New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

Portfolio Based Assessment
Administrative Packet
2024

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Preface

In late 2022, the National Registry of EMTs (NREMT) made the official announcement of an advanced life support (ALS) exam redesign, which eliminated the traditional psychomotor assessment for both the Advanced EMT (AEMT) and paramedic (NRP) levels. This preceded the notification in 2021 that NREMT would no longer update the basic life support (BLS) skill sheets, which states utilized to conduct psychomotor exams at the emergency medical responder (EMR) and emergency medical technician (EMT) levels.

The State of New Hampshire's Saf-C 5911.01 (b), Saf-C 5911.02 (c), Saf-C 5911.03 (d), and Saf-C 5911.04 (d); all require a Division of Fire Standards and Training & Emergency Medical Services (FSTEMS), approved final practical examination at all levels of licensed provider. For EMRs and EMTs this was accomplished through the State BLS exam process and for AEMTs and paramedics this was satisfied by the NREMT's ALS psychomotor exam. With the recent NREMT announcements, as well as the long anticipated Educational Training Agency (ETA) transition in the State, the requirement for a FSTEMS approved final practical examination will be satisfied by portfolio-based assessment, which has proven to be a best-practice at the paramedic level.

Introduction

This guide explains the roles and responsibilities of the ETA in respect to portfolio-based assessment. It further explains the skills and critical thinking scenarios required for portfolio and summative scenario-based psychomotor exams for all provider level education programs. The rationale of the portfolio-based assessment is to provide a more complete evaluation of student performance over the duration of the course and not simply at a moment of time. The ETA is in an ideal position to conduct this evaluation as they have a relationship with the student and a responsibility to their future patients to ensure the students are adequately prepared for certification and licensure; to enter the workforce and ultimately provide care to a patient utilizing critical-thinking, skills, and knowledge they obtained throughout the course.

The portfolio assessment will adequately measure student performance through established student minimum competencies (SMCs). SMCs are defined as the lowest level of practical application to show success and efficient behavior in a skill, technique, or exposure within the determined scope of practice. The portfolio achieves this through progressive evaluation of student performance in various exposures to various patient types based on age, pathology, and/or complaint. This is done through isolated practice events as well as formative scenarios that involve multiple skills and exposures that resemble the working environment of an EMS provider.

The completed portfolio will consist of formative and summative phases of psychomotor skills lab, scenarios, clinical/field experiences, as well as required course summative written and psychomotor exams. The specific requirements for each provider level's portfolio can be found further in this document. At the completion of the course, and to accompany the course completion roster, a terminal competency document shall be submitted on ETA letterhead for each student, attesting to their completion of all course requirements and the ETA's maintaining of their portfolio documentation.

The portfolio-based assessment required for ETA's adds minimal extra work for the organization and its affiliated staff; but solidifies the responsibility the organization has on ensuring students are properly prepared to be members of the New Hampshire emergency medical system. The ETA is responsible for ensuring all staff, that are involved with educating and evaluating performance of students, are familiar with the components of the portfolio assessment and the documentation of such. In addition, students should be made aware of how they are being assessed prior to the course starting.

Resources

Committee on Accreditation for EMS Professions (CoAEMSP) – EMS Accreditation

https://coaemsp.org/seeking-ems-accreditation

Committee on Accreditation for EMS Professions (CoAEMSP) – Voluntary AEMT Accreditation

https://coaemsp.org/aemt

National Association of State EMS Officials (NASEMSO) – AEMT SMC Model Guideline

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

National Highway Traffic Safety Administration (NHTSA) - National EMS Scope of Practice Model

https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019_Change_Notices_August_2021.pdf

National Highway Traffic Safety Administration (NHTSA) - National EMS Education Standards

https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf

National Registry of EMT's (NREMT) - 2015 Paramedic Psychomotor Competency Portfolio

https://www.nremt.org/CMSPages/GetAmazonFile.aspx?path=~\storage\media\national-registry\nremt-documents\paramedic_psychomotor_competency_portfolio_manual_v4.pdf&hash=85babb691ceab44545232d9fb839a1e30025522b4380e1a0002ec4fda966b69f

Definitions

Competence

The quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect).[1] According to Dreyfus, "Competence is observed when students are able to execute skills effectively, with precision, and in the context of the larger goals of the evolution. Competence is the threshold of entry-to-practice."[2]

Exposures

A live or simulated patient experience that enables the student to utilize knowledge and learned skills based on age and/or pathology of injury or illness.

