



## EMR Competency Verification Guide

This guide for EMR course directors introduces and explains the new EMR course requirements to satisfy the competency evaluation components for licensing.

The EMR “exam” now consists of five sections:

SECTION 1: check-offs for all mandatory skills in the scope of practice.

SECTION 2: stations using the Skill Integration Form to fulfill matrix requirements.

SECTION 3: medical and trauma scenarios using the Assessment Form.

SECTION 4: final written test.

SECTION 5: compliance with all course syllabus policies and demonstration of professional behavior throughout the course.

Details about each section are included below. The sections do not need to be completed in the order listed below, nor do they necessarily have to all be completed at the very end of the course --- Section 1 in particular may benefit from distribution throughout the duration of the course.

As students complete each section, you will fill out the corresponding portions of the OHA-EMS EMR Final Exam Student Sign-off, which serves as the certificate of course completion. Further information on how to use the Student Sign-off, as well as end-of-course instructions, are at the end of this document.

Because this is a professional licensing exam, it is covered by the [Americans with Disabilities Act](#) (ADA). All questions about ADA testing accommodations should be directed to OHA-EMS at [ems.education@oha.oregon.gov](mailto:ems.education@oha.oregon.gov).

### SECTION 1: skill check-offs

Each student in the course must successfully demonstrate that they can safely perform all mandatory skills for a licensed EMR described in the [Oregon scope of practice](#). These must include, at a minimum:

- Vital signs
- CPR and AED use
- Obstructed airway care
- Extremity splinting
- Spinal motion restriction
- Hemorrhage control, including tourniquet application
- Moving patients
- Oxygen setup and administration
- OPA insertion and removal
- NPA insertion and removal
- Oropharyngeal suction
- BVM use
- Medications: oral glucose, aspirin, epinephrine, naloxone

You are encouraged to add other skills beyond the minimum which are aligned with the scope of practice, and which are relevant to students' eventual contexts for practice after licensure.

The target for proficiency should include the student's ability to perform the isolated skill at least once with minimal-to-no prompting and in a manner that does not pose a risk for patient harm. The student's ability to integrate isolated skills in specific patient contexts will be the focus of the final evaluations described in Section 2.

Skill check-offs may be scheduled throughout the course or at predetermined times (e.g., midpoint and end). As the course director, you are free to conduct and track student check-offs in whichever way works best for you; OHA-EMS is not prescribing a set format. You may select, revise, or create procedural guides, skill sheets, and tracking forms in this section. You may also implement a combination of peer and instructor assessment; as a minimum, 'proficiency' must include verification of safe practice at least once by an instructor. You may reach out to the OHA-EMS education staff for assistance in designing or refining forms or processes for student skills check-off.

Note that per [OAR 333-264-0100\(3\)\(e\)](#), you are required to keep records of the course and course completion, so you should maintain a written record of students satisfying this requirement. The OHA-EMS EMR Final Exam Student Sign-off Sheet allows either the course director or an additional instructor to complete the attestation.

## SECTION 2: skill integration stations

Section 2 assesses the students' integration of knowledge and skills within a specific skill set in basic patient scenarios. For consistency during initial roll-out, this section should be conducted at the end of the course. The quality of the student's performance will be assessed via a rating scale on the Skill Integration Form. The Skill Performance in Context Evaluation (SPICE) Scoring Matrix tracks the consistency of the student's performance across skillsets and patient contexts. We want to see that students are able to not only perform isolated skills but utilize them appropriately in basic scenarios.

Skill Group / Scenario	Patient Situation	Decision-Making	Patient Communication	Skill Performance	Clinical Reasoning	Total for the Skill Group (Minimum for Row)
Airway and Ventilation Management						(Minimum: 4)
Oxygenation and Shock Management						(Minimum: 4)
Medication Administration						(Minimum: 4)
Splinting Care						(Minimum: 3)
<b>Total (Minimum for Column)</b>	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	

For each set of skills listed in the leftmost column on the SPICE Scoring Matrix, you as the course director will create a very simple scenario that will require students to decide on, and use, one or more skills in the set. The emphasis in creating the scenario should be on application of the skill itself, with minimal confusion or deduction required in the premise. The assessment setting(s) for this section should include live interaction with a patient and/or family or bystanders. Setting(s) for these assessments may extend outside of the classroom to provide a more authentic context for the students. To assure fairness of student evaluation, a particular setting should not vary between students in a given round of testing.

**Students should run through at least one scenario for each skill group in the leftmost column, therefore at least four total.** When students run through each scenario, they are graded using the Skill Integration Form. The quality of the student’s performance within each category of the form is assessed with a rating scale, which is listed on the form. Any unsafe action or decision is assigned a score of 0; any score of 0 for a category results in an automatic fail for the category. If they pass a category on the Skill Integration Form, they get a check-off in the corresponding box on the SPICE Scoring Matrix. Students must pass the minimum numbers listed in the rows and columns of the matrix to pass this section. Higher minimums are required for Airway/Ventilation Management and Oxygenation/Shock Management in alignment with the [2021 National Educational Standards](#). The scenarios do NOT have to be completed in the order listed in the table; any order is okay as long as all skill groups are covered.

