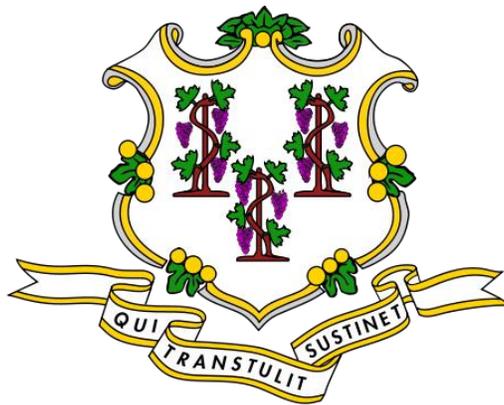


# EMERGENCY MEDICAL SERVICES EMT Psychomotor Exam Manual



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## Introduction

This manual has been prepared for the benefit of EMT exam coordinators, Skill Examiners, Chief Examiners and other interested parties with the goal of providing a fair and consistent examination experience to candidates seeking certification as an Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT). The State of Connecticut has adopted the National Registry of Emergency Medical Technicians (NREMT) method of conducting psychomotor examinations to validate candidate competency as entry-level practitioners.

Paramedic level examinations are covered in a separate manual.

The Office of Emergency Medical Services acknowledges the staff of the NREMT for significant contribution to this manual.

## Examination Roles

Each examination event requires a number of qualified personnel to conduct vital duties and functions. Qualifications and restrictions for each role are listed below. The roles include:

- Examination Site
- Examination Coordinator
- Chief Examiner (assigned by OEMS)
- Skill Examiners
- Simulated Patients
- Candidates
- Authorized Observers

These examination role names have been entered in **BOLD** so as to draw attention to specific assignments of responsibilities.

## Examination Site

An **Examination Site** must be inspected and approved by a representative of the Office of Emergency Medical Services prior to the scheduling of an examination event. The following minimum standards must be met for a location to receive approval:

1. Lighting, heating and cooling appropriate to the season.
2. Adequate restroom facilities for the staff and candidates.
3. A holding area that allows comfortable and safe seating for candidates while waiting for their exam opportunity.
4. A location for staff to be oriented and to meet with the **Chief Examiner**. (This may be an exam room, break room or the holding area prior to candidate arrival)
5. A secure room for the **Chief Examiner** to conduct reviews, tabulation of scores and other administrative duties. (This is in addition to any communal break rooms or public areas)
6. A minimum of five (5) separate examination rooms. Each room must include:
  - a. Adequate privacy and sound-proofing
  - b. A door that can be closed
  - c. At least 100 square feet of open space for skills demonstration
  - d. Seating for **Authorized Observers** and **Skill Examiners**.
  - e. Carpet, padding or other safe surface for kneeling and lying supine.
  - f. Signage for each station. (Signage must bear the name of the station and not indicate the nature of illness or injury to be treated. For example, the sign may not read “Traction Splinting” but should read “Random Skills”)

Restrooms, utility rooms with noisy machinery, unheated or uncooled areas, vehicles and similar non-traditional areas should not be utilized for exam rooms. The exam site should be selected so as to present a professional image to candidates.

An **examination site** seeking approval to conduct ongoing and open registration psychomotor examinations shall have a minimum of nine (9) separate examination rooms as identified in item 6 above.

## 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 **Chief Examiner**. An **Examination Coordinator** is an employee, contractor or agent of the **Examination Site** or host and does not represent the State of Connecticut, Department of Public Health, Office of Emergency Medical Services. (OEMS)

### Qualifications:

An **Examination Coordinator** must hold a current unrestricted certification as an emergency medical services instructor (EMSI) issued by the Connecticut Department of Public Health.

### Responsibilities:

The **Examination Coordinator** is responsible for the following upon approval by the Department:

1. 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Examination Coordinator** must help assure that each **Skill Examiner** conducts himself/herself in a similar manner throughout the examination.
2. Coordinating the examination with an approved **Chief Examiner** to oversee administration of the psychomotor examination.
3. Maintaining a reservation list of candidates who will be attending the psychomotor examination.
4. Assuring that the approved **Chief Examiner** receives a copy of the final reservation list of candidates registered for the psychomotor examination by the appropriate cut-off date prior to the scheduled examination.
5. Ensuring that the facilities for the psychomotor examinations meet the NREMT and Department standards.
6. Selection of qualified **Skill Examiners**.
7. Selection of appropriate individuals of average adult height and weight to serve as **Simulated Patients**.
8. Obtaining clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
9. Overseeing the timely flow of all candidates through the skills in conjunction with the **Chief Examiner**.

The **Examination Coordinator** must be present at the site during the examination. The **Examination Coordinator** may not serve as a **Skill Examiner** during the examination. If the **Examination Coordinator** is not able to be present at the examination due to unforeseen circumstances, he/she must contact the Office for permission to assign a similarly qualified 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.

## Chief Examiner

The **Chief Examiner** represents the Department of Public Health, Office of Emergency Medical Services and acts as an independent contractor to ensure the validity, impartiality and integrity of the examination process. A **Chief Examiner** must not have a conflict of interest with any candidate and must recuse themselves from duties should a conflict arise. Refer to “Conflicts of Interest” elsewhere in this document.

### Qualifications:

A **Chief Examiner** must meet each of the following qualifications to be approved by OEMS:

1. Hold a current unrestricted certificate as an emergency medical technician, advanced emergency medical technician or licensed paramedic.
2. Hold a current unrestricted certificate as an emergency medical services instructor.
3. Demonstrate successful completion of an OEMS approved **Chief Examiner** training program to include didactic training and practical monitoring.
4. Demonstrate a functional understanding of the EMS certification process.
5. Demonstrate experience as an **Examination Coordinator** and Skills Evaluator during prior examination events.

### Responsibilities:

1. Arrive one (1) hour prior to the scheduled start of the EMS examination.
2. Ensure that all candidates complete the psychomotor examination in the same standardized format.
3. Ensure that any candidate who seeks “reasonable accommodation” for a documented disability is given such accommodation in accordance with OEMS direction.
4. Monitor all examination personnel for fair, polite and professional behavior, taking action as needed to ensure the validity, impartiality and integrity of the process.
5. Maintain administrative records of the examination.
6. Address and investigate suspected or reported cases of dishonest behavior or irregular occurrences during the examination.
7. Confirm presence or absence of all registered candidates and ensure that no unauthorized person attends the examination.
8. Confirming the identification of all registered candidates by use of state issued identification, personal knowledge or other reliable means.
9. Inspection of each skill stations prior to the beginning of the examination process.
10. Periodic re-inspection of skill stations to ensure a standardized approach.
11. Orient candidates, **Skill Examiners**, simulated patients and **Authorized Observers** to the examination by reading the prescribed instructions and answering questions as they arise.
12. Observe each **Skill Examiner** once during each examination event to ensure that the examiner is objectively recording a candidate’s performance on the prescribed skill sheet. ( as time allows)
13. Address and document any complaints or irregular occurrences during the examination process.

