District of Columbia Department of Health
Health Emergency Preparedness and Response Administration

# EMS Educational Institution Emergency Medical Technician Practical Examination Handbook

*Based on the*
*"Emergency Medical Technician Psychomotor Examination Users Guides"*
*National Registry of Emergency Medical Technicians – November 2011*

July 2012

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

# EMS Educational Institution Educational Course Practical Examination Handbook

## Release Notes

July 2012 – Initial Release

# Regulation and Policies

The following table identifies the regulations and policies that influence this manual.

| Law | Regulation | Policy | Title | Effective Date |
|---|---|---|---|---|
| 17-357 | | | EMS Act of 2008, Section 8 | 01 June 2009 |
| | 29-505 | | Emergency Medical Technician Course | 04 Dec 1998 |
| | | 2010-0011 | EMS Educational Institution Certification Standards | 01 Dec 2010 |
| | | 2010-0012 | EMS Instructor Standards | 01 Dec 2010 |
| | | 2011-0015 | EMS Curriculum and Course Standards | 01 Aug 2011 |
| | | 2011-0016 | EMS National Education Standards Transition Procedures | 01 Aug 2011 |
| | | 2012-0020 | EMT Practical Examination Standards | 01 Oct 2012 |
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# Preface

With the adoption of the National Registry of Emergency Medical Technicians certification requirement in the District, we have also adopted the NREMT practical examination standard. To assist our educational institutions with the practical examination process, we have patterned this handbook around the NREMT basic life support practical exams. The majority of this handbook is taken from information contained in the EMT Psychomotor Examination Users Guide that was developed by the National Registry of Emergency Medical Technicians. This handbook includes the updates included in the National Education Standards. It is designed to be used in conjunction with the Practical Skill Station Scenario booklet which is maintained by the EMS Division at the Health Emergency Preparedness and Response Administration (HEPRA) at the DC Department of Health (DOH).

The handbook is divided into four sections:

- Conducting a Practical Skill Examination
- Examination Forms
- Individual Examination Stations – Instructions and Scripts
- Signs for Examination Stations

The "Conducting a Practical Skill Examination" section contains information to help organize and track the practical skill examination stations. It includes the duties of the Examination Coordinator, the Examination Staff, and the Exam Candidates. Information is included on issues that may arise with the candidates and how such concerns should be addressed. Examination results and how to address examination failures is also discussed. This section also includes a listing of the minimum passing scores and times limits for all of the stations, as well as the number and types of personnel that would be needed to staff all of the stations.

The "Examination Forms" section includes the DOH required forms as well as several forms for your convenience. The Examination Stations Staff Chart allows you to fill in the names of the various individuals that will be assisting with the practical exam and the role they will be taking. There is a Practical Exam Checklist to assist you in making sure everything is ready to administer the exam. There are student practical skill cards for the students to use. This will help them keep track of what stations they have taken.

The required forms include the Candidates Statement, the EMT Practical Examination Candidate Reporting Form, the Complaint Form, the Complaint Reporting Form and the QA Committee Review Form.

The "Practical Exam Roster" is a required form that is used to track all of the students taking the exam. It includes the minimum passing scores for each station, maximum time period, a column to record their attendance, a column to record the student's score for each station, and a column to mark their overall results. This must be signed by the Examination Coordinator and the District's EMS Official. This document will be kept with the course record at the educational institution.

The third section of the handbook is divided into segments for orientation scripts for examination staff and candidates, as well as specific testing information for each of the various examination stations. In each station section you will find a page that list the time limit for the station, the equipment needed, the number and type of personnel needed and the minimum passing score. The next page contains the instructions to the Skill Examiner for the station. There is also a page that gives instructions to the Candidate. Several stations also contain instructions for the Simulated Patient. Lastly, a copy of the NREMT Skill Sheet for that station is included.

The final section is the "Individual Examination Station Signs." We have included signs that you can printout for all of the Practical Skill Stations as well as the Student Staging Area.

This guide will change over time as new skill procedures are enacted and old skill procedures discontinued. You should always feel free to contact the EMS Division at the Department of Health anytime you have questions concerning anything dealing with these skill scenarios or anything concerning EMS certifications or educational issues.

We hope that you find this Examination Station Handbook useful. If you see mistakes in this handbook please let us know. We are working hard to improve the services offered by the EMS Division, and we are working to be responsive to your needs as EMS educators and providers. Let us know how we can best help you.

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# Conducting a Practical Skill Examination

# Conducting a Practical Skill Examination

Practical skill examinations are conducted through the local EMS Educational Institution for all basic life support certification courses (Emergency Medical Responder and Emergency Medical Technician). The Department of Health will send a representative to the practical skill examination to observe and verify that the examination is performed according to the standards set forth by the National Education Standards, the National Registry of Emergency Medical Technicians, and the standards adopted by the District of Columbia.

## Notification of the Department of Health

The EMS Division of the Department of Health (DOH) must be notified prior to any practical skill examination being held. This is done as part of the submission of the EMS Course Approval Application (DC-DOH EMS Form 2011-0015B). Should it become necessary to change the date of the practical exam, you will need to notify the EMS Division as soon as possible, preferably no less than 14-days prior to the new date.

### Observation of the Practical Examination by the Department of Health

A representative from the EMS Division will report to the testing site on the date indicated. The DOH EMS Official is there to validate that the examination is being conducted in accordance with the guidelines and standards as set forth by the District of Columbia and the National Registry.

> ***Note: Should the DOH EMS Official observe any irregularity that calls into question the validity of the exam, he or she has the authority to stop the examination.***

As an educational institution conducting the practical exam, you have the responsibility to insure that all of the equipment utilized is in good working order. Any equipment found to not be functioning properly must be removed from use.

> ***Note: If no replacement equipment is available, testing on that skill station must be stopped.***

## EMT Examination Stations

The EMT practical examination consists of seven (7) stations, six (6) mandatory and one (1) random skill station. The skill stations consist of both skill based and scenario based testing. The random skill station is to be conducted so that the candidate is totally unaware of the skill to be tested until he/she arrives at the test site.

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

## Examination Coordinator

The Examination Coordinator is responsible for the overall planning, staffing, implementation, quality control and validation of the psychomotor examination process in conjunction with the District's EMS Official. The Examination Coordinator is responsible for the following upon approval by the District's EMS Division at DOH:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Examination Coordinator must help ensure that each Skill Examiner conducts himself/herself in a similar manner throughout the examination.

- Coordinating the examination with an approved agent to oversee administration of the psychomotor examination.

- Maintaining a list of candidates who will be attending the psychomotor examination. The candidate list must include name, call-back phone number, and portion(s) of the examination that each candidate needs to complete. This will help the Examination Coordinator to appropriately plan, staff, and set-up the facilities to help assure a smooth examination. If the examination is postponed or canceled, the Examination Coordinator is responsible for the immediate notification of all candidates, Skill Examiners, Simulated Patients and District EMS Officials.

- Assuring that the District EMS Division receives a copy of the final list of candidates registered for the psychomotor examination seven (7) days prior to the scheduled examination.

- Ensuring that the facilities for the psychomotor examinations meet the National Registry and District of Columbia acceptable educational standards.

- Selection of qualified Skill Examiners. The Skill Examiners must be vetted and approved by the Medical Director of the educational institution. **Each examiner must be certified or licensed to perform the skill that he/she is to evaluate and approved by the educational institution's Medical Director.**

- Selection of Simulated Patients. Appropriate individuals of average adult height and weight who can serve as Simulated Patients. Simulated Patients must be adults or adolescents who are greater than sixteen (16) years of age. They should be individuals of average adult height and weight to serve as Simulated Patients. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) may be used as the Simulated Patient. *Candidates who are registered to take the examination may not serve as patients or assistants for any skill.*

- Obtaining clean, functional, and required equipment for each skill station and ensuring that all equipment is operational.

- Overseeing the timely flow of all candidates through the skill stations in conjunction with the District EMS Official.

- Ensuring that excessive "hall talk" between candidates or discussing specific examination scenarios or material does not occur throughout the examination.

**The Examination Coordinator *cannot* serve as a Skill Examiner during the examination. The Examination Coordinator must be present at the site during the examination.** If the Examination Coordinator is not able to be present at the examination due to unforeseen circumstances, he/she must assign a competent, informed, and capable person to coordinate all examination activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of the "Examination Coordinator" throughout the examination.

## Skill Examination Staff

The examination coordinator is responsible for the overall planning, implementation, quality control and validation of the examination process. **Skill examiners must be selected and approved by the educational institution's medical director.**

### Skill Examiner Qualifications

Skill Examiners should be recruited from the local EMS community. ***You can only consider people who are currently certified or licensed to perform the skill you wish them to evaluate.*** In addition, careful attention should be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Examiner towards a particular group or the entire group of candidates. **In no case should a primary instructor serve as a Skill Examiner for any of his/her own students.** Casual instructor staff may be utilized if necessary so long as they are not biased and do not evaluate any skill for which they served as the primary instructor.

> *For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment/Management – Trauma Skill Examiner, but can be utilized to evaluate another skill so long as you feel he/she is not biased and is qualified to perform the skill to be evaluated.*

Every effort should be made to select Skill Examiners who are fair, consistent, objective, respectful, reliable, and impartial in his/her conduct and evaluation. Skill Examiners should be selected based upon their expertise and understanding that there is more than one acceptable way to perform all skills. The Examination Coordinator should work to obtain Skill Examiners who are not acquainted with the candidates if possible. All Skill Examiners are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the examination and his/her skill, and for maintaining strict security of all examination-related items throughout the examination.

The selected examination team should represent a combination of out-of-hospital care providers and may also include nurses, physicians and other appropriately trained allied health personnel. All Skill Examiners should have experience in working with EMTs, teaching, or formal evaluation of psychomotor skills. The Skill Examiner should possess local credibility in the field of out-of-hospital care. **We encourage recruitment of currently Nationally Registered EMTs to serve as Skill Examiners** as they are already familiar with the examination process and possess a previously demonstrated expertise in the skill. If Nationally Registered EMTs are not available to staff all skills, you should select suitable personnel as outlined above.

Ultimate approval for assuring that examiners meet these minimum qualifications is at the discretion of the District's State EMS Officer or approved agent. The designated District EMS Official has the authority to dismiss any Skill Examiner for due cause at any point during the psychomotor examination.

*Patient Assessment/Management – Trauma*
The Patient Assessment/Management – Trauma Skill Examiner can be a Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a trauma patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level. The Skill Examiner should have previously completed a focused trauma care course, such as PHTLS, ITLS, or ATLS.

*Patient Assessment/Management – Medical*
The Patient Assessment/Management – Medical Skill Examiner can be a Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a medical patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level.

*BVM Ventilation of an Apneic Adult Patient and*
*Oxygen Administration by Non-rebreather Mask*
The BVM Ventilation of an Apneic Adult Patient & Oxygen Administration by Non-rebreather Mask Skill Examiner can be a Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the various types of common airway adjuncts, oxygen delivery systems, and out-of-hospital care protocols for immediate ventilation of an apneic adult patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be licensed to perform bag-valve-mask ventilation and operate various oxygen adjuncts and equipment to administer supplemental oxygen.

*Cardiac Arrest Management/AED*
The Cardiac Arrest Management/AED Skills Examiner can be a Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the out-of-hospital care protocols for management of an adult patient in cardiac arrest may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be certified to perform CPR and use an

AED. The Skills Examiner should hold current credentials equivalent to the American Heart Association's BLS Instructor for Healthcare Providers.

*Spinal Immobilization (Supine Patient) and Random EMT Skills*
The Spinal Immobilization (Supine Patient) Skills Examiner and the Random EMT Skills Examiner must be an EMT (Nationally Registered or state-certified) who is licensed to perform the following skills in the out-of-hospital setting:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

A reputable, impartial EMT Instructor who thoroughly understands the principles and various acceptable practices of completing the above-listed skills is recommended to serve as a Skill Examiner for the Spinal Immobilization (Supine Patient) Skill and the Random EMT Skill

**Skill Examiner Responsibilities**
Skill Examiners are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient and other staff conduct themselves in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance.
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the Department of Health. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and programming any high fidelity simulation manikin for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State EMS Official or approved agent.

