



# Psychomotor Competency Verification Guidance

Emergency Medical Responder



# State of Emergency Competency Verification Guidance for EMR

## Background

The Office of EMS Management Team has suspended indefinitely BLS psychomotor testing pending decisions by the Training & Certification and Medical Direction Committees. Use of this form, TR.999, will serve as the verification of competency until further notice.

With so many unknown factors in the months ahead and the amount of advanced planning and commitment required to hold a CTS, we determined cancellation to be in the best interest of the health, safety and well-being of all participants.

The following requirements must be met for all BLS programs announced from May 1, 2020 until further notice.

## First & Last Class Paperwork

First Class Paperwork can be completed, if necessary, electronically through real-time web-based video or audio only call making use of any number of currently available platforms such as WebEX, GoToMeeting, GoToWebinar or Zoom. A version of the necessary state forms required for BLS First Class and Last Class Paperwork can be found at the link below. This paperwork now makes use of Adobe Fillable forms for ease of implementation.

<https://www.vdh.virginia.gov/emergency-medical-services/covid-19-documents-and-downloads/>

## Course Schedule

The Course Coordinator shall submit a detailed Course Schedule to Tracie Jones ([tracie.jones@vdh.virginia.gov](mailto:tracie.jones@vdh.virginia.gov)) as soon as possible after the course is approved. This course schedule should contain all class meeting times, dates, locations and subject matter to be covered. Tracie will maintain a copy of this schedule on file for use by OEMS staff members for unannounced visits to ensure all polices and procedures set forth in this document and in TPAM Policy T-1445 are being met.

## Terminal Competency Psychomotor Exam

Program shall schedule a terminal competency psychomotor examination that will allow the Program Director and Medical Director to validate entry level psychomotor competency. It may be conducted in a fashion similar to testing previously conducted at a Consolidated Test Site or through competency based critical

**Virginia Office of Emergency Medical Services**

1041 Technology Park Drive  
Glen Allen, VA 23059  
804-888-9120

<http://www.vdh.virginia.gov/emergency-medical-services/>

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thinking scenarios as approved by the Program Medical Director. Whenever possible, your students should be evaluated by other Education Coordinators that were not part of the program, or had very little involvement, in order to ensure an objective evaluation.

This exam shall be scheduled at the end of the program and the date(s) for this examination must be listed on the Course Schedule in order for a member of the Office of EMS to be able to stop by and verify it is being conducted.

## Field and Clinical Requirements for EMT Programs (T-1445)

State and regional Medical Directors have reiterated, as late as August 12, 2020, the importance of students in initial certification programs successfully completing and meeting all field and clinical requirements as specified for all certification programs. Educators and Program Directors conducting initial certification programs during

COVID-19 are expected to seek out all possibilities to ensure students are able to meet all field and clinical requirements until further notice. If an educator or Program Director has exhausted all possibilities for field and clinical sites for their students and they are unable to secure sites due to COVID-19 limitations or restrictions, then the educator or Program Director shall:

1. Secure an attestation statement from each site indicating that they will not allow access to their facility for your students due to COVID-19 limitations or restrictions.
  - a. The attestation statement must include signatures (physical or electronic) from the educator, the field or clinical site representative and the program Medical Director.
  - b. A sample attestation statement can be found here:  
<https://www.vdh.virginia.gov/content/uploads/sites/23/2020/08/TR-901-Field-Clinical-Attestation-Statement-Electronic-Signature-8-17-20.pdf>.
2. Once attestation statements have been received for all sites, the educator or Program Director can then allow field and/or clinical competencies to be conducted with the students using programmed patients and/or advanced simulation scenarios until you are comfortable that the student is satisfactorily competent.
  - a. Field and/or clinical competency stations should limit the number of people in contact with one another in compliance with social distancing guidelines.
  - b. Screening of all students and staff is required before ANY in-person meetings with them using form [TR-900 – Student Screening Log](#). Maintain the screening log along with [TR-06 – Course Roster](#).
  - c. Maintain social distancing requirements of six (6) feet of separation to the best of your ability.

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- d. ANY face-to-face field and/or clinical competency stations sessions that require being less than six (6) feet apart shall use adequate PPE to ensure all involved are protected to the highest degree possible.
3. Attestation statements are required to be maintained by the educator with their course files.