14. Confirm the tallied points on a skill sheet and determine “Pass” or “Fail” status based on the established minimum points and critical criteria established by OEMS.
15. Provide and document corrective action including counseling, redirection and removal of any **Skill Examiner**, candidate or **Authorized Observer** during the examination process.
16. Ensure that no **Skill Examiner** has a significant conflict of interest with a candidate. Refer to “Conflicts of Interest” elsewhere in this document.
17. Transcribe examination results to the official report to be submitted to OEMS.
18. Ensure the security and confidentiality of all examination records before, during and after the examination event.

## Skill Examiner

The **Skill Examiner** provides a reliable and consistent standardized practical examination opportunity for the candidate while observing and objectively documenting the candidate's actions on the prescribed skill sheet. The **Skill Examiner** is an agent of the **Examination Site** and may be a paid employee, sub-contractor or volunteer thereof. If the **Skill Examiner** has a conflict of interest with any candidate and must recuse themselves if such conflict arises. Refer to "Conflicts of Interest" elsewhere in this document.

### Qualifications

**Skill Examiners** must meet each of the following criteria:

1. Current unrestricted EMT or AEMT certification or paramedic licensure.
2. Current NREMT certification as EMT, AEMT or paramedic.
3. Two (2) years active experience in emergency medical services
4. Completion of an OEMS approved "**Skill Examiner** Training" program to include didactic, laboratory and practical experience.
5. *Special Note:* The **Skill Examiner** for a CPR examination station should hold a current status as a BLS instructor with the American Heart Association, American Safety and Health Institute, American Red Cross, National Safety Council or other nationally recognized training agency.

### Responsibilities:

1. Arrives at the **Examination Site** in advance of the scheduled start time.
2. Checks exam station for equipment and supplies.
3. Reviews responsibilities with simulated patients and authorized observers.
4. Lays out and resets station to provide a valid and standardized examination experience for each candidate.
5. Documents candidate performance on the prescribed skill sheet by awarding the assigned number of points for each skill listed, and awarding zero (0) points for those skills not performed or performed incorrectly.
6. Objectively documents missed or incorrectly performed skills without subjective commentary.
7. Marks any "Critical Criteria" that would indicate failure to perform the skill correctly.
8. Maintains security of all exam materials and skills sheets.
9. Cooperates with **Chief Examiner** and **Examination Coordinator** to ensure a valid examination event.
10. Responds promptly to communication from the **Chief Examiner, Examination Coordinator** or representative of DPH-OEMS in regards to the exam event.

## Simulated Patient

The **Simulated Patient** may be an **Authorized Observer** or other person who is prepared by the **Examination Coordinator** and/or **Skill Examiner** to act as a patient for the benefit of the candidate. The **Simulated Patient** is an agent of the **Examination Site** and may be a paid employee, sub-contractor or volunteer thereof. If the **Simulated Patient** has a conflict of interest with any candidate and must recuse themselves if such conflict arises. Refer to “Conflicts of Interest” elsewhere in this document.

### Qualifications:

1. Aged 16 or older.
2. “Average” height and weight. This means that the person should fit easily in a provided chair, extrication device, backboard, stretcher or other medical equipment needed to demonstrate psychomotor competency.
3. Capable of answering questions and reacting as directed to candidate questions and assessments in a uniform manner.
4. Comfortable being assessed and examined by various candidates (male, female, all ages).

### Responsibilities:

1. Receive direction from the **Skill Examiner** and **Examination Coordinator** as to what complaints, responses and symptoms are to be presented to candidates.
2. Act the role of an injured or ill patient for the benefit of an exam candidate.
3. Reliably demonstrate uniformity for each candidate attempt at the station.
4. Provide complaints, responses and symptoms only when asked or prompted by the candidate. For example, a Simulated Patient should not say “I have left sided abdominal pain that started last evening after I ate a sesame bagel.” Rather the **Simulated Patient** should wait to be asked each element of the assessment by the candidate.
5. Report the success of a candidate to the **Skill Examiner** on specific interventions such as tightness of splints, stability of cervical collars and pulse location identification.

## Authorized Observer

The **Authorized Observer** may serve as a Simulated Patient, trained EMT assistant or supplemental member of the examination team. The **Authorized Observer** is an agent of the **Examination Site** and may be a paid employee, sub-contractor or volunteer thereof. If the **Authorized Observer** has a conflict of interest with any candidate and must recuse themselves if such conflict arises. Refer to “Conflicts of Interest” elsewhere in this document.

The position of **Authorized Observer** should be the first step for any future **Skill Examiner**.

### Qualifications:

1. Aged 15 or older.
2. Currently enrolled in or recently graduated from a Department approved EMS education program or a currently certified EMS provider.

### Responsibilities:

1. Follow directions of the **Skills Evaluator, Examination Coordinator** or **Chief Examiner** as to location, position and duties.
2. Maintain a professional atmosphere in the examination event.
3. Maintain confidentiality of scenarios and candidate performance.
4. Assemble, reassemble and maintain examination equipment and supplies as directed.
5. Report actions of the candidate to the **Skill Examiner** as requested.

## Candidate

The examination **Candidate** is a person seeking credentialing or certification who is required to complete a psychomotor examination in accordance with the regulations of the State of Connecticut. If the **Candidate** has a conflict of interest with any exam staff member, they must notify the **Chief Examiner** prior to starting the examination. Refer to “Conflicts of Interest” elsewhere in this document.

## Qualifications

1. Have completed a Department approved EMT course.
2. Appear on the pre-registered list of candidates.
3. Appear on a “T-4 Course Completion Form” as filed with the Office of Emergency Medical Services.

## Responsibilities:

1. Arrive at the scheduled testing site at the appointed start time.
2. Bring government issued identification such as a driver license.
3. Pay the required fee, if any, to the **Examination Site** representative for the examination.
4. Wear clothing that does not identify them as a member of any police, fire or EMS agency or EMS educational facility.
5. Refrain from bringing any study or reference materials into the testing site.
6. Refrain from using any cellular phone, personal computer, “smart” watch or other device that may raise suspicion of unethical behavior.
7. Maintain honesty and integrity while attending each exam station.
8. Refrain from discussing the details of the exam with other candidates.
9. Report any unusual occurrence to the **Chief Examiner**.

## Additional Exam Staff

Prior to the exam event, the **Chief Examiner** and **Examination Coordinator** shall collaborate to ensure that adequate additional staff are present to ensure security, safety and candidate flow. This may include a registrar, hall monitors, or other administrative staff. The number and duties of additional staff will be based on facility layout, number of candidates and stations and timeframe.

Additional staff should conform to the general expectations of other positions in regards to confidentiality, dress, behavior and fair opportunity.

## Chief Examiner Training Program

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# Skill Examiner Training Program

## History

Previously, a broad spectrum of experience and training has been accepted as a prerequisite to become an EMS **Skill Examiner**. Effective with the implementation of this program, all new examiners must complete the following path of training prior to being appointed as **Skill Examiners**. Existing EMS **Skill Examiners** will be required to become compliant with the requalification requirements over a one-year period of implementation.

This process has been developed to provide a fair and consistent examination environment for each candidate and to allow for a defensible examination process.

## Application

A new applicant shall submit his/her interest in writing (email is acceptable) along with a letter of support from one (1) currently certified EMS instructor. The applicant must be currently certified as an EMT, AEMT or licensed as a paramedic, and have a minimum of 2 years EMS experience. The applicant must also have actively participated in skills training or examination in one or more OEMS approved EMR or EMT training programs.