## Exam Candidates

There are issues that can arise either before or during the testing process that will need to be addressed. Additionally, while the overwhelming majority of candidates who will be challenging the Psychomotor Exam will do so in an ethical manner, there is a small minority who will try to work around or cheat the process. The most common issues observed are addressed below.

### Late Arrivals

Situations such as inclement weather conditions or ambulance runs are typical examples in which the candidate may be granted permission to begin the psychomotor examination late. If admitted into the examination, candidates arriving late must be afforded the opportunity to complete all of the psychomotor examination he/she needs. *No candidate may be permitted to complete only a portion of the psychomotor examination he/she needs.* If you can ensure the candidate will be able to complete all portions of the psychomotor examination he/she needs, you must orient the candidate to the psychomotor examination in the usual manner before permitting him/her to start the examination. If the facility cannot ensure that the candidate will be able to complete all portions of the psychomotor examination he/she needs, the candidate must be dismissed from the examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

### Interruption of the Psychomotor Examination

Once the examination has started, if a candidate withdraws from the examination for any reason prior to completion, collect the candidate's skill evaluation materials in the usual manner and report any results completed up until that point. You should write a note of explanation on the reverse side of candidate's report form as well as on the Practical Examination Roster.

Despite the Examination Coordinator's best planning, an interruption outside of anyone's control may disturb a candidate who is taking the psychomotor examination. An excessive interruption in a room where a candidate is attempting to complete a skill is an example of an interruption that could affect the candidate's concentration. In this circumstance, the District EMS Official should use his/her best judgment and nullify the result if necessary if you believe the interruption adversely impacted the candidate's performance.

Perhaps the most severe form of interruption during the psychomotor examination can occur when the fire alarm sounds for a fire drill or the electricity goes off in the building. Should this occur, the District EMS Official, Skill Examiners, and Examination Coordinator must secure all examination materials until you are able to re-enter the building or power is restored. If necessary, you should nullify results for candidates testing in skills when the interruption occurred and permit him/her to restart and complete that skill on his/her initial attempt after order is restored in the examination site. These are general guidelines for dealing with the rare interruptions of psychomotor examinations. Should you ever be confronted with such a situation, use your best judgment in consultation with the Exam Coordinator. Your decisions should be based on ensuring that all candidates were able to complete the psychomotor examination in the same standardized format as all other candidates. ***Do not make any decision that could potentially jeopardize the health and safety of anyone involved with the examination!***

**False Identification**
If at any time it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the District's EMS Official must be immediately notified and attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to fully indicate that the candidate identified on the EMT Psychomotor Examination Report Form did not actually complete the psychomotor examination. The District EMS Official must also dismiss the impersonator from the examination site. A report must be filed with the District's EMS Division to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the true identity of the impersonator if it can be determined.

***Photocopies of any ID are not official and will not be accepted.*** If a candidate has no acceptable form of ID and the Examination Coordinator, Physician Medical Director, or any other person in an official capacity at the examination site cannot verify his/her true identity, the District EMS Official must immediately dismiss the candidate from the psychomotor examination.

**Use of Prohibited Materials**
***Candidates are not permitted to use notes of any type that were brought into the examination and they are not permitted to take any study materials into any skill when testing. Candidates must not copy any material from the examination or make recordings of the examination at any time or in any way. The use of calculators, pagers, cellular telephones, personal digital assistants, or any other mechanical or electronic communication device is strictly prohibited throughout the psychomotor examination.***

If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate will be dismissed from the examination process by the District EMS Official.

If you suspect any candidate of committing any of the above actions, the District EMS Official must prepare a written report, paying particular attention to the following criteria:

- Identify each suspected candidate by name, identification number, and level of examination.
- Identify any other candidate(s) who are also suspected of being involved. Place his/her name(s), identification number(s), and level of examination(s) in the report. Please explain the degree to which the additional candidate(s) was/were cooperating in the misconduct.
- Identify the names, addresses, and phone numbers of all Skill Examiners, Simulated Patients, Examination Coordinator, and any other person who also observed the incident.
- All completed reports must be submitted to the State EMS Official or approved agent before leaving the site.
- Each person submitting the report must sign the report.

***All Reports Must Be Submitted to the District's State EMS Officer.***

Even though all NREMT psychomotor examination materials are copyrighted, some candidates may attempt to use or share "fraternity notes" or other illegal information with each other in preparation for the psychomotor examination.

If you suspect any candidate of such activity, immediately notify the District EMS Official. You will be directed to perform the following:

1. **Immediately suspend administration of the psychomotor examination to all candidates at that site.**
2. Interview any candidate suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.
3. Attempt to obtain all copies of such notes or recordings for inspection.
4. Enlist the assistance of law enforcement personnel to assist with retrieval of the copyrighted property of the NREMT.

After all materials have been retrieved, all interviews completed, and the District EMS Official is reasonably satisfied that all candidates involved have been dismissed, *administration of the psychomotor examination may resume at the discretion of the District EMS Official.*

**Candidates Suspected of Dishonest Action**

A written report must be submitted in all suspected cases of dishonesty in the psychomotor examination by the District EMS Official in addition to any proctor(s), the Examination Coordinator, and all other personnel who witnessed the occurrence. The report must include the following:

- Name, address, and phone number of the person who witnessed the occurrence
- Purpose/function at the examination site
- A summary of all facts concerning the situation

Prior to returning completed examination materials, the District EMS Official must clearly mark the EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report. ***The Report Must Be Submitted to the District's State EMS Officer.***

**Irregular Behavior**

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, warn the candidate that he/she will be dismissed if the behavior persists.

The NREMT has disciplinary policies in place to address irregular behavior during examinations (visit http://www.nremt.org). The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

- The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
- The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination questions or answers before, during or after the examination.

- The making of threats toward NREMT staff, District EMS Division staff, and/or Examination staff.
- The use of unprofessional (foul) language when interacting with NREMT and/or District EMS Division staff or Examination staff.
- The offering of any benefit to any agent of the NREMT, District EMS Official, Examination Staff or the testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
- The engaging in irregular behavior in connection with the administration of the examination.

**Dismissal from the Psychomotor Examination**
Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a candidate for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a candidate and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or physical reprisal. ***Prior to making a decision for dismissal, you must consult the Examination Section of the NREMT office and the District EMS Official.***

You may decide to dismiss when warranted, but you should use your best judgment in handling the situation. Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward NREMT or District EMS Officials or Examination Staff; used unprofessional (foul) language when interacting with NREMT or District EMS Officials or Examination Staff; attempted to take or took any copyrighted NREMT examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are sure of a violation, immediately collect all of the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Return all examination materials, indicating on the EMT Psychomotor Examination Report Form that the candidate's results have been subject to misconduct as documented in your incident report.

## Examination Results

The Skill Station Examiners observe the candidate's performance and record the observations on the Skill Station Testing Sheets. These skill sheets are collected by the Examination Coordinator and graded according to the pass/fail criteria provided by the Department of Health. The District EMS Official will review the grading and enter the information on the Exam Roster and the Candidate Reporting Form. The Skill Station Testing Sheets are to be kept on file with the class records at the educational institution. The skill sheets must be kept on file at least one year (12 months).

**Practical Exam Failures**
The exam is graded in a Pass/Fail basis. In most cases, the pass/fail will be easily determined. If, however, the pass/fail determination is not easily determined, the District EMS Official,

Examination Coordinator, and the Skill Station Examiner should review the situation as a committee before coming to a final decision. The "patient's" comments, the Examiner's comments and the documentation on the skill evaluation should all be considered when determining a final grade.

In many cases, retakes of failed skills are allowed. In accordance with current NREMT policies, the skill station examiner will not explain any specific errors in any performance at the time of the exam. The candidate should not receive a copy of their skill performance sheets. The results should be reported to the candidate as either a pass or failure of the skill station.

If a candidate fails three (3) or less skill stations, they are entitled to retest those skills on the same day. If the candidate fails four (4) or more skill stations, it shall be considered a failure of the entire practical exam. He/she will be required to retest the entire practical skill examination at a later date.

Retests of failed skills can be done on the same day if the hosting institution is able to accommodate the additional testing. Educational institutions are not required to host same day retests. Additionally, retesting can only be performed if the institution can accommodate all students in need of retesting. The decision should be made as early as possible during the day of the examination. The following factors should be considered:

- Protection of all Skill Examiners and the Examination Coordinator. Unnecessary animosity and undue retribution should be avoided at all costs.
- Availability of qualified Skill Examiners to be reoriented to different skills. No candidate may be retested on the same day in any skill by the original Skill Examiner.
- Consensus and ability of the Skill Examiners to stay the additional time to complete all retests.
- Ability of the State EMS Official or approved agent to score all psychomotor results and tabulate retest needs.
- Total number of candidates who need to retest on the psychomotor exam.
- Availability of the examination site to ensure completion of the retest and associated logistics.
- Travel considerations of the Skill Examiners.

Do not commit to administer a same-day retest until the final decision has been made, taking into account the factors outlined above. After the decision has been made to conduct a same-day retest, all candidates should be informed that a same-day retest will be made available. The District EMS Official will inform all candidates that they will be entitled to only one (1) retest attempt at that test. ***No candidate is permitted to complete the entire EMT Psychomotor Examination again during a same-day retest attempt.*** The District EMS Official will remind all candidates that no complaint will be valid if it is issued after being informed of his/her results.

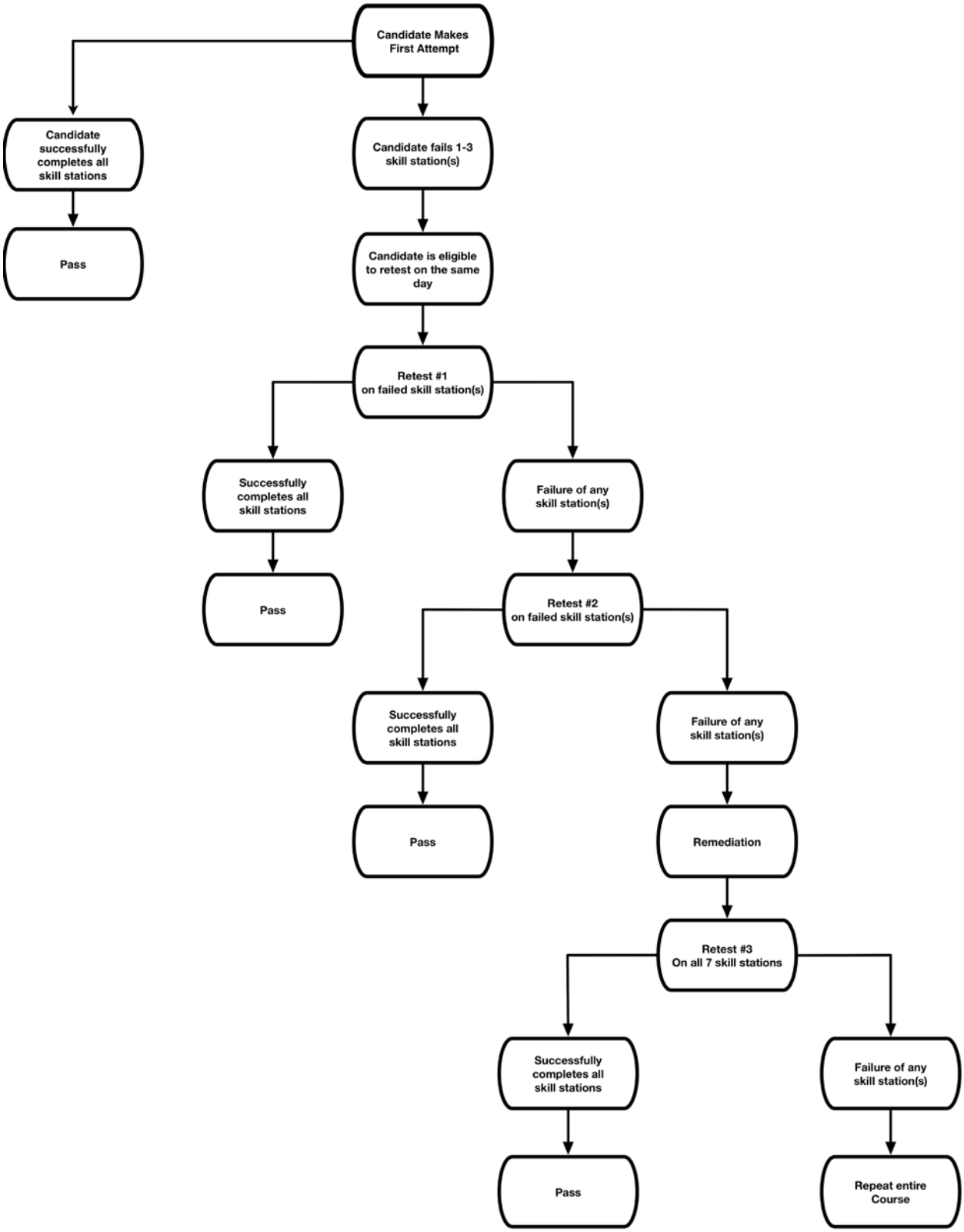
The following candidates would be eligible for a same-day retest if administered:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail three (3) or less skills
- EMT candidates on Retest #1 attempt who fail any of the three (3) skills tested