> **Live Experience** – A patient who has an actual complaint related to either a medical illness or trauma injury. This must occur in a clinical setting.
>
> **Simulated Experience** – An actor, role player, or high-fidelity simulator identifying as a patient who has either a medical illness or trauma injury in a simulated environment.

Student Minimum Competency (SMC)

Minimum competency testing is a type of criterion-referenced assessment that requires examinees to demonstrate a minimum threshold of knowledge, skill, or ability in order to be deemed competent in the construct being measured.[3]

[1] Merriam-Webster. (n.d.). Competence. In Merriam-Webster.com dictionary. Retrieved April 8, 2024, from https://www.merriam-webster.com/dictionary/competence

[2] Dreyfus, S. E. (2004). The Five-Stage Model of Adult Skill Acquisition. Bulletin of Science, Technology & Society, 24(3), 177-181. https://doi.org/10.1177/0270467604264992

[3] Clark, A. (2018). Minimum competency testing. In The SAGE Encyclopedia of Educational Research, Measurement, and Evaluation (Vol. 4, pp. -). SAGE Publications, Inc., https://doi.org/10.4135/9781506326139

Student Portfolio

Portfolios are a versatile tool for assessing student performance, offering a comprehensive view of a student's progress and capabilities. They are used in various educational settings, including medical education, where they provide an ongoing record of student development. Portfolios used for education assessment are different than professional portfolios used to demonstrate work experience. The education portfolio serves as a record of how students have progressed in acquiring skills over time.[4]

Portfolios provide an objective and quantitative way to assess student learning throughout a course by cataloging evidence of skills execution and the degree of accuracy. This means that students will be performing skills repeatedly throughout a course, to varying degrees of success, and those attempts will be recorded to show the progression of training. Ideally, students will progress toward competence, but students who are having difficulty mastering skills are easier to identify using a portfolio system.

Portfolios also provide students a mechanism for tracking their progress toward course completion. By tracking the acquisition of skill over time, students can focus their practice on areas needing attention.[5]

[4] Hill, TL. (2012) The portfolio as a summative assessment for the nursing student. Teaching and Learning in Nursing. 7, 140-145. doi:10.1016/j.teln.2012.06.005

[5] Williams M (2003) Assessment of portfolios in professional education. Nursing Standard. 18(8), 33-37.

Portfolio Requirements

A completed portfolio is required by each student prior to being eligible for NREMT certification testing. It is the ETA's responsibility to ensure entry level competency and that when the candidate completes their program, they are prepared to enter the New Hampshire EMS system. This method will track the fundamental skills that must be mastered by the student while documenting a student's acquisition of psychomotor competency for each certification level. The portfolio tracks simple to complex learning, demonstrating the progression of skills and knowledge as applied in scene and patient scenarios otherwise known as formative learning.

Portfolio contents must include evidence and documentation of the following for each student:

- Proof of current BLS CPR for Health Care Providers certification.
- Provider skills tracking.
- Patient exposure tracking.
    - Ages – Each patient encounter or simulation should only have one age designation. If a simulation involves multiple patients, the competency should be assessed for each patient.[6]
    - Pathology - Each patient encounter or simulation could include more than one condition or impression per patient. [7]
- Completion of course summative written exam
- Completion of course summative scenario psychomotor exam.
- Completed ETA evaluation documentation. *Student evaluation of ETA.*
    - If student fails to complete, evidence that the ETA provided access to students should be documented.
- FSTEMS Course Completion Documentation on ETA letterhead.

Portfolio contents can be tracked using paper forms or through electronic tracking software. The ETA is responsible for maintaining the student portfolio for a minimum duration of five (5) years and must provide access to FSTEMS on request. At the completion of the course, the only document that must be submitted is the FSTEMS course completion form and any addendums on ETA letterhead.

[6] National Association of State EMS Officials. Advanced Emergency Medical Technician Student Minimum Competency Model Guideline. 2023.
[7] National Association of State EMS Officials. Advanced Emergency Medical Technician Student Minimum Competency Model Guideline. 2023.

