

FOREWORD

This manual was adopted from the National Registry of Emergency Medical Technicians by the Emergency Medical Services Commission as a result of their continued awareness, and the need for standardized and uniform criteria for practical examinations. The evolution of practical examinations has been guided by many changes within emergency medical services in the United States. When EMT-B training began in the early 1970's, there were relatively few people with an in-depth knowledge of the spectrum of emergency medical care, limited types of equipment and one training standard. Since then, situations have changed and thus standardization is becoming more difficult to attain. Emergency medical care has evolved into a recognized body of knowledge and skill, multiple approaches for accomplishing a task have been advocated in peer journals and a variety of methods for the use of standard equipment have been suggested by equipment manufacturers. Because of this situation, there are currently multiple ways to perform a skill, conduct a practical examination, and define competency. Therefore, standardization has become more difficult in the assessment of psychomotor skills.

In the spring of 1993, the National Registry convened a meeting of its EMT-Basic Practical Examination Committee to review and revise the current practical examination skill instruments used to assess skill competency at the EMT-Basic level. In conjunction with the development of the 1994 EMT-Basic National Standard Curriculum, the National Registry began peer review and pilot testing of the proposed skill sheets. Following the review and revision process, the staff of the National Registry was directed to develop a revised EMT-Basic Practical Examination User's Guide which would reflect the scope of practice identified in the 1994 EMT-Basic National Standard Curriculum and the National EMS Education and Practice Blueprint and would include up-to-date skill evaluation instruments as well as criteria for conducting a practical skills examination. The Indiana State Emergency Medical Services Commission adopted the same testing criteria to meet or exceed the current National Registry Standards.

This manual presents a structured, organized approach to conducting a practical examination. It is important to note that this manual is the standard guide to conducting the Indiana State EMT Practical Examination. *At **NO** time may local medical direction or training officials choose to alter the format or design of the examination or the performance skill sheets in order to meet local protocols or constraints.*

If the examination is being given for the purpose of fulfilling National Registry entry requirements, candidates must be deemed competent in all skill stations. The National Registry will continue to accept state-approved practical examinations provided they meet or exceed the criteria presented by the National Registry. The format of the Indiana State EMT Practical Examination meets all National Registry requirements.

We would like to acknowledge the many hours of expert work accomplished by the National Registry EMT Practical Examination Committee, the Standards and Examination Committee, the Indiana State Emergency Medical Services Commission, the EMS Education Committee, the Indiana Fire Chief's Association, and the many outside reviewers of this program.

The Indiana State Emergency Medical Services Commission and the National Registry are dedicated to the goal of establishing a standardized, valid practical examination that can be

2R1 - candidate only attempts stations failed during **2A**

POSSIBLE OUTCOMES:

Pass all stations - practical is passed. *

Fail at least 1 station - go to **2R2**.

2R2 - candidate only attempts stations failed during **2R1**

POSSIBLE OUTCOMES:

Pass all stations - practical is passed. *

Fail at least 1 station - FAIL practical. *

* Results given at the exam sites are **UNOFFICIAL RESULTS**. Official fails will be emailed to the candidate within six weeks.

FAIL of Practical - NO FURTHER TESTING.

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The "Attempt" process relative to the EMT Practical Skills Examination.

Each candidate per EMS Rules will be given up to two (2) attempts to successfully pass the practical exam. Hopefully this will assist instructors and candidates in understanding the "attempts".

1A → 1st attempt - all seven (7) stations are tested.

POSSIBLE OUTCOMES:

Pass 7 stations - practical is passed.*

Pass 6 / fail 1 - go to 1R1 testing

Pass 5 / fail 2 - go to 1R1 testing

Pass 4 / fail 3 - go to 1R1 testing

Pass 3 / fail 4 - Fail of first attempt - go to **REMEDIATION**

Pass 2 / fail 5 - Fail of first attempt - go to **REMEDIATION**

Pass 1 / fail 6 - Fail of first attempt - go to **REMEDIATION**

Pass 0 / fail 7 - Fail of first attempt - go to **REMEDIATION**

1R1 – candidate only attempts stations failed during **1A**

POSSIBLE OUTCOMES:

Pass all stations - practical is passed. *

Fail at least 1 station - go to **1R2**.

1R2 - candidate only attempts stations failed during **1R1**

POSSIBLE OUTCOMES:

Pass all stations - practical is passed. *

Fail at least 1 station - go to REMEDIATION.

REMEDIATION - Review all skills and complete the remediation form. This form is included for your information. Each candidate required to complete remediation will receive a copy with their official results. When the remediation documentation form is returned to our office the student may begin the 2A / 2nd attempt testing.

2A → 2nd attempt - all seven (7) stations are tested.

POSSIBLE OUTCOMES:

- Pass 7 stations - practical is passed. *
- Pass 6 / fail 1 - go to 2R1 testing
- Pass 5 / fail 2 - go to 2R1 testing
- Pass 4 / fail 3 - go to 2R1 testing
- Pass 3 / fail 4 - Fail of second attempt – FAIL practical. *
- Pass 2 / fail 5 - Fail of second attempt – FAIL practical. *
- Pass 1 / fail 6 - Fail of second attempt – FAIL practical. *
- Pass 0 / fail 7 - Fail of second attempt – FAIL practical. *

2R1 - candidate only attempts stations failed during **2A**

POSSIBLE OUTCOMES:

- Pass all stations - practical is passed. *
- Fail at least 1 station - go to **2R2**.

2R2 - candidate only attempts stations failed during **2R1**

POSSIBLE OUTCOMES:

- Pass all stations - practical is passed. *
- Fail at least 1 station - FAIL practical. *

* Results given at the exam sites are **UNOFFICIAL RESULTS**. Official results will be mailed to the candidate within six weeks.

FAIL of Practical - NO FURTHER TESTING.

Introduction

In 1994, the United States Department of Transportation released a revised version of the EMT-Basic National Standard Curriculum. In expectation of release of this new curriculum and in conjunction with its development, the Board of Directors of the National Registry instructed the National Registry staff to revise its EMT Practical Examination User's Guide. The Board of Directors continued to stress its goal of developing a practical examination that would be cost effective while continuing to assure protection of the public through adequate measurement of minimal skill competency.

The decision of the working committee appointed by the NREMT was to retain the existing format of the current evaluation instruments and the essays which accompany those evaluation instruments. After some discussion, the committee decided to continue with the concept of evaluating candidates individually in each station. The underlying premise for this decision was that the EMT is issued a certificate/license to work within a state based on his/her ability to provide safe and effective patient care.

With the development of the National Scope of Practice and National Education Standards (NES), the National Registry of EMTs adopted updated skills forms in 2012. Effective in 2019, The Indiana EMS Commission adopted the National Registry of EMT's forms. These forms relate to skills that an EMT would likely utilize in day-to-day pre-hospital care as well as the criticality of the skill in relationship to public safety and patient care. In addition, the EMT skill sheets were adopted for the EMR examination with the exception of the Supraglottic Airway station. The following seven (7) skills were identified as being the performance items that are to be included in an EMR practical examination.

