
SELECT & INSERTS AIRWAY ADJUNCT – “mouth and oropharynx are clear”		OPA NPA	OPA NPA	OPA NPA	OPA NPA	OPA NPA
Selects appropriate airway (OPA / NPA are acceptable)	1					
Ensures appropriate size airway by measuring the adjunct appropriately	1					
Opens airway (OPA) or lubricates airway (NPA)	1					
Inserts adjunct	1					
INITIATES VENTILATION – “patient accepts the airway adjunct”						
Selects appropriate BVM and mask	1					
Applies bacterial-viral filter	1					
Initiates ventilation at age-appropriate rate with chest rise for 60 seconds (adult & adolescent 12-20, child ~20, infant 20-30)	1					
ATTACHES OXYGEN – if delivering adequate volume “ventilation is being properly performed”						
Reevaluates breathing effort & pulse	1					
Attaches BVM to oxygen at 15 LPM	1					
Resumes ventilation with adequate chest rise	1					
Ventilates at an age-appropriate range	1					
Uses or identifies contraindication for PEEP valve – 5 cmH ₂ O for bronchospasm, 5-15 cmH ₂ O for pulmonary edema, pneumonia, etc.	1					
Total score (minimum for competency is 20/23 w/o prompting)	23					
Critical Criteria						
Failure to initiate ventilations within 30 seconds or interrupts for 30 seconds						
Performs/directs a dangerous/unsafe procedure or inappropriate technique						
Did not act in a professional manner						

Instructor Evaluator 1 Signature	Date: / /	Instructor Evaluator 2 Signature	Date: / /
Comments:	Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

OB/GYN – ABNORMAL DELIVERY MGMT & NEWBORN CARE (Phase II)

Actions	Points	Peer Inst. Date: / /	Peer Inst. Date: / /	Inst. Eval 1 Date: / /	Inst. Eval 2 Date: / /
Takes / verbalizes appropriate PPE	1				
OBTAINS RELEVANT HISTORY - o Estimated date of confinement - o Frequency, duration, & intensity of contractions - o Rupture of amniotic sac (time & presence of meconium) - o Previous pregnancies & deliveries (duration, complications, etc.) - o Prenatal care, pre-existing medical conditions, & medications - o Vaginal bleeding or abdominal pain	6				
ASSESSMENT - o Vital signs (P, R, BP, skin) - o Evidence of imminent delivery (crowning, urge to push / defecate)	2				
PREPARES FOR DELIVERY - o Prepares area and removes patient clothing - o Prepares obstetric kit with bulb syringe, cord clamps, towels, newborn blanket - o Places clean pad under patient	3				
DELIVERS NEWBORN - o During contractions, urges patient to push - o Delivers & supports emerging fetal part if not the head	2				
RECOGNIZES ABNORMAL PRESENTATION - o Recognizes abnormal presentation that requires immediate care and transport (prolapsed cord, hand, foot, shoulder dystocia) - o Initiates rapid transport if limb presentation, prolapsed cord, or if shoulder dystocia presentation does not progress	2				
If scenario where delivery is possible, continue below					
If scenario where delivery is not possible , reassesses mother's vital signs (P, R, BP, skin) during transport at appropriate intervals	1				
NON-DELIVERY SITUATION - Total score (minimum for competency is 15/17 w/o prompting)	17				
COMPLETES DELIVERY, IF POSSIBLE - o Delivers legs and body if possible and continues to support fetus - o Checks for nuchal cord & manages if present - o Delivers head – If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord - o Assesses for and notes the presence of meconium - o Delivers the remainder of the body, if not previously delivered and if possible	4				
POSTPARTUM CARE - o Places newborn on mother's abd. or level with mother's uterus - o Notes the time of birth - o Controls hemorrhage as necessary - o Reassesses mother's vital signs (P, R, BP, skin)	4				
NEWBORN CARE, BIRTH to 30 SECONDS POSTPARTUM - o If newborn is distressed, clears airway as necessary - o Warms and dries newborn - o Wraps newborn in blanket or towels to prevent hypothermia	3				

VERMONT EMERGENCY MEDICAL SERVICES

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Student Name: _____

NEWBORN CARE, 30-60 SECONDS POSTPARTUM - o If HR<100, gasping, or apneic provides BVM ventilation - o Clamps & cuts umbilical cord - o Places on mother's chest to retain warmth (if not requiring active resuscitation) - o Determines 1 minute APGAR score	4				
NEWBORN CARE, >60 SECONDS POSTPARTUM - o If HR >100, continues monitoring & determines 5-minute APGAR - o If HR 60-100, continues ventilation - o If HR <60, starts CPR	1				
DELIVERY SITUATION - Total score (minimum for competency is 27/32 w/o prompting)	32				
Critical Criteria					
Performs/directs a dangerous/unsafe procedure or inappropriate technique					
Did not act in a professional manner					
Instructor Evaluator 1 Signature	Date:	Instructor Evaluator 2 Signature		Date:	
	/ /			/ /	
Comments:		Comments:			

VERMONT EMERGENCY MEDICAL SERVICES
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Student Name: _____

SCENARIO – TEAM MEMBER (Phase III - 5 I)

SCENARIO TOPIC AREA		SCENARIO NUMBER:	
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric

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

TIME STARTED :	Score
FOLLOWERSHIP Demonstrates followership – is receptive to position as a team member by not interfering with team leader's assessment or management plan unless dangerous, speaks up when patient care will be negatively affected	
Maintains situational awareness (does not exhibit 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 / about to be 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 demonstrates appropriate affect toward patient and other team members	
SCENE SIZE UP Advocates safety concerns and is always safety conscious	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT 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)	
TIME ENDED :	TOTAL SCORE (minimum for competency is 23/26 if 1x N/A or 25/28)
CRITICAL CRITERIA	
Performs or directs a dangerous / unsafe procedure, failure to address safety	
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed	

Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

VERMONT EMERGENCY MEDICAL SERVICES
EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

SCENARIO – TEAM LEADER (Phase III - 5 I w/ 2 Medical, 2 Trauma, 1 Pedi)

SCENARIO TOPIC AREA		SCENARIO NUMBER:	
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED :			Score
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			
Maintains 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: Timeliness Sequence Transport decision (specify in comments)</i> <i>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			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
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 Pt'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			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i> <i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i> <i>Should only be checked if they are serious to this particular scenario</i>			
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)			

VERMONT EMERGENCY MEDICAL SERVICES

EMT STUDENT MINIMUM COMPETENCY PROGRAM

Student Name: _____

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	
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i> <i>Should only be checked if they are serious to this particular scenario</i>	
PERTINENT PAST MEDICAL HISTORY Obtains pertinent SAMPLE/OPQRST history	
DIFFERENTIAL DIAGNOSIS Creates an appropriate list of differential diagnoses	
<i>Critical Prompts by team: Critical Differential (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>	
ACUITY Makes accurate clinical judgments about patient acuity	
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>	
THERAPEUTIC INTERVENTIONS AND MONITORING Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices	
<i>Critical Prompts by team: Treatment (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>	
TIME ENDED :	TOTAL SCORE (minimum for competency is 44/50 if 1x N/A or 46/54)
CRITICAL CRITERIA	
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,	
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed	
Failure to complete management of the patient within the given time limit	
Requires excessive prompting or a single critical prompt by team members	

Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		