North Dakota 2020 EMT Portfolio Program Rollout

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Our Mission: Project Vision and Goals

Our mission is to prepare competent, entry-level, Emergency Medical Technicians in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Our goal is to provide a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers. The curriculum is guided by the United States Department of Transportation (DOT) and National Highway Traffic Safety Administration (NHTSA). Students may practice all the skills defined in the core scope of practice for emergency medical technician while under direct supervision of an instructor or the field internship preceptor and if registered with the Department of Health (NDDoH) as an emergency medical technician student. At the completion of this course, students must show a completed portfolio, and a terminal competency document that outlines their skills, classroom performance, and passing grades on final exams for the knowledge and psychomotor portions of the program. After the course, the student must pass the national registry cognitive knowledge examination in order to be eligible for North Dakota EMT licensure.

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Portfolio Contents

A completed portfolio is required by each EMT student prior to NREMT certification testing. It is the course coordinator's responsibility to ensure entry level competency and portfolio completion. NREMT examinations are not a form of determining pass/fail criteria for your course but a national certification exam to be exercised only after a student has successfully passed the course by completing all requirements and minimal competencies.

EMT Portfolio contents must include documentation for the completion of:

- Valid BLS Provider CPR certification
- 10 live patient contacts (in areas with limited clinical availability, or during crisis situations, this requirement may be met by additional simulation exercises with live simulated patients upon approval of the NDDoH)
- Vital Signs assessment (BP, Pulse, Respiratory Rate, GCS, Blood Glucose, Lung Sounds)
    - Documentation of at least 10 of each
- Certificates of completion for ICS-100, ICS-200, IS-700, IS-800, and a Hazardous Materials Awareness-Level training program that meets the requirements established in Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) 1910.120 (q) (6) (i) (a-f) "First Responder Awareness Level" competencies.
- NREMT Skills including, but not limited to:
    - BVM ventilation
    - Bleeding Control/Shock Management
    - Cardiac Arrest/ AED
    - Joint Immobilization
    - Long Bone Immobilization
    - Medical Assessment
    - Oxygen Administration
    - Trauma Assessment
    - Spinal Motion Restriction (4 total – either seated or supine method with 1 instructor check off)
    - IV Maintenance
    - Nebulized Medication
    - Limited Advanced Airway
    - Naloxone Administration (volume restricting syringe)
    - Epinephrine Administration (volume restricting syringe)
    - CPAP
    - 12-Lead
    - Lucas

    Successful performance at least 6 times per skill, with 5 peer evaluations and then one conducted by an instructor

- Scenario evaluations – medical and trauma
    - 2 by peers
    - 1 by instructor – does not count as psychomotor final exam
- Successful summative written exam
- Successful summative psychomotor exam
- Signed student acknowledgement of ND licensing process and NREMT recertification rules
- Terminal competency form (see forms) signed by the course coordinator/lead instructor and the course medical director to affirm all the above has occurred, that the student is entry level competent, and is ready for NREMT testing/certification.

Portfolios are to be stored electronically for a minimum of 5 years.

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Suggested Lab Schedule

The following is a suggested lab schedule for a 16-week EMT Program with one extra week for scenario validation and the last week for final psychomotor and written testing. This schedule should be in coordination with the subject matter of that week's lecture. Additional time, outside of the scheduled lab period per week should be made available and published for the completion of peer-to-peer work. Students are advised that one hour of additional time is suggested per week. This may be modified to shorter or longer course lengths as appropriate.

Session #	Class Date	Subject	Skills	Instructor
1	1/14/2019 1800-2200		BLS Provider CPR	David/ Travis
2	1/21/2019 1800-2200		AED, Cardiac Arrest Management, Lucas, Vital Signs, Pulses, (SAMPLE history, OPQRST)	David
3	1/28/2019 1800-2200		O2, BVM, OPA's, NPAs, Supraglottic Airway, Lung Sounds, CPAP, Nebs, Suction	David
4	2/04/2019 1800-2200		Ambulance cot, Stair Chair, KED , longboard, C-Collars	David
5	2/11/2019 1800-2200		Patient Assessment, Medical History Taking – introduce scenario-based assessments	David
6	2/18/2019 1800-2200		IV Set up, Epi Pen, Glucometer	David
7	2/25/2019 1800-2200		Scenario Based Assessment (Medical) Intro to scenario testing	Travis
8	3/03/2019 1800-2200		Skills Review	David
9	3/10/2019 1800-2200		Patient Assessment, Bleeding/Wounds/Shock, Splinting	David
	3/17/2019	**No Class**	**Spring Break**	
10	3/24/2019 1800-2200		Scenario Based Assessment (Trauma)	Jane
11	3/31/2019 1800-2200		Skills Review	David
12	4/07/2019 1800-2200		Patient Assessment -Medical	David
13	4/14/2019 1800-2200		OB, Childbirth	Jane
14	4/21/2019 1800-2200		Patient Assessment -Trauma	David
15	4/28/2019 1800-2200		Integrated Out-of-Hospital	David
16	5/05/2019 1800-2200		Integrated Out-of-Hospital	Robert
17	5/10/2019 1800-2200		Putting it all together and review/make-up	
18	5/12/2019	Final psychomotor exam		TBD