1. Patient Assessment Management - Trauma
2. Patient Assessment Management - Medical
3. Cardiac Arrest Management/AED
4. Spinal Immobilization - Supine Patient
5. Bleeding Control/Shock Management
6. BVM Ventilation of an Apneic Adult Patient
7. Long Bone Injuries

The following seven (7) skills were identified as being the performance items that are to be included in an EMT practical examination.

1. Patient Assessment Management – Trauma
2. Patient Assessment Management – Medical
3. Cardiac Arrest Management/AED
4. Supraglottic Airway
5. Spinal Immobilization – Supine Patient
6. BVM Ventilation of an Apneic Adult Patient
7. Bleeding Control/Shock Management

These skills reflect performance items that are directly related to the loss of life or limb. Therefore, the major focus of the examination is on airway, breathing, circulation and immobilization skills.

The committee identified the following criteria that must be met for a performance examination to be used nationwide:

- a. Each task on the evaluation instrument must be scored as a separate task.
- b. All items critical to patient/limb outcome must be identified on the skill sheet.
- c. Sequencing of tasks in some instances must be considered critical behavior.
- d. Overall competency must be achieved as defined in this manual.

The evaluation instruments provided in this guide were developed to meet the above criteria.

The National Registry of Emergency Medical Technician was sensitive to input received requesting the National Registry to develop an administratively feasible and cost effective practical examination. The EMT Practical Examination Committee and the National Registry Board of Directors considered the following factors when developing and approving this practical examination user's guide:

- a. Protection of the public is the primary responsibility of the National Registry of Emergency Medical Technicians and all certifying agencies.
- b. The current DOT EMT training curriculum contains scheduled practical skills laboratories.
- c. The National Registry and many states have been using limited random skill performance stations with success and have found that they reduce cost without reducing the quality of the examination.
- d. Training programs are responsible for assuring competency of candidates seeking National Registration. Candidates deemed incompetent by the training program should not be permitted to take this practical examination.
- e. Outside verification by agencies or individuals not directly associated with the training program must be accomplished in order to assure protection of the public.

The practical examination presented in this user's guide contains seven (7) skill stations for EMT and seven (7) for EMR. A totally random skill practical examination is not acceptable and does not fulfill all of the criteria listed above. When using this practical examination for Indiana State Certification & National Registration, the training program must ensure, measure and document the candidate's competency in all skills. This must be accomplished prior to allowing a candidate to attempt the practical examination used for registration.

Organizing the Examination

A. Examination Stations

Both the EMR and EMT practical examinations consists of seven (7) mandatory stations. The skill stations consist of both skill based and scenario based testing.

The candidate will be tested individually in each station and will be expected to direct the actions of any assistant EMR or EMT's who may be present in the station. The candidate should pass or fail the examination based solely on his/her actions and decisions.

The following is a list of the stations and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed.

<u>EMR</u>	<u>Skill to be Tested</u>	<u>Maximum Time Limit</u>
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	15 min
Station 3:	Cardiac Arrest Management/AED	10 min
Station 4:	Spinal Immobilization Supine	10 min
Station 5:	BVM Ventilation of an Adult Apneic Patient	5 min
Station 6:	Bleeding Control/Shock Management	10 min
Station 7:	Long Bone Injury	5 min

<u>EMT</u>	<u>Skill to be Tested</u>	<u>Maximum Time Limit</u>
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	15 min
Station 3:	Cardiac Arrest Management/AED	10 min
Station 4:	Supraglottic Airway	10 min
Station 5:	Spinal Immobilization - <u>Supine</u> Patient	10 min
Station 6:	Bleeding Control/Shock Management	10 min
Station 7:	BVM Ventilation of an Adult Apneic Patient	5 min

B. Selection of a Test Facility

It is important that the testing stations are set up in such a way to prevent candidates from observing the patient management problems prior to the time of their testing. The facility should have a waiting area large enough to accommodate the number of candidates scheduled to attempt the examination. The waiting area should have chairs or benches, access to rest rooms and water fountains as well as adequate storage space for examination supplies. Arrangements for meals and other breaks for staff members and candidates is an additional consideration. A secured room must be provided by the examination coordinator for the State Examination Representative. This room should have enough tables/work area to grade the examinations.

Community facilities with available space may include schools, office buildings, hospitals, fire stations and other structures which will meet the criteria described above.

C. Selection of the Examination Staff

One of the major considerations in the selection of examination staff members is their enthusiasm and interest in the examination. The examination procedure is demanding and time-consuming. Therefore, without full cooperation from the staff members, it will be difficult to conduct the repeated evaluations necessary for a large group of candidates.

Whenever possible, it is recommended to form a core group or regular examination personnel. This will help promote teamwork and consistency among the examination staff. It has been our experience that the more frequently a group works together, the more smoothly and effectively the examination runs. Probably not all core examination personnel will be available for every examination session. Therefore, there should be backup members who can participate from time to time as relief personnel. These persons should be fully aware of their responsibilities as skill station examiners and asked periodically to relieve regular staff members.

Skill station examiners should be recruited from the local EMS community. You should only consider individuals who are currently certified to the EMS level or above the skill level in which they are evaluating. Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions which could bias the potential skill examiner towards a particular individual or group of individuals. **In no instance should the course primary instructor or lead instructor serve as a skill station examiner.** Casual members of the instructor staff may be utilized, if necessary, provided there is no evidence of bias and they do not evaluate any skills for which they served as the instructor.

Every effort should be made to select examiners who are fair, consistent, objective, respectful, reliable and impartial in conduct and evaluation. Examiners should be selected based on their expertise in the skill to be evaluated.

Examiners must understand that there is more than one acceptable way to perform a skill and should not indicate a bias that precludes acceptable methods. All examiners should have experience working with EMT's, teaching or formal evaluation of pre-hospital care.

A **minimum** EMR examination should consist of seven (7) skills station examiners, five (5) programmed patients, and four (4) EMR or higher assistants. A **minimum** EMT examination staff should consist of seven (7) skill station examiners, four (4) programmed patients, four (4) EMR or higher assistants to the ratio of fifteen (15) students.* There must be one (1) examination coordinator (preferably the course primary instructor), and one make-up person (for moulage) to conduct the practical examination. *(i.e.: 16-30 students, should have a minimum of (14)-skill stations, minimum - (2) of each station).

D. Responsibilities of the Examination Staff

The skills to be tested and the acceptable levels of performance should always be determined with physician medical director input. Physician medical director should be available by telephone, pager, or have a designated physician to serve in his/her absence.

The examination coordinator is responsible for the overall planning, implementation, equipment for the examination process. The State Examination Representative is responsible for the quality control and validation of the examination process according to the rules set forth by the Indiana Emergency Medical Services Commission. Specific duties include orientation of the candidates, the skill station examiners, grading of all report sheets, and reporting of examination results to the Indiana Emergency Medical Services Staff. Examination results and all report forms must be submitted within three (3) working days from the date of the examination.

