# Advanced EMT Student Minimum Competencies (SMC)

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# Ask:

1) *Approve the AEMT Student Minimum Competencies recommended below.*

2) *Require programs with a completion date after June 30, 2024, to utilize the below SMC.*

## History:

The National Registry of Emergency Medical Technicians has announced the sunset of its psychomotor examinations at the ALS level. This exam is being replaced by a more comprehensive cognitive exam and "educational programs will need to attest to the competency of each candidate in essential physical skills as identified by the most recent ALS practice analysis." The National Association of EMS Officials has released a guidance document that provides recommendations for establishing student minimum competency.

This guidance document was reviewed by the members of the education committee in September 2023. The Education Committee voted on and passed unanimously the amended student minimum competencies listed below at the October 2023 meeting. The one amendment that was made to encompass the AEMT scope of practice specific to Maine was the addition of manual defibrillation.

# Recommendations:

**AGE GROUPS**

| STUDENT MINIMUM COMPETENCY (SMC) | MINIMUM EXPOSURE IN LABORATORY, HOSPITAL/CLINICAL AND FIELD EXPERIENCE, AND CAPSTONE FIELD INTERNSHIP |
|---|---|
| **Total simulated and live patient exposures during the laboratory, clinical/hospital, and field phase of the AEMT course** | 50 |
| **Pediatric patients with pathologies or complaints (*birth to 18 years of age*)** | 5 |
| **Adult**[EW1] **(*19 to 65 years of age*)** | 15 |
| **Geriatric (*older than 65 years of age*)** | 15 |
| **Unassigned (*Program discretion*)** | 15 |

It is not required that the pediatric population be broken down into the specific categories of:

- Neonate (*birth to 30 days*)
- Infant (*1 month to 12 months*)
- Toddler (*1 to 2 years*)
- Preschool aged (*3 to 5 years*)
- School aged (*6 to 12 years*)
- Adolescent (*13 to 18 years*)

**CONDITIONS**

| STUDENT MINIMUM COMPETENCY BY PATHOLOGY OR COMPLAINT | LIVE EXPOSURE VS. SIMULATION | MINIMUM EXPOSURE IN LABORATORY, CLINICAL/HOSPITAL, OR FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP* |
|---|---|---|
| **Trauma** | Live | 5 |
| **Psychiatric/Behavioral** | Live | 5 |
| **Uncomplicated and Complicated Obstetric delivery**** | Simulated and/or Live | 3 |

| | | |
|---|---|---|
| **Distressed neonate** | Simulated and/or Live | 3 |
| **Cardiac pathologies or complaints** (*for example, acute coronary syndrome, cardiac chest pain*) | Live | 5 |
| **Cardiac arrest** | Simulated and/or Live | 3 |
| **Medical neurological pathologies or complaints** (*for example, transient ischemic attack, stroke, syncope, or altered mental status presentation*) | Live | 5 |
| **Respiratory pathologies or complaints** (*for example, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection*) | Live | 5 |
| **Other medical conditions or complaints*** ** | Live | 5 |
| **Unassigned** (*Program discretion*) | Simulated and/or Live | 11 |

* Conducts a patient assessment and develops a management plan for the evaluation of each patient with minimal to no assistance.

** Should include normal and complicated obstetric deliveries such as breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage

*** For example, gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints (*hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison, Cushing*), overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat

**PSYCHOMOTOR SKILLS**

| MOTOR SKILLS ASSESSED AND SUCCESS | MINIMUM SUCCESSFUL MOTOR SKILLS ASSESSED ON PATIENTS DURING THE LABORATORY, CLINICAL, OR FIELD EXPERIENCE OR CAPSTONE FIELD INTERNSHIP | | CUMULATIVE MOTOR SKILL SUCCESS RATE* |
|---|---|---|---|
| | SIMULATED/LIVE | LIVE ONLY | |
| **End-tidal CO2 monitoring and interpretation of waveform capnography** | **10** | **0** | Report success rate |
| **Inserting supraglottic airway** | **10** | **0** | Report success rate |
| **Performing endotracheal suctioning** | **2** | **0** | |
| **Performing PPV with BVM** | **10** | **0** | |
| **Defibrillation: Automated and Semiautomated** | **2** | **0** | |
| **Defibrillation: Manual** [EW2] | **2** | **0** | |
| **Performing chest compressions** | **2** | **0** | |
| **Administering IM injection** | **2** | **0** | |
| **Administering IV bolus medication** | **10** | **0** | Report success rate |
| **Intranasal medication** | **2** | **0** | |
| **Intraosseous medication** | **2** | **0** | |
| **Establishing intraosseous access** | **2** | **0** | |
| **Establishing intravenous access** | **0** | **20** | Report success rate |
| **Venous blood sampling** | **4** | **0** | |