## Classroom Training

A new applicant shall attend and complete the training objectives of a Department approved “**Skill Examiner** Workshop”. This training workshop will provide the applicant with the necessary information to prepare for an internship and eventual approval as an EMS **Skill Examiner**. The program outline will be developed at the direction of the OEMS Education and Training Coordinator.

The workshop will be conducted by the OEMS Education and Training Coordinator, with the assistance of **Chief Examiners** and the direction of the Director of OEMS.

## Internship

A new applicant shall serve an internship of at least five (5) full exam events, spending at least one (1) full test in each of the five stations. If, in the future, stations are added or removed from the examination process, this number shall be modified. The intern will be assigned to an experienced EMS **Skill Examiner** who should present best practices and encourage an ongoing dialogue.

The examiner intern will mirror the examiner of record by scoring each candidate on a separate skill sheet which should be clearly marked “Intern Copy” on the top. After each candidate examination, the intern and experienced examiner should compare notes and consider how the intern can apply learning in future exams.

After each exam event, the experienced examiner should make a brief written or email report to the **Chief Examiner** regarding the experience and progress of the intern. The **Chief Examiner** will pass these comments to the OEMS Education Coordinator.

Once the intern has completed at least two (2) full exam events and the corresponding reports have been submitted to the OEMS Education Coordinator, the intern may be placed on the current list of approved **Skill Examiners**.

### **Requalification**

EMS **Skill Examiners** must submit to the OEMS Education and Training Coordinator a request to be requalified at the time of the expiration of their EMS certification, or in the case of licensed paramedics, at the time of the expiration of their license in even numbered years. To receive requalification, an examiner must have participated in at least six (6) examination events in the 2-year period (pro-rated for partial years) and attend any seminars or training established by the EMS Education and Training Coordinator.

During the first year of implementation of this program (2019), all existing **Skill Examiners** must attend one session of the OEMS approved “Skill Examiner Workshop”.

Any **Skill Examiner** who has not met the minimum requirements for requalification will be removed from the list of approved examiners and must apply as a new **Skill Examiner**.

The term “EMS Skill Examiner” is not a Department of Public Health certification or license. The term indicates that a specific person has met the objectives and current expectations of an examiner. It confers no additional authority or scope of practice beyond the person’s certification.

# Examination Preparation

## Pre-Examination Preparation

An **Examination Coordinator** shall file a request to hold an examination with the Office of Emergency Medical Service not less than thirty (30) days prior to the exam. The Office will assign a **Chief Examiner** to each examination event. The **Examination Coordinator** shall collaborate with the **Chief Examiner** to facilitate the exam event.

## 10 Days Prior to Examination Event

The **Examination Coordinator** shall submit a list of candidates, **Skill Examiners** and **Authorized Observers** to the **Chief Examiner**. Once submitted, the list of candidates may not be added to. The list of **Skill Examiners** and **Authorized Observers** may be updated as needed.

## Day of Examination Event

The Exam Coordinator, **Skill Examiners**, **Authorized Observers** and **Chief Examiner** shall arrive at the **Examination Site** one (1) hour prior to the start of the examination. This allows time for station setup, inspection and briefing of all staff.

The **Chief Examiner** shall issue and record the station guidelines and relevant scripts. The random station, medical station and trauma station will be selected according to OEMS guidance. This provides for a less predictable examination event for the candidate.

## EMS Examination General Rules

1. All members of the Exam team are to maintain a courteous and professional demeanor.
2. Assigned **Skill Examiners** and **Authorized Observers** may not change stations without the direction of the **Chief Examiner**.
3. Candidates are not permitted to socialize or discuss the contents of the examination. Observers and exam staff should monitor candidates and encourage ethical and professional behavior.
4. No **candidate, observer, examiner** or **Chief Examiner** may wear any clothing or identification that displays a certain organization or service. Generic EMS and “Star of Life” logos are permitted.
5. When duplicate stations are operated, both stations must have similar brands, styles and quality of equipment. For example, if two BVM stations are functioning, both must have similar suction units, not one with a manual vacuum device and the other with a battery powered suction machine.
6. Station equipment should be reset to the original position after each candidate attempt. Cervical collars, BVMs, and other equipment should be return to their packaged condition.
7. **Skill Examiners** may ask specific questions of the candidate to clarify their actions or questions. *For example, if a candidate says “I will administer oxygen,” you could ask, “Which device and flow rate would you give?” Questions should not be leading in nature or demand extensive scientific explanation. The examiner should not ask probing questions such as the FiO<sub>2</sub>, contraindication and side effects of a certain method of administering oxygen.*
8. **Skill Examiners** may direct a candidate to demonstrate a skill instead of verbalizing it if the skill is vital to the tested station. *For example, on the CPR station, chest compressions, breaths and AED use must be demonstrated, not verbalized. The candidate may verbalize calling for assistance and questioning bystanders about medical history.*
9. **Skill Examiners** and **Chief Examiners** should avoid adding ANY personal subjective commentary to the skill sheet such as “Well Done”, “Not Yet Ready to be an EMT” or similar comments. Specific objective notes are correct, such as “Dropped oxygen cylinder on floor” or “Performed compressions on abdomen of manikin during cycles 1 and 2 of CPR.”
10. Start and End times should be recorded as actual clock time, not elapsed time. This allows for a time recreation if needed after the examination.
11. **Skill Examiners** should understand that while the skill sheets list steps in a linear format, the skills need not necessarily be performed in the presented order.
12. During the 2 minute period of equipment inspection, a **Candidate** is allowed to:
  - a. Inspect, touch and handle all provided equipment and supplies.
  - b. Move and relocate items according to their preference
  - c. Turn on and off equipment (AED, suction, etc)
  - d. Test equipment such as chest rise on manikins
13. During the 2 minute period of equipment inspection, a **Candidate** is NOT allowed to:
  - a. Pre-assemble equipment that is intended to be assembled during the skill (oxygen tubing, AED electrodes)
14. If a **Candidate** indicates that they are not at all familiar with a certain piece of equipment, the **Skill Examiner** or **Chief Examiner** must provide a brief demonstration of the equipment. This may include, but is not limited to a specific brand of AED trainer, commercial tourniquet, powered or manual suction unit or adjustable cervical collar. *This follows the same principle*

*that an employed entry level EMT would receive in-service orientation to any new piece of equipment in the real world workplace.*

## Examination Stations

EMT candidates must complete five (5) psychomotor skills stations. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The psychomotor examination has been designed to serve as a formal verification of the candidate's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance should not be discussed with any candidate unlike that which should occur in the educational process during the learning phase.

### **Station 1: Patient Assessment and Management – Trauma** **10 Minute Maximum**

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and treatment of a moulaged simulated patient or high fidelity simulation manikin for a given scenario. This station will include one immediate life threat that must be treated correctly.

This skill includes:

- a. Scene Size-up
- b. Primary Survey/Resuscitation
- c. History Taking/Secondary Assessment
- d. Vital Signs/Reassessment

### **Station 2: Patient Assessment and Management – Medical** **15 Minute Maximum**

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and treatment of a simulated patient for a given scenario.