Skill station examiners observe candidate performance and complete skill evaluation instruments. With input from programmed patients, they also make an initial evaluation of a candidate's performance. In the interest of fairness and objectivity, instructors should not examine their own students. Examiners must maintain a professional and impartial attitude at all times. This not only creates an environment of fairness to the candidate, it also assists in creating a more realistic atmosphere. Examiners may be selected from a fairly wide range of resources. For example, local physicians, nurses, paramedics, and experienced EMT's provide potential examination staffing.

Assistant EMT's should be knowledgeable in the skill that they are assisting. They are required to perform as trained EMS professionals would in an actual field situation. They should follow the direction of the EMT candidate and may not coach the candidate relative to the performance of any skill.

The programmed patient's performance is also extremely important. A lack of uniformity in performance by a programmed patient may cause a variance in the candidate's ability to identify and treat an injury correctly. In addition, an informed programmed patient frequently is able to evaluate certain aspects of a candidate's proficiency not readily observed by the examiner.

Attempts should be made to ensure that programmed patients are experienced EMT's, paramedics and/or other allied health personnel. The advantages of this approach are that prior patient contact enables the programmed patient to re-enact injuries more accurately and to evaluate appropriate or inappropriate behavior/technique by the candidate.

Make-up personnel are responsible for realistically simulating wounds. This realism has a great deal of influence on the candidate's actions during the examination. Virtually any type of wound can be realistically reproduced with make-up by using the right materials, common sense and a little practice.

E. Equipment

The supplies and equipment needed to prepare each of the examination stations are listed in this manual. Each examiner will need a watch and a supply of evaluation instruments to score each candidate's performance.

F. Budget

The funds required to conduct an examination will vary. The exact cost will depend on the availability of volunteers to staff the examination and the degree of other community support such as donations of space and supplies. Equipment can usually be borrowed from local rescue agencies or hospitals. Care should be taken **NOT** to remove/use equipment from a certified emergency vehicle for use in the examination process.

G. Orienting the Skill Station Examiners as a Group

An important component in ensure the examination operates smoothly is orienting the skill station examiners to their role and responsibilities during the examination process. In order to ensure the consistent performance of examiners throughout the day, the examiners should be assembled as a group prior to the start of the examination and instructed in the procedures of the examination according to a standardized orientation script in this manual.

H. Orienting the Candidates as a Group

An important aspect of the examination is the initial meeting and orientation of the candidates. Once all candidates have been registered for the examination, they should be assembled as a group and instructed in the procedure of the examination according to a standard orientation script in this manual. During this period, the candidates should be given clear and complete directions as to what is expected of them during the examination. However, special effort should be made to put the candidates at ease. It is during this period that questions regarding the examinations should be solicited and answered.

During this orientation session, candidates should also be instructed to leave the testing area immediately upon completion of their examination and to not discuss the examination with those candidates waiting to be tested.

I. Orienting the Individual

Following the group orientation, candidates will wait for directions to report to a specific testing area. Prior to entering these areas, the candidates are greeted by the examiner and read the "Instructions to the Candidate" as they appear at the end of each practical skills essay provided by the examination coordinator. To assure consistency and fairness, these instructions should be read to each candidate exactly as written.

Each candidate should then be questioned as to his/her understanding of the instruction and provided with clarification as required.

Caution must be used to avoid lengthy questions or attempts by the candidate to obtain answers to questions which have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates.

Evaluating the Candidate

A. Examiner's Role

It is stressed again that the examiners must be objective and fair in their scoring. In smaller communities, it may be extremely difficult to avoid the potential problem of EMT instructors examining their own students. This problem may be avoided if communities can join together to conduct the examinations.

B. Using the Skill Evaluation Instruments

The evaluation process consists of the examiner at each station observing the candidate's performance and recording it on a standardized skill evaluation instruments. The examiner's role becomes that of an observer and recorder of events. Skill evaluation instruments have been developed for each of the testing stations. Additionally; essays explaining each skill evaluation instrument have been developed to assist the skill station examiner with the appropriate use of the instrument. These essays are listed in the last section of the manual.

Except to start or stop a candidate's performance, to deliver necessary cues (e.g., "The patient's blood pressure is 100/40; pulse is 120 and thready.") or to ask for clarification the examiner should not speak to the candidate during his/her performance. Similarly, the examiner should not react, either positively or negatively, to anything the candidate says or does.

C. Programmed Patient's Role

The programmed patient is responsible for an accurate and consistent portrayal as the victim in the scenario for the station. The programmed patient's comments concerning the candidate's performance should be noted on the reverse side of the performance skill sheet. These comments should be as brief and as objective as possible so they can be used in the final scoring of the candidate's performance.

Determining a Final Grade

A. Scoring

As mentioned earlier, the skill station examiners observe the candidate's performance and record the observations on the skill evaluation instruments. These skill sheets are collected by the examination coordinator and are graded by the Indiana State Examination Representative according to the pass/fail criteria provided by the testing agency.

In most cases, the pass/fail will be easily determined. If, however, the pass/fail determination is not easily identified, the examination coordinator and the Indiana State Examination

Representative should review the situation as a committee before coming to a final decision, and, if necessary, they should contact the medical director. The programmed patient's comments, the examiner's comments and the documentation on the skill evaluation instrument should all be considered when determining the final grade.

Once the individual skill sheets have been scored, the State Examination Representative should transcribe the individual skill station results onto the Practical Examination Report Form. The Indiana Practical Examination Report Form is then used to determine and record the overall score of the practical examination.

B. Reporting Examination Results to the Candidate

The State Examination Representative is responsible for reporting the practical examination results to the individual candidate. At no time should the skill station examiner notify the candidate of practical examination results. Notifying candidates of failing performances prior to completion of the entire practical may have an adverse effect on their performance in subsequent stations. The results of the practical examination should be reported as a pass/fail of the skill station. The candidate should not receive a detailed critique of his/her performance on any skill or a copy of their performance skill sheets. Identifying errors is not only contrary to the principles of this type of examination it could result in the candidate "learning" the examination while still not being competent in the necessary skills.

The State Examination Representative may inform the candidates of their (unofficial) examination results. A copy of the Indiana Practical Examination Report Form could be used for this purpose. All forms of the Indiana Practical Examination must be submitted to the Indiana Emergency Medical Services Commission Staff for formal processing.

Assuring Standardization and Quality Control

To be reliable, a practical examination must be conducted according to a uniform set of criteria. These control criteria must be rigidly applied to all aspects of the examination if impartial, objective, and standardized scoring is to be assured.

The State Examination Representative must validate the standardization and quality control of the examination process by completing the Quality Control Checklist provided with the practical examination packet (email).

Orientation Script

This script should be read before each examination session. The script is to be read by the State Examination Representative, who should maintain a friendly and professional attitude.

GENERAL INSTRUCTIONS TO THE CANDIDATES

Welcome to the Indiana EMT (EMS) Practical Examination. My name is _____. I will be serving as the Indiana State Examination Representative for this examination. By successfully completing this examination process and receiving subsequent certification you will have proven to yourself and the medical community that you have achieved the level of competency assuring that the public receives quality pre-hospital care.