Let’s illustrate this using a sample student. Student A completes the Airway and Ventilation Management scenario and passes four of the five categories on their Skill Integration Form. Student A’s SPICE Scoring Matrix now looks like this:

Skill Group / Scenario	Patient Situation	Decision-Making	Patient Communication	Skill Performance	Clinical Reasoning	Total for the Skill Group (Minimum for Row)
Airway and Ventilation Management	PASS	PASS		PASS	PASS	4 (Minimum: 4)
Oxygenation and Shock Management						(Minimum: 4)
Medication Administration						(Minimum: 4)
Splinting Care						(Minimum: 3)
<b>Total (Minimum for Column)</b>	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	

Next, Student A completes the Splinting Care scenario and passes all five categories on their Skill Integration Form. Their updated scoring matrix now looks like this:

Skill Group / Scenario	Patient Situation	Decision-Making	Patient Communication	Skill Performance	Clinical Reasoning	Total for the Skill Group (Minimum for Row)
Airway and Ventilation Management	PASS	PASS		PASS	PASS	4 (Minimum: 4)
Oxygenation and Shock Management						(Minimum: 4)
Medication Administration						(Minimum: 4)
Splinting Care	PASS	PASS	PASS	PASS	PASS	5 (Minimum: 3)
<b>Total (Minimum for Column)</b>	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	(Minimum: 4)	(Minimum: 3)	

When Student A has completed the scenarios for all skill groups, their scoring matrix shows:

Skill Group / Scenario	Patient Situation	Decision-Making	Patient Communication	Skill Performance	Clinical Reasoning	Total for the Skill Group (Minimum for Row)
Airway and Ventilation Management	PASS	PASS		PASS	PASS	4 (Minimum: 4)
Oxygenation and Shock Management	PASS	PASS	PASS	PASS		4 (Minimum: 4)
Medication Administration		PASS	PASS	PASS	PASS	4 (Minimum: 4)
Splinting Care	PASS	PASS	PASS	PASS	PASS	5 (Minimum: 3)
<b>Total (Minimum for Column)</b>	3 (Minimum: 3)	4 (Minimum: 4)	3 (Minimum: 3)	4 (Minimum: 4)	3 (Minimum: 3)	

This means that Student A has successfully completed Section 2 of the EMR exam. If Student A had not passed the minimum for a given category or skill group, their instructor would need to offer remediation to allow Student A another chance to complete the section. We recommend that this is done by selecting the scenario(s) in which the student performed most poorly and allowing them to repeat or substitute a second similar scenario using the same skills. Given that additional instructors are often used for end-of-course scenario-based evaluations, the OHA-EMS EMR Final Exam Student Sign-off Sheet allows either the course director or an additional instructor to complete the attestation.

[OHA-EMS acknowledges that this will likely be the most confusing portion of the new exam for instructors. If you are having difficulty understanding this setup, please reach out to [ems.education@oha.oregon.gov](mailto:ems.education@oha.oregon.gov) with questions.]

### **SECTION 3: situational patient assessment**

This section is the most similar to the previous EMR psychomotor exam, for instructors who have taught under that model before. However, the previous psychomotor skill sheets were too linear and formulaic for the level of competency required of entry-level EMR providers. We have accordingly created the Assessment Form to help bring students to a level of performance more reflective of entry-level practice.

In this section, the student must demonstrate the ability to conduct and navigate through the key components of patient assessment in medical and trauma patient situations. It is ideal if the student is able to demonstrate success with all components in a single patient setting, but doing so is not essential to pass this section as an entry-level EMR. For consistency during initial roll-out, this section should be conducted at the end of the course.

As the course director, you will create and **run students through a minimum of two full patient scenarios: one for trauma, and one for medical.** Like Section 2 above, assessment for this section should include live interaction with a patient and/or bystanders, and may extend outside of the classroom. However, unlike Section 2, the emphasis here is on students' ability to correctly assess the patients, *not* on deployment of skills or interventions. The quality of the student's performance within each category of the form is assessed with a rating scale, which is listed on the form. Any unsafe action or decision is assigned a score of 0; any score of 0 for a category results in an automatic fail for the category.

The student must meet the minimum total score (indicated in the Category Scoring column) in all categories on the Assessment Form in both medical and trauma patient contexts in order to pass this section. A student who only fails one category should be able to repeat that portion only in a different, shortened scenario. A student failing two or more categories in the full patient scenario should engage in remediation and attempt a full scenario again. It is your discretion as the course director to determine when and how a student should reasonably engage in remediation and re-evaluation. Given that additional instructors are often used for end-of-course scenario-based evaluations, the OHA-EMS EMR Final Exam Student Sign-off allows either the course director or an additional instructor to complete the attestation.

