

EMERGENCY MEDICAL SERVICES PROGRAM

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Competency-Based Assessment Program for Initial EMS Provider Courses

AEMT Student Competencies and Performance Outcomes

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Introduction

On July 1, 2024, The National Registry of EMTs (NREMT) changed its initial AEMT certification practices by ceasing practical skills testing (psychomotor exam) and revising candidate eligibility requirements to include verification of state-approved student minimum competencies. The state-approved competency verification program for initial AEMT courses in Oregon is outlined in this document. OHA-EMS is requiring a competency-based assessment (CBA) program where statewide performance outcomes are embedded in the course and measured with the OHA-EMS CBA Standardized Scoring Scale to track student development and determine student achievement of competencies. A student must meet each performance outcome target to be eligible for certification testing and initial Oregon licensure.

This document contains a description of the CBA program, an introduction to the CBA Standardized Scoring Scale, and the listing of the AEMT student competency areas and performance outcomes. Learning taxonomies represented in the Standardized Scoring Scale are included at the end of this document for reference. Guidance for implementing the statewide CBA program into an EMS provider course is available on the [Oregon EMS CBA Project website](#).

AEMT Student Competencies and Performance Outcomes

The OHA-EMS CBA program includes five competency areas that describe the general expectations for AEMT entry-level practice:

- Patient Care
- Clinical Knowledge and Rationale
- Systems Knowledge
- Interpersonal and Communication Skills
- Professionalism and Professional Development

Each competency area lists specific, measurable student performance outcomes and minimum standards for proficiency linked to each outcome. The standards for proficiency are based on accepted educational taxonomies in cognitive, affective, and psychomotor learning domains (these taxonomies are located at the end of this document for reference). Evidence of achievement evaluated as a portfolio, with standardization assessment processes. The OHA-EMS CBA Standardized Scoring Scale is the required assessment rubric for measuring student progress within the outcomes and in making final determinations of a student's achievement of each outcome. Further description of this scale is included in the next section.

A matrix of each competency area and relevant performance outcome is included in this document. An orientation to the matrix components is below:

AEMT Competency Area: [Name of Competency Area] – General description of entry-level practice in this area			
Note: [Refers or highlights an aspect from the 2021 National EMS Education Standards]			
Note: [Background and reference information relating to the OHA-EMS CBA program]			
Student Performance Outcome [The standard]	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale) [Standard for achieving the outcome]	Suggestions for Assessment Design [Guidance for selecting and/or creating assignments or assessments for the outcome]	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design [Specific breakdown of learning levels for skills, knowledge, and engagement represented in the Proficiency standard for the outcome]

The student competencies, performance outcomes, and proficiency standards are based on accepted learning taxonomies, the 2019 National AEMT Scope of Practice, the Oregon scope of practice, the 2021 National EMS Education Standards, and input from EMS providers and educators. Assessment policies are based on the principles and best practices for assessment of holistic competency. These standards serve as the framework

for an AEMT CBA course and are described on the [Oregon EMS CBA Project website](#). Other course and instructor requirements from Oregon Administrative Rule (OAR) 333-264 will apply to AEMT course design and facilitation as well.

The performance outcomes will be reviewed annually as an element of the state CBA program quality improvement program.

OHA-EMS CBA Standardized Scoring Scale

The CBA Standardized Scoring Scale is the required scoring standard for assessments and assignments specifically mapped or linked to the student performance outcomes. This grading system may be used in conjunction with a traditional scoring system or as a stand-alone grading system for the AEMT course. The categories and basic criteria within the scoring scale are listed below. Refer to the expanded version of the Standardized Scoring Scale for a detailed description of the scoring categories and an example of its relevance in a CBA course.

