



INDIANA DEPARTMENT OF HOMELAND SECURITY

Indiana EMS Practical Exam
Representative Manual

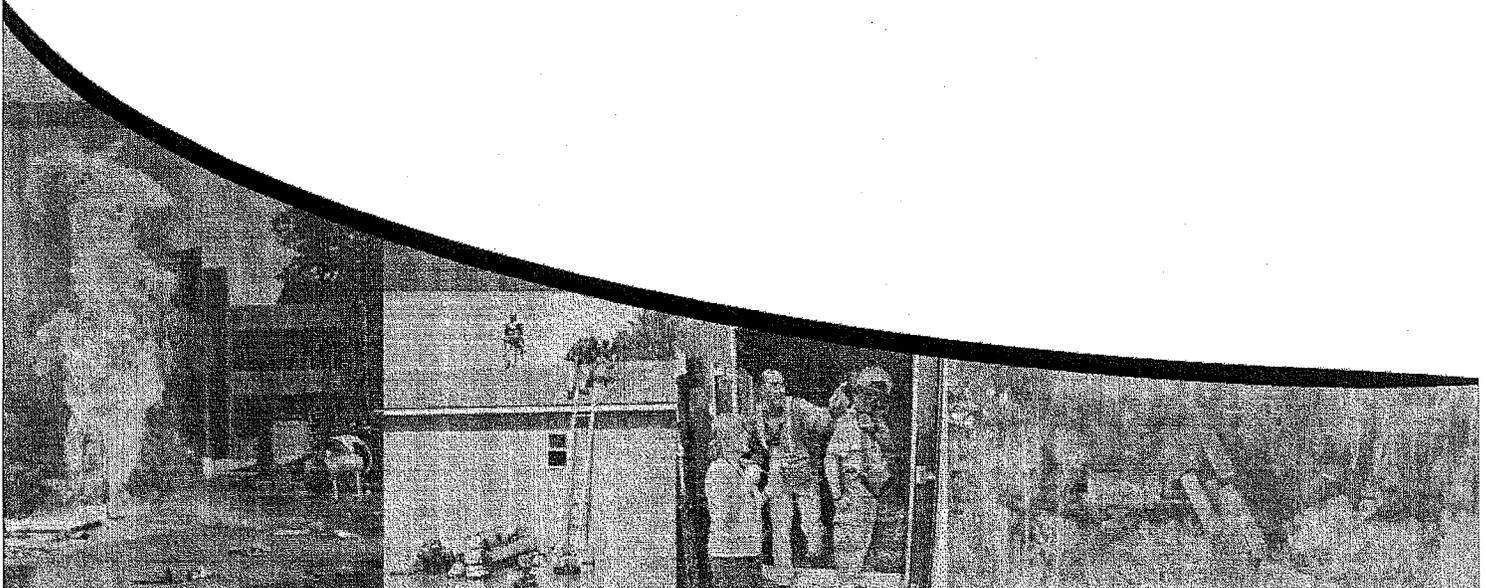


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FOREWORD

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

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

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

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

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

The Indiana State Emergency Medical Services Commission and the National Registry is dedicated to the goal of establishing a standardized, valid practical examination that can be utilized from state to state, across the nation. As we work toward this goal, we welcome your comments concerning this examination and its format. Please address all comments to the Indiana EMS Commission, Indiana Government Center-South room E-239, 302 W. Washington St., Indianapolis, Indiana 46204

ELECTRONIC PRACTICAL SKILLS EXAMINATION

OBJECTIVE:

To provide a cost effective and efficient process of administering EMS practical skills exams while maintaining excellent customer service to the EMS citizens in Indiana.

SCOPE OF SERVICES

Procedures:

1. Training Institutions shall submit a practical skills exam reservation including the approved course number to the IDHS email address below:

certCourseApps@dhs.in.gov
2. The IDHS Course manager will acknowledge receipt and approval of the reservation within three (3) business days.
3. By *seventy-two hours* prior to examination, IDHS will randomly select and email a complete practical skills exam packet including the random skill to be tested to the training institution and/or primary instructor.
4. Upon completion of the practical skills exam, the training institution shall return the following testing materials within five business days from the approved exam date:
 - a. Examination Report (state form 54502)
 - b. Each student's individual station skill form
 - c. The complete roster
 - d. Each signed student's violation statement form (for Emergency Medical Responder only)
5. The training institution should send back all signed forms by one of the following:
 - a. US Mail, Federal Express, or UPS (*Preferred*)
 - b. Email certCourseApps@dhs.in.gov
6. All records pertaining to a practical skills exam shall be kept on file at the training institution's place of business for seven years in accordance to 836 IAC 4-2-2
7. Any discrepancies and/or complaints must be filled out on the forms provided and returned with the exam forms.
8. IDHS certification staff shall review the practical skills exams and record all exam grades.

Introduction

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

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

With the development of the National Scope of Practice and National Education Standards (NES), the National Registry of EMTs adopted updated skills forms in 2012. Effective in 2013, The Indiana EMS Commission approved a compliant version of the National Registry of EMT's forms. These forms relate to skills that an EMT would likely utilize in day-to-day pre-hospital care as well as the criticality of the skill in relationship to public safety and patient care. The following twelve (12) skills were identified as being the performance items that could be included in a practical examination.

