



NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
 DIVISION OF HEALTH SERVICE REGULATION • DEPARTMENT OF HEALTH AND HUMAN SERVICES

Technical Scope of Practice Performance Evaluations

The Rules of the North Carolina Medical Care Commission (10A NCAC 13P) require successful completion of a technical scope of practice performance evaluation as a condition to attaining an initial EMS credential. The scope of practice evaluation is considered part of the initial educational program.

.0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT, AND PARAMEDIC

- (a) (3) complete a scope of practice performance evaluation that uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b) of this Section and which are consistent with their level of application, and approved by the OEMS. This scope of practice evaluation shall be completed no more than one year prior to examination. This evaluation shall be conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program.

For initial credentialing, the scope of practice evaluation should include skills taught in the initial educational curriculum. The instructor should use the National Education Standards to develop scenarios for each required evaluation area.

EDUCATIONAL PREPARATION

To enable the candidate to successfully complete the scope of practice performance evaluation, the instructor should ensure that the candidate is prepared to demonstrate the general approach, patient assessment and management of patients (Adult, Geriatric and Pediatric) with the following problems:

Acute Abdominal Pain- Etiology TBD locally	Allergic Reaction/ Anaphylaxis	Altered Mental Status- Cardiac/Metabolic/Respiratory /Toxicological/Trauma/ Substance Induced	Behavioral Problems- Metabolic/ Toxicological/ Trauma/Substance Induced
Cardiac Arrest- Medical/ Pediatric/ Trauma	Dyspnea- Cardiac/Metabolic/ Respiratory/ Toxicological/ Trauma/Substance	Obstetrical and/or Gynecological Emergencies- Etiology TBD locally	Seizures- Cardiac/Metabolic/ Respiratory/
Syncope- Cardiac/Metabolic/ Respiratory/	Toxic exposure/ Hazardous material- Etiology TBD locally	Trauma (Minor)- Single patient and Multi patient	Trauma (Major)- Single patient and Multi Patient

PSYCHOMOTOR COMPETENCIES

While serving as team leader, and when given a patient or a moulaged and programmed mannequin, the student shall:

- Consistently choreograph the EMS response team.
 - Comply with infection control principles including; appropriate use of personal protective equipment
- Consistently assess the patient or mannequin, verbalizing and documenting possible illnesses, injuries, etiologies and outcomes.
 - Ensure life threatening problems are recognized and prioritized before non-life threatening problems.
- Consistently apply appropriate decisions relative to interventions and transportation.
 - Anticipate/recognize potential problems in the patient's condition and formulate, initiate, delegate, modify or request appropriate treatment.
- Consistently initiate and perform appropriate treatment and skills without prompting. To include local/regionally accepted standard of care.
 - Explain the rationale for application of procedures and protocol in any patient care situation.
 - Perform treatment appropriate to chief complaint and type of call.
- Adapt to changes in environment, situation, and patient condition.
- Consistently package the patient for transportation to the most appropriate facility.
- Consistently communicate an appropriate verbal report enroute to the receiving facility.
- Consistently provide an appropriate and concise verbal and written patient care report when transferring the patient to the receiving facility.

REQUIRED PERFORMANCE EVALUATION BY LEVEL

Although the educational program should prepare candidates to manage most any type of patient, the candidate must successfully perform the listed psychomotor competencies in only certain types of scenarios to satisfy the scope of practice evaluation required by Rule.

EMS LEVEL				REQUIRED EVALUATION
EMR	EMT	AEMT	PARAMEDIC	
		30-A	40-A	Chest pain
10-A	20-A	30-B	40-B	Cardiac arrest (medical, trauma, or pediatric)
		30-C	40-C	Altered mental status / Syncope / Seizure
10-B	20-B	30-D	40-D	Dyspnea
10-C	20-C			Musculoskeletal (fracture or dislocation)
10-D	20-D			Spine injury with or without neurologic deficit
	20-E	30-E	40-E	Systemic allergic reaction
				Normal or abnormal childbirth

**NOTE: For each student, a minimum of one of the required performance evaluations must be performed on a pediatric patient or a moulaged and programmed pediatric mannequin.*

REQUIRED DOCUMENTATION / EVALUATION SCORE SHEET

For scope of practice performance evaluations performed in initial or refresher educational courses, the evaluator must utilize an evaluation sheet that thoroughly assesses the student’s ability to meet the psychomotor competencies as outlined above. This document must be maintained with the student’s records as verification of completion of the technical scope of practice evaluation as required by Rule.

ADDITIONAL RESOURCES

- https://www.nremt.org/nremt/about/ppcp_info.asp
- <https://www.nremt.org/nremt/EMTServices/scenarioResources.asp>
- <https://www.nremt.org/nremt/EMTServices/scenarios.asp>