Suggested lab hours: 64 Hours

Suggested open skill time outside of scheduled labs: 16 hours

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Psychomotor Exam

- Grading sheets
  - See Appendix for the Integrated Out-of-Hospital score sheet. These should be used during the psychomotor testing to score students for their final (summative) psychomotor exam.
- Final exam process
  - Licensed training institutions
    - Institution based EMT programs will be allowed to perform their own internal final examinations and verification of portfolio completion.
    - While not required, it is recommended that the examiner for the final psychomotor examination be a different faculty member from the lead instructor for the EMT course.
  - Independent instructors

    Independent instructors are also able to grade their own students' performance through a final exam process; however, a site visit will be required to verify that the portfolio process is being followed. This will include a records review and observation of a select number of final scenario exams.
    - If an independent instructor affiliates his or her course with a training institution, the institution will be responsible for the portfolio contents and final examinations. No site visit would be required.
  - Once the final is passed, and the Terminal Competency Form (TCF) is complete, it will be sent to the NDDoH for approval on the NREMT website and the student will be able to take the cognitive exam.

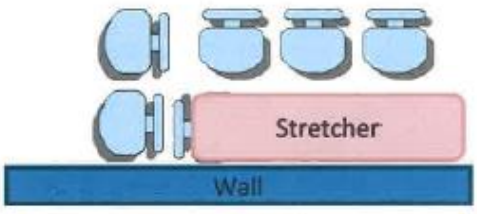
Video Links

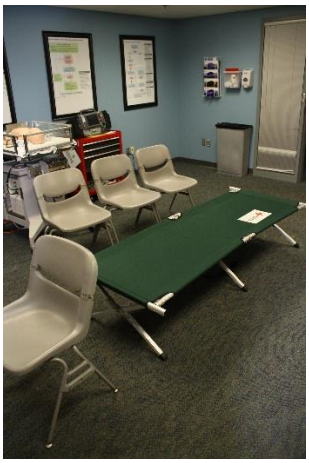
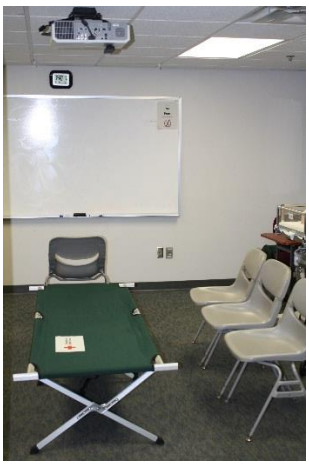
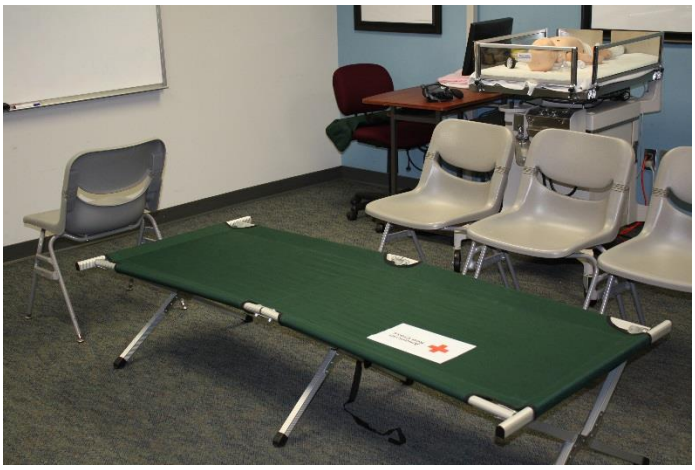
Integrated Out of Hospital (Medical) – https://youtu.be/-GIQtTZdYoQ

Integrated Out of Hospital (Trauma) – https://youtu.be/GInM8LQ7U_Y

Room Layout

The testing room needs to be set up with an initial contact area (where the student finds the patient), an evaluator table and a simulated ambulance. The student will verbalize how they would move the simulated patient from point A to point B. The student and EMT helper should never actually lift the patient, to minimize chance of injury. When ready, the simulated patient can stand and move to the simulated ambulance, after the EMT verbalizes how he/she would move him (i.e. Stand and pivot, sheet lift, pit/knee maneuver, *etc.*). Below are examples of how a simulated ambulance can be set up.