Emergency Medical Responder (EMR) Student Minimum Competencies

The EMR portfolio is based on the performance expectations outlined in the NHTSA National Scope of Practice. Evidence of the following student minimum competencies SMCs must be documented for all students. EMR SMCs in both skills and patient type criteria outlined below must be met.

Table 1: Age

Student Minimum Competency	Exposure in Laboratory*
Total simulated patient exposures during the laboratory phase of the EMR course	5 minimum exposures
Pediatric *(birth to 18 years of age)*	40% (2 exposures)
Adult *(19 to 65 years of age)*	40% (2 exposures)
Geriatric *(older than 65 years of age)*	20% (1 exposure)
Sum of the three age groups	**100%** **(5 exposures)**

Percentages are based on the five (5) minimum simulated patient exposures.

Table 2: Pathology/Complaint (Conditions)

STUDENT MINIMUM COMPETENCY BY PATHOLOGY OR COMPLAINT	EXPOSURE IN LABORATORY*
Trauma	40% (2 exposures)
Medical *[for example, acute coronary syndrome, cardiac chest pain, c*ardiac arrest, *transient ischemic attack, stroke, syncope, or altered mental status presentation, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection),* 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]	60% (3 exposures)
SUM OF THE PATHOLOGIES/COMPLAINTS	**100%** **(5 EXPOSURES)**

* Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal assistance as a TEAM LEADER or TEAM MEMBER. Percentages are based on the five (5) minimum simulated patient exposures.

Table 3: Skills

RECOMMENDED MOTOR SKILLS ASSESSED AND SUCCESS	MINIMUM SUCCESSFUL MOTOR SKILLS ASSESSED ON SIMULATED PATIENTS IN LABORATORY
Inserting OPA	2
Performing oral suctioning	2
Performing FBAO: adult and infant	2*
Administering oxygen by nasal cannula	2
Administering oxygen by face masks	2
Ventilating an adult, pediatric and neonate patient with a BVM	2*
Applying a tourniquet	2
Applying a cervical collar	2
Performing spine motion restriction	2
Splinting an extremity injury	2
Stabilizing an impaled object	2
Eye irrigation	2
Dressing and bandaging a soft tissue injury	2
Applying an occlusive dressing to an open wound to the thorax	2
Performing a Comprehensive Physical Assessment	6 – Must Report Success Rate
Assess Vital signs	10 – Must Report Success Rate
Perform CPR: adult, pediatric and neonate	2*
Defibrillation: automated and semiautomated	2*
Medication administration: intramuscular, auto-injector	2
Medication administration: intranasal, premeasured	2

* Can be satisfied as a prerequisite with proof of current Healthcare Provider CPR certification or as a corequisite during the EMR program. If done as a corequisite, patient exposures during the CPR certification cannot be counted towards the five (5) minimum simulated patient exposures required for the EMR course.

Emergency Medical Technician (EMT) Student Minimum Competencies

The EMT portfolio is based on the performance expectations outlined in the NHTSA National Scope of Practice. Evidence of the following SMCs must be documented for all students. EMT SMCs in both skills and patient type criteria outlined as well as all required clinical/field experiences must be met.

Table 1: Age

Student Minimum Competency (SMC)	Exposure in Laboratory, Hospital/Clinical and Field Experience*
Total simulated and live patient exposures during the laboratory, clinical/hospital, and field phase of the EMT course	30 minimum exposures
Pediatric patients with pathologies or complaints *(birth to 18 years of age)*	15% (5 exposures)
Adult *(19 to 65 years of age)*	30%–60% (10–18 exposures)
Geriatric *(older than 65 years of age)*	30%–60% (10–18 exposures)
Sum of the three age groups	**100% (30 exposures)**

* Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal assistance as a TEAM LEADER or TEAM MEMBER. Percentages are based on the 30 minimum exposures (live and/or simulated).

