

# EMERGENCY MEDICAL SERVICES PROGRAM

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## Competency-Based Assessment Program for Initial EMS Provider Courses

### EMT Student Competencies and Performance Outcomes

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### Introduction

Several changes at the National Registry of EMTs (NREMT) are changing the landscape and practice of competency verification. These changes have spurred the development of a statewide system of competency verification program for initial EMT courses in Oregon. OHA-EMS has implemented a competency-based assessment (CBA) program that expands the expectations for proficiency from isolated skills to student performance outcomes that reflect authentic practices of entry-level EMTs. This program is based on input from Oregon EMS educators and best practices for CBA in the literature. The OHA-EMS student performance outcomes are embedded in the EMT 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 EMT 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](#).

## EMT Student Competencies and Performance Outcomes

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

EMT Competency Area: [Name of Competency Area] – General description of entry-level practice in this area			
Note: [Refers or highlights an aspect from the <a href="#">2021 National EMS Education Standards</a> ]			
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 EMT 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 EMT 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 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 EMT 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 (At this level of proficiency for some outcomes)	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 (At or above this 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	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 Student Competencies and Performance Outcomes (Outcomes Version Date: 6/5/2024)

EMT Competency Area: Patient Care – The student effectively applies the basic 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 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	
PC1: Independently conducts a prehospital patient assessment and adapts elements of the scene, primary, secondary, and ongoing assessments to a patient's chief complaint, nature of illness or mechanism of injury.	Connecting	The sequencing and changes in assessment flow in context reflect a logical application to the body systems and most common conditions represented by the chief complaint, nature of illness and/or mechanism of injury. Adaptation shows a priority for the most concerning aspects of the situation and patient.	Affective Cognitive Psychomotor	Valuing - 3 Apply – 3 Articulation - 4
PC2: Initiates care that correctly reflects the severity and priorities of the acute patient condition(s) in accordance with accepted prehospital standards of care.	Applying	Emergent and life-threatening findings are recognized and managed before the delay in action or inaction results in further deterioration of the patient.  Non-emergent patient findings are accurately identified and prioritized in the delivery of care.	Affective Cognitive Psychomotor	Valuing – 3 Analyze - 4 Precision – 3
PC3 –Performs interventions within the national and Oregon scope of practice without causing uncorrectable risk or harm to a patient.	Connecting	<b>Technical proficiency with isolated skills must be verified and documented.</b> The student demonstrates a consistent pattern of safe practice in the performance of interventions and the use of assessment devices. Procedural errors are infrequent.  Assessment and reassessment relating to procedures and medications consistently reflect an awareness of risks and harm.  The student takes responsibility for errors by correcting them when noted.	Affective Cognitive Psychomotor	Valuing - 3 Analyze - 4 Articulation – 4

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

<b>EMT Competency Area: Clinical Knowledge and Rationale</b> – 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 develop a solid foundation for critical thinking by refining their use of logic and thinking processes for analysis and decision-making. The secondary goal is to minimize the habit of tunnel vision and impulsivity with clinical decisions. Field impressions are based on obvious cues presented to the student that will lead to the correct standing order for the acute patient presentation. The standing order can then be used to complement the student's clinical knowledge when making treatment decisions.				
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	
CKR1: Generates a field impression that is logically based on the obvious, acute signs and symptoms presented by the patient and aligns with correct medical knowledge of the condition(s).	Applying	<p>The field impression reflects the signs and symptoms of the acute problem presented by the patient.</p> <p>Rationale for the final field impression of the patient aligns with correct medical knowledge and/or standing order represented by the condition.</p> <p>Rationale demonstrates patterns of critical thinking.</p>	Affective Cognitive	Valuing - 3 Analyze – 4
CKR2: Uses clinical knowledge and nationally recognized clinical standards, scope of practice, standing orders and/or medical direction when examining the risks and benefits of interventions and transport decisions.	Applying	The student consistently demonstrates logical critical thinking when debating treatment decisions for urgent and emergent patient conditions. The student incorporates (or cites) relevant standards for care in the consideration of risks and benefits of certain treatments or whether to provide an intervention.	Affective Cognitive	Valuing - 3 Analyze - 4
CKR3 – Actions regarding patient interventions reflect the correct indications, precautions and contraindications outlined in current medical standards and knowledge.	Applying	<p>Interventions are applied or withheld in accordance with current medical knowledge.</p> <p>The student correctly articulates when and when not to apply a skill in a given context.</p>	Affective Cognitive	Valuing - 3 Analyze - 4

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

<b>EMT Competency Area: Systems Knowledge</b> – The student applies their understanding of the EMS system, systems of care and operational knowledge in assuring a 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	
SK1: Actively assesses for relevant hazards and safety risks during a patient encounter; communicates findings and takes actions to prevent or minimize said risks.	Connecting	<p>The student notes plausible and actual safety hazards throughout a call and takes action to prevent or mitigate said hazards.</p> <p>The student clearly communicates plausible and actual hazards to team members for the sake of awareness or assistance in managing the problem(s) presented.</p>	Affective Cognitive Psychomotor	Valuing - 3 Analyze - 4 Articulation – 4
SK2: Identifies the need for additional resources or a higher level of care and requests the assistance in a timely manner.	Connecting	Student consistently recognizes actual and potential acute patient conditions that require ALS care or other specialized resources and initiates the call for a higher level of care with minimal hesitancy.	Affective Cognitive Psychomotor	Valuing – 3 Analyze - 4 Precision – 3
SK3: Recognizes a time-sensitive emergency and initiates the steps to activate a regional system of care.	Applying	Student consistently recognizes a time-sensitive emergency as presented by the patient (live or simulated) and activates the appropriate system of care in their system in accordance with their standing orders, regional directives, or state policies.	Affective Cognitive Psychomotor	Valuing – 3 Applies – 3 Precision – 3