Scoring Level	Numerical Score (LMS Option)	Educational Taxonomy Domain and Learning Levels*	Brief Description
No Evidence	0	N/A	
Generalizing	1	Affective: 1-2 Cognitive: 1-2 Psychomotor: 1-2	Grasps general concepts but may not understand the full meaning; follows or uses a standard or approach because it is expected; skills need significant prompting or are sequenced, yet rough
Applying	2	Affective: 2-3 Cognitive: 3-4 Psychomotor: 2-3	Connects concepts to specific situations but prompting may be needed; explores standards and approaches as possibilities for their own professional or personal values; skills are more refined and can self-correct
Connecting (Level of proficiency for most outcomes)	3	Affective: 3 Cognitive: 4 Psychomotor: 3-4	Becomes more discerning between ideas and concepts in a situation and with choices (relevance and importance regarding when, how, why, and when not to); shows preference for a certain approach or standard, but it is not yet consistent; skills are smooth and can combine actions and skills more easily in a scenario
Prioritizing (At the lower level of this category as proficiency for some outcomes)	4	Affective: 3+ Cognitive: 4-5 Psychomotor: 4+	Evaluates, selects, defends, and refines choices; professional values emerge with decisions; skill performance is automatic and multitasks with ease

*A listing of all domains and learning levels are located at the end of this document for reference

AEMT Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

AEMT Competency Area: Patient Care – The student effectively adapts elements of a prehospital patient assessment to a variety of common types of acute and non-acute patient conditions and safely performs interventions within the AEMT scope of practice.				
Note: Patient populations and conditions represented in the National EMS Education Standards must be reflected in these outcomes				
Performance Outcome	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale)	Suggestions for Assessment Design	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design	
PC-A1: Consistently selects, organizes, and adapts components and activities of a prehospital patient assessment as pertinent patient findings are revealed.	Connecting (High)	Breadth of patient conditions is increased across most of the Education Standards, so the student should become more efficient and selective in their adaptation of the assessment elements for different patient contexts. Specific emphasis should focus on acute patient conditions represented by the treatments unique to the AEMT scope of practice.	Affective Cognitive Psychomotor	Valuing – 3 Analyzing – 4 Articulation - 4
PC-A2: Provides specific interventions from the AEMT scope of practice that correctly reflects the severity and priorities of patients in various states of hypoperfusion, shock, cardiac and respiratory failure, in accordance with accepted prehospital standards of care.	Prioritizing (Low)	Assessment centers on whether or how the student integrates their knowledge of respiration, ventilation, and perfusion in the timing of interventions, in anticipating realistic complications, and in distinguishing between treatment choices.	Affective Cognitive Psychomotor	Valuing – 3 Analyzing and Evaluating - 4 and 5 Articulation – 4
PC-A3 – Performs higher-risk interventions within the national and Oregon AEMT scope of practice and in accordance with safe practices without causing potential or actual harm to a patient.	Connecting	Technical proficiency with isolated skills must be verified and documented. EMT skills may be included as well. Procedural errors are infrequent. The student demonstrates a consistent pattern of safe practice. Assessment and reassessment of a procedure and medication administration consistently reflects the consideration and awareness of risks and harm.	Affective Cognitive Psychomotor	Valuing - 3 Analyzing - 4 Articulation – 4

AEMT Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

AEMT Competency Area: Clinical Knowledge and Rationale – Patient care decisions are logically supported and modified in accordance with clinical knowledge, standing orders, and nationally-recognized standards of care.				
Note: All patient types and conditions represented in the National Education Standards must be reflected in these outcomes.				
Note: The overarching goal for this competency is for the student to hone their decision-making skills in situations that provide less obvious answers and involve more thoughtful consideration of risks and benefits. The emphasis of learning is placed on evaluating, refining, and defending decisions with logical information and using critical thinking processes.				
Performance Outcome	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale)	Suggestions for Assessment Design	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design	
CKR-A1: Interprets patient findings and monitoring data to correctly distinguish between underlying causes of a patient's presentation represented in the 2021 National EMS Education Standards.	Connecting	Patient conditions and their underlying pathologies are selectively expanded in the National EMS Education Standards and appear to be the ones most relevant to IV therapy and AEMT medication options. Rationale shows consistency in critical thinking.	Affective Cognitive	Valuing - 3 Analyze – 4
CKR-A2: Logically organizes and defends ILS treatment plans that are appropriate for the field impression and reflect a correct understanding of intervention benefits and risks to the patient.	Prioritizing (Low)	This outcome explores critical thinking for overall patient management, as multisystems trauma management is emphasized in the 2021 National EMS Education Standards.	Affective Cognitive	Valuing - 3 Evaluating - 5
CKR-A3 – Proposes and justifies ILS and BLS treatment options for a patient based on the principles of pharmacology and the physiology of ventilation, respiration, hypoperfusion and fluid resuscitation.	Connecting	The focus for the student is to strengthen their critical thinking processes for clinical decision-making that presents several acceptable options. In this outcome, the student practices and refines the use of complex physiological principles in making and justifying these decisions. Expectations for understanding pharmacology principles, drug profiles in the AEMT scope, perfusion, and fluid resuscitation principles are at the same level as paramedic in the 2021 National EMS Education Standards.	Affective Cognitive	Valuing - 3 Analyzing - 4

