North Dakota 2024 EMR Portfolio Rollout

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Our Mission: Project Vision and Goals

Our mission is to prepare competent, entry-level, Emergency Medical Responders 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 responder while under direct supervision of an instructor or the field internship preceptor and if registered with the Department of Health and Human Services (NDDHHS) as an emergency medical responder 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 EMR licensure.

With the move to NREMT testing, Instructor Coordinators for EMR courses must have a ND IC license and now also possess an NREMT certification at EMR or higher.

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Portfolio Contents

A completed portfolio is required by each EMR 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.

EMR Portfolio contents must include documentation for the completion of:

- Valid BLS Provider CPR certification
- Live patient contacts are not required. Programs may set their own minimum, with 3 patient contacts encouraged. These may take in any healthcare or emergency environment.
- Vital Signs assessment (BP, Pulse, Respiratory Rate, GCS)
    - Documentation of at least 5 of each
- Certificates of completion for ICS-100 and IS-700. A Hazardous Materials Awareness-Level training program is not required but encouraged to be provided based on local needs.
- NREMT Skills including, but not limited to:
    - BVM ventilation
    - Bleeding Control/Shock Management
    - Cardiac Arrest/ AED
    - Joint Immobilization
    - Long Bone Immobilization
    - Medical Assessment
    - Trauma Assessment
    - Oxygen Administration (NC/NRB)
    - Naloxone Administration (volume restricting syringe)
    - Epinephrine Administration (volume restricting syringe)
    - Lucas

  Successful performance at least 2 times per skill, with 1 peer evaluation and then 1 conducted by an instructor.

- Scenario evaluations – medical and trauma
    - 1 by peers
    - 1 by instructor – does not count as psychomotor final exam
- Successful summative written exam - can be from publisher, vendor, or program developed.
- Successful summative psychomotor exam - scenario
- Signed student acknowledgement of ND licensing process and NREMT recertification rules
- Terminal competency form (see forms) signed by the course coordinator/lead instructor 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 an EMR Program. Additional time, outside of the scheduled lab periods 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. This does not count lectures or tests, whether in person, hybrid video, or online.

Session	Date	Subject	Skills	Instructor
1	Initial meeting (4 hrs)	Orientation	Paperwork, schedule review, NIMS sign up, BLS Provider CPR	
2	Sat Week 2 (labs are 8 hrs)	Lab 1	Airway skills, Vital signs, Pt Assessments	
3	Sat Week 4	Lab 2	Instr checks on Lab 1 skills, Hemorhage control, Med admin, Splinting	
4	Sat Week 6	Lab 3	Instr checks on Lab 2 skills, OB, scenario practice	
5	Sat Week 8	Testing	Final scenario test, written exam (if not online)	

Suggested lab hours: 32 Hours

Suggested open skill time outside of scheduled labs: 8 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 EMR 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.
  - Affiliated instructors
    - The training institution will be responsible for the portfolio contents and final examinations.
  - Once the final is passed, and the Terminal Competency Form (TCF) is complete, it will be sent to the NDDHHS for approval on the NREMT website and the student will be able to take the cognitive exam.

Video Links

Integrated Out of Hospital (Medical) –coming soon!

Integrated Out of Hospital (Trauma) – coming soon!

Room Layout

The testing room can be set up as any location where the student finds the patient, plus an evaluator table.

Personnel Needed

Three (3) people needed per station

1. Examiner
2. EMR Assistant/Bystander
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 NDHHS 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 a2mbulance 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)
- BVM with mask and connection tubing (adult and pediatric)
- Protable Suction device
- Oxygen cylinder with regulator
- Oxygen administration devices
    - Nasal Cannula
    - Non-rebreather mask
- Penlight
- Pulse Oximetry
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Intranasal atomization device (2) & necessary syringes
- Tongue depressor
- Sharps Container
- Hemorrhage control
    - pressure dressing
    - tourniquet
    - occlusive dressing
    - 4 x 4 gauze
    - Kling
- PPE- eye protection, face mask
- Medications
    - Epinephrine (dose limiting syringe)
    - DuoDote 11 or atropine/pralidoxime chloride auto-injector
    - Naloxone (dose limiting syringe)

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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
- Cervical collar (adjustable or various sized, adult and pediatric}
- Task Trainers (simulation manikins appropriate for skills practice)
- Laptops with speakers and capabilities to play audio files
- Gloves
- 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 EMRs and to allow experienced instructors to share their ideas with those new to the process in a non-threatening way. This visit is encouraged for each class taught by an instructor who is affiliated with but not employed by a licensed EMS training institution.
  - Visit Process
    a. Scheduling
       i. 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 (submission to intitution)
       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: (coming soon!)

1. Terminal Competency Form Sample
2. Sample student portfolio
3. Sample scenarios
4. Integrated Out-of-Hospital Score Sheet

North Dakota DHHS

EMR Terminal Competency Form

Name of Graduate:_____ ND EMS ID#_____

Completion Date: _____ NREMT Application #:_____

I understand that completion of this program only allows for the opportunity to attempt the National Registry of Emergency Medical Technicians computer based exam; that I cannot practice as an EMR until I am licensed by the state of ND; and that EMRs are required to complete continuing education and quality improvement in order to recertify and relicense every 2 years.

Student Signature_____ Date:_____

PROGRAM REQUIREMENTS successfully and fully completed:

(Initials by instructor indicate verification of each requirement and evidence in the portfolio)

_ **Didactic Examinations** All homework, quizzes and exams passed

_ **EMR Skills Lab** All skills complete and all scenarios completed

_ **ICS Complete** 100, 700

_ **Summative written passed**

_ **Summative psychomotor passed**

_ **Student Counseling Form(s),** as applicable

Please see attached student portfolio for detailed summary of skills and competencies performed

We hereby certify that the candidate listed above has successfully completed all of the Terminal Competencies required for graduation from the EMR Education program as a minimally competent, entry-level EMR and as such is eligible for National Certification written and practical examinations in accordance with our published policies and procedures.

_____ _____

EMR Program Coordinator (signature) Education Institution Representative

Printed name:_____ Printed name:_____