Personnel Needed

Three (3) people needed per station

1. Examiner
2. EMT Assistant
3. Simulated Patient (for the cardiac arrest scenario, a mannequin will be used)

Equipment Needed

Equipment used during the class should match what will be used in the final testing. The NDDoH will not mandate specific equipment other than what is necessary to adequately prepare the students for future patient care. The instructor must have, or have access to, all the equipment in the sample list on the next page. Whether these are dedicated training equipment/supplies or from active ambulance services is left to the program's discretion.

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Sample Equipment

Equipment Bag(s): This content may be contained in 1 bag (BLS Bag) or may be contained in multiple (O2 bag, trauma bag, first-in bag, *etc.*).

- Oropharyngeal airway (0 – 6)
- Nasopharyngeal airway (min pediatric size – manikin max size)
- Blind insertion or supraglottic airway devices (adult and pediatric sizes)
- BVM with mask and connection tubing (adult and pediatric)
- Suction (bulb, rigid and flexible catheter)
- Oxygen cylinder with regulator
- Non-invasive ventilation techniques
    - CPAP
- Oxygen administration devices
    - Nasal Cannula
    - Simple mask
    - Partial non-rebreather mask
    - Mini nebulizer
- Glucometer
    - Test strips
    - Lancets
    - Alcohol prep pads
    - 2x2 gauze
    - Band-Aids
- Penlight
- Pulse Oximetry
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Intranasal atomization device (2) & necessary syringes
- Tongue depressor
- Sharps Container
- Hemorrhage control
    - pressure dressing
    - tourniquet
    - occlusive dressing
    - hemostatic agent
    - abdominal pad
    - 4 x 4 gauze
    - Kling
- PPE- eye protection, face mask
- Medications
    - Albuterol
    - Epinephrine (dose limiting syringe)
    - Oral Glucose
    - Aspirin, chewable, non-enteric coated preferred
    - DuoDote 11 or atropine/pralidoxime chloride auto-injector
    - Naloxone (dose limiting syringe)
    - Nitroglycerin, 0.4 mg SL
- Blankets – 2 per exam room

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Additional Equipment

These items must be available for psychomotor skills practice and may be needed for the final psychomotor exam based on the scenario(s) selected:

- OB kit (bulb syringe, two cord clamps}
- Fracture stabilization (pelvic binder, rigid splints, traction splints}
- Cold packs
- Hot packs
- Eye shields
- Cervical collar (adjustable or various sized, adult and pediatric}
- Long backboard
- Short backboard or KED
- Task Trainers (simulation manikins appropriate for skills practice)
- Laptops with speakers and capabilities to play audio files
- Gloves
- Monitor capable of 12-lead imaging and simulated transmission
- AED

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Course Verification Visits for Independent Courses

Goals:

- To ensure that instructors understand and are following the requirements of the portfolio program and producing entry-level competent EMTs and to allow experienced instructors to share their ideas with those new to the process in a non-threatening way. This visit is required for each class taught outside of a licensed EMS training institution.
  - State Representatives (SR)
    a. Qualifications
      i. Licensed as a ND EMT (or higher) and a current ND EMS Instructor Coordinator
      ii. Experienced with portfolio-based courses
        1. Taught EMT classes as the lead instructor in a portfolio program
        2. Faculty in a currently accredited paramedic program
      iii. Have conducted at least one supervised course verification visit.
      iv. Approved by the NDDoH
    b. Finance
      i. SR's costs will be reimbursed by the NDDoH.
      ii. Neither the program nor the students will be charged for the state visit.
  - Visit Process
    a. Scheduling
      i. Visit date/time needs to be coordinated with the NDDoH and a SR.
      ii. Should occur during a time that summative psychomotor exams are being administered.
    b. Visit agenda
      i. Meet with lead instructor – ensure knowledge of process and portfolio program while exchanging ideas
        1. How course taught
        2. Record retention
      ii. Portfolio review – electronic records
      iii. Meet with students
      iv. Meet with course sponsor or affiliated ambulance service (if appropriate)
      v. Observe summative psychomotor scenario exam of select students
      vi. Out brief with instructor
    c. Visit paperwork
      i. Portfolio check worksheet
      ii. Scenario observation rubric

Visit the Department website for:

1. Terminal Competency Form Sample
2. Sample student portfolio
3. Sample scenarios
4. Integrated Out-of-Hospital Score Sheet
5. State Representative Visit Packet (agenda, worksheets)
6. Latest updates on the program