Please note: all electronic data devices including cell phones, pagers, I-pods, data processing or smart watches such as the Apple or Samsung watch are not allowed in this practical examination—that includes the staging areas or testing stations. If you have an electronic device of this nature with you, please return the device to your vehicle or leave with one of your instructors at the end of these instructions.

The skill station examiners utilized today are state certified personnel and are observers and recorders of your expected appropriate actions. They record your performance in relationship to the criteria listed on the evaluation instrument developed by the National Registry of EMT's and adopted by the Indiana Emergency Medical Services Commission.

The skill station examiner will call you into the station when it is prepared for testing. **NO** candidate, at any time, is permitted to remain in the testing area while waiting for his/her next station. You must wait outside the testing area until the station is open and you are called. You are not permitted to take any books, pamphlets, brochures or other study material into the station. You are not permitted to make any copies or recordings of any station. When the skill examiner asks your name please assist him/her in spelling your name so that your results may be recorded accurately.

Please, pay close attention to the instructions, as they correspond to dispatch information you might receive on a similar emergency call and give you valuable information on what will be expected of you during the skill station. The skill station examiner will offer to repeat the instructions and will ask you if the instructions were understood. Do not ask for additional information not contained within the instructions, as the station examiner is not permitted to give this information.

We have instructed the skill station examiners not to indicate to you in any way a judgment regarding your performance in the skill station. Do not interpret any of the examiners remarks or documentation practices as an indication of your overall performance. Please recognize the skill station examiner's attitude as professional and objective, and simply perform the skills to the best of your ability.

You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all the equipment. If you brought any of your own equipment, I must inspect and approve it before you enter the skill station.

The skill station examiner does not know or play a role in the establishment of pass/fail criteria, but is merely an observer and recorder of your actions in the skill station. This is an examination experience, not a teaching or learning experience.

Each station has an overall time limit; the examiner will inform you of this during the reading of the instructions. When you reach the time limit, the skill station examiner will inform you to stop your performance. However, if you complete the station before the allotted time, inform the examiner that you are finished. You may be asked to remove equipment from the patient before leaving the skill station.

You are not permitted to discuss any details of the skill stations with each other at any time. If you have specific questions regarding a skill station, you may contact the State examination representative. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

Failure of three (3) or less skill stations entitles you to a retest of those skills failed. Failure of four (4) or more skill stations constitutes complete failure of the entire practical examination, requiring a retest of the entire practical examination after remedial training. Failure of a same-day retest entitles you to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the practical examination, and you will be required to retest the entire practical examination after providing remedial to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, you must complete a new EMT training program to be eligible for future testing for certification. NOTE: You have two (2) years from your EMT course completion date to successfully complete all phases of the practical examination process.

The results of the practical examination are reported as a pass/fail of the skill station. You will not receive a detailed critique of your performance on any skill. Please remember that today's examination is a formal verification process and was not designed to assist with teaching or learning. Identifying errors will be contrary to the principle of this type of examination, and could result in the candidate "learning" the examination while still not being competent in the necessary skill.

If you feel you have a complaint concerning the practical examination, a formal complaint procedure does exist. Complaints must be initiated with me before you learn of your results or leave this sight. You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory.
2. There was an equipment problem or malfunction in your station.

If you feel either of these two things occurred, you must contact me immediately to initiate the written complaint process. The state examination representative, examination coordinator and if warranted the medical director will review your concerns.

I am here today to assure that a fair, objective, and impartial testing process occurs. If you have any concerns, notify me immediately to discuss them. I may be visiting skill stations throughout the examination to verify appropriate testing procedures.

Does anyone have any questions concerning the practical examination at this time?

POINTS TO REMEMBER

1. Follow instructions from the staff.
2. During the examination, move only to areas directed by the staff.
3. Give you name as you arrive at each station.
4. Listen carefully as the testing scenario is explained at each station.
5. Ask questions if the instructions are not clear.
6. During the examination, do not talk about the examination with anyone other than the skill station examiner, programmed patient and, when applicable, to the EMT (EMR) assistant.
7. Be aware of the time limit, but do not sacrifice quality performance for speed.
8. Equipment will be provided. Select and use only that which is necessary to care for your patient adequately.

*** Read Roster and Check ID's

Programming the Patient

Patient programming involves two essential elements: acting and medical input as to the type of injury, type of pain, general reaction and what should and should not be accomplished by the EMT candidate.

It is not necessary to have professional actors as programmed patients. Almost anyone with the proper motivation can do an excellent job. The basic skills are believing and concentration. If the programmed patient really believes in the scenario, it will become believable to others.

Once the programmed patient has received the medical information on the type of injury or illness, he/she should concentrate on how he/she personally reacts to pain. The programmed patient should work with the medical personnel until he/she has fully developed the proper reactions and responses. Medical personnel should always use lay terms in programming the patient, and the patient should always respond in lay terms to any questions from the candidate. After the patient has been fully "programmed," it is essential that he/she stay in character, regardless of what goes on around him/her.

Input from the programmed patient with respect to the way candidates handle him/her is important in the scoring process. This should be strongly emphasized to the programmed patient.

Moulage

Make-up of simulated patients is important if the testing agency is expecting candidates to identify wounds readily. The sample practical examination only requires moulage in the Patient Assessment/Management stations. Although theatrical moulage is ideal, commercially available moulage kits are acceptable in alerting the candidate to the presence of injuries on the simulated patient.

Regardless of the quality of moulage, examiners must communicate with the candidate concerning information on wound presence and appearance. Candidates will need to distinguish between venous and arterial bleeding, paradoxical chest movement, obstruction of the airway and any other injury that a programmed patient cannot realistically simulate. If candidates complain about the quality of moulage, the State Examination Representative should objectively re-examine the quality of the moulage. If the quality of the moulage is deemed to be marginal and does not accurately represent the wound, the State Examination Representative should instruct the skill station examiner to alert candidates to the exact nature of the injury.

The skill station examiner should do this only after the candidate has assessed the area of the wound as would be done in an actual field situation.

PRACTICAL EXAMINATION ORIENTATION TO SKILL STATION EXAMINERS

Good (morning, afternoon, evening). My name is _____. I will be the state representative administering this examination. On behalf of the State of Indiana, I would like to thank you for serving as a skill station examiner. All data relative to a candidate's performance is based upon you **OBJECTIVE** recordings and observations. All performances must be reported with the greatest degree of objectivity possible. The skill evaluation instruments you are using today have been designed to assist you in objectively evaluation the candidates.

Please place all cell phones, pagers, radios, etc. on silent and avoid using the device while testing is in progress. Please check these devices now!

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performances with anyone other than me. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form if you have any questions at all, until we have discussed the performance.