This skill includes:

- a. Scene Size-up
- b. Primary Survey/Resuscitation
- c. History Taking/Secondary Assessment
- d. Vital Signs/Reassessment

### **Station 3: Bag-Valve-Mask Ventilation of an Apneic Adult Patient** **5 Minute Maximum**

All candidates will be required to provide ventilatory assistance to an apneic adult patient who has a weak carotid pulse and no other associated injuries. They are required to manually open an airway, suction the mouth and oropharynx, insert an oropharyngeal airway, and ventilate a manikin with a bag-valve-mask device.

### **Station 4: Cardiac Arrest Management/AED (Modified in 2019)** **5 Minute Maximum**

All candidates will be required to integrate CPR skills, perform 2 minutes of 1-person adult CPR, attach and use the AED (including shock delivery) given a scenario of an adult patient found in cardiac arrest where no bystanders are present.

### **Station 5: Random EMT Skills (Modified in 2019)** **5 Minute Maximum**

All candidates will be evaluated on one (1) of the following EMT skills chosen at random by the **Chief Examiner** on the day of the examination event. All candidates at that examination event will be given the same skill:

- a. Bleeding Control/Shock Management
- b. Long Bone Immobilization
- c. Joint Immobilization

Note: The seated spinal immobilization (KED) station has been removed from the Connecticut EMT examination process. While full spinal immobilization is not tested in this exam, it should still be taught in the classroom setting.

## Skill Examiner Orientation to the Psychomotor Examination

**Note:** *The Chief Examiner must read this narrative aloud to all Skill Examiners. A printed copy may also be provided to the examiners. No exception is made for examiners who have participated previously.*

My name is [\_\_\_\_\_]. I will be responsible for administration of this examination. On behalf of the National Registry of Emergency Medical Technicians and the State of Connecticut Office of Emergency Medical Services, 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. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed 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 Department does not discriminate or harass and it 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, calipers, calculators, or any other electronic or mechanical devices. Take a few moments and clearly print the candidate's candidate number on the evaluation form as well as your name, the date, and

scenario or set 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. 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 assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate 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 clock 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 clock 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 write "OT" 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 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?

You are responsible for the security of all evaluation materials throughout the examination and 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 assure 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, 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. 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?

## Candidate Orientation to the Psychomotor Examination

**Note:** *The **Chief Examiner** must read this narrative aloud to all candidates. A printed copy may also be provided to the candidates. No exception is made for returning candidates who have tested previously.*

My name is [\_\_\_\_\_]. I will be responsible for administration of this examination. The **Examination Coordinator** for this test is [\_\_\_\_\_]. On behalf of the National Registry of Emergency Medical Technicians, the Office of Emergency Medical Services, and [Exam Host \_\_\_\_\_], I would like to welcome you here today. We extend our sincere wishes for your successful completion of this part of the certification process and obtaining subsequent National 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.

(The **Chief Examiner** calls the roll and marks candidates present or absent)

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 Office of Emergency Medical Services are not responsible for your incomplete attempt of 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.

You will be routed from the staging area when a skill is prepared 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. Also, any devices capable of recording photographs, audio or video must be removed from the exam site. 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.

You have been given a candidate number which allows the **Skill Examiner** to record your performance while maintaining an impartial attitude. As you enter the room, the **Skill Examiner** will greet you and ask for your candidate number. Please provide the number 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 State EMS Office. This information is read to each of you in the same manner to assure 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 skills are supplied with several types of equipment for your selection. You will be given time 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.

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. 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 assure 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 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 Office of EMS to your instructor. If you make any errors in your performance, the Department of Public Health will not explain any specific errors in any performance. The purpose of the examination process 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. The Quality Assurance Committee, comprised of the **Examination Coordinator** and the **Chief Examiner** or approved agent will review your concerns and make a final determination of your complaint.

I am here today to assure that fair, objective, and impartial evaluations occur in accordance with NREMT and state-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, your complaints will not be accepted.**

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

Please print the following information legibly on the EMT Psychomotor Examination Report Form:

- Identification number (State Certification #, Examination Routing #, etc.)
- Examination Date (Month, Day, Year)
- Name
- Address
- **Examination Site** (Name of Facility, City, State)
- Are you only retesting three (3) or less skills today? Please bubble-in your response as either “No” or “Yes”

Notice the skills listed in the chart. If you are taking the entire psychomotor examination today, be sure to complete all five (5) 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 five [5] 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 two (2) skills and be eligible to retest just the skills failed. Failing more than two (2) skills will require repeating the entire psychomotor examination on another date. Remember that examination results are only valid for up to 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. We cannot score or report incomplete psychomotor examination attempts. The NREMT, the State EMS Office and its approved agent 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 **YOUR EMS INSTRUCTOR**.

Lastly, be sure to read the “Candidates Statement” on the back side of the 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.

## Quality Assurance Committee Procedure

The **Quality Assurance Committee** is responsible for the following:

1. Review and rendering of official and final decisions for all candidate complaints
2. Review and rendering of official and final decisions in cases where a specific performance, treatment protocol, or other situations arise in which the **Chief Examiner** needs assistance to objectively make a final determination.

The Quality Assurance Committee will consist of the **Examination Coordinator** and **Chief Examiner** plus one **Skill Examiner**. An uninvolved, unbiased person should replace any involved and potentially biased party before the Quality Assurance Committee can begin deliberations. The **Chief Examiner** serves as the Chairperson of the Quality Assurance Committee. No Quality Assurance Committee meetings can be held without all members assembled.

After the **Chief Examiner** receives a complaint that may be valid, he/she should provide the candidate with the EMT Psychomotor Examination Complaint Form. The candidate will then be permitted adequate time to complete the form for submission to the Committee. The **Chief Examiner** should only permit the candidate to file a complaint based upon discrimination or equipment malfunction. The **Chief Examiner** should under no circumstances inform the candidate or anyone else of the candidate's pass/fail status. Please inform the candidate to remain at the **Examination Site** should any further questions develop and to await the decision of the Committee.

The **Chief Examiner** should investigate the candidate's concerns and may individually rule on nullifying results without deliberation of the Quality Assurance Committee only if the complaint centers around equipment malfunction.

The guidelines for the Quality Assurance Committee include:

1. The **Chief Examiner** should inform the **Examination Coordinator** when a formal complaint has been initiated.
2. The **Chief Examiner** should notify the involved **Skill Examiner** that a complaint has been filed and he/she should remain on-site to be interviewed by the Quality Assurance Committee if necessary.
3. The **Examination Coordinator** should secure a room for the Committee's deliberations.
4. The Committee will meet at a convenient time so as to not delay the remainder of the examination.
5. The **Chief Examiner** should acquire the skill evaluation form(s) from the skill(s) in question. Only skills that have been addressed by the candidate in the written complaint should be reviewed.