Table 2: Pathology/Complaint (Conditions)

Student Minimum Competency by Pathology or Complaint	Exposure in Laboratory, Clinical/Hospital, or Field Experience*
Trauma	10%–15% (3-5 exposures)
Psychiatric/Behavioral	10%–15% (3-5 exposures)
Uncomplicated and Complicated* Obstetric delivery	5% (2 exposures)
Distressed neonate	5% (2 exposures)

STUDENT MINIMUM COMPETENCY BY PATHOLOGY OR COMPLAINT	EXPOSURE IN LABORATORY, CLINICAL/HOSPITAL, OR FIELD EXPERIENCE*
Cardiac pathologies or complaints *(for example, acute coronary syndrome, cardiac chest pain)*	10%–15% (3-5 exposures)
Cardiac arrest	5%–10% (2-3 exposures)
Medical neurological pathologies or complaints *(for example, transient ischemic attack, stroke, syncope, or altered mental status presentation)*	10%–15% (3-5 exposures)
Respiratory pathologies or complaints *(for example, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)*	10%–15% (3-5 exposures)
Other medical conditions or complaints *[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]*	10%–15% (3-5 exposures)
SUM OF THE PATHOLOGIES/COMPLAINTS	**100% (30 EXPOSURES)**

* Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal assistance as a TEAM LEADER or TEAM MEMBER. Percentages are based on the 30 minimum exposures (live and/or simulated).

** 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.

Table 3: Skills

RECOMMENDED MOTOR SKILLS ASSESSED AND SUCCESS	MINIMUM SUCCESSFUL MOTOR SKILLS ASSESSED ON PATIENTS DURING THE LABORATORY OR CLINICAL/FIELD EXPERIENCE
Inserting NPA	5
Inserting OPA	5
Performing oral suctioning	5

RECOMMENDED MOTOR SKILLS ASSESSED AND SUCCESS	MINIMUM SUCCESSFUL MOTOR SKILLS ASSESSED ON PATIENTS DURING THE LABORATORY OR CLINICAL/FIELD EXPERIENCE
Performing FBAO: adult	5
Performing FBAO: infant	5
Administering oxygen by nasal cannula	5
Administering oxygen by face masks	5
Ventilating an adult patient with a BVM	5
Ventilating a pediatric patient with a BVM	5
Ventilating a neonate patient with a BVM	5
Applying a tourniquet	5
Applying a cervical collar	5
Performing spine motion restriction	5
Lifting and transferring a patient to the stretcher	5
Mechanical patient restraint	5
Splinting a suspected long bone injury	5
Splinting a suspected joint injury	5
Stabilizing an impaled object	5
Eye irrigation	5
Dressing and bandaging a soft tissue injury	5
Applying an occlusive dressing to an open wound to the thorax	5
Performing complicated/uncomplicated delivery	5
Performing a Comprehensive Physical Assessment	10* – Must Report Success Rate
Assess Vital signs	10** – Must Report Success Rate
Assess pulse oximetry	5
Perform Blood glucose monitoring	5
Perform CPR: adult	5
Perform CPR: pediatric	5
Perform CPR: neonate	5

RECOMMENDED MOTOR SKILLS ASSESSED AND SUCCESS	MINIMUM SUCCESSFUL MOTOR SKILLS ASSESSED ON PATIENTS DURING THE LABORATORY OR CLINICAL/FIELD EXPERIENCE
Defibrillation: automated and semiautomated	5
Cardiac monitoring: 12-lead ECG acquisition and transmission / Telemetric monitoring devices and transmission of clinical data, including video data	5
Medication administration: aerosolized/nebulized	5
Medication administration: inhaled	5
Medication administration: intramuscular, auto-injector	5
Medication administration: intranasal, premeasured	5
Medication administration: sublingual/mucosal	5
Medication administration: oral	5

* Five (5) of the required ten (10) skills related to *Performing a Comprehensive Physical Assessment* must be completed on a live patient.

** Five (5) of the required ten (10) skills related to "*Assess Vital Signs"* must be completed on a live patient.

Table 4: Clinical/Field Experience

CLINICAL/FIELD EXPERIENCE
Conducts competent assessment and management of prehospital patients with assistance.
10 Exposures*

* A minimum of ten (10) clinical/filed exposures is highly recommended, but not required for course completion.

Advanced EMT (AEMT) Student Minimum Competencies

The AEMT portfolio is based on the performance expectations outlined in the NHTSA National Scope of Practice. AEMT SMCs must be documented for all students and should be in accordance with either approved NREMT accreditation bodies or as outlined in the NASEMSO AEMT SMC Model Guideline. AEMT SMCs in both skills and patient type criteria outlined as well as all required clinical, field, and Capstone experiences must be met.

The NASEMSO AEMT SMC Model Guideline and/or accreditation documentation should be referred to in their entirely. The following compiled information is for reference purposes.