You should act in a professional manner at all times, paying particular attention to the manner in which you address candidates. You must be consistent, fair and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful to the manner in which you address candidates as many will interpret your remarks as some indication of their performance. You should ask questions for clarification purposes only. For example, if a candidate states "I'd now apply high flow oxygen," your appropriate response might be; "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the FiO₂ delivered by the device, contraindications to the use of the device or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states "I'd do a quick assessment of the legs," you must respond by asking the candidate to actually perform the assessment as he/she would in a field situation.

We suggest you introduce yourself to each candidate as you call them in to the station. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next station. Take a few moments to clearly print the candidate's first and last name on the evaluation form as well as the date and scenario number (if there is one). You should use a black ink pen and follow good medical-legal documentation practices when completing these forms. You should read aloud the "Instructions to the Candidate" exactly as printed at the end of you essays. You may not add or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate brings his/her own equipment, be sure I have inspected it and that you are familiar with its use prior to evaluating the candidate.

As the candidate begins the performance, document the time started on the evaluation instrument. As the candidate progresses through the station, fill out the evaluation form in the following manner:

- a. Place the point or points awarded in the appropriate space at the time each item is completed.
- b. Only whole points may be awarded for those steps performed in an acceptable manner. **You are not permitted to award fractions of a point.**
- c. Place a zero in the “Points Awarded” column for any step which was not completed or was performed in an unacceptable manner (inappropriate or non-sequential resulting in excessive and detrimental delay).

All evaluation instruments should be filled out in a manner which prohibits the candidate from directly observing the points you award or the comments you may note. Do not become distracted by searching for the specific statements on the evaluation instrument when you should be observing the candidate’s performance. Ideally you should be familiar with these instruments, but if not, simply turn the instrument over and concisely record the entire performance on the back side. After the candidate finishes the performance, complete the front side of the evaluation instrument in accordance with the documented performance. Please remember, the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.

You must observe and enforce all time limits for the stations. If the candidate is in the middle of a step allow him/her to complete only that step. The candidate should not be allowed to start another step. You should then place a zero in the “Points Awarded” column for any steps which were not completed within the allotted time.

When the candidate has completed the station make sure he/she returns to the staging area promptly. Do not allow the candidate to take and recordings of the station with him/her.

After all points have been awarded, you must total them and enter the total in the appropriate space in the evaluation form. Next, review all “Critical Criteria” statements printed on the evaluation form and check any that apply to the performance you just observed. **You must factually document, on the reverse side of the evaluation form, you rational for checking any “Critical Criteria” statement.** Factually document the candidate’s **actions** which caused you to check any of these statements. You may also wish to document, in the same way, each step of the skill in which zero points were awarded. Be sure to sign the evaluation instrument in the appropriate space and then prepare the station for the next candidate. Evaluation instruments should only be completed while a candidate is being evaluated and should not be filled out in advance (date, signature, times etc.) If you make an error on a form that makes it unusable please void that form and return it to me.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student’s attitudes, behaviors, and professional attributes. The best place for “constructive criticism” is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based

performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are “Failure to manage the patient as a competent EMT” and “Exhibits unacceptable affect with patient or other personnel.” While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed in each individual station instructions. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined “offensive” observation by the evaluator and not just “unreasonable” behaviors.

You are responsible to the security of all evaluation material, instructions, scenarios and all skill sheets. You must return ALL material to me before you leave this examination site. If you need to take a break secure all evaluation instruments which were issued to you.

After you receive your materials for today’s examination, you may proceed to your station and check the props, equipment and moulage to assure the skill station is prepared for the first candidate. You should orient any victims and assistants over their roles in today’s examination. The victims should act as a similar patient would in a field situation and the assistants should perform as trained EMS professionals. Please emphasize the importance of their consistent and professional performance throughout today’s examination. You **must** read through the essay and instructions, brief your assistants and simulated patients and review the evaluation instrument before evaluating any candidate. Please wait until I have inspected your station and answered any of your specific questions before evaluating your first candidate.

Are there any questions?

Minimum Required
EQUIPMENT LIST

1. Patient Assessment/Management (Trauma)

- *Examination Gloves
- Pen light
- Blood pressure cuff
- Stethoscope
- Moulage
- (1) Evaluator
- (1) Patient

2. Patient Assessment/Management (Medical)

- *Examination Gloves
- Pen light
- Blood pressure cuff
- Stethoscope
- Moulage
- (1) Evaluator
- (1) Patient

3. Cardiac Arrest Management/AED

- *Examination Gloves
- CPR mannequin
- Ventilation device(s) with sanitary process (Pocket mask, BVM.....)
- Automated external defibrillator trainer
- (1) Evaluator
- (1) Assistant

4. Supraglottic Airway

- *Examination Gloves
- Oropharyngeal airways (various sizes)
- Bag-valve-mask device
- Oxygen tank, regulator and flowmeter
- Oxygen connecting tubing
- Intubation mannequin (Must be anatomically accurate)
- Supraglottic Airway (may also need Backup/Replacement)
- Pulse Oximetry (optional)
- (1) Evaluator

5. Spinal Immobilization Skills (Supine Patient)

*Examination Gloves

Long spine immobilization device (i.e. long spine board)

Cervical collars (various sizes or adjustable)

Head immobilizer (commercial or improvised)

Padding (i.e. towels, cloths)

Patient securing straps

Roller gauze or cravats

Tape

(1) Evaluator

(1) Patient/manikin

(1) Assistant

6. BVM Ventilation of an Apneic Adult Patient

*Examination Gloves

Filled oxygen tank, regulator and flowmeter

Oxygen connecting tubing

Oropharyngeal airways (various sizes)

Nasopharyngeal airways (various sizes)

Airway lubricant

Rigid Suction Catheter

Suction Device

Bag Valve Mask Assembly

Intubation mannequin (must be anatomically accurate)

(1) Evaluator

7. Bleeding Control/Shock Management

* Examination Gloves

Tourniquet

Filled oxygen tank, regulator and flowmeter

Non Rebreather oxygen mask

Simple oxygen mask

Nasal cannula

Trauma dressings

Bandaging and dressing supplies

(1) Evaluator

(1) Patient/manikin

8. Long Bone Immobilization (EMR only)

- * Examination Gloves
- Splinting material various sizes
- Padding (i.e. towels, cloth)
- Roller gauze or cravats
- Tape
- (1) Evaluator
- (1) Patient/manikin

*Exam gloves to be available for each station or in the staging area.

** Preferred item for testing station may be simulated if limited supply.

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**PATIENT ASSESSMENT/MANAGEMENT
TRAUMA**

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the evaluation instrument. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically moulage but would be immediately evident in a real patient encounter must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

This skill station requires the presence of a simulated trauma victim. The victim should be briefed on his/her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

The victim will present with a minimum of an airway, breathing, circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established for a specific test station, it remains the same for all candidates being tested at that station. This will ensure consistency of the examination process for all candidates.

Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points should be awarded for the task "Determines the scene is safe".

An item of some discussion is where to place vital signs within a pre-hospital patient assessment. Obtaining precise agreement among various EMT texts and programs is virtually impossible. Vital signs have been placed in the focused history and physical. This should not be construed as the only place that vital signs may be accomplished. It is merely the earliest point in a pre-hospital assessment that they may be accomplished.

