



BLS Psychomotor Competency Verification Guidance for Legal Recognition, Reentry & Challenge

Background

The goal of this document is to describe the minimum psychomotor expectations for EMS providers who are certified through legal recognition, are in reentry or are candidates for challenge. These providers/candidates, while either currently certified as a practicing Emergency Medical Technicians (EMT) or other medical provider, must demonstrate their ability to provide safe and effective performance of psychomotor skills before being permitted to sit for the National Registry of EMT's cognitive examination.

Reasonable evidence of competency is defined as the performance expectation by which the provider/candidate demonstrates performance of skills and abilities necessary for safe and effective care.

Verification of Psychomotor Competency

Each provider who is in legal recognition or reentry and all candidates for challenge shall be evaluated on their psychomotor skills through an examination that will allow the Education Coordinator to validate entry-level psychomotor competency. This psychomotor validation shall be conducted through competency-based, critical thinking scenarios as approved by the Office of EMS.

Candidates

Candidates in legal recognition or reentry and all candidates for challenge seeking verification of their ability to provide safe and effective performance of psychomotor skills shall download from the OEMS website and complete form **TR-21 – Application for BLS Psychomotor Competency Verification**.

Candidates should bring this completed form to their certified Education Coordinator who will be conducting their psychomotor competency verification. A sample of this form can be found in Appendix A.

Educator

Education Coordinators who choose to serve as evaluators validating entry-level psychomotor competency shall make use of the OEMS form **TR-20 - Virginia Competency-Based Psychomotor Scenario Evaluation** when conducting entry-level psychomotor skills evaluations. A sample of this form can be found in Appendix B.

Conducting the Psychomotor Verification

The following are the requirements for how the Virginia Psychomotor Competency Verification for EMS providers who are certified through legal recognition, are in reentry or are candidates for challenge shall be conducted.

A. Minimum Requirements for Psychomotor Skills Verification for Legal Recognition, Reentry & Challenge

1) Required Personnel & Equipment

- a) **Equipment** - Requisite equipment for selected scenario, decoy equipment is encouraged.
- b) **An Evaluator** – this individual is responsible for completing the *Virginia Terminal Psychomotor Scenario Evaluation* for each candidate.
- c) **A patient** – moulaged, if necessary patient actor
- d) **A Professional EMT Partner** – an individual who is an EMT or above. This individual can perform any tasks needed by the testing candidate.

2) Description of Psychomotor Skills Verification

- a) The Virginia Psychomotor Skills Verification shall consist of the following:
 - i) One (1), fifteen (15) minute scenario comprising of a medical topic.
 - ii) One (1) fifteen (15) minute scenario comprising of a trauma topic.
- b) The Educator shall request scenarios from the Office of EMS by filling out a form on the OEMS website. The URL for this form is: <https://www.vdh.virginia.gov/emergency-medical-services/education/certification/educator-resources/request-for-scenarios-for-competency-verification/>
 - i) The pool of OEMS approved scenarios for this specific competency verification as been reviewed and approved for use by the state Medical Director. Upon request, you will receive the following via Virtru, secure e-mail. This e-mail message will allow for a limited time, access to the scenarios.
 - (1) Two scenarios consisting of a *Community Member* (patient) card and *Condition* card for each.
 - (2) Read through the Condition card and ensure you have the equipment and personnel available to conduct the scenario.

- (3) OEMS approved scenarios have "**Mandatory Actions**" which must be completed by the candidate.
- (4) At the completion of the competency verification process, the Education Coordinator is responsible for ensuring that all printed scenarios are shredded, cross-shredding is preferred, to ensure the integrity of the examination process.
- (5) Sign and return the **Verification of Record Destruction** form sent with the scenarios and return to the Office of EMS via e-mail along with the other documents required below.

3) Evaluation Methodology & Requirements

- a) The Educator shall prepare the patient, Professional EMT Partner and the evaluator (if not the Educator themselves) with the instructions provided in Appendices C-F of this document.
- b) At all times, the evaluation must be as objective as possible.
- c) The evaluator shall use form **TR20 - Virginia Competency-Based Psychomotor Scenario Evaluation** to appraise the candidate's performance.
- d) At the completion of the two (2) required scenarios, the Educator must complete and sign form **TR-21 - BLS Psychomotor Competency Verification Form** and ensure that forms TR-20 have been completed. The Educator will then scan in and transmit these forms together in the same e-mail the Office of EMS for grading. The Office will apprise the candidate of their pass/fail status via e-mail within five (5) business days of receipt of this form.