6. The **Chief Examiner** should read the complaint aloud exactly as written. The Committee should then come to consensus as to the validity of the complaint. The Committee should determine the necessity to interview the **Skill Examiner** and/or the candidate. If interviews of both parties are required, they should be conducted separately.
7. Each member of the Committee has one vote. A majority vote rules as the official decision of the Quality Assurance Committee. After all facts have been gathered and disclosed, the Quality Assurance Committee should vote to determine one of the following outcomes:
  - a. Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).
  - b. Complaint is not valid after consideration of the facts and all results in question stand as reported.
8. **THE RESULTS OF ANY SKILL, EITHER PASS OR FAIL, CANNOT BE CHANGED BY THE STATE EMS OFFICIAL OR APPROVED AGENT, QUALITY ASSURANCE COMMITTEE, OR ANY OTHER INDIVIDUAL. THE ONLY ACTION PERMISSIBLE BY ANYONE IN RELATIONSHIP TO FINAL SCORES IS OUTLINED IN "7a" AND "7b" ABOVE.**
9. Any candidate whose results have been nullified should be examined again by a different **Skill Examiner**.
10. The Quality Assurance Committee should complete the Quality Assurance Committee Report for submission to the State EMS Office.
11. The **Chief Examiner** should then meet with the candidate and inform the candidate of the Quality Assurance Committee's official decision. The candidate should be informed that this decision is final and cannot be reversed by the Office of Emergency Medical Services or the NREMT. Obtain the candidate's signature on the form that acknowledges these actions were completed at the **Examination Site**. If the candidate refuses to sign, the Chief examiner should add a note to this effect.
12. The **Chief Examiner** should submit the EMT Psychomotor Examination Complaint Form and the Quality Assurance Committee Report to the State EMS Office along with all other examination materials.

**EMS PSYCHOMOTOR EXAMINATION  
COMPLAINT FORM**

I wish to file a formal complaint based upon the following information in accordance with OEMS policy that was explained to me during the "Candidate's Orientation to the Psychomotor Examination." I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) in question:

\_\_\_\_\_

I believe that one of the following two situations has happened: (no other reasons are accepted)

- I was discriminated against in the station.
- A piece of equipment in the station malfunctioned.

Summary of Circumstances:

\_\_\_\_\_  
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\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: The Quality Assurance Committee advises you to stay on-site during deliberations of this complaint. Do not leave this site until the Chief Examiner informs you of the Quality Assurance Committee's official decision.

**QUALITY ASSURANCE COMMITTEE**

**REPORT FORM**

Candidate: \_\_\_\_\_ Exam Site: \_\_\_\_\_  
Date: \_\_\_\_\_ Skill: \_\_\_\_\_  
Examiner: \_\_\_\_\_ Examiner Phone #: \_\_\_\_\_

After reviewing the facts as presented, the Quality Assurance Committee's official decision is as follows: (mark only one)

- \_\_\_ 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.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the Quality Assurance Committee's decision by the In-charge person.

\_\_\_\_\_  
Signature or name of **Chief Examiner**

\_\_\_\_\_  
Signature of **Examination Coordinator**

\_\_\_\_\_  
Signature of **Skill Examiner**

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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

This form should be submitted to the Office of Emergency Medical Services with all examination materials.

## Use of Scoring Instruments (Skill Sheets)

The Department has adopted most of the current NREMT “performance checklists” and endorsed them with the state seal. These sheets do not represent a mandatory order of events or a minimum list of skills. Rather they represent a general list of critical and likely steps that will occur during a typical patient encounter.

Points must be awarded in whole numbers as indicated on the sheet. For example, the candidate is awarded one (1) point for wearing or verbalizing use of personal protective equipment. If the candidate fails to utilize any PPE (verbally or physically) that point may not be awarded. No partial points may be awarded.

Some steps allow the awarding of one point per step or body part. For example, the candidate is awarded two (2) points for assessment of both upper extremities (1 per arm). If the candidate assesses the left arm, but fails to assess the right arm, the examiner may award one (1) point. However, the examiner may not award 0.5 points or 1.5 points.

A missed point should not constitute a failure unless specifically identified as a clear critical criteria. For example, when performing CPR, a candidate may demonstrate one or two failed breaths. The examiner may withhold one point from the 5 available points, however should not automatically check the “Failure to demonstrate acceptable high-quality 1-rescuer adult CPR.” This critical criteria should be considered if the candidate scored fewer than 4 of the available points.

One specific point value has been disputed among examiners and examination sites, thus the following interpretation is provided:

On the **Patient Assessment and Management Medical** skill sheet, five (5) points may be awarded for conducting a system based secondary exam. The entire five (5) points should be awarded if the candidate asks a reasonable set of questions or conducts a reasonable focused physical examination of the affected body system, at the level of an entry level EMT. Some of these questions or examinations may have occurred earlier (such as lung sounds, pulse oximetry) and some may occur during a specific examination phase (conducting a focused stroke exam utilizing any standard method). Awarding of these points should be based on the entire skill, not simply the time between history gathering and transport.

### Critical Criteria

When an examiner marks a critical criteria, that action ensures candidate failure at the station, and therefore must be justified with at least one written statement describing the critical failure. The statement must be more in-depth than a restatement of the criteria. For example, if checking the critical criteria “Failure to take or verbalize appropriate PPE precautions,” the examiner may write:

“Candidate neither wore any PPE nor verbalized the need for such. Gloves and a face mask were plainly in view along with other station equipment.”

Only one critical criteria should be marked. Each critical criteria stands alone as justification that a candidate failed to demonstrate competency in a skill. Documenting additional criteria does not serve to prove any excessive failure.

When a critical criteria item has been marked, the Skill Examiner MUST document the candidate's actual actions as a narrative on the skill sheet. The Examiner may not simply restate the criteria language, rather describe how the candidate failed to demonstrate the criteria.

Two critical criteria are subject to broad interpretation as they apply to the affective domain of learning. **“Exhibits unacceptable affect with patient or other personnel”** and **“Failure to manage the patient as a competent EMT”** – Any examiner selecting these critical criteria must seek advice from the Chief Examiner prior to marking this option. In determining if this selection is the best reason for failure, the examiner and Chief Examiner must consider the following items:

- Does any other critical criteria sufficiently describe the candidate's failure?
- Will the reason for selecting this criteria stand up to a review of the station by the Quality Assurance committee or OEMS?

**“Exhibits unacceptable affect with patient or other personnel”**

This critical criteria may be applied to the candidate who demonstrates a clear and unquestionable inability to communicate, assess or interact with a patient or other personnel in the exam. This may include:

- Repeated use of profanity
- Actions that would cause immediate danger to others
- Violent actions or behaviors
- Sexually explicit speech or actions
- Gross failure to communicate with others
- Demonstrating belittling or badgering behavior

**“Failure to manage the patient as a competent EMT”**

This critical criteria is reserved for the candidate who demonstrates gross incompetence, not simple errors in technique or methodology. For example a candidate's demeanor or actions may cause the examiner great concern that the candidate is acting unprofessionally or incompetently. In considering this criteria, the examiner and Chief Examiner must consider that if the candidates actions were to occur in the real world of EMS, the candidate would risk suspension of employment or revocation of certification. This may include:

- Administering CPR to an alert and talking patient
- Using or directing an intervention that is well beyond the scope of the EMT (needle decompression, IV access, cardioversion, etc)
- Unethical or dishonest behavior including cheating or lying.