The scenario format of a multi-trauma assessment/management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that cannot be adequately portrayed with the use of moulage. This information should be given to the candidate **when the area of the patient is exposed or assessed**.

The candidate may direct an EMT assistant to obtain patient vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The examiner must give vital signs that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has accomplished correct treatment for the patient based upon the scenario sheet do not offer vital signs that deteriorate the patient's condition.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already done to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. For example, the candidate may have voiced placement of a cervical collar in the initial assessment and then later, in the detailed physical examination, attempt to evaluate the integrity of the cervical spine. Since this cannot be done without removing the collar, you, as an examiner, should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with splints and bandages.

Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must continue the detailed physical examination enroute to the hospital. You should be aware that the candidate may accomplish portions of the detailed physical examination during the rapid trauma assessment. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points should be awarded for the task. However, if a candidate removes the device assesses the area and replaces the device without compromising patient care; full points should be awarded for the specific task.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for "constructive criticism" is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are "Failure to manage the patient as a competent EMT" and "Exhibits unacceptable affect with patient or other personnel." While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined "offensive" observation by the evaluator and not just "unreasonable" behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with **INTEGRITY**. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of **EMPATHY** or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of **PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE** to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of **COMMUNICATION** that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of **TEAMWORK AND DIPLOMACY** to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of **RESPECT** for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE SIMULATED TRAUMA VICTIM

Note: In order to ensure a fair examination environment for each candidate, the simulated victim should be an adult of average height and weight. For example, the use of very small children is discouraged in this station.

The following should be reviewed by the skill station examiner with the person serving as victim.

When serving as a victim for the scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of respiratory distress acted out by you and the degree of presentation of pain at injury sites must be consistent for all candidates. As the candidate progresses with the examination, be aware of any period in which he/she touches a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate lightly touches the area, do not respond. Only respond according to the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after he/she leaves the room.

The skill station examiner may use information provided by the trained and well coached victim as data in determining the awarding of points for specific steps on the evaluation instrument.

INSTRUCTIONS TO THE CANDIDATE
PATIENT ASSESSMENT/MANAGEMENT
TRAUMA

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

PATIENT ASSESSMENT/MANAGEMENT MEDICAL

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to verbalize appropriate interventions based on the assessment findings. This is a scenario based station and will require extensive dialogue between the examiner and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. You must establish a dialogue with the candidate throughout this station. Any information pertaining to sight, sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter, must be supplied by the examiner.

The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition. Alert patients should perform as indicated in the scenario. The medical condition of the patient will vary depending upon the scenario utilized in the station. It is essential that once a scenario is established for a specific test station, it remains the same for all candidates being tested at that station. This will ensure consistency of the examination process for all candidates.

This skill station requires the presence of a simulated medical patient. You, or the simulated medical patient, should not alter the patient information provided in the scenario and should provide only the information that is specifically asked for by the candidate. Information pertaining to vital signs should not be provided until the candidate actually performs the steps necessary to gain such information. In order to verify that the simulated patient is familiar with his/her role during the examination, you should ensure he/she reads the "Instructions to the Simulated Medical Patient" provided at the end of this essay. You should also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up should be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" should be asked by the candidate. When the candidate attempts to determine the nature of the illness, you should respond based on the scenario being utilized, i.e.: Respiratory, Cardiac, Altered Mental Status, Poisoning/Overdose, Environmental Emergency or Obstetrics.

For the purpose of this station, there should be only one patient, no additional help is available and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios.

The point for "Interventions" should be awarded based on the candidate's ability to verbalize appropriate treatment for the medical emergency described in the scenario.

The candidate must assess signs and symptoms during the Focused History by asking appropriate questions. Proposed questions have been listed for seven common responses as a guide. For a candidate to receive all the points for Signs and Symptoms, the candidate must ask a minimum of four questions related to the signs and symptoms for patient's chief complaint. The candidate could even provide questions on their own as long as the questions were pertinent and related to the chief complaint of the scenario. You should record the number of pertinent questions the candidate asked on the evaluation form.

Failure to address or ask a single question relating to the signs and symptoms is a Critical Criteria under "Did not ask any questions about the present illness." Awarding a "Zero" in the Signs and Symptoms box but failing to check a Critical Criteria will be presumed that the candidate asked at least one question related to the current illness but failed to ask four or more questions.

Each candidate is required to complete a full patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the focused history and physical examination and ongoing assessment enroute to the hospital.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for "constructive criticism" is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are "Failure to manage the patient as a competent EMT" and "Exhibits unacceptable affect with patient or other personnel." While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined "offensive" observation by the evaluator and not just "unreasonable" behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of COMMUNICATION that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of TEAMWORK AND DIPLOMACY to the extent that the overall treatment effort results in failure to adequately manage the patient.

- Lack of RESPECT for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE SIMULATED MEDICAL PATIENT

Note: In order to ensure a fair examination environment for each candidate, the simulated victim should be of average height and weight for the scenario being used. For example, the use of very small children is discouraged in this station unless the scenario specifically indicates a pediatric patient.

The following should be reviewed by the skill station examiner with the person serving as patient.

The examination today will require you to role play a patient experiencing an acute medical emergency. You should act as an actual patient would in the real situation. You must answer the candidate's questions using only the information contained in the scenario provided to you by the examiner for this station. Do not overact or add signs or symptoms to the scenario provided. It is important that you be very familiar with the scenario and the required patient responses. When serving as a patient for the scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of responsiveness, anxiety, respiratory distress, etc., acted out by you must be consistent for all candidates. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to say "I am allergic to penicillin" after you become aware that the candidate has not remembered to ask that question during the SAMPLE history. Please remember what questions you have answered and what areas have been assessed because we may need to discuss the candidate's performance after he/she leaves the room.

The skill station examiner may use information provided by the trained and well coached victim as data in determining the awarding of points for specific steps in the evaluation instrument.

INSTRUCTIONS TO THE CANDIDATE**PATIENT ASSESSMENT/MANAGEMENT
(MEDICAL)**

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treats all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (15) fifteen minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

Cardiac Arrest Management/AED Essay to Skill Examiners

This station is designed to test the candidate's ability to effectively manage an unwitnessed out-of-hospital cardiac arrest by integrating scene management skills, CPR skills, and usage of the AED. The candidate arrives on scene to find an unresponsive, apneic and pulseless adult patient who is lying on the floor. ***The manikin must be placed and left on the floor for this skill.*** This is an unwitnessed cardiac arrest scenario and no bystander CPR has been initiated. After performing 5 cycles of 1-rescuer adult CPR, the candidate is required to utilize the AED as he/she would at the scene of an actual cardiac arrest. The scenario ends after the first shock is administered and CPR is resumed.