## BLS Certification Testing – State and National Registry

### Cognitive Exams

- Standard National Registry cognitive exams are taken at Pearson VUE Test Centers.
  - The National Registry together with Pearson VUE has developed a Pearson VUE Testing Center online locator tool to enable candidates to search for open cognitive examination seats without the need for an Authorization To Test (ATT) letter.
  - <https://wsr.pearsonvue.com/testtaker/registration/SelectExamPage/NREMT?conversationId=1218760>
- The National Registry has implemented the use of Pearson OnVUE Testing remotely proctored cognitive exams the BLS candidates during the COVID-19 pandemic. For candidates who are unable to access testing at a Pearson Test Center due to lack of available seats, they can begin using Pearson OnVUE. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: <https://home.pearsonvue.com/nremt/onvue>
  - Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
  - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a full National Registry and full Virginia certification.

### Virginia Psychomotor Exam

- The Office of EMS Management Team has suspended indefinitely BLS psychomotor testing pending decisions by the Training & Certification and Medical Direction Committees. Use of this form, TR.999, will serve as the verification of competency until further notice.
  - OEMS determined cancellation to be in the best interest of the health, safety and well-being of all participants.

Questions? Please contact Debbie Akers at [deborah.t.akers@vdh.virginia.gov](mailto:deborah.t.akers@vdh.virginia.gov).



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## EMR Competency Verification in Lieu of Consolidated Testing

As a certified Education Coordinator in the Commonwealth of Virginia, I am submitting this form verifying that the students listed below are deemed competent by me and meet all the requirements of Virginia Office of EMS Regulation 12-VAC5-31-1435, 1439 and 1453 and policies in the Training Program Administration Manual.

Acknowledging that Consolidated Test Sites have been cancelled indefinitely, I, \_\_\_\_\_, hereby certify that this course and the EMT competencies listed below were taught to the students listed below and that by submission of this form to the Virginia Office of EMS, I confirm that these students are competent in these skills and should be considered to be exempt from the Virginia Psychomotor Exam under TPAM Policy T-1445.

I further attest that all information submitted on this form is accurate and truthful per the guidelines for this course.

\_\_\_\_\_  
Education Coordinator Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OMD Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form **MUST** be submitted to the Virginia Office of EMS  
with official signatures.

ATTN: Debbie Akers (deborah.t.akers@vdh.virginia.gov).

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## Preparatory Competencies

Demonstrates the ability to correctly:

<b>P1</b>	Select, don, doff and properly/safely discard PPE
<b>P2</b>	Determine a patient's level of consciousness
<b>P3</b>	Assess a patient for a patent airway
<b>P4</b>	Assess a patient for breathing and provide depth, rate, quality
<b>P5</b>	Acquire a pulse and provide rate, rhythm, and strength
<b>P6</b>	Assess the skin color, temp, and moisture, turgor and external bleeding
<b>P7</b>	Assess capillary refill
<b>P8</b>	Assess the pupils as to equality, size, reactivity, accommodation
<b>P9</b>	Obtain an automated blood pressure
<b>P10</b>	Obtain a manual blood pressure
<b>P11</b>	Obtain a SAMPLE history
<b>P12</b>	*Operate a stretcher
<b>P13</b>	*Operate a stair chair
<b>P14</b>	*Provide proper patient lifting and moving techniques
<b>P15</b>	Perform a simulated, organized, concise radio transmission (lab setting)
<b>P16</b>	Perform patient report that would be given to staff at receiving transport unit (lab setting)
<b>P17</b>	Complete pre-hospital care report (lab setting)

## Airway Oxygen & Ventilation Competencies

Demonstrates the ability to correctly:

<b>A1</b>	Perform head tilt, chin-lift maneuver
<b>A2</b>	Perform a jaw thrust maneuver
<b>A3</b>	Perform upper airway suctioning using soft/rigid suction devices
<b>A4</b>	Assemble and operate an oxygen tank

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## Airway Oxygen & Ventilation Competencies

Demonstrates the ability to correctly:

<b>A5</b>	Ventilate using a BVM at the appropriate rate
<b>A6</b>	Ventilate patient with a stoma
<b>A7</b>	Insert an OP airway during an airway
<b>A8</b>	Insert a NP airway during an airway
<b>A9</b>	Use a non-rebreather and adjust oxygen flow requirements needed
<b>A10</b>	Use a nasal cannula and adjust oxygen flow requirements needed
<b>A11</b>	Use and interpret pulse oximetry

## Medical, Behavioral & OB/GYN Competencies

Demonstrates the ability to correctly:

<b>M1</b>	Administer oral medication
<b>M2</b>	Apply and obtain a 12 lead ECG
<b>M3</b>	Perform blood glucose monitoring
<b>M4</b>	Assist with a normal delivery
<b>M5</b>	Assist with a complicated delivery

## Trauma Competencies

Demonstrates the ability to correctly:

<b>T1</b>	Perform hemorrhage control – direct pressure
<b>T2</b>	Perform hemorrhage control – tourniquet
<b>T3</b>	Perform hemorrhage control – wound packing
<b>T4</b>	Provide care for eye injuries
<b>T5</b>	Provide care for epistaxis

## Trauma Competencies

Demonstrates the ability to correctly:

<b>T6</b>	Provide care for an open neck wound
<b>T7</b>	Provide care for an open chest wound
<b>T8</b>	Provide care for an open abdominal wounds
<b>T9</b>	Provide care for an open junctional injury
<b>T10</b>	Provide care for an impaled object
<b>T11</b>	Provide care for a patient with an amputation and the amputated part
<b>T12</b>	Provide care for a patient with burns
<b>T13</b>	Perform immobilization of a long bone - traction
<b>T14</b>	Perform immobilization of a long bone - rigid
<b>T15</b>	Perform immobilization of a long bone - soft
<b>T16</b>	Perform immobilization of a joint - pillow
<b>T17</b>	Perform immobilization of a joint - sling & swathe
<b>T18</b>	Perform immobilization of a joint - rigid
<b>T19</b>	Provide care for a patient with a suspected hip/pelvis fracture
<b>T20</b>	*Perform emergency moves for endangered patients
<b>T21</b>	Manage a patient with a helmet





# Competency Verification Form for EMR

Course Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YYYY

Course Number: \_\_\_\_\_ Master Topic: \_\_\_\_\_ Course Type: EMR  
Do not place on roster until after the class.

Initial Program:

#	Name	Virginia EMS #	Competent?	Education Coordinator Initials
	PRINT			
01	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
02	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
03	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
04	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
05	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
06	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
07	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
08	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
09	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
12	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
13	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
14	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
15	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
16	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
17	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



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#	Name <small>PRINT</small>	Virginia EMS #	Competent?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Coordinator Initials
18			<input type="checkbox"/> Yes <input type="checkbox"/> No	
19			<input type="checkbox"/> Yes <input type="checkbox"/> No	
20			<input type="checkbox"/> Yes <input type="checkbox"/> No	
21			<input type="checkbox"/> Yes <input type="checkbox"/> No	
22			<input type="checkbox"/> Yes <input type="checkbox"/> No	
23			<input type="checkbox"/> Yes <input type="checkbox"/> No	
24			<input type="checkbox"/> Yes <input type="checkbox"/> No	
25			<input type="checkbox"/> Yes <input type="checkbox"/> No	
26			<input type="checkbox"/> Yes <input type="checkbox"/> No	
27			<input type="checkbox"/> Yes <input type="checkbox"/> No	
28			<input type="checkbox"/> Yes <input type="checkbox"/> No	
29			<input type="checkbox"/> Yes <input type="checkbox"/> No	
30			<input type="checkbox"/> Yes <input type="checkbox"/> No	
31			<input type="checkbox"/> Yes <input type="checkbox"/> No	
32			<input type="checkbox"/> Yes <input type="checkbox"/> No	
33			<input type="checkbox"/> Yes <input type="checkbox"/> No	
34			<input type="checkbox"/> Yes <input type="checkbox"/> No	
35			<input type="checkbox"/> Yes <input type="checkbox"/> No	
36			<input type="checkbox"/> Yes <input type="checkbox"/> No	