### **SECTION 4: final written test**

The new written exam will be 42 questions, a combination of multiple choice and select-all-that-apply. (The previous EMR written exam was 100 multiple choice questions, most of which were memorization-driven.) The new questions are primarily scenario-based and require students to apply their knowledge to particular contexts.

Scoring is one point per question (42 points total). The minimum passing score is 30 (71%). Scoring for select-all-that-apply questions is all-or-nothing: students who select all correct answers get one point; those who select anything other than the correct answer combination get zero points.

OHA-EMS does not set a time limit for the written exam. As a benchmark, we expect that many instructors will likely allocate about two and a half hours, which comes out to roughly three and half minutes per question. (For reference, the previous 100-question exam was often administered over three hours, with less than two minutes per question.) As a component of a

professional licensing exam, the final written test falls under the scope of the [ADA](#), and requests for testing accommodations are often for written exams. Course directors are encouraged to use inclusive pedagogical practices (e.g., [Universal Design for Learning](#)) and offer accommodations including, but not limited to, extended time, distraction-free rooms (which may involve testing separate from other students), and breaks during the exam (for stretching, using the bathroom, taking medication, etc.). If you have any questions about accommodations, or receive a request that you are unable to provide, contact OHA-EMS.

Remediation and retake(s) of the written test are required until the student achieves the minimum passing score. Remediation topics should be mutually determined between the course director and student.

The student's score and test date are recorded on the OHA-EMS EMR Final Exam Student Sign-off. If remediation and retesting are required, use the student's *last* (passing) score and date rather than initial score and date.

The "EMR Exam Matrix" document should be filled out after students have taken the final written exam. This tool is being used by OHA-EMS to evaluate question quality. Follow the instructions at the top of the Matrix document and send the completed document by email to [ems.education@oha.oregon.gov](mailto:ems.education@oha.oregon.gov).

## **SECTION 5: syllabus policies and professional behavior**

This section is aligned with the "Professionalism and Professional Development" student outcomes for all Oregon EMS provider courses. The student must comply with all course syllabus policies, including fulfilling all requirements set by the course director for student participation, attendance, and assignment submission. Additionally, students must consistently demonstrate respectful, responsible conduct and professional behavior befitting of a licensed EMS provider. (For additional details on state expectations for provider conduct, see [OAR 333-265-0080](#) and [-0083](#).) This section is completed by the course director signing and dating the student's sheet.

## **SIGN-OFF: certificate of course completion and end-of-course instructions**

The OHA-EMS EMR Final Exam Student Sign-off serves as both a tracking sheet for the final exam sections detailed above *and* as the certificate of course completion for students. Two versions of this document are available: (1) a version labelled "printable," intended to be printed and completed on paper; and (2) a version labelled "fillable," intended to be completed using interactive PDF software such as Adobe Acrobat or Preview. Either can be used so long as all relevant fields are filled out. If using the printable version, the course director must ensure to complete the form legibly so that it can be read/reviewed when students upload scanned copies for their licensing applications.

The five sections of the Sign-off should be completed first, and the overall approval signature and approval date at the top of the form should be completed last once all sections are complete. The overall approval should not predate any exam section. The completed certificate is required documentation for the license application process and is the only acceptable proof of

course completion. Other certificates, letters, or correspondence to the student will not be accepted for licensing.

Course directors are responsible for coordinating remediation and retesting with their students. If students fail to follow course policies for retesting, max out retesting attempts, or are unable to fully complete remediation within six months of the course's scheduled end date, they will be required to take the course again. Course directors are encouraged to exercise discretion in setting reasonable remediation policies and communicating them with students, and may contact OHA-EMS if specific questions arise.

**Students have one year from the approval date at the top of the Sign-off to complete all elements of their Oregon EMR license application.** Students will apply for Oregon EMR licensure through the [OHA-EMS online eLicense system](#). To do this, applicants must create an account (blue button at the bottom of the eLicense login page), start an application, and upload documents (current AHA BLS Provider CPR card or equivalent, copy of government ID, and EMR certificate of course completion). Fingerprinting is required as part of the background check process; instructions and an authorization code will be emailed to the applicant once the application is submitted for processing.

If students inquire about pursuing National Registry testing and certification, please contact OHA-EMS for additional information.

Per [OAR 333-264-0100](#), EMR course directors must have “written documentation showing whether a student has successfully completed an EMR provider course.” Course directors should maintain student records for a period of two years following the course end date. OHA-EMS may request or audit your records at any time within the two-year period.

OHA-EMS education staff are happy to answer further questions as needed. You are welcome to contact us at [ems.education@oha.oregon.gov](mailto:ems.education@oha.oregon.gov).