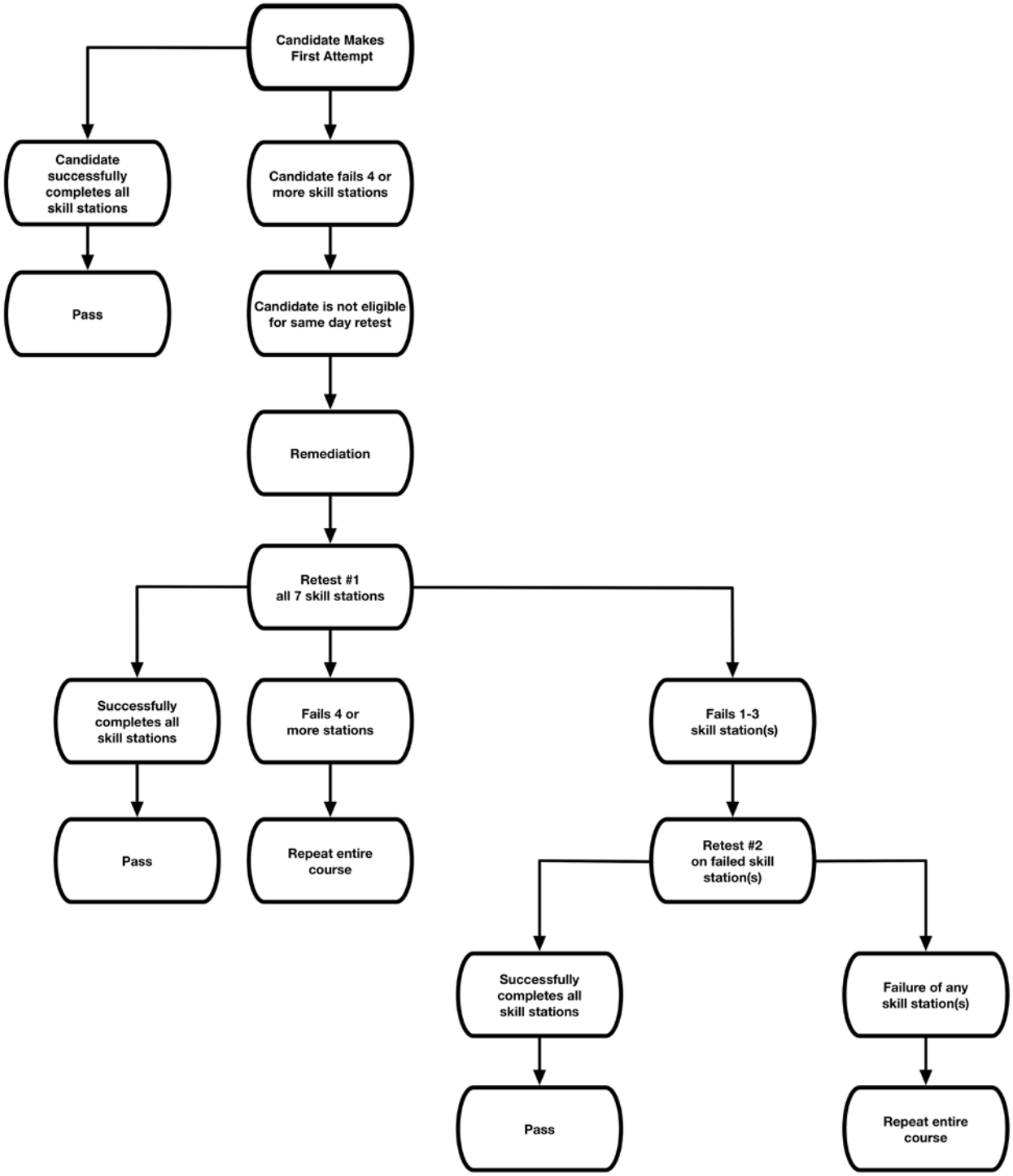
The following candidates *are not* eligible for any same-day retesting:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail four (4) or more skills
- EMT candidates on Retest #2 who fail any of the three (3) or less skills tested

## Failure of Three or Fewer Skill Stations - Decision Flow Chart



## Failure of Four or More Skill Stations - Decision Flow Chart



The District EMS Official will privately and individually inform each candidate of his/her results and offer each eligible candidate the option for a same-day retest if one is being administered. Before informing the candidate of his/her results, the District EMS Official will ask one last time, "Do you have any complaints concerning equipment malfunction or discrimination?" If not, **the District EMS Official will only show candidates the completed EMT Psychomotor Examination Report Form and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion.**

**Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled.** *It is the candidate's decision to complete a same-day retest.* Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all seven [7] skills) on the next full attempt after officially documenting remedial training in all skills. Remember that the retest must be within 12 months of the initial psychomotor examination (all seven [7] skills) to be accepted.
Informing candidates of the psychomotor examination results on the same day may create an antagonistic response from the candidates who have failed any portion. The District EMS Official and the Examination Coordinator must be made aware of this possibility. If neither are prepared to uphold all evaluations of the Skill Examiners and the criteria for the psychomotor examination, or if candidates become boisterous, unruly, and hostile upon being informed of their results, no same-day retest should be offered. In this situation, it is best to dismiss all remaining personnel from the examination site without giving out any more results. Suspend any retesting if underway, inform all remaining candidates to expect their results by some other method collect and secure all examination materials, and dismiss all personnel from the examination site.

**Completion of the Psychomotor Examination**
The District EMS Official will be very busy scoring results, informing candidates of his/her unofficial results, and coordinating any same-day retest as Skill Examiners begin to finish the psychomotor examination and turn-in examination materials. The District EMS Official will collect the psychomotor examination materials as outlined below to help ensure that no secure materials will be lost:

1. As the Skill Examiner turns-in material, determine if there is any secure scenario information this Skill Examiner should be turning-in. Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical will have secure scenario information that needs to be collected before the Skill Examiner leaves the site.
2. Re-inventory all secure information the Skill Examiner is turning-in. Immediately file the secure information in a safe area.
3. Briefly interview the Skill Examiner concerning any problems or areas of confusion that may have occurred before dismissing the Skill Examiner.
4. Return to transcribing results until the next Skill Examiner turns-in materials.

After all the results have been transcribed onto the EMT Psychomotor Examination Report Form, the Examination Coordinator should pick up the report forms in alphabetical order and paper clip them to the completed roster. Do not staple anything to the EMT Psychomotor Examination Report Forms and do not interfile any other materials with them. Then the stacks of skill evaluation forms should be picked-up in alphabetical order and secured with a rubber band.

The District EMS Official should ensure the security of all psychomotor examination material until the psychomotor examination concludes. Any secure psychomotor examination materials should be inventoried upon completion of the psychomotor examination and again before leaving the examination site. The District EMS Official will return all psychomotor examination materials to the District EMS Office.

**Reporting the Examination Results**

The Examination Coordinator will receive a copy of the Practical Exam Roster with the individual skill station results. The Examination Coordinator must report the results to the Program Director and the Medical Director of the education institution. Upon completion of the practical exam, the results must be reported to the National Registry. The District EMS Official has the responsibility of reporting the results to the National Registry.

# Examination Stations Reference Charts

## Skill Station Time Limits & Minimum Passing Scores

| Station | Skill to be Tested | Max Time Limit | Minimum Score |
|---|---|---|---|
| 1 | Patient Assessment Management – Trauma | 10 minutes | 33 points |
| 2 | Patient Assessment Management – Medical | 15 minutes | 33 points |
| 3 | Bag-Valve-Mask Ventilation of an Apneic Patient | 5 minutes | 13 points |
| 4 | Oxygen Administration by Non-rebreather Mask | 5 minutes | 8 points |
| 5 | Cardiac Arrest Management/AED | 10 minutes | 14 points |
| 6 | Spinal Immobilization Station - Supine Patient | 10 minutes | 11 points |
| | | | |
| 7 | *Random Skill Verification* | | |
| | a. Spinal Immobilization Station - Seated Patient | 10 minutes | 9 points |
| | b. Bleeding Control/Shock Management | 10 minutes | 5 points |
| | c. Long Bone Immobilization | 5 minutes | 8 points |
| | d. Joint Injury | 5 minutes | 7 points |

## Skill Station Staffing

| Station | Skill to be Tested | Examiners | Assistants | Sim Patients | Candidates/ Hour |
|---|---|---|---|---|---|
| 1 | Patient Assessment Management – Trauma | 1 | | 1 | 4 |
| 2 | Patient Assessment Management – Medical | 1 | | 1 | 3-4 |
| 3 | Bag-Valve-Mask Ventilation of an Apneic Patient | 1 | | | 4-5 |
| 4 | Oxygen Administration by Non-rebreather Mask | | | | |
| 5 | Cardiac Arrest Management/AED | 1 | 1 | | 4 |
| 6 | Spinal Immobilization Station - Supine Patient | 1 | 1 | 1 | 4 |
| | | | | | |
| 7 | *Random Skill Verification* | | | | |
| | a. Spinal Immobilization Station - Seated Patient | 1 | 1 | 1 | 4-5 |
| | b. Bleeding Control/Shock Management | | | | |
| | c. Long Bone Immobilization | | | | |
| | d. Joint Injury | | | | |

| Total Staff | | | Flow |
|---|---|---|---|
| 6 | 3 | 4 | 4/hour |

# Examination Stations Master Equipment List

| Item | Station (s) |
|---|---|
| Adult Bag-Valve-Mask device with reservoir | 3 |
| Adult Intubation Manikin | 3, 4 (opt) |
| Adult Nasal Cannula | 4, 7b |
| Adult Non-rebreather Mask | 4, 7b |
| Armless chair | 7a |
| Automated External Defibrillator | 5 |
| Bandages (various sizes) | 7b |
| Blanket | 1, 2, 6, 7a (2), 7b |
| Blood Pressure Cuff | 1, 2 |
| Cervical device | 6, 7a |
| CPR manikin that can be defibrillated with the AED | 5 |
| Cravats (6) | 7a, 7c, 7d |
| Disinfecting agent and related supplies | 5 |
| Examination Gloves | 1, 2, 3, 4, 5, 6, 7a, 7b, 7c, 7d |
| Field Dressings (various sizes) | 7b |
| Gauze pads (2x2, 4x4), etc | 7b |
| Half-spine immobilization device | 7a |
| Head immobilizer | 6 |
| Kling, Kerlex, etc | 7b, 7c |
| Long spine immobilization device | 6 |
| Mouth to barrier device (disposable) | 5 |
| Oxygen connecting tubing | 3, 4, 7b |
| Oxygen cylinder with regulator | 3, 4, 7b |
| Padding (towels, clothes, etc) | 6, 7a |
| Patient securing straps | 6 |
| Pen Light | 1, 2 |
| Rigid Splinting Material (various sizes) | 7c |
| Scratch paper and pencil/pen | 1, 2 |
| Selection of adult oropharyngeal airways | 3 |
| Stethoscope | 1, 2, 3, 4 |
| Suction device (electric or manual) with rigid catheter and appropriate suction tubing | 3 |
| Tape (2-inch or 3-inch) | 7a, 7c |
| Tongue blade | 3 |
| Tourniquet | 7b |
| Vest-type immobilization device | 7a |

# Examination Forms

# *Examination Stations Staffing Chart*

| Skill Station | Position | Area 1 | Area 2 | Area 3 |
|---|---|---|---|---|
| 1. Patient Assessment - Trauma | Examiner | | | |
| | Patient | | | |
| 2. Patient Assessment – Medical | Examiner | | | |
| | Patient | | | |
| 3. B-V-M Ventilation | Examiner | | | |
| 4. Oxygen Admin | | | | |
| 5. Cardiac Arrest Management /AED | Examiner | | | |
| | EMT Asst. | | | |
| 6. Spinal Immobilization – Supine | Examiner | | | |
| | EMT Asst. | | | |
| | Patient | | | |
| **Random Skill** | | | | |
| 7a. Spinal Immobilization – Seated | Examiner | | | |
| | EMT Asst. | | | |
| | Patient | | | |
| 7b. Bleeding Control | Examiner | | | |
| | EMT Asst. | | | |
| | Patient | | | |
| 7c. Long Bone Immobilization | Examiner | | | |
| | EMT Asst. | | | |
| | Patient | | | |
| 7d. Joint Injury | Examiner | | | |
| | EMT Asst. | | | |
| | Patient | | | |

# *EMT Practical Examination Checklist*

The purpose of this checklist is to help the examination coordinator establish a quality control process for the examination and to provide a means of helping to assure standardization of practical examinations. As each control criterion is completed, a check should be placed in the space provided.