The above listed critical criteria may not be applied due to the failure of a candidate to demonstrate a skill correctly. For example, if the AED electrodes are placed incorrectly, award 0 points for that “Follows prompts and correctly attaches AED to patient”, and mark the associated critical criteria. Do not additionally mark the “Failure to manage the patient as a competent EMT.” The following actions should never cause the examiner to automatically mark a critical criteria:

- Stepping over a patient.
- Reaching across the trachea to the opposite carotid pulse

- Feeling two pulse points at the same time
- Tying a knot over skin (unless actual injury is incurred)
- Tying a bow when securing a splint (unless it entirely fails to remain secure)
- Does not give oxygen when no oxygen is indicated.

### False Identification

If 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 **Chief Examiner** must immediately 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 **Chief Examiner** must also dismiss the impersonator from the **Examination Site**. A report must be filed 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, Chief Examiner**, or any other person in an official capacity at the **Examination Site** cannot verify his/her true identity, the **Chief Examiner** must immediately dismiss the candidate from the psychomotor examination.

### 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 assure 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 assure that the candidate will be able to complete all portions of the psychomotor he/she needs, the candidate must be dismissed from the psychomotor examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

Refunds or credit towards future examination events may be provided at the discretion of the **Exam Coordinator**.

## 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 candidate's report form in the section for "Comments" below your signature.

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 **Chief Examiner** 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 State EMS Official or approved agent, **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!

## 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 may be dismissed from the examination process by the **Chief Examiner**.

If you suspect any candidate of committing any of the above actions, the **Chief Examiner** must prepare a written report, paying particular attention to the following criteria:

1. Identify each suspected candidate by name, identification number, and level of examination.
2. 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.
3. Identify the names, addresses, and phone numbers of all **Skill Examiners**, Simulated Patients, Examination Coordinator, and any other person who also observed the incident.
4. All completed reports must be submitted to the **Chief Examiner** before leaving the site.
5. Each person submitting the report must sign the report.

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.

Even though all psychomotor examination materials are confidential, 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 State EMS Office. You may be directed to form a Quality Assurance Committee to:

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 property of the State.

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

## Candidates Suspected of Dishonest Action

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

1. Name, address, and phone number of the person who witnessed the occurrence
2. Purpose/function at the **Examination Site**
3. A summary of all facts concerning the situation

Prior to returning completed examination materials, the **Chief Examiner** must clearly mark the EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report.

## Irregular Behavior

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:

1. 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.
2. 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.
3. The making of threats toward NREMT and State EMS Office staff or agents or exam staff.
4. The use of unprofessional (foul) language when interacting with State EMS Office staff or agents.
5. The offering of any benefit to any agent of the NREMT, State EMS Office or the testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
6. 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, the **Chief Examiner** has 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.

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 State EMS Office staff or agents; used unprofessional (foul) language when interacting with NREMT or State EMS Office staff or agents; attempted to take or took any 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.

## Reporting Psychomotor Examination Results

The psychomotor examination skill evaluation forms should be totaled by the **Skill Examiner**. The **Chief Examiner** may total the points on forms that have not been added-up as long as the points for each individual step have been entered. The **Chief Examiner** should determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill. The **Chief Examiner** should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been gained. If the **Skill Examiner** has left any areas of the form blank, if comments written by the **Skill Examiner** do not support the points awarded or deducted, or any other areas of confusion exist, the **Chief Examiner** should contact the **Skill Examiner** for a full explanation and clarification. After discussion, if it is determined that the **Skill Examiner** made any error in scoring, the **Skill Examiner** should make any necessary adjustments to the evaluation form and initial any changes. If the objectivity of the **Skill Examiner** is questioned, the **Chief Examiner** should again observe the **Skill Examiner** until he/she again verifies that the skill is being conducted within NREMT guidelines.

The **Chief Examiner** should transcribe all results onto the EMT Psychomotor Examination Report Form. This may be accomplished at the **Examination Site** or following the examination at the discretion of the **Chief Examiner** based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the **Chief Examiner** in accordance with State EMS Office recommendations (12 months).

The most efficient way to score psychomotor examination results is to lay out the EMT Psychomotor Examination Report Forms in alphabetical order on the tabletop in the secure room. As the individual skill evaluation forms are collected, the **Chief Examiner** distributes the sheets by placing them on top of the appropriate candidate's psychomotor report form. As soon as the results are transcribed, the individual skill evaluation form is placed underneath the EMT Psychomotor Examination Report Form. Then as more sheets are collected, the individual skill evaluation forms are placed on top of the appropriate candidate's EMT Psychomotor Examination Report Form. In this way, the only results that must be transcribed are those that are lying on top of the EMT Psychomotor Examination Report Form. This also eliminates the need to constantly shuffle through forms that have already been scored and transcribed.

## Completion of the Psychomotor Examination

The **Chief Examiner** will be very busy scoring results, informing candidates of his/her unofficial results as **Skill Examiners** begin to finish the psychomotor examination and turn-in examination materials. The **Chief Examiner** should develop the following habit for collecting psychomotor examination materials to help assure that no secure materials will be lost:

1. As the **Skill Examiner** turns-in material, ask yourself, “Is there any secure scenario information this **Skill Examiner** should be turning-in?” Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical may have secure scenario information that needs to be collected before the **Skill Examiner** leaves the site.
2. If the **Skill Examiner** was issued secure scenario information, stop transcribing examination results and re-inventory all secure information the **Skill Examiner** is turning-in. Immediately file the secure information in a safe area.
3. Start three (3) separate piles of paperwork and file the remaining materials as follows:
  - a. Completed skill evaluation forms
  - b. “Blank” skill evaluation forms
  - c. Essays to the **Skill Examiners**
4. Briefly interview the **Skill Examiner** concerning any problems or areas of confusion that may have occurred before dismissing the **Skill Examiner**.
5. Continue 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 **Chief Examiner** should pick up the report forms in numeric 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 numeric order and secured with a rubber band. The **Chief Examiner** should assure 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 **Chief Examiner** should then promptly return all psychomotor examination materials to the State EMS Office. Skill sheets, final report spreadsheets and all relevant documentation must be delivered to OEMS by end of business on the second business day following the exam.

## Accommodations Policy

The Americans with Disabilities Act (ADA) is designed to eliminate unnecessary barriers to people with disabilities in the areas of employment, transportation, public accommodations, public services, and telecommunications. This comprehensive federal act has many sections that affect builders, state and local governments and employers. Title III of the ADA specifically assures that certification test sponsors must provide appropriate accommodations to otherwise qualified candidates so as to permit candidates to be tested on their true abilities.

It is the policy of the Department of Public Health to administer certification examinations in a manner that does not discriminate against an otherwise qualified candidate. Examination hosts will offer reasonable and appropriate accommodations for the psychomotor examination for those with documented disabilities as required by the Americans with Disabilities Act.

The Department urges candidates requesting any accommodation to submit such requests as early as possible to the EMS Licensing Specialist who may be contacted by telephone at 860-509-7976 or email at [dph.emslicensing@ct.gov](mailto:dph.emslicensing@ct.gov). At a minimum, all requests for accommodations must be received by the Department no less than thirty (30) days before the scheduled examination date.

