

EMERGENCY MEDICAL SERVICES PROGRAM

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Competency-Based Assessment Program for Initial EMS Provider Courses

EMT-Intermediate (EMT-I) 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 replacing practical skills testing (psychomotor exam) with verification state-approved student minimum competencies. OHA-EMS has implemented a competency-based assessment (CBA) program for initial AEMT and EMT-I courses. The EMT-I CBA program builds upon the AEMT student performance outcomes to develop greater breadth and depth of practice for the EMT-I student.

In the OHA-EMS CBA program, statewide student 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 initial Oregon licensure.

This document contains a description of the CBA program, an introduction to the CBA Standardized Scoring Scale, a listing of the AEMT student competency areas and performance outcomes, and additional performance standards for EMT-I students. 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](#). EMT-I course content and course requirements are described in the Oregon EMT-Intermediate Initial Education Instructor Resource Manual.

EMT-I Student Competencies and Performance Outcomes

The OHA-EMS CBA program includes five competency areas that describe the general expectations for EMT-I 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 standardized 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:

EMT-I Competency Area: [Name of Competency Area] – General description of entry-level practice in this area			
Note: [Background and reference information relating to the OHA-EMS CBA program]			
AEMT Student Performance Outcome [The standard]	EMT-I Outcome Changes or Additions [Additional requirements for assessment or performance]	EMT-I Proficiency Level (see the CBA Standardized Scoring Scale) [Standard for achieving the outcome]	Space for Outcome Blueprinting [Use this space to identify specific assessment tools that match to the target level of proficiency for the outcome]

The student competencies, performance outcomes, and proficiency standards are based on accepted learning taxonomies, OHA-EMS EMT-I content standards, the Oregon scope of practice, 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 EMT-I 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 EMT-I 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 course. 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 some 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 (Targets the lower level of 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

EMT-I Student Competencies and Performance Outcomes (Version Date: 4/3/2025)

EMT-I 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 EMT-I scope of practice.			
Note: Sample assessment forms and tools are available on the Resources Page of the Oregon CBA Project website			
AEMT Outcome Reference	EMT-I Outcome Changes or Additions	EMT-I Proficiency Level	Space for Outcome Blueprinting
PC-A1: Consistently selects, organizes, and adapts components and activities of a prehospital patient assessment as pertinent patient findings are revealed.	Performance must encompass patients with cardiac, respiratory, altered mentation and non-specific patient complaints.	Same proficiency target as AEMT: Connecting (high)	
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.	Interventions for respiratory and cardiac compromise must be assessed for treatments specific to the EMT-I scope of practice.	Same proficiency target as AEMT: Prioritizing (low)	
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.	<p>All interventions from the EMT-I scope of practice must be assessed; schedule 2 medications may be simulated.</p> <p>The skill of ECG interpretation must be included. Sampling must include the correct interpretation of sinus and atrial rhythms, ventricular rhythms, and AV blocks</p>	Same proficiency target as AEMT: Connecting	

EMT-I Student Competencies and Performance Outcomes (Version Date: 4/3/2025)

EMT-I 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: Sample assessment forms and tools are available on the Resources Page of the Oregon CBA Project website			
AEMT Outcome Reference	EMT-I Outcome Changes or Additions	EMT-I Proficiency Level	Space for Outcome Blueprinting
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.	<p>Inclusion of ECG rhythms are required for all assessments used to evaluate the student at the prioritizing level.</p> <p>Performance must encompass patients with cardiac, respiratory, altered mentation and non-specific patient complaints.</p>	Higher proficiency target than AEMT: Prioritizing (low)	
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.	<p>Decision-making and rationale regarding the DEA Schedule 2 medications in the EMT-I scope of practice must be included.</p> <p>Note: CKR-A2 and A3 may be combined in the same assessment(s).</p>	Same proficiency target as AEMT: Prioritizing (low)	
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.	Assessments must include ILS options for pain control, and managing dysrhythmias based on principles of pharmacology and cardiac physiology and electrophysiology.	Same proficiency target as AEMT: Connecting	