Examination Site: _____ Date: _____

### *Organization of the Examination*

- ☐ Establish a minimum of seven (7) examination skill stations
- ☐ Schedule the appropriate number of qualified skill examiners
- ☐ Register and identify candidates to assure eligibility to participate in the examination
- ☐ Review qualification of skill station examiners prior to the examination

### *Facilities*

- ☐ Skill stations have adequate room to conduct the examination without interference
- ☐ All equipment is in working order
- ☐ An adequate variety of equipment is provided

### *Orientation of Candidates and Skill Station Examiners*

- ☐ Orientation script was read and understood
- ☐ Examiners understand they are to allow adequate time for candidates to ask questions concerning the examination
- ☐ "Patients" and EMT Assistants have been oriented

### *Skill Station Examiners*

- ☐ They have read and understand their role in the examination process
- ☐ They understand that they are to remain objective in recording each candidate's performance
- ☐ They will not introduce extraneous elements into the skill station
- ☐ "Instructions to the Candidate" will be read to each individual tested
- ☐ No preference will be displayed to any agency or individual for any reason

### *Candidates*

- ☐ Have been instructed concerning the practical examination retest policy
- ☐ Have been instructed in how to file an official complaint

### *Scoring the Performance*

- ☐ Examiners understand the proper criteria for determining the final grade of the candidate
- ☐ The candidates overall grade is recorded on the EMT Practical Exam Roster

*Skill Station Rotation Cards*

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

**Name** _____

**Station** ☑ - Check box below when station is completed

☐ 1. Patient Assessment - Trauma

☐ 2. Patient Assessment - Medical

☐ 3. B-V-M Apneic Patient

4. Oxygen Administration

☐ 5. Cardiac Arrest/AED

☐ 6. Spinal Immobilization - Supine

☐ 7. Random Skill

# *Candidate's Statement*

By my signature, I affirm that I was oriented to the psychomotor examination by the District's EMS Official. I agree to fully abide by all policies of the District of Columbia's Department of Health's EMS Division and the National Registry of Emergency Medical Technicians. I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today's examination does not guarantee my eligibility for certification by the National Registry of EMTs or subsequent District certification.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the District's EMS Official or approved agent immediately if I feel I have been discriminated against or experienced any type of equipment malfunction in any skill. **I further understand that my complaints will not be accepted if I do not file my complaints today before leaving this site and before I am informed of my psychomotor examination results.** I understand that the National Registry of EMTs will not explain any specific errors in my performance. All examination results are preliminary and unofficial until they have been formally processed by the District's EMS Official and reported to the National Registry of EMTs by the educational institution.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this examination. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the District's EMS Division and the National Registry of EMTs in conjunction with all of my previously reported official psychomotor examination results. I also understand that making threats toward the District's EMS Official, any agent of the educational institution that is hosting this practical examination, or any examination staff; the use of unprofessional (foul) language; or committing other types of irregular behavior may be sufficient cause to invalidate the results of the examination, to terminate participation in an ongoing examination, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today's examination, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

Print Name: _____

Signature: _____

Date: _____

# *EMT Practical Examination Candidate Reporting Form*

Name: _____

Address: _____

Exam Site: _____ Date: _____

| Skill Stations | Full | | Retest 1 | | Retest 2 | |
|---|---|---|---|---|---|---|
| | Pass | Fail | Pass | Fail | Pass | Fail |
| 1. Patient Assessment/ Management – Trauma | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Patient Assessment/ Management – Medical | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Bag-Valve-Mask Apneic Adult Patient | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Oxygen Administration by Non-rebreather Mask | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Cardiac Arrest Management/AED | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Spinal Immobilization – Supine Patient | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Random Skill: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Overall Score* | ☐ Pass<br>☐ Retest<br>☐ Fail | | ☐ Pass<br>☐ Retest | | ☐ Pass<br>☐ Fail | |

You will not receive a detailed critique of your performance on any skill. You will not receive a copy of your skill performance sheets. The results will be reported to you as either passing or failing the skill station.

- You are eligible to retest if you fail three (3) or less skills when taking a full attempt.
  - You cannot retest today if you fail four (4) or more skills when taking a full attempt.
    - If you are eligible for retest, you must retest all skill(s) marked as fail.
    - Only one (1) retest attempt can be completed at this examination today if one is offered.
    - Failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination.
- Failure of the entire psychomotor examination requires remedial training before attempting the entire psychomotor examination (all seven [7] skills) on another date.
- Passed examination results are only valid for up to twelve (12) months from the date of the examination, provided all other "Entry Requirements" of NREMT are met.

**Examination Coordinator:** _____

**District EMS Official:** _____

# *EMT Practical Examination Complaint Form*

I wish to file a formal complaint based upon the following information in accordance with District of Columbia Department of Health EMS policy and NREMT policy that was explained to me during the "Candidate's Orientation to the Psychomotor Examination." I fully understand that the decision of the District EMS Official is final and agree to abide by the District EMS Official's final and official decision.

Skill(s) in question:

_____

Summary of Circumstances:

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____

Signature: _____

Date: _____

***NOTE:***
***Do not leave this site until the District EMS Official informs you of the official decision.***

# *EMT Practical Examination Complaint Report Form*

Candidate: _____ Exam Site: _____

Date: _____ Skill: _____

Examiner: _____ Examiner Phone #:_____

After reviewing the facts as presented, the District's official decision is as follows:
___ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).
___ Complaint is not valid after consideration of the facts and all results in question stand as reported.

_____
Signature of District EMS Official

As the complainant, I have been informed of the District's official and final decision.

_____
Signature of Candidate

_____
Date

*Quality Assurance Committee.*
In cases where a specific performance, treatment protocol, or other situations arise in which the District EMS Official needs assistance to objectively make a final determination, he/she may convene a meeting of the Quality Assurance Committee. The Committee has met and discussed all matters related to the specific situation in question. Each member has one vote with the majority vote ruling as the official decision of the Quality Assurance Committee. The District EMS Official has completed the Quality Assurance Committee Review Form and will submit it along with all other examination materials to the District's EMS Division.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the official decision by the District EMS Official.

_____
Signature or name of District's State EMS Officer

_____
Signature of Examination Coordinator

*This form should be submitted to the District EMS Official with all examination materials.*

# *EMT Practical Examination QA Committee Review Form*

We, the Quality Assurance Committee, met to review the following situation and all related facts as documented below:

Nature of Situation:

_____

_____

Summary of Facts (use back side of form if necessary):

_____

_____

_____

After reviewing the facts as presented, the Quality Assurance Committee's official decision is as follows:

_____

_____

_____

_____
Signature or Name of District's State EMS Officer

_____
Signature of Examination Coordinator

_____
Signature of District EMS Official

Exam Site: _____ Date: _____

*This form will be submitted to the District EMS Division with all examination materials.*

# *District of Columbia EMT Practical Examination Roster*



Date: _____ Location: _____ Course Number: _____

| *Skill Station and Minimum Points Guide* | | | | | |
|---|---|---|---|---|---|
| **Mandatory Stations** | **Time** | **Min/Max** | **Random Stations** | **Time** | **Min/Max** |
| 1. Patient Assessment – Trauma | 10 | 33/42 | 7a. Spinal Immobilization – Seated Patient | 10 | 9/12 |
| 2. Patient Assessment – Medical | 15 | 33/42 | 7b. Bleeding Control/Shock Management | 10 | 5/7 |
| 3. B-V-M Apneic Patient | 5 | 13/17 | 7c. Long Bone Immobilization | 5 | 8/10 |
| 4. Oxygen Administration / NRB Mask | 5 | 8/11 | 7d. Joint Injury | 5 | 7/9 |
| 5. Cardiac Arrest Management / AED | 10 | 14/18 | | | |
| 6. Spinal Immobilization – Supine Patient | 10 | 11/14 | | | |

| Name: (Last Name, First Name) | | Phone or E-mail | Date of Birth | 1 | 2 | 3 | 4 | 5 | 6 | 7 a | 7 b | 7 c | 7 d | Overall Pass / Retest / Fail |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | |



*P=Pass, R=Retest, F=Fail*

# *District of Columbia EMT Practical Examination*



| Name: (Last Name, First Name) | | Phone or E-mail | Date of Birth | 1 | 2 | 3 | 4 | 5 | 6 | 7 a | 7 b | 7 c | 7 d | Overall Pass / Retest / Fail |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |

*P=Pass, R=Retest, F=Fail*

I certify the results of the EMT Basic Practical Exam listed above to be accurate and true.

Print Name – Examination Coordinator _____ Signature – Examination Coordinator _____ Date _____

Print Name – District EMS Official _____ Signature – District EMS Official _____ Date _____

Course Number: _____

# Individual Examination Stations Instructions and Scripts

# *District EMS Official Skill Examiner Orientation to the Psychomotor Examination*

Good [morning, afternoon, evening]. My name is [District EMS Official's name]. I will be responsible for administration of this examination. On behalf of the EMS Division of the District Department of Health and the National Registry of Emergency Medical Technicians, I would like to thank you for serving as a Skill Examiner today. All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed by the NREMT to assist you in objectively evaluating the candidates.

**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 performance 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 in which you have a question until we have discussed the performance. If I'm busy with other duties, make notes of the performance, notify the examination coordinator to get my attention, and continue on with your evaluation of other candidates if possible.

Please act in a professional manner at all times, paying particular attention to the manner in which you address candidates. The District of Columbia government and the NREMT does not discriminate or harass and will not tolerate any type of discrimination or harassment by anyone involved with administration of the psychomotor examination. 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 of the manner in which you address candidates as many will interpret your remarks as some indication of his/her performance. You should develop a dialogue with candidates throughout his/her performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Do not ask for information that does not relate to the evaluation criteria in your skill. 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 percentage of oxygen 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 interject and ask 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 him/her into your room. **No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill.** As the candidate enters, be sure he/she did not bring any books, pamphlets, brochures, study materials, or any other electronic or mechanical devices. Take a few moments and clearly print the candidate's first and last name on the evaluation form as well as your name, the date, and scenario number if required. We suggest you use ink pens and follow good documentation practices when completing these forms. You should then read aloud the appropriate set of "Instructions to the Psychomotor Skills Candidate" exactly as printed at the end of your essays. Be sure to alternate the scenarios between candidates if required in your skill. You may not add to 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 ensure 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 enters with any equipment, be sure I have inspected it and you are familiar with its appropriate use prior to evaluating the candidate.

When the candidate begins his/her performance, please document the actual time started (not elapsed times) on the appropriate space of the evaluation form. As the candidate progresses through the skill, fill out the evaluation form in the following manner:

1. Place the point or points in the appropriate space at the time each item is completed.
2. Only whole points may be awarded for those steps performed in an acceptable manner. You are not permitted to award fractions of a point.
3. Place a zero in the "Points Awarded" column for any step that was not completed or was performed in an unacceptable fashion (inappropriate, haphazard, or non-sequential resulting in excessive and potentially detrimental delay).