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

<b>EMT Competency Area: Interpersonal and Communication Skills</b> – Integrates the principles of therapeutic communication and cultural sensitivity into a variety of patient encounters.				
Note: all elements of communication represented by the National Education Standards must be included in course delivery.				
Competency Workgroup Perspective: 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	
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.	Applying	Student demonstrates a willingness to adapt their personal communication and interaction styles to accommodate the communication and interaction needs or priorities of the patient and their family members.	Affective Cognitive Psychomotor	Responding - 2 Applies - 3 Manipulation – 2
IC2: Demonstrates, implements, and practices therapeutic communication throughout a patient encounter real and simulated situations.	Applying	<p>The student corrects any patronizing or argumentative conduct with scene personnel, the patient, family, and bystanders when prompted.</p> <p>The student consistently applies some elements of empathetic behavior towards patients and family members including, but not limited to, eye contact, therapeutic touch when appropriate, use of patient-appropriate words in their explanation, and honoring patient preferences for communication and engagement.</p>	Affective Cognitive Psychomotor	Responding - 2 Applies - 3 Manipulation – 2
IC3: Examines their personal barriers to effective communication in their own practice and develops a plan for improvement	Applying	Student evaluates elements of their personal style of communication and interaction in relation to the principles of therapeutic communication and creates or revises goals for self-improvement throughout the course.	Affective Cognitive	Responding - 2 Analyze - 4
IC4: Contributes to the patient encounter as a team member in ways that benefit the coordination and	Connecting	The student performs necessary duties respectfully and with minimal prompting or hesitation.	Affective Cognitive Psychomotor	Valuing - 3 Analysis - 4 Articulation – 4

direction of the tasks required for care and transport.				
IC5: Takes on leadership responsibilities including the setting and communicating of scene priorities, delegation of tasks and meaningful engagement with team members when practicing as a team leader.	Applying	When practicing leadership skills in scenarios, the student communicates scene priorities and assigns tasks clearly to team members. The student encourages teamwork. These skills are present but may need prompting or guidance.	Affective Cognitive Psychomotor	Responding - 2 Applies - 3 Manipulation – 2
IC6: Provides a patient hand-off report in a clear and concise fashion when transferring care.	Applying	The hand-off report includes major findings and treatments performed, any special needs or requests of the patient.	Affective Cognitive	Responding - 2 Applies – 3
IC7: Documents a patient encounter accurately and in line with national and state standards	Applying	Documentation contains all required components for the method utilized (e.g. electronic charting). All pertinent and major patient findings, assessments and treatments are recorded accurately.	Affective Cognitive Psychomotor	Responding - 2 Applies - Manipulation – 2

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



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

<b>EMT Competency Area: Professionalism and Professional Development</b> – 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	
PPD1: Assesses own strengths and limitations in their knowledge, abilities, and performance as an EMT.	Applying	The student actively engages in self-evaluation for all learning domains and accurately identifies weak and strong areas of performance. They take responsibility for their learning.	Affective Cognitive	Responding - 2 Analyzes – 4
PPD2: Sets realistic learning goals within the course with success criteria; revises goals and criteria based on reflection and feedback from instructors and students.	Applying	The student develops and revises at least three personal and/or professional goals throughout the course, representing all learning domains. The student identifies specific criteria for achievement for each goal. The student demonstrates ongoing professional development with relevant feedback into ongoing reassessment and revision of goal achievement.	Affective Cognitive	Responding – 2 Analyzes – 4
PPD3: Demonstrates national, state and program standards for professional behavior in all learning environments (clinical and classroom).	Applying	The student consistently demonstrates effective communication and interaction strategies per course standards in interactions with instructional and clinical staff, and students.	Affective Cognitive	Responding - 2 Applies - 3
PPD4: Employs the correct ethical and medicolegal principles within the processes of critical thinking when addressing situational, cultural, interpersonal, or treatment-related ethical dilemmas.	Applying	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 identifies realistic risks and benefits of options for action in the dilemma. The student's decision-making and reasoning exemplifies accepted national standards and principles with ethical and legal decision-making.	Affective Cognitive	Responding – 2 Applies – 3
PPD5: Provides objective observations and constructive feedback to fellow students when evaluating individual and team performance.	Applying	The student demonstrates empathy and respect towards other students while providing constructive observations and input.	Affective Cognitive	Responding – 2 Applies – 3

## 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>

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
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 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.
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.
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	To draw 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
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 of the information or with ideas. Understandings of relevance, priorities, rationale solidify into the process of analysis
Create	Compose, construct, create, criticize, design, develop, direct, formulate, generate, produce, propose, revise, rewrite, hypothesize, plan	To put elements together to form a new or original work; making a whole from individual elements

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

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”)
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
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).
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.
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>

Imitation	Copy, follow, adhere, mimic, repeat, reproduce, replicate	Models good practice: see, then do. No personal style seen yet.
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.
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.
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.
Naturalization	Design, develop, invent, specify	Two or more skills are performed consistently with ease – automatic; “muscle memory”