After arriving on the scene and assuring scene safety, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should immediately request additional EMS resources. The candidate should then assess for breathing and pulse simultaneously for no more than ten (10) seconds. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations and is pulseless, the candidate should immediately begin chest compressions. All actions performed must be in accordance with 2015 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. Any candidate who elects to perform any other intervention or assessment causing delay in chest compressions has not properly managed the situation. You should check the related “Critical Criteria” and document the delay.

Each candidate is required to perform 2 minutes of 1-rescuer CPR. Because high-quality CPR has been shown to improve patient outcomes from out-of-hospital cardiac arrest, you should watch closely as the candidate performs CPR to assure adherence to the current recommendations:

- Adequate compression depth and rate
- Allows the chest to recoil completely
- Correct compression-to-ventilation ratio
- Adequate volumes for each breath to cause visible chest rise
- No interruptions of more than 10 seconds at any point

After 5 cycles or 2 minutes of 1-rescuer CPR, the candidate should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the candidate should direct a second rescuer to resume chest compressions. The candidate then retrieves the AED, powers it on, follows all prompts and attaches it to the manikin. Even though an AED trainer should be used in this skill, safety should still be an important consideration. The candidate should make sure that no one is touching the patient while the AED analyzes the rhythm. The AED should then announce, “Shock advised” or some other similar command. Each candidate is required to operate the AED correctly so that it delivers one shock for verification purposes. As soon as the shock has been delivered, the candidate should direct a rescuer to immediately resume chest compressions. At that point, the scenario should end and the candidate should be directed to stop. Be sure to follow all appropriate disinfection procedures before permitting the next candidate to use the manikin and complete the skill.

Please realize the Cardiac Arrest Management/AED Skill is device-dependent to a degree. Therefore, give each candidate time for familiarization with the equipment in the room before any evaluation begins. You may need to point out specific operational features of the AED, but are not permitted to discuss patient treatment protocols or algorithms with any candidate. Candidates are also permitted to bring their own equipment to the psychomotor examination. If any enter your skill carrying their own AED, be sure that the State EMS Official or approved agent has approved it for testing and you are familiar with its appropriate operation before evaluating the candidate with the device. You should also be certain that the device will safely interface with the manikin.

The manikin must be placed and left on the floor in this skill. It is not permissible to move the manikin to a table, bed, etc. This presentation most closely approximates the usual EMS response to out-of-hospital cardiac arrest and will help standardize delivery of the psychomotor examination. If any candidate insists on moving the manikin to a location other than the floor, you should immediately request assistance from the State EMS Official or approved agent.

INSTRUCTIONS TO THE CANDIDATE

CARDIAC ARREST MANAGEMENT

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. After 5 cycles or 2 minutes of 1-rescuer CPR, and pulselessness is verified, you may direct a second rescuer to resume chest compressions while you retrieve the AED and prepare it for use. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

[After an appropriate time period or when the candidate informs you he/she is familiar with the equipment, the Skill Examiner continues reading the following:]

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor.

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

Supraglottic Airway

This station is designed to test the candidate's ability to effectively initiate and continue ventilation of an apneic patient using a bag-valve-mask device and properly inserting a supraglottic airway. The candidate will enter the station and find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The candidate must immediately open the patient's airway and initiate ventilation using an appropriate device.

“To successfully complete this station, the candidate must initiate high-flow oxygen during the scenario. If the candidate chooses to initially attach high flow oxygen before beginning their first ventilation, the candidate should not be penalized unless that action delays the initial ventilation for greater than 30 seconds, which would be a Critical Criteria.”

When ventilating, the candidate must provide a minimum breath to make the chest rise and fall adequately. This should equal the current standards established for appropriate rescue breathing volumes during basic and advanced life support. This may be validated by observing the rise and fall of the chest during ventilation. If unable to observe rise and fall of the chest on your mannequin please see sight coordinator for assistance.

As the candidate enters the station they are required to immediately open the patient's airway and ventilate the patient using a bag-valve-mask device. If the candidate begins ventilation using a mouth-to-mouth technique, you should advise the candidate that he is required to use a bag-valve-mask device for all ventilations in this station. After the candidate completes the initial 30 seconds of ventilations, you should advise him that the patient is being ventilated properly. Once proper ventilation with supplemental oxygen has been performed, inform the candidate that medical control has ordered you to insert a supraglottic airway and continue proper ventilations.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for “constructive criticism” is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will performance if they are certified and under the stresses of the EMS response. The affective performance based criteria are “Failure to manage the patient as a competent EMT” and “Exhibits unacceptable affect with patient or other personnel.” While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined “offensive” observation by the evaluator and not just “unreasonable” behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of COMMUNICATION that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of TEAMWORK AND DIPLOMACY to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of RESPECT for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE CANDIDATE

Supraglottic Airway

These progressive skills are designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers and adjuncts to placement of a supraglottic airway device of your choosing.

[NOTE: Skill Examiner now begins to fill out appropriate form and documents which supraglottic airway device the candidate chooses.]

You will have three (3) attempts to successfully place the supraglottic airway device. You must actually ventilate the manikin for at least thirty (30) seconds with each adjunct and procedure utilized. I will serve as your trained assistant and will be interacting with you throughout these skills. I will correctly carry-out your orders upon your direction. You may verbalize pulse oximetry if a device is not available. Do you have any questions? At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you observe the patient as he/she goes into respiratory arrest and becomes unresponsive. A palpable carotid pulse is still present. Bystander ventilations have not been initiated. The scene is safe and no hemorrhage or other immediate problem is found.

You will have ten (10) minutes to complete this station.

Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

SPINAL IMMOBILIZATION-SUPINE PATIENT

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a long spine immobilization device. The candidate will be informed that a scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation exists. The patient will present lying on his/her back, arms straight down at his/her side, with feet together. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of an unstable spine. Initial and ongoing assessment of airway, breathing, and circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. If the candidate fails to check motor, sensory and circulatory function, a zero should be placed in the points awarded column for those items.

The candidate must, with the help of an EMT assistant and the evaluator, move the patient from the ground onto a long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device, (i.e. logroll, straddle slide, direct patient lift). You should not advocate one method over any others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the patient on the direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care,

points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure which would actually injure the simulated patient

This skill station requires the presence of a simulated victim. The victim should be briefed on his/her role in this station and act as a calm patient would if this were a real situation. The victim should be an adult of average height and weight. You may use comments from the simulated victim about spinal movement and overall care to assist you with the evaluation process after the candidate completes their performance and exits the testing station.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for "constructive criticism" is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are "Failure to manage the patient as a competent EMT" and "Exhibits unacceptable affect with patient or other personnel." While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined "offensive" observation by the evaluator and not just "unreasonable" behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of COMMUNICATION that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of TEAMWORK AND DIPLOMACY to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of RESPECT for the patient or other assistants includes no deliberate demeaning terms or derogatory language

INSTRUCTIONS TO THE CANDIDATE

SPINAL IMMOBILIZATION-SUPINE PATIENT

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant EMT has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT should control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the EMT assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this skill station.

Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

The equipment and supplies needed at this station include field dressings and bandages, a tourniquet, a blanket, an oxygen delivery system (may be a mock-up) and a non-rebreather mask.