AEMT Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

AEMT Competency Area: Systems Knowledge – The student integrates leadership principles with their understanding of the EMS system, systems of care and operational knowledge in guiding safe and effective practices supporting patient care.				
Note: The outcomes below target key system elements that directly influence the patient encounter. Other outcomes may be added as noted by the advisory committee of the EMS educational program. All elements of the National Education Standards must be included in course delivery per Oregon Administrative Rule.				
Performance Outcome	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale)	Suggestions for Assessment Design	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design	
SK-A1: Actively assures patient safety and safe team operations as a team leader throughout a patient encounter	Connecting	This outcome attempts to further the student's development as a team leader. In this outcome, assessment should expand safe practice from their individual role as a team member to one who holds the responsibility for scene and patient safety for all scene participants as a leader.	Affective Cognitive Psychomotor	Valuing - 3 Analyze - 4 Precision – 3
SK-A2: Detects a patient's acute psychological, social, or situational needs during a patient encounter and explains or recommends appropriate resources to the patient, family or to a higher-level clinician.	Connecting	The 2021 National EMS Education Standards expand the breadth and depth of knowledge in the Patients with Special Challenges section and in EMS Systems section. Assessment may target their knowledge of local and national resources, selection of a resource for a specific patient need, and their ability to communicate the reasons and benefits for the resource.	Affective Cognitive	Valuing – 3 Applying - 4
SK-A3: Coordinates team activities with minimal hesitation and accurately follows local standing orders for an actual or potential time-sensitive emergency.	Connecting	This outcome attempts to further the student's development as a team leader. Assessment centers on the student's skill in managing the flow and timing of scene activities and the relative efficiency in prioritizing and performing tasks in a shortened window of time.	Affective Cognitive Psychomotor	Valuing – 3 Analyzing – 4 Precision – 3

AEMT Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

AEMT Competency Area: Interpersonal and Communication Skills – Integrates the principles of therapeutic communication and cultural sensitivity into a variety of patient encounters as a team member and leader.				
Note: all elements of communication represented by the National Education Standards must be included in course delivery.				
Note: The goal of this section is to promote the consistent application and practice of effective interpersonal, technical, and therapeutic communication throughout the course. The minimum expectations for performance, per the targets of learning, acknowledge the behaviors and actions of communications as works in progress that may not be completely refined or internalized as a personal value.				
Performance Outcome	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale)	Suggestions for Assessment Design	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design	
IC-A1: Demonstrates, implements, and practices the principles of empathy, cultural sensitivity, and responsiveness during interactions with patients and family members in real and simulated situations.	Connecting	Student adapts elements of their personal communication and interaction style to accommodate the communication and interaction needs or priorities of the patient and their family members.	Affective Cognitive Psychomotor	Valuing - 3 Analyzing - 4 Precision – 3
IC-A2: Demonstrates, implements, and practices therapeutic communication when addressing ethical decisions with patients and family members as a team leader in real or simulated situations.	Applying	The student analyzes the techniques used in a situation and identifies how those positively or negatively influenced or impacted the interaction dynamics. The 2021 National EMS Education Standards increase breadth and depth in situationally challenging calls: suicidal ideation, termination of resuscitation, abuse and neglect, and homelessness, for example. Assessment should provide room for the student to explore different methods and approaches.	Affective Cognitive Psychomotor	Responding - 2 Applies - 3 Manipulation – 2
IC-A3: Examines their personal barriers to effective communication as a leader and develops a plan for improvement.	Applying	This outcome attempts to further the student's development as a team leader. Student examines the effectiveness of their communication as a leader and creates or revises goals for self-improvement.	Affective Cognitive	Responding - 2 Analyzing - 4
IC-A4: Contributes to a complex or high-acuity patient encounter as a team member in ways that benefit the coordination and direction of the tasks required for care and transport.	Connecting	Assessment targets their ability to efficiently incorporate their expanded knowledge and skills in a high-acuity or complicated patient situation and how they reconcile potential or actual	Affective Cognitive Psychomotor	Valuing - 3 Analyzing - 4 Articulation – 4