The Department will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's ability to assess the essential functions of out-of-hospital care, which the test is designed to measure.
4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
5. The Department realizes that each candidate's circumstances are unique and uses a case by case approach to review the documentation is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to examination staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

The psychomotor examination evaluates necessary skills and simulations of skills required of an EMT. Use of assistive devices on the psychomotor examination to assist disabled persons to demonstrate psychomotor competency may be permitted provided these same assistive devices can be used safely and effectively on the job. Prior approval of use of any of these devices on Department psychomotor examination must be obtained. Decisions cannot be made at the examination site. Documentation of a

physical disability must be submitted in accordance with information found on the National Registry website.

When requesting examination accommodations, the candidate shall submit in writing the following information:

1. Name, address, date of birth and contact information of the candidate.
2. General nature of disability (learning, ADHD, Psychiatric, Physical, etc)
3. Specific nature of accommodation requested.
4. Examples of prior accommodations received in primary or secondary education, college or vocational training.
5. Documentation from a professional in the field of the disability (physician, therapist, counselor).
6. A personal statement describing the disability and its impact on the candidate's daily life and educational functioning.
7. A statement that the information provided is true and accurate.
8. An authorization to release information to the Department in the furtherance of providing reasonable accommodation.

## Essays to Skill Examiners

The following pages should be reproduced verbatim (reformatting is acceptable, but no wording may be changed) and provided to the **Skill Examiner** at each examination event.

Along with the **Skill Examiners'** essays, provide the correct scenario sheet from the **Chief Examiner's** binder. The following stations require selection of a different chief complaint:

- Trauma – Select a different mechanism of injury for each test day.
- Medical – Select a different chief complaint for each test day.
- Random skills – Select a different skill for each day.
  - Please consider that if the Trauma station is an uncontrolled extremity hemorrhage, the random skill should not be bleeding control and shock management.

## **Patient Assessment/Management – Trauma**

### **Essay to Skill Examiners**

Thank you for serving as a **Skill Examiner** at today's examination. Before you read the specific essay for the skill 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Skill Examiner** must help assure 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 Psychomotor Skills Candidate" exactly as printed in the material provided by the Department. **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 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 **Chief Examiner**.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged simulated patient with multiple systems trauma. 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.

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.

Due to the limitations of moulage, 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 inspects the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was assessing the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged 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."

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 candidate need not demonstrate assessment of vital signs, this is conducted in the Medical station. The vital signs that you provide 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. The step "Obtains baseline vital signs [must include BP, P and R]" has been placed after the "Primary Survey/Resuscitation" section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multisystem trauma patient. 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 and an accurate BP should be obtained by sphygmomanometer during reassessment and transport of the Simulated Patient.

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 assure 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.

You should review the skill sheet prior to any exam scenario. You should direct any specific questions to the **Chief Examiner** for clarification prior to beginning any evaluation. 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.

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.

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.

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.

## **Patient Assessment/Management – Trauma Information for the Simulated Patient**

There is not simulated patient in this station. A manikin is to be used.

## **Patient Assessment/Management – Trauma Equipment List**

Do not open this skill for testing until the **Chief Examiner** has provided you with an approved trauma scenario. You should also have a manikin with some moulage to assist the candidate in locating injuries. The following equipment should also be available and you should assure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered.

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 for that information.

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?

## **Patient Assessment/Management – Medical Essay to Skill Examiners**

Thank you for serving as a **Skill Examiner** at today's examination. Before you read the specific essay for the skill 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Skill Examiner** must help assure that the EMT Assistant and/or Simulated Patient conduct 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 Psychomotor Skills Candidate" exactly as printed in the material provided by the Department. **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 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 **Chief Examiner**.

This skill 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 moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also assure 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 Simulated Patient should remain awake and able to communicate with the candidate throughout the scenario. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the examination. You should ensure the Simulated Patient reads the “Information for the Simulated 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 assure 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.

Prior to the Candidate entering the exam station, the Skill Examiner should assess and record the Simulated Patient’s actual vital signs. This assessment should be repeated anytime a candidate reports inaccurate vital signs. 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:  $\pm 10$  mmHg
- Pulse:  $\pm 10$  beats per minute
- Respiratory rate:  $\pm 5$  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 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 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.

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.

Due to the limitations of moulage 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 inspects the Simulated Patient's face, you should ask what he/she is checking to precisely determine if

he/she was assessing the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged, 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 is difficult to moulage. 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 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. 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 assure 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 **Chief Examiner** for clarification prior to opening your skill. 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.

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. This station does not involve a potential spinal injury, award one point in that line.

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. Be sure to program your Simulated Patient to respond as a real patient would given all conditions listed in the scenario that you have prepared. 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 assure a thorough and complete evaluation. All Simulated Patients should be greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. The use of children as Simulated Patients is not permitted in this skill.

The Simulated Patient should 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 assure 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 moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

## **Patient Assessment/Management – Medical Information for the Simulated 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. 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 your moulage. 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.

## **Patient Assessment/Management – Medical Equipment List**

Do not open this skill for testing until the **Chief Examiner** has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than eighteen (18) years of age. The Simulated Patient should also be of average adult height and weight. The following equipment should also be available and you should assure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scratch paper and pencil/pen
- Scissors
- Blanket
- Tape (for outer garments)

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

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.

You should conduct your assessment as you would in the field, including communicating with your Simulated Patient.

**You must actually take the vital signs and report your actual findings to the examiner.**

**The examiner will then give you simulated vital signs to match the scenario.**

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, should be obtained from the Simulated Patient just as you would in the out-of-hospital setting.

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?

## Bag-Valve-Mask Ventilation of an Apneic Adult Patient Essays to **Skill Examiners**

Thank you for serving as a **Skill Examiner** at today's examination. Before you read the specific essay for the skill 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Skill Examiner** must help assure that the EMT Assistant and/or Simulated Patient conduct 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 Psychomotor Skills Candidate" exactly as printed in the material provided by the Department. **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 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 Chief Examiner.

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 Chief Examiner. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately assess the patient's responsiveness and immediately request additional EMS assistance after determining that the patient is unresponsive. Next, the candidate must check for breathing and a carotid pulse simultaneously for no more than ten (10) seconds in accordance with current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should inform the candidate that the patient is apneic but has a weak carotid

pulse of 60. The candidate should next open the patient's airway. Immediately you should inform the candidate that he/she observes secretions and vomitus in the patient's mouth. The candidate should attach the rigid suction catheter to the suction unit and operate the equipment correctly to suction the patient's mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each candidate's ability to suction a patient properly. If the suctioning attempt is prolonged and excessive (greater than 15 seconds), you should check the related "Critical Criteria" and document the exact amount of time the candidate suctioned the patient. After suctioning is complete, you should then inform the candidate that the mouth and oropharynx are clear.

The candidate should then initiate ventilation using a bag-valve-mask (BVM) device unattached to supplemental oxygen. If a candidate chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished within thirty (30) seconds of completing suctioning of the airway. The point for this step should be awarded and is explained on the skill evaluation form (denoted by \*\*). Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), ventilation must be accomplished within the initial thirty (30) seconds after suctioning the airway or the candidate has failed to ventilate an apneic patient immediately. It is acceptable to insert an oropharyngeal airway prior to ventilating the patient with either room air or supplemental oxygen. You must inform the candidate that no gag reflex is present when he/she inserts the oropharyngeal airway.