While the preference for tourniquet application is to use a commercial tourniquet device, improvised tourniquets are acceptable if properly placed and utilized. Improvised tourniquets should be no less than two inches in width. Triangle bandages and blood pressure cuffs are both acceptable mediums for an improvised tourniquet. If a triangle bandage is used, a torquing device such as a pencil or pen must also be made available. The improvised tourniquet is not

properly placed unless the torquing device is also utilized. They should be placed approximately 2 inches above the wound. Once a tourniquet is placed, it should not be removed until the scenario is over. Removal of the tourniquet during the scenario will result in a critical fail under the category “uses or orders dangerous or inappropriate intervention.” Successful tourniquet placement occurs when the distal pulse is absent and “bleeding ceases.”

Due to the scenario format of this station, you are required to prompt the candidate at various times during the exam. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the candidate that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again inform him/her that the wound continues to bleed. After the candidate appropriately applies a tourniquet to control the hemorrhage, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example: cool clammy skin, restlessness, BP 110/80, P 118, R 30).

Controversy exists in the national EMS community concerning the removal of dressings by EMT's when controlling hemorrhage. This station does not require the EMT to remove any dressing once applied. If the candidate chooses to remove the initial dressing to apply direct finger tip pressure, you should award the point for "**applies an additional dressing to the wound**" since this is an acceptable alternative method to control bleeding when the application of an initial pressure dressing fails to stop the flow of blood.

This skill station requires the presence of a simulated victim. The victim may be an appropriate mannequin or a live person. If used, the mannequin must be a hard shell and anatomically accurate.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for “constructive criticism” is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are “Failure to manage the patient as a competent EMT” and “Exhibits unacceptable affect with patient or other personnel.” While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined “offensive” observation by the evaluator and not just “unreasonable” behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.

- Lack of **PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE** to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of **COMMUNICATION** that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of **TEAMWORK AND DIPLOMACY** to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of **RESPECT** for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE CANDIDATE

BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

SCENARIO

BLEEDING CONTROL/SHOCK MANAGEMENT

You respond to a stabbing and find a 25 year old male victim. Upon examination you find a two (2) inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. His airway is open and he is breathing adequately. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

BVM Ventilation of an Apneic Adult Patient

In this skill, the candidate will have five (5) minutes to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The patient is found supine and unresponsive on the floor. ***The adult manikin must be placed and left on the floor for these skills.*** If any candidate insists on moving the patient to a different location, you should immediately dismiss the candidate and notify the State EMS Official or approved agent. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are **not** necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately assess the patient's responsiveness and immediately request additional EMS assistance after determining that the patient is unresponsive. Next, the candidate must check for breathing and a carotid pulse simultaneously for no more than ten (10) seconds in accordance with 2015 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should inform the candidate that the patient is apneic but has a weak carotid pulse of 60. The candidate should next open the patient's airway. Immediately you should inform the candidate that he/she observes secretions and vomitus in the patient's mouth. The candidate should attach the rigid suction catheter to the suction unit and operate the equipment correctly to suction the patient's mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each candidate's ability to suction a patient properly. If the suctioning attempt is prolonged and excessive, you should check the related "Critical Criteria" and document the exact amount of time the candidate suctioned the patient. After suctioning is complete, you should then inform the candidate that the mouth and oropharynx are clear.

The candidate should then initiate ventilation using a bag-valve-mask (BVM) device unattached to supplemental oxygen. If a candidate chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished within thirty (30) seconds of beginning his/her performance. The point for this step should be awarded and is explained on the skill evaluation form (denoted by **).

Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), ventilation must be accomplished within the initial thirty (30) seconds after taking appropriate PPE precautions or the candidate has failed to ventilate an apneic patient immediately. It is acceptable to insert an oropharyngeal airway prior to ventilating the patient with either room air or supplemental oxygen. You must inform the candidate that no gag reflex is present when he/she inserts the oropharyngeal airway.

After the candidate begins ventilation, you must inform the candidate that ventilation is being performed without difficulty. It is acceptable to re-check the pulse about every two (2) minutes while ventilations continue. The candidate should also call for integration of supplemental

oxygen at this point in the procedure if it was not attached to the BVM initially. You should now take over BVM ventilation while the candidate gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the psychomotor examination, the oxygen tank used may be empty for this skill. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

After supplemental oxygen has been attached, the candidate must oxygenate the patient by ventilating at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds) with adequate volumes of oxygen-enriched air. Ventilation rates in excess of 12/minute have been shown to be detrimental to patient outcomes. **It is important to time the candidate for at least one (1) minute to confirm the proper ventilation rate.** It is also required that an oxygen reservoir (or collector) be attached. Should the candidate connect the oxygen without such a reservoir or in such a way as to bypass its function, he/she will have failed to provide a high percentage (at least 85%) of supplemental oxygen. You must mark the related statement under "Critical Criteria" and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. For the purposes of this evaluation form, a proper volume is defined as a ventilation that causes visible chest rise. Each breath should be delivered over one (1) second and cause visible chest rise. Be sure to ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?" Be sure to document any incorrect responses and check any related "Critical Criteria" statements. After the candidate ventilates the patient with supplemental oxygen for at least one (1) minute, you should stop the candidate's performance.

Throughout this skill, the candidate should take or verbalize appropriate PPE precautions. At a minimum, examination gloves must be provided as part of the equipment available in the room. Masks, gowns, and eyewear may be added to the equipment for these skills but are not required for evaluation purposes in order to help contain costs of the psychomotor examination. If the candidate does not protect himself/herself with at least gloves before touching the patient or attempts direct mouth-to-mouth ventilation without a barrier, appropriate PPE precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria" and document the candidate's actions as required.

INSTRUCTIONS TO THE CANDIDATE

BVM Ventilation of an Apneic Adult Patient

This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe and no hemorrhage or other immediate problem is found.

You have five (5) minutes to complete this skill.

Instructions to the Evaluator

Splinting Long Bone (EMR Only)

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. The candidate is tested on his/her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the focused assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, tibia, fibula, or humerus. You may choose the extremity, but it should be consistent throughout the testing procedure.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessments of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to assess motor, sensory and circulatory function in the injured extremity prior to applying the splint and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and these splints should not be available for use.

The candidate is required to "secure entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone injuries of the upper extremity may be secured to the torso after a splint is applied. Long bone injuries of the lower extremity may be secured by placing the victim properly on a long spine board or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly. When splinting the extremity, the candidate is required to immobilize the associated hand or foot in the position of function.

AFFECTIVE DOMAIN - measure of candidate's attitudes, behaviors, and professional attributes when providing patient care in the examination setting. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined —offensive| observations by the evaluator and not just —unreasonable| behaviors.

- Fails to behave with **INTEGRITY**. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of **EMPATHY** or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of **PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE** to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of **COMMUNICATION** that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of **TEAMWORK AND DIPLOMACY** to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of **RESPECT** for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

Instructions to the Candidate

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?