1. Patient Assessment Management - Trauma
2. Patient Assessment Management - Medical
3. Cardiac Arrest Management/AED
4. BLS Airway Management
5. Spinal Immobilization - Supine Patient
6. Spinal Immobilization - Seated Patient
7. Long Bone Injury Immobilization
8. Joint Injury Immobilization
9. Traction Splint Immobilization
10. Bleeding Control/Shock Management
12. Mouth-to-Mask with Supplemental Oxygen
13. Supplemental Oxygen Administration

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

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

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

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

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

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

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

Organizing the Examination

A. Examination Stations

The EMR practical examination consists of five (5) stations – Four (4) mandatory stations and one (1) random skill station. The EMT practical examination consists of seven (7) stations -- Six (6) mandatory stations and one (1) random skill station. The mandatory and random skill stations consist of both skill based and scenario based testing. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he/she arrives at the test site.

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

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

<u>EMR</u>	<u>Skill to be Tested</u>	<u>Maximum Time Limit</u>
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	10 min
Station 3:	Cardiac Arrest Management/AED	10 min
Station 4:	Spinal Immobilization- <u>Supine</u>	10 min
Station 5:	One Random Basic Skill listed below:	
	Long Bone Injury	5 min
	Bleeding Control/Shock Management	10 min
	Upper Airway Adjuncts and Suction	5 min
	Mouth-to-Mask with Supplemental Oxygen	5 min
	Supplemental Oxygen Administration	5 min

<u>EMT</u>	<u>Skill to be Tested</u>	<u>Maximum Time Limit</u>
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	10 min
Station 3:	Cardiac Arrest Management/AED	10 min
Station 4:	BLS Airway Management	10 min
Station 5:	Spinal Immobilization - <u>Supine</u> Patient	10 min
Station 6:	Spinal Immobilization - <u>Seated</u> Patient	10 min
Station 7:	One Random Basic Skill listed below	
	Long Bone Injury	5 min
	Joint Injury	5 min
	Traction Splint	10 min
	Bleeding Control/Shock Management	10 min
	Mouth-to-Mask with Supplemental Oxygen	5 min
	Supplemental Oxygen Administration	5 min

The random skill that is to be tested will be decided on by the Indiana Emergency Services Commission Staff. The examination coordinator will be informed of the skill prior to the beginning of the examination process, by the State Examination Representative.

B. Selection of a Test Facility

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

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

C. Selection of the Examination Staff

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

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

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

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

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

A **minimum** EMR examination should consist of five (5) skills station examiners, three (3) programmed patients, and three (3) EMT assistants. A **minimum** EMT examination staff should consist of seven (7) skill station examiners, five (5) programmed patients, four (4) EMT assistants to the ratio of fifteen (15) students.* There must be one (1) examination coordinator (preferably the course primary instructor), and one make-up person (for moulage) to conduct the practical examination. *(i.e.: 16-30 students, should have a minimum of (14)-skill stations, minimum - (2) of each station.)

D. Responsibilities of the Examination Staff

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

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

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

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

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

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

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

E. Equipment

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

F. Budget

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

G. Orienting the Skill Station Examiners as a Group

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

H. Orienting the Candidates as a Group

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

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

I. Orienting the Individual

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

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

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

Evaluating the Candidate

A. Examiner's Role

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

B. Using the Skill Evaluation Instruments

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

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

C. Programmed Patient's Role

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

Determining a Final Grade

A. Scoring

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

In most cases, the pass/fail will be easily determined. If, however, the pass/fail determination is not easily identified, the examination coordinator and the Indiana State Examination Representative should review the situation as a committee before coming to a final decision, and, if necessary, they should contact the medical director. The programmed patient's comments, the examiner's comments and the documentation on the skill evaluation instrument should all be considered when determining the final grade.

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

B. Reporting Examination Results to the Candidate

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

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

Assuring Standardization and Quality Control

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

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

Orientation Script

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

GENERAL INSTRUCTIONS TO THE CANDIDATES

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

Please note: cell phones, pagers, I-pods etc. are not allowed in the skill stations. Only use of the above is allowed in the staging area and must be left on silent. Please check your devices at this time.

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

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

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

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

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

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

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

You are not permitted to discuss any details of any scenario 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 station so that we may complete this examination within a reasonable time period.

Failure of three (3) or less skill stations entitles you to a retest of those skills failed. Failure of four (4) or more skill stations constitutes complete failure of the entire practical examination, requiring a retest of the entire practical examination after remedial training. Failure of a same-day retest entitles you to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the practical examination, and you will be required to retest the entire practical examination after providing remedial to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, you must complete a new EMT training program to be eligible for future testing for certification. NOTE: You have one (1) year from your EMT course completion date to successfully complete all phases of the practical examination process.