After the candidate begins ventilation, you must inform the candidate that ventilation is being performed without difficulty. It is acceptable to re-check the pulse about every two (2) minutes while ventilations continue. The candidate should also call for integration of supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. **You, or the trained EMT assistant, should now take over BVM ventilation while the candidate gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used.** If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the psychomotor examination, the oxygen tank used may be empty for this skill. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

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

“Critical Criteria” statements. After the candidate ventilates the patient with supplemental oxygen for at least one (1) minute, you should stop the candidate’s performance.

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

## Bag-Valve-Mask Ventilation of an Apneic Adult Equipment List

Do not open this skill for testing until the following equipment is available. You must assure that all equipment is working adequately throughout the examination. The oxygen regulator must be pre-connected to the oxygen tank, however the tubing should not be pre-connected to the regulator before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult) (CPR manikin is not sufficient)
- 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 depressor blade

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE  
BVM VENTILATION OF AN APNEIC ADULT**

This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries.

This is a non-trauma situation and cervical precautions are not necessary.

You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

**You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized.**

I will serve as your trained assistant and will be interacting with you throughout this skill.

I will correctly carry-out your orders upon your direction.

Do you have any questions?

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

## Cardiac Arrest Management/AED Essay to Skill Examiners

Thank you for serving as a **Skill Examiner** at today's examination. Before you read the specific essay for the skill 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Skill Examiner** must help assure that the EMT Assistant and/or Simulated Patient conduct 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 Psychomotor Skills Candidate" exactly as printed in the material provided by OEMS. **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 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 State Official or approved agen.

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

The AED should be held by the **EMT Assistant** or **Skills Examiner**, not provided to the candidate until 2 minutes of single rescuer CPR has been demonstrated. The delivery of the AED is NOT dependent on the candidate requesting EMS assistance.

After arriving on the scene and assuring scene safety, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should immediately request additional EMS resources. The candidate should then assess for breathing and pulse simultaneously for no more than

ten (10) seconds. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations and is pulseless, the candidate should immediately begin chest compressions. All actions performed must be in accordance with current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. Any candidate who elects to perform any other intervention or assessment causing delay in chest compressions has not properly managed the situation. You should check the related “Critical Criteria” and document the delay. Candidates may utilize the bag-valve-mask device or a pocket face mask with disposable mouthpiece.

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

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

After 5 cycles or 2 minutes of 1-rescuer CPR, the candidate should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the candidate should direct a second rescuer to resume chest compressions. **The second rescuer (a trained EMT assistant) arrives with the AED. The candidate then takes 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.**

**When applying the AED, it is not permissible to use Velcro, snaps or other non-traditional methods of connecting the electrodes to the manikin skin. The training electrode adhesive must be used.**

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

## Cardiac Arrest Management and AED Equipment List

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. ***The manikin must be placed and left on the floor for this skill.*** The following equipment must also be available and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Mouth-to-barrier device (disposable mouthpieces)
- Bag valve mask device
- 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

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR CARDIAC ARREST MANAGEMENT/AED**

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 without an AED 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.

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.

## Random EMT Skills Essay to Skill Examiners

Thank you for serving as a **Skill Examiner** at today's examination. Before you read the specific essay(s) for the skill(s) 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, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The **Skill Examiner** must help assure that the **EMT Assistant** and/or **Simulated Patient** conduct 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 Psychomotor Skills Candidate" exactly as printed in the material provided by the Department. **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 **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 **Chief Examiner**.

## **Bleeding Control/Shock Management**

### **Essay to Skill Examiners**

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.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be at least eighteen (18) years of age. The Simulated Patient must also be of average adult height and weight. The use of 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. Simple moulage 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.

The scenario provided in this essay is an example of an acceptable scenario for this skill. It is not intended to be the only possible scenario for this skill. Variations of the scenario are possible and should be utilized in order to reduce the possibility of candidates knowing the scenario before entering this skill. If the scenario is changed for the examination, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues, the Simulated Patient must present signs and symptoms of hypoperfusion.

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 90/60, P 118, R 30).

## Bleeding Control/Shock Management Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult at least eighteen (18) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes) (may be Israeli style, H, or similar)
- 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(s) (fabric, yellow foam, mylar)
- Gauze pads (2x2, 4x4, etc.)
- Kling<sup>®</sup>, Kerlix<sup>®</sup>, etc.

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR BLEEDING CONTROL/SHOCK MANAGEMENT**

This skill is designed to evaluate your ability to control hemorrhage.

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?

## Long Bone Immobilization

### Essay to Skill Examiners

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**. The injury site will be chosen by the **Chief Examiner** and that site will remain the same all day.

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.

## Long Bone Immobilization Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is at least eighteen (18) 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. The following equipment must be available and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Two (2) long padded board splints
- Two (2) medium padded board splints
- Two (2) short padded board splints
- Two (2) long cardboard splints
- Two (2) medium cardboard splints
- Two (2) SAM splints (generic accepted)
- Two (2) standard pillows
- Roller gauze
- Cravats (6)
- Tape

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR LONG BONE IMMOBILIZATION**

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.

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?

## Joint Immobilization

### Essay to Skill Examiners

This skill 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.

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.

## Joint Immobilization Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is at least eighteen (18) 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. The following equipment must be available and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Cravats (6) to be used as a sling and swathe
- Pillows (2)

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR JOINT IMMOBILIZATION**

This skill is designed to evaluate your ability to immobilize an uncomplicated shoulder injury.

You are required to treat only the specific, isolated injury to the shoulder.

The scene survey and primary survey have been completed and a suspected injury to the 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 questions?

## Approved Signage

Each station must have one clear sign. Examination Coordinators may design their own signs using the exact same wording while altering the color, font and size. There must be no indication of that the mechanism of injury, nature of illness or specific condition being tested. For example, do not label a station “Traction Splinting”. The following titles may be used:

- Patient Assessment and Management – Medical
- Patient Assessment and Management – Trauma
- Cardiac Arrest Management and AED
- BVM Ventilation of Adult Patient
- Random EMT Skills
- Spinal Motion Restriction

## Pass/Fail Criteria

Station	Passing	Possible
Patient Assessment and Management – Trauma	33	42
Patient Assessment and Management – Medical	33	42
BVM Ventilation of Adult Patient	12	16
Cardiac Arrest Management & AED	13	17
Random Skills		
Bleeding Control & Shock Management	5	7
Long Bone Immobilization	8	10
Joint Immobilization	7	9

Any examination attempt resulting in marking of a “critical criteria” is automatically failed. The Skill Examiner must document the exact reason for failure on the skill sheet.

### Candidate Registration

Name: \_\_\_\_\_

Date: \_\_\_\_\_

EMT Course Instructor: \_\_\_\_\_

Which stations are you testing today?  All Six (6) Stations

Trauma     Medical     BVM     CPR     SMR     Random Skills

By my signature, I affirm that I was oriented to the psychomotor examination by the Chief Examiner. I agree to fully abide by all policies of the Department of Public Health, Office of Emergency Medical Services 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 state licensure.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the Chief Examiner 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 and reported by the Chief Examiner

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 Office of Emergency Medical Services 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 Chief Examiner, agent, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_