All forms should be filled-out in a manner that prohibits the candidate from directly observing the points you award or comments you may note. Do not become distracted by searching for specific statements on the evaluation form when you should be observing the candidate's performance. Ideally you should be familiar with these forms, but if this occurs, simply turn the form over and concisely record the entire performance on the backside. After the candidate finishes the performance, complete the front side of the evaluation form in accordance with the documented performance. Some skill evaluation instruments are printed with areas provided for performances to be documented. 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.

Please observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the candidate's performance promptly, document the actual time the performance ended, and direct the candidate to move on to the next skill, making sure that no candidate takes any notes or recordings of the skill (notes on vital signs, scenario information, etc.). If the candidate is in the middle of a step when the time limit is reached, permit him/her to complete only that step but not start another. You should then place a zero (0) in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all "Critical Criteria" statements printed on the evaluation form and check all that apply to the performance you just observed. For each of the "Critical Criteria" statements you check, please document your rationale on the reverse side of the evaluation form. Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check the respective statements. You may also wish to document each step of the skill in which zero (0) points were awarded in the same fashion. Be sure to sign the form in the appropriate space and prepare the equipment and supplies to appear in the same fashion before accepting another candidate into your skill. Are there any questions at this time?

**Security & Setup**

You are responsible for the security of all evaluation materials throughout the examination and you must return all materials to me before you leave this site. If you need to take a break, inform the Examination Coordinator or me and secure all evaluation instruments that were issued to you. After you receive your materials, proceed to your skill and check the props, equipment, and moulage to ensure all equipment is available and functioning properly. Please take a moment to look around the room and remove any materials that may assist a candidate with the examination process (charts, posters, algorithms, training materials, etc.). You should orient any Simulated Patients over their roles today. The Simulated Patients should act as a similar patient would in a field situation. Please emphasize the importance of their consistent and professional performance throughout today's examination. You must read through the essay and instructions, brief your Simulated Patients, program any high fidelity simulation manikins (if used), and review the evaluation form prior to evaluating any candidate. Please wait until I have inspected your room and answered any of your specific questions before opening your skill station. I will also be visiting all skills during the examination and will try to avoid interference as much as possible.

Are there any questions before we dismiss?

*[The District EMS Official will distribute all psychomotor examination materials and dismisses all Skill Examiners and Simulated Patients to the skill stations.]*

# *District EMS Official Candidate Orientation to the Psychomotor Examination*

Good [morning, afternoon, evening]. My name is [District EMS Official's name]. I will be responsible for administration of this examination. The Examination Coordinator for this test is [Exam Coordinator's name]. On behalf of the EMS Division of the District Department of Health, the National Registry of Emergency Medical Technicians, and [Name of Sponsoring Institution], I would like to welcome you here today. I would like to thank [Exam Coordinator] for arranging and securing the facilities and personnel assisting with today's examination. We extend our sincere wishes for your successful completion of this part of the certification process and obtaining subsequent National and District EMS Certification as an EMT.

I will now read the roster to confirm attendance before we begin the orientation. Please identify yourself when I call your name so that I may record your attendance on the official roster.

> ***District EMS Official now calls the roll and marks the roster for attendance (☑ if present, "N/S" if no-show).***
>
> ***Continue reading to all candidates:***

If I did not call your name, please identify yourself so that I can record your attendance today. I suggest that everyone check with me before leaving this site to compare the skills you think you need to complete with the official roster. It is your responsibility to complete all required skills. The NREMT and the District EMS Office are not responsible for your incomplete attempt of the psychomotor examination.

> ***The State EMS Official or approved agent must read the following instructions to all candidates for the psychomotor examination:***

The instructions I am about to give pertain to the psychomotor examination. Please pay close attention as these instructions will not be repeated at a later time.

The Skill Examiners utilized today were selected because of their expertise in the assigned skill. The Skill Examiner is an observer and recorder of your actions. Each Skill Examiner documents your performance in relationship to criteria established by the NREMT that adheres to the National EMS Education Standards, AHA Guidelines and the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention. These criteria have been adopted by the District of Columbia as our testing and certification standard.

You will be routed from the staging area when a skill station is ready for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. When you get to the room, please knock on the door to let the Skill Examiner know that you are waiting to

test. You are not permitted to take any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices. Any notes you take must be left in the room when you complete the skill. **At this time, all pagers, cellular telephones, personal digital assistants, and similar electronic communication devices must be turned off and locked in your vehicle or other secure area for the duration of the examination. If you attempt to use any communication device during the examination for any reason whatsoever, you will be immediately dismissed from the remainder of the examination.**

As you enter the room, the Skill Examiner will greet you and ask for your first and last name. Please provide the proper spelling of your name so that your results may be reported accurately. The Skill Examiner will then read aloud the "Instructions to the Psychomotor Skills Candidate" exactly as printed on the instructions provided by the NREMT and the District EMS Office. This information is read to each of you in the same manner to ensure consistency and fairness. Please pay close attention to the instructions as they correspond to similar information you might receive on an EMS call and give you valuable information on what will be expected of you during your performance. The Skill Examiner will ask if you understand the instructions and will be happy to repeat any portion if necessary. Please do not ask the Skill Examiner to supply additional information not contained in the instructions as this is not permitted.

The skill stations are supplied with several types of equipment for your selection. You will be given three (3) minutes at the beginning of each skill to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all of the equipment. The Skill Examiners will offer to point out any specific operational features of the equipment if you are unfamiliar with any device. If you brought any of your own equipment, I must inspect and approve it for use before you enter the skill station.

As you progress through the psychomotor examination, each Skill Examiner will be observing and documenting your performance. Do not let their documentation practices influence your performance. There is no correlation between the volume of their documentation and the quality of your performance. We encourage you to explain the things you are doing within the scope of the time limit. The Skill Examiner may also ask questions for clarification purposes. Simply answer any questions and do not assume they are meant to provide feedback on the quality of your performance.

If the skill has an overall time limit, the examiner will inform you of this during the instructions. When you reach the time limit, the Skill Examiner will direct you to stop your performance. However, if you complete the skill before your allotted time, inform the Skill Examiner that you have finished your performance. You may also be asked to help remove equipment from the Simulated Patient before leaving the skill station. As you leave, please remember that you are not permitted to make any copies or recordings of this examination at any time.

Candidates sometimes complain that Skill Examiners are abrupt, cold, or appear unfriendly. No one is here to add to the stress and anxiety you already feel. It is important for you to understand that the Skill Examiners have been instructed to avoid any casual conversation with you. This is necessary to help ensure fair and equal treatment of all candidates throughout the exam. Please recognize this behavior as professional and simply perform the skills to the best of your ability.

We have instructed the Skill Examiners not to indicate to you in any way your performance in any skill. Please do not interpret any remarks as an indication of your overall performance.

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

Your official psychomotor results will be reported as pass/fail of each skill by the District EMS Official. Your official results will also be electronically communicated to you by the NREMT, provided you have created an Emergency Medical Technician account. An account can be created by logging into their website at www.nremt.org and following the instructions. If you make any errors in your performance, the District EMS Official or approved agent will not explain any specific errors in any performance. The purpose of certification by the NREMT is to verify achievement of minimal competencies for safe and effective practice. Providing a specific analysis of errors in your performance was the responsibility of your educational program during the learning process and not the certification process. If you are unsuccessful in any skill today, we recommend that you contact your educational institution for remedial training before attempting to retest. Please remember today's examination is a formal verification process and was not designed to assist with teaching or learning. The Skill Examiners have not played any role in the establishment of pass/fail criteria, but merely observe and document your performance in each skill.

If you feel you have a complaint concerning the psychomotor examination, a formal complaint procedure does exist. You must initiate any complaint with me today. **Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site.** You may file a complaint for only two (2) reasons:

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

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. If necessary, a Quality Assurance Committee may be convened. The District EMS Officials will review your concerns and make a final determination of your complaint.

I am here today to ensure that fair, objective, and impartial evaluations occur in accordance with NREMT and District-approved policy. If you have any concerns, please notify me immediately to discuss your concerns. I will be visiting all skills throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be accepted.

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

**EMT Psychomotor Examination Report Form**

*The District EMS Official or approved agent should now distribute the EMT Psychomotor Examination Report Form at this time and instruct the candidates to legibly fill-in the following information:*

Please print the following information legibly on the EMT Practical Examination Candidate Reporting Form:

- Name
- Address
- Examination site
- Examination Date (Month, Day, Year)

Notice the skills listed in the chart. If you are taking the entire psychomotor examination today, be sure to complete all seven (7) skills that are listed. If you are retesting three (3) or less skills today, be sure to check with me before starting your psychomotor examination. Remember that your retest must be within 12 months of your initial psychomotor examination (all seven [7] skills) to be accepted. Whatever the case, it is your responsibility to complete all appropriate skills.

If you are taking the entire psychomotor examination today, you can fail up to three (3) skills and be eligible to retest just the skills failed. Failing more than three (3) skills will require remedial training and repeating the entire psychomotor examination on another date. Remember that examination results are only valid for twelve (12) months from the date of the examination. If you are eligible for retesting, you have two (2) retest attempts to pass the failed skill(s) within that twelve (12) month period. Note that you only need to retest the specific skill(s) failed. For example, if you are here for your first attempt of the psychomotor examination and fail Patient Assessment/ Management – Medical, Bag-Valve-Mask Ventilation of an Apneic Adult Patient, and Spinal Immobilization (Supine Patient), you only need to retest these three (3) skills. **If we conduct a same-day retest today, you must retest all skills that need retested or none at all.** We cannot score or report incomplete psychomotor examination attempts. The NREMT and the District EMS Office do not mandate or guarantee same-day retest opportunities at any EMT Psychomotor Examination site. Please note that all results are preliminary and unofficial until they have been formally processed and reported to you by a District EMS Official.

Lastly, be sure to read the "Candidates Statement" form carefully before signing your legal signature and filling-in today's date. Please note that unprofessional behavior, such as the use of foul language, making threats, or other types of irregular behavior will not be tolerated and could lead to immediate dismissal and other appropriate actions.

***Continue reading to all candidates:***

Please come up to turn-in your completed EMT Psychomotor Examination Report Form. I will need to see some form of identification, such as your driver's license, as you turn-in these forms. This would also be a good time to confirm the skills you "think" you need to complete with me before we begin the examination. Please remember to turn off all of your electronic

communication devices and lock them in your vehicle or other secure area before we start this examination.

***NOTE***:
The District EMS Official should collect all EMT Practical Examination Candidate Reporting Forms at this time and verify the candidate's identity with an official form of photo identification (government-issued identification such as a driver's license). If an imposter is discovered, document the occurrence as outlined under the "False Identification" section on page 16. Photocopies of any ID are not official and should not be accepted. If a candidate has no acceptable form of ID and the Examination Coordinator or any other person in an official capacity at the examination site cannot verify his/her true identity, the District EMS Official should immediately dismiss the candidate from the psychomotor examination.

# Station 1
# Patient Assessment Management – Trauma

Do not open this skill for testing until the District EMS Official has provided an approved trauma scenario. There must be a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight. The Simulated Patient should be dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient.

## Time Limit

- 10 minutes

## Equipment Listing

The following equipment must be available and must be working adequately throughout the examination:

- Examination gloves
- Pen light
- Blood pressure cuff
- Stethoscope
- Blanket
- Scratch paper and pencil/pen

## Personnel Required

- Examiner
- Patient

## Minimum Passing Score

- 33 out of 42 possible points
- No critical criteria failures

# *Station 1*
# *Patient Assessment Management – Trauma*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill station is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a patient with multiple system trauma. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient. A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins.

Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required. Because of the limitations of simulating any injuries, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated 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 Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically simulated but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

**Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the Simulated Patient (BP, P and R) using a stethoscope and a blood pressure cuff.** Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. Acceptable ranges for scoring purposes are based upon the vital signs that you measure and record on the Simulated Patient:

Blood pressure: ± 10 mmHg
Pulse: ± 10 beats per minute
Respiratory rate: ± 5 breaths per minute

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided.