Table 1: Age

Student Minimum Competency (SMC)	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 minimum exposures
Pediatric patients with pathologies or complaints *(birth to 18 years of age)*	10% (5 exposures)
Adult *(19 to 65 years of age)*	30%–60% (15–30 exposures)
Geriatric *(older than 65 years of age)*	30%–60% (15–30 exposures)
Sum of the three age groups	**100% (50 exposures)**

* Percentages are based on the 50 minimum exposures.

Table 2: Pathology/Complaint (Conditions)

Student Minimum Competency by Pathology or Complaint	Live Exposure vs. Simulation	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship*
Trauma	Live exposure	10%–15% (5–8 exposures)
Psychiatric/Behavioral	Live exposure	10%–15% (5–8 exposures)

Student Minimum Competency by Pathology or Complaint	Live Exposure vs. Simulation	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship*
Uncomplicated and Complicated Obstetric delivery**	Simulation permissible, based on competency determined by ETA	5% (3 exposures)
Distressed neonate	Simulation permissible, based on competency determined by ETA	5% (3 exposures)
Cardiac pathologies or complaints *(for example, acute coronary syndrome, cardiac chest pain)*	Live exposure	10%–15% (5–8 exposures)
Cardiac arrest	Simulation permissible, based on competency determined by ETA	5%–10% (5–8 exposures)
Medical neurological pathologies or complaints *(for example, transient ischemic attack, stroke, syncope, or altered mental status presentation)*	Live exposure	10%–15% (5–8 exposures)
Respiratory pathologies or complaints *(for example, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)*	Live exposure	10%–15% (5–8 exposures)
Other medical conditions or complaints *[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]*	Live exposure	10%–15% (5–8 exposures)

Student Minimum Competency by Pathology or Complaint	Live Exposure vs. Simulation	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship*
Sum of the Pathologies/Complaints	**N/A**	**100% (50 exposures)**

* Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal assistance as a TEAM LEADER or TEAM MEMBER. Percentages are based on the 50 minimum exposures (live and simulated).

** 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.

Table 3: Skills

Recommended 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**
Venous blood sampling	4*	
Establishing intravenous access	20	Report Success Rate
Administering IV bolus medication	10*	Report Success Rate
Administering IM injection	2*	
Intranasal medication	2*	
Establishing intraosseous access	2*	
Intraosseous medication	2*	
Performing PPV with BVM	10*	
Performing endotracheal suctioning	2*	
Inserting supraglottic airway	10*	Report Success Rate
Defibrillation: Automated and Semi-automated	2*	
Performing chest compressions	2*	
End-tidal CO2 monitoring and interpretation of waveform capnography	10*	Report Success Rate

* Simulation permitted for skills with asterisk.

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

Table 4: Clinical/Field Experience and Capstone Field Internship

FIELD EXPERIENCE	CAPSTONE FIELD INTERNSHIP
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER *or* TEAM MEMBER	Successfully manages the scene, performs patient assessments, and directs medical care and transport as TEAM LEADER with minimal to no assistance
10% – 20% (5 - 10 exposures)*	10% – 20% (5 - 10 exposures)*

* Percentages are based on the 50 minimum exposures.

Paramedic Student Minimum Competencies

The paramedic portfolio is based on the performance expectations outlined in the NHTSA National Scope of Practice. Paramedic SMCs must be in accordance with approved NREMT accreditation bodies and as outlined in their 2015 Paramedic Psychomotor Competency Portfolio (PPCP) document. Paramedic SMCs in both skills and patient type criteria outlined as well as all required clinical, field, and Capstone experiences must be met.

The NREMT PPCP and accreditation documentation should be referred to in their entirely. The following compiled information is for reference purposes.

Table 1: Age

Student Minimum Competency (SMC)	Exposure in Laboratory, Hospital/Clinical and Field Experience, and Capstone Field Internship
Pediatric patients with pathologies or complaints *(birth to 18 years of age)*	30 Exposures*
Adult *(19 to 65 years of age)*	60 Exposures
Geriatric *(older than 65 years of age)*	18 Exposures
Sum of the three age groups	**108 Exposures**

* Minimum should include two (2) exposures for neonate (birth to 30 days), infant (1 mo-12mos), toddler (1-2 years), preschool (3-5 years), school-aged (6-12 years) and adolescent (13-18 years).