* Competency assessed on patients during the Laboratory, Clinical or Field Experience, or Capstone Field Internship

**FIELD CLINICAL AND CAPSTONE FIELD INTERNSHIP**

AEMT Students must complete Field Capstone time where they have completed a predominance of their cognitive, psychomotor, and clinical learning, and are leading AEMT or

EMT scope calls successfully. A predominance is defined as completing all materials indicated in the National EMS Education standard except for the Operations Standards.

All field experience must be emergency scene contacts, not interfacility transfers.

| TYPE | DEFINITION | MINIMUM EXPOSURE |
|---|---|---|
| **FIELD EXPERIENCE** | Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER | 5 |
| **CAPSTONE FIELD INTERNSHIP** | Successfully manages the scene, performs patient assessments, and directs medical care and transport as TEAM LEADER with minimal to no assistance | 5 |

**VERIFIED EMERGENCY MEDICAL TECHNICIAN SKILLS**

The Program Director will need to show evidence that a graduate can successfully perform all the following skills. This does not require the Program Director to have an instructor-verified skill performance check sheet for each student but does require the Program to define competency and ensure competency in each skill set in accordance with modern standards of care.

| EMT OR PREREQUISITE SKILL COMPETENCY |
|---|
| **Administering oxygen by face masks** |
| **Administering oxygen by nasal cannula** |
| **CPAP** |
| **Inserting NPA** |
| **Inserting OPA** |
| **Performing FBAO: adult** |
| **Performing FBAO: infant** |
| **Performing oral suctioning** |
| **Ventilating a neonate patient with a BVM** |
| **Ventilating a pediatric patient with a BVM** |
| **Ventilating an adult patient with a BVM** |
| **Performing a comprehensive physical assessment to include vital signs, pulse oximetry, and blood glucose monitoring** |

| |
|---|
| **Cardiac monitoring: 12-lead ECG acquisition and transmission / Telemetric monitoring devices and transmission of clinical data, including video data** |
| **Defibrillation: Automated and Semiautomated** |
| **Performing CPR: adult** |
| **Performing CPR: neonate** |
| **Performing CPR: pediatric** |
| **Medication administration: aerosolized/Nebulized** |
| **Medication administration: inhaled** |
| **Medication administration: intramuscular, auto-injector** |
| **Medication administration: intranasal, premeasured** |
| **Medication administration: oral** |
| **Medication administration: sublingual/mucosal** |
| **Performing complicated/uncomplicated delivery** |
| **Lifting and transferring a patient to the stretcher** |
| **Mechanical patient restraint** |
| **Applying a cervical collar** |
| **Applying a tourniquet/hemorrhage control** |
| **Applying an occlusive dressing to an open wound to the thorax** |
| **Dressing and bandaging a soft tissue injury** |
| **Eye irrigation** |
| **Performing spine motion restriction** |
| **Splinting a suspected joint injury** |
| **Splinting a suspected long bone injury** |
| **Stabilizing an impaled object** |

[EW1]The NASEMSO document does start adulthood at 19 years of age, when traditionally 18 years of age has been the adult standard.

[EW2]Added due to Maine AEMT Scope of Practice

## Resources:

*https://www.nremt.org/News/New-ALS-Certification-Examination-Launches-July-1,#:~:text=The%20last%20day%20that%20the,AEMT%20and%20Paramedic%20Certification%20Examinations*.

*https://www.nremt.org/Document/ALS-Redesign*

*https://nasemso.org/wp-content/uploads/NASEMSO-AEMT-SMC-Final-2023-06.pdf*