EMT-I Student Competencies and Performance Outcomes (Version Date: 4/3/2025)

EMT-I 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 course director is encouraged to develop the confidence and experience of the EMT-I students as leaders in this competency area by increasing the complexity of situations and scenarios for the required outcomes.			
Note: Sample assessment forms and tools are available on the Resources Page of the Oregon CBA Project website			
AEMT Outcome	EMT-I Outcome Changes or Additions	EMT-I Proficiency Level	Space for Outcome Blueprinting
SK-A1: Actively assures patient safety and safe team operations as a team leader throughout a patient encounter		Same proficiency target as AEMT: Connecting	
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.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	
SK-A3: Coordinates team activities with minimal hesitation and accurately follows local standing orders for an actual or potential time-sensitive emergency.		Same proficiency target as AEMT: Connecting	

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

EMT-I Student Competencies and Performance Outcomes (Version Date: 4/3/2025)

EMT-I Competency Area: Interpersonal and Communication Skills – Integrates the principles of therapeutic communication into a variety of patient encounters as a team leader.			
Note: The course director is encouraged to expand the breadth of situations and scenarios to provide varied experiences for the EMT-I students to practice as leaders in this competency area.			
Note: Sample assessment forms and tools are available on the Resources Page of the Oregon CBA Project website			
AEMT Outcome	EMT-I Outcome Changes or Additions	EMT-I Proficiency Level for the Outcome	Space for Outcome Blueprinting
IC1: Demonstrates, implements, and practices the principles of empathy, cultural sensitivity, and responsiveness during interactions with patients and family members in real and simulated situations.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	
IC2: Demonstrates, implements, and practices therapeutic communication when addressing ethical decisions with patients and family members as a team leader in real or simulated situations.	Scenarios and situations should include death in the field, POLST, DNR, and hospice considerations.	Same proficiency target as AEMT: Applying	
IC3: Examines their personal barriers to effective communication as a leader and develops a plan for improvement.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Applying	
IC4: 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.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	
IC5: 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.		Same proficiency target as AEMT: Connecting	

IC6: Provides succinct and accurate patient hand-off reports for high-acuity patient presentations.	Performance must include patients with cardiac, respiratory, altered mentation and non-specific patient complaints.	Same proficiency target as AEMT: Connecting	
IC7: Documents patient encounters accurately and demonstrates a logical progression between assessment findings, field impression and ILS interventions.	Charting must include a cardiac arrest situation, altered mental status and a patient with a non-specific complaint.	Same proficiency target as AEMT: Connecting	

EMT-I Student Competencies and Performance Outcomes (Version Date: 4/3/2025)

EMT-I Competency Area: Professionalism and Professional Development – The student conducts oneself in a manner that is consistent with professional standards and ethics.			
Note: Sample assessment forms and tools are available on the Resources Page of the Oregon CBA Project website			
AEMT Outcome	EMT-I Outcome Changes or Additions	EMT-I Proficiency Level	Space for Outcome Blueprinting
PPD1: Assesses their own strengths, weaknesses and limits in their knowledge, abilities, and performance as an AEMT.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	
PPD2: Sets realistic learning goals within the course with success criteria; revises goals and criteria based on reflection and feedback from instructors and students.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	
PPD3: Demonstrates national, state and program standards for professional behavior in all learning environments (clinical and classroom).		Same proficiency target as AEMT: Connecting	
PPD4: Employs the correct ethical and medicolegal principles within the processes of critical thinking when addressing situational, cultural, interpersonal, or treatment-related ethical dilemmas.	Note: PPD4 and IC2 may be combined in the same assessment(s).	Same proficiency target as AEMT: Connecting	
PPD5: Provides objective observations and constructive feedback to fellow students when evaluating individual and team performance.	Optional for a stand-alone EMT-I course.	Recommend the same proficiency target as AEMT: Connecting	

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”.