Table 2: Pathology/Complaint (Conditions)

STUDENT MINIMUM COMPETENCY BY PATHOLOGY OR COMPLAINT	EXPOSURE IN LABORATORY, CLINICAL/HOSPITAL, OR FIELD EXPERIENCE/CAPSTONE FIELD INTERNSHIP*
Trauma	27 Exposures
Psychiatric/Behavioral	18 Exposures
Uncomplicated and Complicated* Obstetric delivery	6 Exposures
Distressed neonate	4 Exposures
Cardiac pathologies or complaints *(for example, acute coronary syndrome, cardiac chest pain)*	10%–15% (5–8 exposures)
Cardiac arrest	18 Exposures
Cardiac dysrhythmias	16 Exposures

Student Minimum Competency by Pathology or Complaint	Exposure in Laboratory, Clinical/Hospital, or Field Experience/Capstone Field Internship*
Medical neurological pathologies or complaints *(for example, transient ischemic attack, stroke, syncope, or altered mental status presentation)*	12 Exposures
Respiratory pathologies or complaints *(for example, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)*	12 Exposures
Other medical conditions or complaints *[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]*	18 Exposures
Totals	**134 Exposures**

Simulation permitted for certain skills. Consult with accreditation documents for further information.

* 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.

Table 3: Skills

Recommended 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
Establishing intravenous (IV) access	27	Report Success Rate
Administering IV infusion medication	4	
Administering IV bolus medication	12	Report Success Rate
Administering IM injection	4	
Establishing intraosseous access	6	
Performing PPV with BVM	14	
Performing oral endotracheal intubation	12	Report Success Rate
Performing endotracheal suctioning	4	

Recommended 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
Performing FBAO removal using Magill Forceps	4	
Performing cricothyrotomy	4	
Inserting supraglottic airway	12	
Perform needle decompression of the chest	4	
Perform synchronized cardioversion	4	
Defibrillation: Automated and Semi-automated	4	
Performing transcutaneous pacing	4	
Performing chest compressions	4	
Totals	123	

Simulation permitted for certain skills. Consult with accreditation documents for further information.

Table 4: Clinical/Field Experience and Capstone Field Internship

Field Experience	Capstone Field Internship
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER *or* TEAM MEMBER	Successfully manages the scene, performs patient assessments, and directs medical care and transport as TEAM LEADER with minimal to no assistance
30 Exposures	20 Exposures

Course Completion Roster – Example

XYZ Educational Training Agency Course Completion Roster

Course Type: _____ **NH CREF #** _____ **Course Location:** _____

Course Completion Date: _____ **Course Completion Roster Submission Date:** _____

ETA Education Director Printed Name: _____

PROGRAM REQUIREMENTS successfully and fully completed:

- Proof of current BLS CPR for Health Care Providers certification
- Didactic *(All coursework, homework, quizzes, and exams completed)*
- Skills Lab *(All skills, exposures and scenarios completed)*
- Practicum *(All patient contacts completed, if applicable)*
- Course Summative written exam
- Course Summative psychomotor exam
- ETA evaluation documentation *(Student evaluation of ETA, if completed)*

ETA Education Director Attestation Statement

I attest that each student's complete portfolio will be maintained to include all documentation and tracking of skills, scenarios, and patient exposures. Portfolio documentation will be stored (physically or electronically) for a minimum of five (5) years. I hereby certify that each student (marked complete) on this document has successfully completed all the terminal competencies required for graduation from the education program as a minimally competent, entry-level EMS provider and as such is eligible for NREMT cognitive examination and is prepared to enter the NH EMS system upon licensure.

ETA Education Director Signature: _____ **Date:** _____

Course Completion Roster – Example

XYZ Educational Training Agency Course Completion Roster

The following individuals have been enrolled in the NHEMS authorized training program listed above. Each student's status at completion of the training program is listed below:

- **C** = Complete, eligible for NREMT Cognitive Testing.
- **I** = Incomplete. *Any individuals marked "I" must successfully complete all training program requirements and an addendum must be submitted, to become eligible for NREMT Cognitive Testing.*
- **F** = Fail. *All individuals marked "F" are required to complete another full training program.*

NO	***LEGAL* Name** Last Name, First Name, MI	Mailing Address	Email Address	Phone	Date of Birth	Last 4 Of SS#	N.R. #	Status (C /I / F)
1								
2								
3								
4								
5								
6								
7								