It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route. An accurate BP should be obtained by sphygmomanometer during the initial assessment of the Simulated Patient. This can occur during the 'on-scene' segment or during the 'transport' segment. Once the candidate takes one 'real' set of vital signs, the remainder are simulated.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. **However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.**

Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, "You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?" This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the District's EMS Official for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the "Secondary Assessment" when appropriate within the sequence of the "Primary Survey/Resuscitation." For example, it is acceptable for the candidate who, after appropriately

opening and evaluating the Simulated Patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar and buttocks area into the "Primary Survey/Resuscitation" sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Survey/Resuscitation." These areas have been denoted by ** on the skill evaluation form in the "Secondary Assessment" section. However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step, "Considers stabilization of the spine." Mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions arise later.

Immediately upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that both "partners" are available during transport. **You should stop the candidate promptly when the ten (10) minute time limit has elapsed.** Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario you received and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. You should program the high fidelity simulation manikin or discuss with the live simulated patient the following parameters:

- A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to suspect multisystem trauma.
- The patient must be on the floor. If any candidate insists on having the simulated patient move to a different location, you should immediately dismiss the candidate and notify the District's EMS Official.
- The patient must at least respond to pain by moaning or mumbling.
- There will be at least one problem with the airway, breathing and circulatory status of the patient.
- There will be an additional associated soft tissue or musculoskeletal injury.

- Vital signs that represent a severely injured multisystem trauma patient.

Be sure to program your Simulated Patient or high fidelity simulation manikin to respond as a real patient would given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. **The use of very small children as Simulated Patients is not permitted in this skill.** All Simulated Patients should wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. If using moulage pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any simulated injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill station to help keep your Simulated Patient warm throughout the examination. For the comfort of the Simulated Patient a mat may be used on hard floors.

# *Station 1*
# *Patient Assessment Management – Trauma*

## *Instructions to the Simulated Trauma Patient*

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

***NOTE**: In order to ensure a fair examination environment for each candidate, the simulated patient should be an adult of average height and weight. For example, the use of very small children is not allowed in this station.*

Thank you for serving as the Simulated Patient at today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as would a real patient of a similar multiple trauma situation. The Skill Examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. **Do not give the candidate any clues while you are acting as a Simulated Patient.** It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your simulated injuries. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

# Station 1
# Patient Assessment Management – Trauma

## Instructions to the Candidate

Welcome to the Patient Assessment/Management - Trauma skill station. In this skill station, you will have ten (10) minutes to perform your assessment and “voice” treat all conditions and injuries discovered. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient’s clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask and following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

*[Skill Examiner now reads “Mechanism of Injury” from prepared scenario and begins 10 minute time limit.]*

*NREMT Skill Sheet: Patient Assessment/Management-Trauma Page 1*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario #: _____

**NOTE: Areas denoted by "**" may be integrated within sequence of Primary Survey/Resuscitation**

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| **SCENE SIZE-UP** | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| **PRIMARY SURVEY/RESUSCITION** | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Airway<br>-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point) | 2 | |
| Breathing<br>-Assesses breathing (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point)<br>-Manages any injury which may compromise breathing/ventilation (1 point) | 4 | |
| Circulation<br>-Checks pulse (1 point)<br>-Assesses skin [either skin color, temperature or condition] (1 point)<br>-Assesses for and controls major bleeding if present (1 point)<br>-Initiates shock management [positions patient properly, conserves body heat] (1 point) | 4 | |
| Identifies patient priority and makes treatment/ transport decision (based on calculated GCS) | 1 | |
| **HISTORY TAKING** | | |
| Attempts to obtain sample history | 1 | |
| **SECONDARY ASSESSMENT** | | |
| Head<br>-Inspects mouth**, nose** and assesses facial area (1 point)<br>-Inspects and palpates scalp and ears (1 point)<br>-Assesses eyes** (1 point) | 3 | |
| Neck**<br>-Checks position of trachea (1 point)<br>-Checks jugular veins (1 point)<br>-Palpates cervical spine (1 point) | 3 | |
| Chest**<br>-Inspects chest (1 point)<br>-Palpates chest (1 point)<br>-Auscultates chest (1 point) | 3 | |
| Abdomen/pelvis**<br>-Inspects and palpates abdomen (1 point)<br>-Assesses pelvis (1 point)<br>-Verbalizes assessment of genitalia/perineum as needed (1 point) | 3 | |
| Lower extremities**<br>-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg) | 2 | |
| Upper extremities<br>-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm) | 2 | |
| Posterior thorax, lumbar and buttocks**<br>-Inspects and palpates posterior thorax (1 point)<br>-Inspects and palpates lumbar and buttocks areas (1 point) | 2 | |
| **VITAL SIGNS** | | |
| Obtains baseline vital signs [must include BP, P, R] (1 point) | 1 | |
| Manages secondary injuries and wounds appropriately | 1 | |
| **REASSESSMENT** | | |
| Demonstrates how and when to reassesses the patient | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 42 | |

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## NREMT Skill Sheet: Patient Assessment/Management-Trauma Page 2

**Critical Criteria**

___ Failure to initiate or call for transport of the patient within 10 minute time limit
___ Failure to take or verbalize body substance isolation precautions
___ Failure to determine scene safety
___ Failure to assess for and provide spinal protection when indicated
___ Failure to voice and ultimately provide high concentration of oxygen
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
___ Performs other assessment before assessing/treating threats to airway, breathing and circulation
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form in the space below***

**Comments:**

# *Station 2*
# *Patient Assessment Management – Medical*

Do not open this skill for testing until the District EMS Official has provided an approved medical scenario. There must be a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight. The Simulated Patient should be dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient.

## Time Limit

- 15 minutes

## Equipment Listing

The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- Examination gloves
- Pen light
- Blood pressure cuff
- Stethoscope
- Blanket
- Scratch paper and pencil/pen

## Personnel Required

- Examiner
- Patient

## Minimum Passing Score

- 33 out of 42 possible points

# Station 2
# Patient Assessment Management – Medical

## Instructions to the Practical Skills Examiner

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill station is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient or a high fidelity simulation manikin, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the candidate's questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide

any information pertaining to sight, sound, touch, or smell that cannot be realistically simulated but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide. This skill requires the presence of a live, programmed, Simulated Patient or a high fidelity simulation manikin. The scenario will contain enough information for the candidate to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient should remain awake and able to communicate with the candidate throughout the scenario. Please thoroughly brief the Simulated Patient over his/her roles for the examination. You should ensure the Simulated Patient reads the "Information for the Simulated Medical Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first candidate to ensure familiarization with the approved scenario for today's examination. Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition.

**Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the Simulated Patient (BP, P and R) using a stethoscope and a blood pressure cuff.** Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. Acceptable ranges for scoring purposes are based upon the vital signs that you measure and record on the Simulated Patient:

Blood pressure: ± 10 mmHg
Pulse: ± 10 beats per minute
Respiratory rate: ± 5 breaths per minute

After the candidate measures the actual vital signs of the Simulated Patient, you may need to inform the candidate of "adjusted" vital signs based upon the approved testing scenario for the examination as compared to the actual vital signs just obtained by the candidate.

As you welcome a candidate into the room and read the "Instructions to the Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient. A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins.

Candidates are required to evaluate the scene just as he/she would in a field setting. When asked about the safety of the scene, you should indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should

be awarded for the step, “Determines the scene/situation is safe” and the related “Critical Criteria” statement should be checked and documented as required.

Because of the limitations of simulations and the ability of the Simulated Patient, you should establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the Simulated Patient's face, you should ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically simulated, but would be immediately evident in a real patient should be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses should not be leading, but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, “You see pink, frothy sputum coming from the patient’s mouth as he/she coughs.” You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but are difficult to simulate. An unacceptable response would be merely stating, “The patient is experiencing left heart failure.”

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient’s condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs included with the scenario should serve as a sample of acceptable changes in the Simulated Patient’s vital signs based upon the candidate’s treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a “physiological miracle” by improving the Simulated Patient too much at too early a step. If on the other hand no or inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. **However, do not deteriorate the Simulated Patient to the point where he/she can no longer communicate with the candidate.**

Two imaginary EMT assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the back of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, “Please assess this Simulated Patient as you would a real patient in the out-of-hospital setting.” This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the candidate’s directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the In-charge person for clarification prior to opening your skill station. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, after completing the "Primary Survey/Resuscitation" and determining that the patient does not require immediate and rapid transport, the steps listed in the "History Taking/Secondary Assessment" section may be completed in any number of acceptable sequences. If the mechanism of injury suggests potential spinal compromise, immediate and continuous cervical spine precautions should be taken. If not, deduct the point for the step, "Considers stabilization of spine," mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the "Primary Survey/Resuscitation," the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the candidate who chooses to immediately transport the critical patient to continue his/her "Secondary Assessment" while awaiting arrival of the EMS vehicle. Be sure to remind the candidate that both "partners" are also available. You should stop the candidate promptly after he/she completes a verbal report to an arriving EMS unit or when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. You should discuss the following with the live simulated patient or program the high fidelity simulation manikin with the following parameters:

- There must be a clearly defined nature of the illness. The patient or a bystander should be able to communicate relevant information to the candidate when asked.
- The patient's chief complaint must be clearly related to the nature of the illness.
- The history of the present illness, past medical history, and physical findings in the affected body systems must be related to the chief complaint and nature of the illness.
- Vital signs should be prepared that represent the usual findings in a patient with these pathologies.

Be sure to discuss with the Simulated Patient or program your high fidelity simulation manikin to respond as a real patient would given all conditions listed in the scenario that you have been given. Also make sure the Simulated Patient acts, moves, and responds appropriately given the scenario just as a real patient would. You may need to confirm a portion of the candidate's performance with the Simulated Patient to help ensure a thorough and complete evaluation. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. **The use of very small children as Simulated Patients is not permitted in this skill.** The Simulated Patient should also be wearing shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the patient's skin is moist. Remember, realistic and accurate simulations improve the quality of the examination by providing for more fair and accurate evaluation of the candidates.

# Station 2
# Patient Assessment Management – Medical

## Instructions to the Simulated Medical Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc., which you act out should be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would. The Skill Examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should act out should be consistently displayed throughout the examination.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The Skill Examiner will be role-playing several practice sessions with you to help you become comfortable with your roles today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Examiner will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. For example, it is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she may assess your back, please sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of simulations being used. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

# Station 2
# Patient Assessment Management – Medical

## Instructions to the Candidate

This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask and following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

*[Skill Examiner now reads "Entry Information" from approved scenario and begins 15 minute time limit.]*

*NREMT Skill Sheet: Patient Assessment/Management-Medical Page 1*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario #: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| **SCENE SIZE-UP** | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional help if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| **PRIMARY SURVEY/RESUSCITATION** | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Assesses airway and breathing<br>-Assessment (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point) | 3 | |
| Assesses circulation<br>-Assesses/controls major bleeding (1 point)<br>-Checks pulse (1 point)<br>-Assesses skin [either skin color, temperature or condition] (1 point) | 3 | |
| Identifies patient priority and makes treatment/ transport decision | 1 | |
| **HISTORY TAKING** | | |
| History of the present illness<br>-Onset (1 point) -Quality (1 point) -Severity (1 point)<br>-Provocation (1 point) -Radiation (1 point) -Time (1 point)<br>-Clarifying questions of associated signs and symptoms related to OPQRST (2 points) | 8 | |
| Past medical history<br>-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)<br>-Medications (1 point) -Last oral intake (1 point) | 5 | |
| **SECONDARY ASSESSMENT** | | |
| Assesses affected body part/system<br>-Cardiovascular -Neurological -Integumentary -Reproductive<br>-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social | 5 | |
| **VITAL SIGNS** | | |
| -Pulse (1 point) -Respiratory rate and quality (1 point each)<br>-Blood pressure (1point) | 4 | |
| States field impression of patient | 1 | |
| Interventions [verbalizes proper interventions/treatment] | 1 | |
| **REASSESSMENT** | | |
| Demonstrates how and when to reassessment the patient to determine changes in condition | 1 | |
| Provides accurate verbal report to arriving EMS unit | 1 | |
| **TOTAL** | 42 | |

**Actual Time Ended:** _____

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*NREMT Skill Sheet: Patient Assessment/Management-Medical Page 2*

**Critical Criteria**

___ Failure to initiate or call for transport of the patient within 15 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to determine scene safety before approaching patient
___ Failure to voice and ultimately provide appropriate oxygen therapy
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
___ Orders a dangerous or inappropriate intervention
___ Failure to provide accurate report to arriving EMS unit
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

**Comments:**

# Station 3
# Bag-Valve-Mask Ventilation of an Apneic Patient

## Time Limit

- 5 minutes

## Equipment Listing

Do not open this skill station for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, etc.) before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing
- Stethoscope
- Tongue blade

## Personnel Required

- Examiner

## Minimum Passing Score

- 13 out of 17 possible points

# *Station 3*
# *Bag-Valve-Mask Ventilation of an Apneic Patient*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

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 District EMS Official present. 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 three (3) 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 breathing for at least 5 seconds but no more than 10 seconds in accordance with 2010 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should then inform the candidate that the patient is unresponsive and there are no signs of breathing. After requesting additional EMS assistance, the candidate should check for a carotid pulse for at least 5 seconds but no more than 10 seconds. You should then inform the candidate that a weak carotid pulse of 60 is present. The candidate should next open the patient's airway and assess for breathing. 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 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 after the completion of the suctioning of the patient. The point for this step should be awarded and is explained on the skill evaluation form (denote by **). Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), it must be accomplished after body substance isolation precautions have been taken and within thirty (30) seconds after the completion of the suctioning of the patient 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.

