



Appendix G – Student Minimum Competency Matrix and CoAEMSP Recommended Competency Minimums

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Paramedic Programs seeking and maintaining accreditation awarded by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate compliance with the [CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions](#). Critical components to this process are demonstrating the program is providing “adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care” [CAAHEP Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations]; showing progression of learning from the class to the lab to clinical to field to the capstone field internship [III.C.1. Curriculum (Sequencing)]; and establishing a minimum number of patient encounters [III.C.2. Curriculum] prior to program completion. One tool used to demonstrate meeting the CAAHEP Standards is commonly known as CoAEMSP’s Appendix G: Student Minimum Competency Matrix, or simply, Appendix G.

The revised Appendix G simplifies reporting of student competencies. Moreover, it reflects evidence-based research and current practice, including alignment with the National Registry of Emergency Medical Technicians (NREMT) Portfolio.

Appendix G requires the program to submit its required minimum number of times each student must successfully perform each of the competencies, including each pediatric age subgroup. With the advent of evidence-based research approach to competency, the CoAEMSP has worked diligently to modify its Appendix G to reflect current practice and to develop recommended competency minimums. In February 2017, the CoAEMSP Board of Directors approved **recommended competency minimums for patients, interventions, and team leader experiences** based on its work with a panel of nationally recognized experts in EMS. It is important to remember that the competency minimums are **recommendations** for programs; ultimately, the competency minimums are determined by Paramedic educational programs in conjunction with the medical director and advisory committee.

The adoption of these recommended competency minimums is a continuation of the statement the CoAEMSP Board of Directors made on August 4, 2012:

“The Board of Directors of the Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP) recognizes the need to determine minimum entry-level competence for successful practice as a paramedic. To that end, the CoAEMSP Board has determined that a **mechanism must be in place to verify that graduates of Paramedic programs accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP) have achieved terminal competence as an entry-level paramedic.**”

In order to assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio that documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, clinical and field internship (CAAHEP Standard III.C.1). The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement and documentation of the affective, cognitive and psychomotor domains.”

The three CAAHEP Standards that support competency minimums for patients, interventions, and team leader experiences are:

☞ **Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations**

For all affiliations, students **must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions** in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

☞ **III.C.1. Resources – Curriculum (Sequencing)**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities.

Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience.

Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

☞ **III.C.2. Curriculum (Minimum Numbers of Patient/Skill Contacts)**

The **program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these Standards [III.A.2.], and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.**

Each student, prior to completing the program, must achieve the required minimum numbers established by the program in order to demonstrate terminal competency as an entry-level practitioner.

The revised Appendix G implementation date is July 1, 2019. The timeframe will provide programs time to become familiar with the new format and to decide whether to adopt the CoAEMSP recommendations, which will require review and approval from the program's Medical Director and endorsement by the program's Advisory Committee.

To support the programs with the implementation of the Recommended Competency Minimums via Appendix G, the CoAEMSP will offer tools and webinars and workshops for Program Directors and Site Visitors.

The monumental decision by the CoAEMSP Board of Directors to approve a set of ***recommended competency minimums for patients, interventions, and team leader experiences***, support its Strategic Plan of “Developing a high level process for the collection and analysis of data for the purpose of improving EMS Education.” The CoAEMSP is excited to offer the revised Appendix G to its programs as another step in the pursuit of evidence-based EMS education.

Related file: Appendix G Matrix 2019.xls

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