Page __/__

Course Completion Addendum – Example

XYZ Educational Training Agency Course Completion Addendum

Course Type: _____ **NH CREF #** _____ **Course Location:** _____

Course Completion Date: _____ **Course Completion Roster Submission Date:** _____

ETA Education Director Printed Name: _____

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ETA Education Director Signature: _____ **Date:** _____

Course Completion Addendum – Example

XYZ Educational Training Agency Course Completion Addendum

The following individuals have been enrolled in the NHEMS authorized training program listed above. Each student's status at completion of the training program is listed below:

- **C** = Complete, eligible for NREMT Cognitive Testing.
- **I** = Incomplete. *Any individuals marked **"I"** must successfully complete all training program requirements and an addendum must be submitted, to become eligible for NREMT Cognitive Testing.*
- **F** = Fail. *All individuals marked **"F"** are required to complete another full training program.*

NO	***LEGAL* Name** **Last Name, First Name, MI**	Mailing Address	Email Address	Phone	Date of Birth	Date of Status Change	Status (C/ F)
1							
2							
3							
4							
5							
6							
7							

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Provider Skills Verification Log – Example

EMT SKILL SHEET

Student Name: _____ Course CREF #: _____

SKILL	1ST	2ND	3RD	4TH	5TH
Inserting NPA					
Inserting OPA					
Performing oral suctioning					
Performing FBAO: adult					
Performing FBAO: infant					
Administering oxygen by nasal cannula					
Administering oxygen by face masks					
Ventilating an adult patient with a BVM					
Ventilating a pediatric patient with a BVM					
Ventilating a neonate patient with a BVM					
Applying a tourniquet					
Applying a cervical collar					
Performing spine motion restriction					
Lifting and transferring a patient to the stretcher					
Mechanical patient restraint					
Splinting a suspected long bone injury					
Splinting a suspected joint injury					
Stabilizing an impaled object					
Eye irrigation					
Dressing and bandaging a soft tissue injury					
Applying an occlusive dressing to an open wound to the thorax					
Performing complicated/uncomplicated delivery					

Provider Skills Verification Log – Example

SKILL	1ST	2ND	3RD	4TH	5TH
Performing a Comprehensive Physical Assessment					
Assess Vital signs (1-5)					
Assess Vital signs (5-10)					
Assess pulse oximetry					
Perform Blood glucose monitoring					
Perform CPR: adult					
Perform CPR: pediatric					
Perform CPR: neonate					
Defibrillation: automated and semiautomated					
Cardiac monitoring: 12-lead ECG acquisition and transmission / Telemetric monitoring devices and transmission of clinical data, including video data					
Medication administration: aerosolized/nebulized					
Medication administration: inhaled					
Medication administration: intramuscular, auto-injector					
Medication administration: intranasal, premeasured					
Medication administration: sublingual/mucosal					
Medication administration: oral					

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Patient Assessment Verification Log – Example

EMT Patient Assessment Tracking SHEET

Student Name: _____ Course CREF #: _____

#	DATE	AGE	PATHOLOGY	INSTRUCTOR
1				
Comments:				
2				
Comments:				
3				
Comments:				
4				
Comments:				
5				
Comments:				
6				
Comments:				
7				
Comments:				

Patient Assessment Verification Log – Example

#	DATE	AGE	PATHOLOGY	INSTRUCTOR
8				
Comments:				
9				
Comments:				
10				
Comments:				

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Vital Signs Verification Log – Example

EMT Vital Signs Tracking

Student Name: _____ Course CREF #: _____

#	DATE	AGE	PATHOLOGY			INSTRUCTOR
1						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						
2						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						
3						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						
4						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						
5						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						
6						
Pulse Rate		Blood Pressure		Respiration Rate		
Comments:						

Vital Signs Verification Log – Example

#	DATE	AGE	PATHOLOGY	INSTRUCTOR
7				
Pulse Rate		Blood Pressure		Respiration Rate	
Comments:				
8				
Pulse Rate		Blood Pressure		Respiration Rate	
Comments:				
9				
Pulse Rate		Blood Pressure		Respiration Rate	
Comments:				
10				
Pulse Rate		Blood Pressure		Respiration Rate	
Comments:				

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____

Instructor/IC Printed Name: _____ Instructor/IC Signature: _____