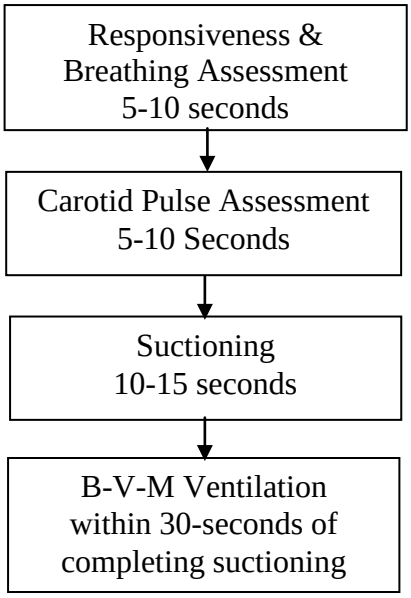
After the candidate begins ventilation, you must inform the candidate that ventilation is being performed without difficulty. It is acceptable to re-check the pulse at this point while ventilations continue. The candidate should also call for integration of supplemental oxygen at this point in the procedure 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 ventilations/minute 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. 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 body substance isolation 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 body substance isolation precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria" and document the candidate's actions as required.

*Oxygen Administration Timing Flow Chart*



# Station 3
# Bag-Valve-Mask Ventilation of an Apneic Patient

## Instructions to the Candidate

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 three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) 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.

## *NREMT Skill Sheet: Bag-Valve-Mask Apneic Patient*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | | Possible Points | Points Awarded |
|---|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | | 1 | |
| Checks responsiveness | ***NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."*** | 1 | |
| Checks breathing | | 1 | |
| Requests additional EMS assistance | | 1 | |
| Checks pulse for at least 5 but no more than 10 seconds | | 1 | |
| ***NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."*** | | | |
| Opens airway properly | | 1 | |
| ***NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."*** | | | |
| Prepares rigid suction catheter | | 1 | |
| Turns on power to suction device or retrieves manual suction device | | 1 | |
| Inserts rigid suction catheter without applying suction | | 1 | |
| Suctions the mouth and oropharynx | | 1 | |
| ***NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."*** | | | |
| Opens the airway manually | | 1 | |
| Inserts oropharyngeal airway | | 1 | |
| ***NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."*** | | | |
| **Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.] | | 1 | |
| ***NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.*** | | | |
| Re-checks pulse for at least 5 but no more than 10 seconds | | 1 | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] | | 1 | |
| Ventilates the patient adequately<br>-Proper volume to make chest rise (1 point)<br>-Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point) | | 2 | |
| ***NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"*** | | | |

**Actual Time Ended:** _____ **TOTAL** 17 ☐

**Critical Criteria**

___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
___ Failure to take or verbalize body substance isolation precautions
___ Failure to suction airway before ventilating the patient
___ Suctions the patient for an excessive and prolonged time
___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

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# *Station 4*
# *Oxygen Administration by Non-rebreather Mask*

## Time Limit

- 5 minutes

## Equipment Listing

Do not open this skill station for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. **All equipment must be disassembled before accepting a candidate for evaluation:**

- Examination gloves (may also add masks, gowns, and eyewear)
- Patient options
  - Intubation manikin (must be anatomically complete and include ears, nose and mouth - adult)
  - Live simulated patient (adult)
- Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
- Oxygen cylinder with regulator
  - Cylinder must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask.
- Oxygen connecting tubing
- Stethoscope

## Personnel Required

- Examiner
- Patient (optional – may use manikin)

## Minimum Passing Score

- 8 out of 11 possible points

# Station 4
# Oxygen Administration by Non-rebreather Mask

## Instructions to the Practical Skills Examiner

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill is designed to test the candidate's ability to correctly assemble the equipment needed to administer supplemental oxygen in the out-of-hospital setting. The oxygen tank must be fully pressurized for this skill (air or oxygen) and the regulator/flow meter must be functional. The Simulated Patient may be a live person or a manikin. However, the manikin must be anatomically complete and include ears, nose and mouth.

A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate will then have five (5) minutes to assemble the oxygen delivery system and deliver an acceptable oxygen flow rate to a patient using a non-rebreather mask.

When the actual timed evaluation begins, the candidate will be instructed to assemble the oxygen delivery system and administer oxygen to the Simulated Patient using a non-rebreather mask. During this procedure, the candidate must check for tank or regulator leaks as well as assuring a tight mask seal to the patient's face. If any leak is found and not corrected, you should deduct the point, check the related "Critical Criteria" and document the actions. You should do the same if the candidate cannot correctly assemble the regulator to the oxygen tank or operate the regulator and delivery device in a safe and acceptable manner.

Oxygen flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills verification of oxygen administration by non-rebreather mask, oxygen flow rates of at least 10 L/minute are acceptable. Once the oxygen flow rate has been set, you should direct the candidate to stop his/her performance and end the skill.

# Station 4
# Oxygen Administration by Non-rebreather Mask

## Instructions to the Candidate

This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. 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 three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

A 45 year old male is short of breath. His lips are cyanotic and he is confused. You have five (5) minutes to administer oxygen by non-rebreather mask.

*NREMT Skill Sheet: Oxygen Administration by Non-rebreather Mask*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Gathers appropriate equipment | 1 | |
| Cracks valve on the oxygen tank | 1 | |
| Assembles the regulator to the oxygen tank | 1 | |
| Opens the oxygen tank valve | 1 | |
| Checks oxygen tank pressure | 1 | |
| Checks for leaks | 1 | |
| Attaches non-rebreather mask to correct port of regulator | 1 | |
| Turns on oxygen flow to prefill reservoir bag | 1 | |
| Adjusts regulator to assure oxygen flow rate of at least 10 L/minute | 1 | |
| Attaches mask to patient's face and adjusts to fit snugly | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 11 | |

**Critical Criteria**

___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to assemble the oxygen tank and regulator without leaks
___ Failure to prefill the reservoir bag
___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
___ Failure to assure a tight mask seal to patient's face
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

**Comments:**

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# Station 5
# Cardiac Arrest Management – AED

## Time Limit

- 10 minutes

## Equipment Listing

- Examination gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

## Personnel Required

- Examiner
- EMT Assistant

## Minimum Passing Score

- 14 out of 18 possible points

# *Station 5*
# *Cardiac Arrest Management – AED*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

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 apneic and pulseless adult patient who is lying on the floor. ***The manikin must be placed and left on the floor for this skill.*** A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins.

This is an unwitnessed cardiac arrest scenario and no bystander CPR has been initiated. After performing five (5) cycles of one (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, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should then assess the patient for signs of breathing. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations, the candidate should next assess the carotid pulse. This pulse check must take at least five (5) but no more than ten (10) seconds. As soon as pulselessness is verified, the candidate should immediately begin chest compressions. The candidate should request additional EMS assistance after determining that the patient is in cardiac arrest and CPR has been initiated. **All actions performed must be in accordance with the current AHA 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 two (2) minutes of one (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 five (5) cycles or two (2) minutes of one (1) rescuer CPR, the candidate should assess the patient for no more than ten (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 station carrying their own AED, be sure that the District EMS Official on site 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 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 District EMS Official.

# Station 5
# Cardiac Arrest Management – AED

## Instructions to the Candidate

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. While operating the AED a second rescuer will perform CPR. 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. There are no bystanders present.

*NREMT Skill Sheet: Cardiac Arrest Management/AED with Bystander CPR in Progress*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**CARDIAC ARREST MANAGEMENT / AED**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Determines the scene/situation is safe | 1 | |
| Attempts to question bystanders about arrest events | 1 | |
| Checks patient responsiveness | 1 | |
| *NOTE: The examiner must now inform the candidate, "The patient is unresponsive."* | | |
| Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)] | 1 | |
| *NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."* | | |
| Checks carotid pulse [no more than 10 seconds] | 1 | |
| *NOTE: The examiner must now inform the candidate, "The patient is pulseless."* | | |
| Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely] | 1 | |
| Requests additional EMS response | 1 | |
| Performs 2 minutes of high quality, 1-rescuer adult CPR<br>Adequate depth and rate (1 point)<br>Correct compression-to-ventilation ratio (1 point)<br>Allows the chest to recoil completely (1 point)<br>Adequate volumes for each breath (1 point)<br>Minimal interruptions of less than 10 seconds throughout (1 point) | 5 | |
| *NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.* | | |
| Turns-on power to AED | 1 | |
| Follows prompts and correctly attaches AED to patient | 1 | |
| Stops CPR and ensures all individuals are clear of the patient during rhythm analysis | 1 | |
| Ensures that all individuals are clear of the patient and delivers shock from AED | 1 | |
| Immediately directs rescuer to resume chest compressions | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 18 | |

**Critical Criteria**

___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
___ Failure to deliver shock in a timely manner
___ Interrupts CPR for more than 10 seconds at any point
___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
___ Failure to operate the AED properly
___ Failure to correctly attach the AED to the patient
___ Failure to assure that all individuals are clear of patient during rhythm analysis **and** before delivering shock(s) [verbalizes "All clear" and observes]
___ Failure to immediately resume compressions after shock delivered
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

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# Station 6
# Spinal Immobilization Station – Supine Patient

## Time Limit

- 10 minutes

## Equipment Listing

- Examination gloves
- Long spine immobilization device (long spine board, etc)
- Cervical collar
- Head immobilizer (commercial or improvised)
- Padding (towels, cloths, etc)
- Patient securing straps
- Blankets

## Personnel Required

- Examiner
- Patient
- EMT Assistant(s)

## Minimum Passing Score

- 11 out of 14 possible points

# *Station 6*
# *Spinal Immobilization Station – Supine Patient*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill is designed to evaluate the candidate's ability to immediately protect and immobilize the Simulated Patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. The Simulated Patient will present lying on his/her back, arms straight down at his/her side, and feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone or other unusual positions. **The presenting position of the Simulated Patient must be identical**

**for all candidates.** A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins.

The candidate will be required to treat the specific, isolated problem of a suspected unstable spine. Primary and secondary assessments of airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate fails to check any of these functions in any extremity, a zero must be awarded for this step in the "Points Awarded" column.

There are various long spine immobilization devices utilized in the EMS community. The evaluation form was designed to be generic so it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available for this skill, specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher. The candidate may choose to bring a device with which he/she is familiar. The District's EMS Official must approve this device and you must be familiar with its proper use before evaluation of the candidate begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well he/she immobilizes and protects the Simulated Patient's spine, not on what immobilization device is used.

The candidate must, with the help of an EMT Assistant and the Skill Examiner, move the Simulated Patient from the ground onto the 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, etc.). You should not advocate one method over the 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 examiner move the Simulated Patient upon 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.