- e) [REDACTED]

Appendix A

REDACTED TESTING DOCUMENT
Not for use by Education Coordinator
for official testing purposes.



BLS Psychomotor Competency Verification Form

Candidate Information

Name: _____ Application Type: EMR EMT
 Certification number: _____
 Phone: _____ Email: _____

To Be Completed by Virginia certified Education Coordinator:

I verify that _____ (candidate name) has completed the Virginia approved psychomotor competency verification as described in **Psychomotor Competency Verification Guidance for Legal Recognition, Reentry & Challenge** and that a copy of this form and the TR-20 – Virginia Competency-based Psychomotor Scenario Evaluation forms have been submitted to the Office of EMS for scoring.

Psychomotor Exam Location

Verification Date

Education Coordinator Printed Name

Title

Education Coordinator Signature

Date

I hereby affirm that all statements on the BLS Psychomotor Competency Verification Form are true and correct. It is understood that false statements may be sufficient cause for revocation and other appropriate actions by the Virginia Office of EMS. It is also understood that the Virginia Office of EMS may conduct an audit of the skills listed at any time.

Candidate Signature _____

Date _____

Virginia Office of Emergency Medical Services

1041 Technology Park Drive

Glen Allen, VA 23059

804-888-9100

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

EMS.TR.21

Revised September 2022

Appendix B

REDACTED TESTING DOCUMENT
Not for use by Education Coordinator
for official testing purposes.



Virginia Competency-based Scenario Evaluation

Candidate: _____ Examiner: _____

Date: _____ Scenario Name: _____

Actual Start Time: _____

	Possible Points	Points Awarded
Leadership and Scene Management		
Thoroughly assessed and took deliberate actions to control the scene, encouraged feedback from Team Members	3	
Assessed the scene, identified potential hazards, advocated for safety at all times	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment while maintaining situational awareness	3	
Completed primary assessment, secondary assessment, and reassessment given patient condition	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary assessment or reassessment of the patient	0	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified changes, and rapidly intervened after confirming critical interventions with partner	3	
Appropriately managed the patient's presenting condition with appropriate timeliness, prioritization/sequence, adapted treatment plan as information became available	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal Relations		
Encouraged feedback, took responsibility for the team, established rapport, and interacted in an organized, therapeutic manner	3	
Interacted and responded appropriately with patient, crew, and bystanders using closed loop communication and appreciative inquiry	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	
Actual Time Patient Transported: _____		
Integration (Field Impression and Transport Decision)		
Provided appropriate management, offered a brief summary of prioritized differential diagnoses and considered alternate transport options	3	
Provided appropriate management and identified appropriate field impression, patient acuity, and transport destination to team	2	
Provided correct management but did not identify appropriate field impression, patient acuity or transport destination	1	
Did not provide correct management, appropriate field impression, patient acuity, or transport destination	0	
Actual Time Ended: _____	TOTAL	15

CRITICAL CRITERIA

___ Fails to address any of the scenario's "Mandatory Actions"

___ Uses or orders a harmful intervention

___ Exhibits unprofessional behavior

You must factually document your rationale for checking any of the above critical criteria on the reverse side of this form.



Virginia Competency-based Scenario Evaluation

Evaluator Feedback (Required)

Leadership and Scene Management
<i>Considering the "points awarded", why did you make this decision?</i>
Patient Assessment
<i>Considering the "points awarded", why did you make this decision?</i>
Patient Management
<i>Considering the "points awarded", why did you make this decision?</i>
Interpersonal Relations
<i>Considering the "points awarded", why did you make this decision?</i>
Integration (Field Impression and Transport Decision)
<i>Considering the "points awarded", why did you make this decision?</i>
Critical Criteria
<i>If selected, please explain why.</i>

Examiner Full Name: _____ Date: _____

Examiner Signature: _____

You must factually document your rationale for checking any of the above critical criteria on the reverse side of this form.

Appendix C

[REDACTED]

[REDACTED]

REDACTED
Not for use by
for official purposes.

Appendix D

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

REDACTED FOR OFFICIAL TESTING PURPOSES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RE

AC

CC BY-NC-ND 4.0
CC BY-NC-ND 4.0
CC BY-NC-ND 4.0

CC BY-NC-ND 4.0
CC BY-NC-ND 4.0
CC BY-NC-ND 4.0

Appendix F

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

REDUCED TO PROTECT IDENTIFICATION INFORMATION
Not for use in any educational or testing purposes.