		conflicts when different treatment options are presented by others.		
IC-A5: Demonstrates effective leadership responsibilities during a patient encounter, which includes clearly setting and communicating scene priorities, specific delegation of tasks and meaningful engagement with team members.	Connecting	This outcome attempts to further the student's development as a team leader. Assessment may include a variety of perspectives and areas of focus.	Affective Cognitive Psychomotor	Valuing - 3 Analyzing - 4 Precision – 3
IC-A6: Provides succinct and accurate patient hand-off reports for high-acuity patient presentations.	Connecting	This outcome further refines the student's skills from the EMT outcome with a focus on organizing and prioritizing a larger volume of information that is created with more complex calls.	Affective Cognitive	Valuing - 3 Analyzing – 3
IC-A7: Documents patient encounters accurately and demonstrates a logical progression between assessment findings, field impression and ILS interventions.	Connecting	This outcome supports the student's development of critical thinking.	Affective Cognitive Psychomotor	Valuing - 3 Analyzing - 4 Precision – 3

[Competency areas and educational taxonomies continue on the following pages]

AEMT Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

AEMT Competency Area: Professionalism and Professional Development – The student conducts oneself in a manner that is consistent with professional standards and ethics; engages in ongoing development to improve self and practice.				
Performance Outcome	Minimum Level of Proficiency (see the CBA Standardized Scoring Scale)	Suggestions for Assessment Design	Optional Reference: Educational Taxonomy Domains and Learning Levels for Assessment Design	
PPD-A1: Assesses their own strengths, weaknesses and limits in their knowledge, abilities, and performance as an AEMT.	Connecting	The student engages in self-evaluation for all learning domains and identifies weak and strong areas of performance and their impacts. They take initiative for their development as an AEMT.	Affective Cognitive	Valuing - 3 Analyzes – 4
PPD-A2: Sets realistic learning goals within the course with success criteria; revises goals and criteria based on reflection and feedback from instructors and students.	Connecting	The student develops and revises at least three personal and/or professional goals throughout the course, representing all learning domains. The student uses relevant feedback and self-reflection to examine positive and negative impacts of their practice and in revising goals.	Affective Cognitive	Valuing – 3 Analyzes – 4
PPD-A3: Demonstrates national, state and program standards for professional behavior in all learning environments (clinical and classroom).	Connecting	The student consistently demonstrates effective communication and interaction strategies per course standards in their interactions with instructional and clinical staff, and students.	Affective Cognitive	Valuing - 3 Analyzing - 4
PPD-A4: Employs the correct ethical and medicolegal principles within the processes of critical thinking when addressing situational, cultural, interpersonal, or treatment-related ethical dilemmas.	Connecting	The student utilizes a critical thinking approach when working through legal and ethical dilemmas regarding patient care, personal and cultural values, or controversies. The student articulates realistic risks and benefits of relevant options for action in a specific dilemma and integrates those in their approach to the situation. The approach adapts as the situation or dynamic evolves.	Affective Cognitive	Valuing – 3 Analyzing – 4
PPD-A5: Provides objective observations and constructive feedback to fellow students when evaluating individual and team performance.	Connecting	The student demonstrates empathy and respect towards other students while providing non-judgmental observations and input regarding their performance. Input is relevant, specific, and includes constructive suggestions.	Affective Cognitive	Valuing – 3 Analyzing –4

Educational Taxonomies for Learning Domains (for reference, alignment of assessments to the outcomes, and assessment design)

Cognitive Domain - Bloom's Revised Taxonomy, 2001 <https://uoeee.asu.edu/blooms-taxonomy>