This skill requires that an assistant EMT be present during the evaluation. Candidates are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT should be told not to speak, but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. **At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the Simulated Patient.**

# Station 6
# Spinal Immobilization Station – Supine Patient

## Instructions to the Candidate

This skill is designed to evaluate your ability to provide spinal immobilization to a supine patient using a long spine immobilization device. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

You arrive on the scene with an EMT Assistant. The Assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a long spine immobilization device. When moving the Simulated Patient to the device, you should use the help of the Assistant EMT and me. The Assistant EMT should control the head and cervical spine of the Simulated Patient while you and I move the Simulated Patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?

*NREMT Skill Sheet: Spinal Immobilization-Supine Patient*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**SPINAL IMMOBILIZATION (SUPINE PATIENT)**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory, and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device appropriately | 1 | |
| Directs movement of the patient onto the device without compromising the integrity of the spine | 1 | |
| Applies padding to voids between the torso and the device as necessary | 1 | |
| Immobilizes the patient's torso to the device | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Immobilizes the patient's head to the device | 1 | |
| Secures the patient's legs to the device | 1 | |
| Secures the patient's arms to the device | 1 | |
| Reassesses motor, sensory, and circulatory function in each extremity | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 14 | |

**Critical Criteria**

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential for spinal compromise
___ Head immobilized to the device **before** device sufficiently secured to the torso
___ Patient moves excessively up, down, left, or right on the device
___ Head immobilization allows for excessive movement
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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

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# *Random Skill Stations 7a, 7b, 7c and 7d Trauma Skills*

## *General Instructions to the Practical Skills Examiner*

All candidates must also test one (1) of the following skills:

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization

**Note**
Candidates retesting any skill(s) must retest over the specific skill(s) previously failed. Therefore, all equipment for all four (4) random EMT skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the District EMS Official immediately for clarification. Do not let the candidate leave the room until the matter is resolved with the District EMS Official.

# *Station 7a*
# *Spinal Immobilization Station – Seated Patient*

## Time Limit

- 10 minutes

## Equipment Listing

- Examination gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

## Personnel Required

- Examiner
- Patient
- EMT Assistant(s)

## Minimum Passing Score

- 9 out of 12 possible points

** It is required that the skill include one (1) plain wooden or plastic half board with tape, straps, blankets, and cravats as well as one (1) common vest-type device (complete). Additional styles and brands of devices and equipment may be included as a local option.*

# Station 7a
# Spinal Immobilization Station – Seated Patient

## Instructions to the Practical Skills Examiner

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate will be required to appropriately apply any acceptable half-spine immobilization device on a seated patient and verbalize movement of the Simulated Patient to a long backboard.

A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present.

A live Simulated Patient who is an adult or adolescent who is at least sixteen (16) years of age is required in this skill. The Simulated Patient must be of average adult height and weight. ***The use of very small children as Simulated Patients is not permitted in this skill.*** The Simulated Patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The Simulated Patient will not present slumped forward or with the head held in any grossly abnormal position. **The position of the Simulated Patient must be identical for all candidates.**

The primary survey as well as reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate has immobilized the seated patient, simply ask him/her to verbally explain all key steps he/she would complete while moving the Simulated Patient to the long backboard. The candidate may check motor, sensory, and circulatory functions at anytime during the procedure without a loss of points. However, if he/she fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the “Points Awarded” column for this step. The related “Critical Criteria” statement would also need to be checked and documented as required.

You should have various half-spine immobilization devices collected in the testing room that represent those devices utilized in the local EMS system (KED, XP-1, OSS, half spine board, Kansas board, etc.) or other accepted devices. It is required that at least one (1) rigid wooden or plastic half-spine board and one (1) commercial vest-type immobilization device with all other associated immobilization equipment provided by the manufacturer be available in this room. You are responsible to check that all equipment listed is present and in proper working order (not too frayed or worn, all buckles and straps are present, etc.). The candidate may choose to bring a device with which he/she is familiar and the District EMS Official on site must approve these devices. You must also be familiar with the proper use of these devices before any evaluation of the candidate can occur. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the candidate’s performance regardless of the half-spine immobilization device utilized. All manufacturers’ instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to “generically” verify a candidate’s competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient’s head be secured to the half-spine immobilization

device only after the device has been secured to the torso. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the candidate's technique and a reasonable standard of judgment should guide you when determining if the device was appropriately secured to the torso before the head was placed in the device. You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or not appropriately fastened to the Simulated Patient.

A trained EMT Assistant will be present in the skill to assist the candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for the actions that he/she directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT Assistant would in the field. No unnecessary movement of the Simulated Patient's head or other "games" will be tolerated or are meant to be a part of this examination. 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 that would actually injure the Simulated Patient.** The candidate should also verbally describe how he/she would move and secure the Simulated Patient to the long backboard.

The Simulated Patient should be briefed on his/her role in this skill and act as a calm patient would if this were a real situation. You may question the Simulated Patient about spinal movement and overall care in assisting with the evaluation process after the candidate completes his/her performance and exits the room.

# Station 7a
# Spinal Immobilization Station – Seated Patient

## Instructions to the Candidate

This skill is designed to evaluate your ability to provide spinal immobilization to a sitting patient using a half-spine immobilization device. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

You arrive on the scene of an auto crash with an EMT Assistant. The scene is safe and there is only one (1) patient. The Assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant. Transferring and immobilizing the Simulated Patient to the long backboard should be described verbally. You have ten (10) minutes to complete this skill. Do you have any questions?

*NREMT Skill Sheet: Spinal Immobilization-Seated Patient*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**SPINAL IMMOBILIZATION (SEATED PATIENT)**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory, and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device behind the patient | 1 | |
| Secures the device to the patient's torso | 1 | |
| Evaluates torso fixation and adjusts as necessary | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Secures the patient's head to the device | 1 | |
| Verbalizes moving the patient to a long backboard | 1 | |
| Reassesses motor, sensory, and circulatory function in each extremity | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 12 | |

**Critical Criteria**

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential spinal compromise
___ Head immobilized to the device **before** device sufficiently secured to the torso
___ Device moves excessively up, down, left, or right on the patient's torso
___ Head immobilization allows for excessive movement
___ Torso fixation inhibits chest rise, resulting in respiratory compromise
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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

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# Random Skill Station 7b
# Bleeding Control/Shock Management

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. An EMT Assistant is optional

## Time Limit

- 10 minutes

## Equipment Listing

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

## Personnel Required

- Examiner
- Patient
- EMT Assistant (optional)

## Minimum Passing Score

- 5 out of 7 possible points

# *Random Skill Station 7b*
# *Bleeding Control/Shock Management*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill is designed to evaluate the candidate's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill 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 arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons. A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. **The use of very small children as Simulated Patients is not permitted in this skill.** The Simulated Patient will present with an arterial bleed from a severe laceration of the extremity. A simple simulation aid may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the Simulated Patient's condition changes. **It is essential, due to the purpose of this skill that the Simulated Patient's condition does not deteriorate to a point where CPR would be initiated.** This skill is not designed to evaluate CPR skills.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 100/80, P 118, R 30).

# Random Skill Station 7b
# Bleeding Control/Shock Management

## Instructions to the Candidate

This skill is designed to evaluate your ability to control hemorrhage. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the Simulated Patient's condition. You will be required to manage the Simulated Patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

*[Skill Examiner now reads "Scenario" from the prepared scenario and begins 10 minute time limit.]*

*NREMT Skill Sheet: Bleeding Control-Shock Management*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**BLEEDING CONTROL/SHOCK MANAGEMENT**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Applies direct pressure to the wound | 1 | |
| ***NOTE: The examiner must now inform the candidate that the wound continues to bleed.*** | | |
| Applies tourniquet | 1 | |
| ***NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.*** | | |
| Properly positions the patient | 1 | |
| Administers high concentration oxygen | 1 | |
| Initiates steps to prevent heat loss from the patient | 1 | |
| Indicates the need for immediate transportation | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 7 | |

**Critical Criteria**

___ Did not take or verbalize body substance isolation precautions
___ Did not administer high concentration of oxygen
___ Did not control hemorrhage using correct procedures in a timely manner
___ Did not indicate the need for immediate transportation
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

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# *Random Skill Station 7c*
# *Immobilization Skills - Long Bone Injury*

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant is also required in this skill.

## Time Limit

- 5 minutes

## Equipment Listing

- Examination gloves
- Rigid splint material (various sizes)
- Long spine board (optional)
- Roller gauze
- Cravats (6)
- Tape

## Personnel Required

- Examiner
- EMT Assistant
- Patient

## Minimum Passing Score

- 8 out of 10 possible points

# *Random Skill Station 7c*
# *Immobilization Skills - Long Bone Injury*

## *Instructions to the Practical Skills Examiner*

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary survey. The Simulated Patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity, specifically a suspected fracture of the radius, ulna, tibia, or fibula. **You should alternate injury sites throughout today's examination**.

A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. **Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and should not be available for use.**

The candidate is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard 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 upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20° – 30° and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

# Random Skill Station 7c
# Immobilization Skills - Long Bone Injury

## Instructions to the Candidate

This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the _____ (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?

*NREMT Skill Sheet: Immobilization Skills-Long Bone Injury*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**LONG BONE IMMOBILIZATION**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| ***NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."*** | | |
| Measures the splint | 1 | |
| Applies the splint | 1 | |
| Immobilizes the joint above the injury site | 1 | |
| Immobilizes the joint below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Immobilizes the hand/foot in the position of function | 1 | |
| Reassesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| ***NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."*** | | |
| **TOTAL** | 10 | |

**Actual Time Ended:** _____

**Critical Criteria**

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the joint above and the joint below the injury site
___ Did not immobilize the hand or foot in a position of function
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

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# Random Skill Station 7d
# Immobilization Skills - Joint Injury

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant is also required in this skill.

## Time Limit

- 5 minutes

## Equipment Listing

- Examination gloves
- Cravats (6) to be used as a sling and swathe

## Personnel Required

- Examiner
- EMT Assistant
- Patient

## Minimum Passing Score

- 7 out of 9 possible points

# Random Skill Station 7d
# Immobilization Skills - Joint Injury

## Instructions to the Practical Skills Examiner

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill station you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Candidate" exactly as printed in the material provided by the District's EMS Division. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. **All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.**
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage (if applicable) prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the District's EMS Official

This skill station is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim and that a suspected shoulder injury is discovered during the secondary survey. The Simulated Patient will present with the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe.

A three (3) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process.

Additionally, the only splint available in this skill is a sling and swathe. Any other splint, including a long backboard, may not be used to complete this skill. If a candidate asks for a long backboard, simply inform the candidate that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

# Random Skill Station 7d
# Immobilization Skills - Joint Injury

## Instructions to the Candidate

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. At this time, please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

*[After three (3) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]*

The scene survey and primary survey have been completed and a suspected injury to the _____ (left, right) shoulder is discovered during the secondary survey. Continued 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 skill. Do you have any question?

*NREMT Skill Sheet: Immobilization Skills-Joint Injury*

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

**JOINT IMMOBILIZATION**

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| ***NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."*** | | |
| Selects the proper splinting material | 1 | |
| Immobilizes the site of the injury | 1 | |
| Immobilizes the bone above the injury site | 1 | |
| Immobilizes the bone below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Reassesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| ***NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."*** | | |
| **Actual Time Ended:** _____ **TOTAL** | 9 | |

**Critical Criteria**

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the bone above and below the injury site
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMR
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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

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# Individual Examination Station Signs

# Skill Station 1

# Patient Assessment Management: Trauma

# Skill Station 2

# Patient Assessment Management: Medical

# Skill Station 3

# Bag-Valve-Mask Ventilation of an Apneic Patient

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# Skill Station 4

# Oxygen Administration by Non-rebreather Mask

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# Skill Station 5

# Cardiac Arrest Management and AED

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# Skill Station 6

# Spinal Immobilization of the Supine Patient

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# Skill Station 7a

# Spinal Immobilization of the Seated Patient

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# Skill Station 7b

# Bleeding Control and Shock Management

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# Skill Station 7c

# Long Bone Immobilization

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# Skill Station 7d

# Joint Injury

# Candidate Staging Area

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