Learning Level	Action Verbs	Characteristics of the Learning Level
C-1: Remember	Define, draw, label, duplicate, identify, list, match, name, recall, recognize, select, show, state	Retrieves relevant information from long term memory. States information or idea without understanding it.
C-2: Understand	Associate, classify, example, distinguish, compare, comprehend, categorize, estimate, explain, demonstrate, paraphrase, describe, generalize, indicate, identify, differentiate, discuss, translate, interpret, select, relate, restate, conclude, summarize	Builds meaning from information presented, grasping the what, when, and how of a fact, an idea or concept. Can rephrase the information in their own words or use examples to describe the topic. The why and why-not of a topic may be more general at this stage.
C-3: Apply	Calculate, illustrate, change, classify, compile, compute, employ, execute, implement, map, model, modify, organize, plot, practice, present, produce, show, solve, use, write	To carry out the idea or concept in a given situation, or to use the information in a new situation or context. Problem-solving and the start to the development of judgment emerges in this stage. The why and why not of an idea or topic begins to solidify.
C-4: Analyze	Break down, categorize, combine, compare, connect, contrast, debate, differentiate, distinguish, examine, experiment, illustrate, inspect, outline, predict, question, research, separate, simplify, subdivide, select, organize, outline	Examines deeper meaning of the information and reorganizes it as it is applied in different contexts; sees underlying connections among ideas, between ideas and practice, or in connecting abstract information to concrete situations. Analyzes parts of a concept, situation or scenario and sees their significance, or how they relate to, or influence the whole of the circumstance or situation
C-5: Evaluate	Appraise, argue, assess, conclude, convince, estimate, evaluate, grade, investigate, justify, measure, rank, rate, recommend, score, select, support, test, judge, critique	Make judgments on the information, or determine value, relevance or soundness of information or ideas. Presents and defends opinions based on set criteria
C-6: Create	Compose, construct, create, criticize, design, develop, direct, formulate, generate, produce, propose, revise, rewrite, hypothesize, plan	Compile information together in different ways to form a new or original work or in developing alternative solutions or perspectives; new patterns of thinking and approaches

Affective Domain – Krathwol’s Taxonomy <https://educarepk.com/affective-domain-krathwohls-taxonomy.html>

Learning Level	Action Verbs	Characteristics of the Learning Level
A-1: Receiving	Asks, chooses, describes, follows, gives, holds, identifies, locate, names, points to, selects, replies, uses	Open to a belief or idea; willing to hear about it or give some focused attention on it. External motivation prompts the use or application of the idea (“the book said so”).
A-2: Responding	Answers, assists, aids, complies with, conforms, discusses, helps, labels, performs, practices, presents, reads, recites, reports, selects, tells, writes	Active engagement with the topic; moves from an obligated response to a willing response. Attaches an emotion to the idea or approach (beginning to create a relative value towards it) but still explores or tests the idea or approach to determine its worth in their practice.
A-3: Valuing	Completes, demonstrates, differentiates, explains, follows, forms, initiates, invites, joins, justifies, proposes, reads, reports, selects, shares, studies	Begins to establish ownership of the approach or idea as a personal value. Shows or verbalizes a preference for it, even if that philosophy or approach is not consistently applied (shows some commitment to this value).
A-4: Organizing	Adheres, alters, arranges, combines, compares, completes, defends, explains, formulates, generalizes, identifies, integrates, modifies, orders, organizes, prepares, relates, synthesizes	Deeper understanding of the value – merges it into their own hierarchy of values. Able to defend that value and shows a more nuanced application of the value in different contexts.
A-5: Characterizing	Acts, discriminates, displays, influences, modifies, performs, practices, proposes, revises, serves, solves, verifies	

Psychomotor Domain – Dave’s Taxonomy <https://educarepk.com/psychomotor-domain-daves-taxonomy.html>

Learning Level	Action Verbs	Characteristics of the Learning Level
P-1: Imitation	Copy, follow, adhere, mimic, repeat, reproduce, replicate	Models good practice: see, then do. No personal style seen yet.
P-2: Manipulation	Act, execute, build, perform, implement, recreate	Practice with the start of adaptation; prompting still required at points. Personal style emerges but the skill is still unrefined.
P-3: Precision	Complete, control, demonstrate, execute, master, perfect, perform, show, simulate	Performance is more refined but may be rough around the edges. Self-corrects performance. Mastery at this stage reveals accurate, independent performance of an isolated skill.
P-4: Articulation	Adapt, combine, construct, coordinate, integrate, modify	Two or more skills are combined, sequenced, and integrated. Skill performance is smooth and refined. Able to connect the why and when of the skill as well. Knows the skill inside and out.
P-5: Naturalization	Design, develop, invent, specify	Two or more skills are performed consistently with ease – automatic; “muscle memory.”