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

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

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

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

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

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

POINTS TO REMEMBER

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

*** Read Roster and Check ID's

Programming the Patient

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

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

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

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

Moulage

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

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

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

PRACTICAL EXAMINATION ORIENTATION TO SKILL STATION EXAMINERS

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

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

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

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

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

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

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

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

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

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

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

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the student's attitudes, behaviors, and professional attributes. The best place for

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

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

This explanation of the affective domain criteria has been included in individual station instructions as a reference as well.

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

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

Are there any questions?

Minimum Required
EQUIPMENT LIST

1. Patient Assessment/Management (Trauma)

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

2. Patient Assessment/Management (Medical)

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

3. Cardiac Arrest Management/AED

- *Examination Gloves
- CPR mannequin
- **Oxygen tank, regulator and flow meter
- Automated external defibrillator trainer
- Bag-valve-mask device or pocket mask
- Simple airway adjunct (OPA/NPA)
- **Long spine board

4. BLS Airway Management

- *Examination Gloves
- Oropharyngeal airways (various sizes)
- Handheld or powered suction unit with catheter tips
- Bag-valve-mask device
- Oxygen tank, regulator and flow meter
- Oxygen connecting tubing
- Intubation mannequin (Must be anatomically accurate)
- Supraglottic / Non-visualized airway

5. Spinal Immobilization Skills (Seated Patient)***Examination Gloves**

Short spine immobilization device (short board, KED, etc.)
Cervical collars (various sizes or adjustable)
Head immobilizer (commercial or improvised)
Padding (i.e. towels, cloths)
Patient securing straps
Roller gauze or cravats
Tape

6. Spinal Immobilization Skills (Supine Patient)***Examination Gloves**

Long spine immobilization device (i.e. long spine board)
Cervical collars (various sizes or adjustable)
Head immobilizer (commercial or improvised)
Padding (i.e. towels, cloths)
Patient securing straps
Roller gauze or cravats
Tape

7. Random Skill Station***Examination Gloves**

Filled oxygen tank, regulator and flow meter
Oxygen connecting tubing
Nasal cannula
Non-rebreather mask with reservoir
Pocket mask with one-way valve
Oropharyngeal airways (various sizes)
Nasopharyngeal airways (various sizes)
Airway lubricant
Tongue Blades
Intubation mannequin (must be anatomically accurate)
Traction Splint and associated equipment
Sling and swathe
Rigid splinting material (various sizes)
Field dressings and bandage
Suitable tourniquet dressings and torquing device or commercial device
Artificial mannequin or limb for tourniquet application

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

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

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

PATIENT ASSESSMENT/MANAGEMENT TRAUMA

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

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

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

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

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

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

moulage. This information should be given to the candidate **when the area of the patient is exposed or assessed.**

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

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

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

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

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/ insubordinate behavior towards the patient, assistants, or evaluator.

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

INSTRUCTIONS TO THE SIMULATED TRAUMA PATIENT

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

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

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

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

INSTRUCTIONS TO THE CANDIDATE
PATIENT ASSESSMENT/MANAGEMENT
TRAUMA

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

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be used to reduce the possibility of future candidates knowing the scenario before entering the station. If the scenario changed, the following guidelines must be used.

1. A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to perform a rapid trauma assessment.
2. There must be a minimum of an airway, breathing and/or circulatory problem.
3. There must be an additional associated soft tissue or musculoskeletal injury.
4. Vital signs must be given for the initial check and one re-check

TRAUMA SITUATION #1 – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

Injuries

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the "Instructions to Simulated Trauma Victim" that have been provided.

1. Unresponsive
2. Left side flail chest
3. Decreased breath sounds, left side
4. Cool, clammy skin; no distal pulses
5. Distended abdomen
6. Pupils equal

7. Neck veins flat
8. Pelvis stable
9. Open injury of the left femur with capillary bleeding

- Vital Signs
1. Initial Vital Signs –B/P 72/60, P140, RR 26
 2. Upon recheck – if appropriate treatment: B/P 86/74, P 120, RR 22
 3. Upon recheck – if inappropriate treatment: B/P 64/48, P 138, RR 44

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

PATIENT ASSESSMENT/MANAGEMENT MEDICAL

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

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

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

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

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

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

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

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

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

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

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

- Lack of **TEAMWORK AND DIPLOMACY** to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of **RESPECT** for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE SIMULATED MEDICAL PATIENT

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

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

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

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

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

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treats all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this skill station. Do you have any questions?

Sample Medical Scenarios

RESPIRATORY

You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a “tripod” position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT

Chief Complaint:	“I’m having hard time breathing and I need to go to the hospital.”
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips.
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	“I’ve had emphysema for the past ten years, but my breathing has been getting worse the past couple of days.”
Provokes:	“Whenever I go up or down steps, it gets really bad.”
Quality:	“I don’t have any pain; I’m just worried because it is so hard to breathe. I can’t seem to catch my breath”
Radiate:	“I don’t have any pain.”
Severity:	“I can’t stop coughing. I think I’m dying.”
Time:	“I woke up about three hours ago. I haven’t been able to breathe right since then.”
Interventions:	“I turned up the flow of my oxygen about an hour ago.”

Allergies: Penicillin and bee stings.

Medications: Oxygen and a hand held inhaler.

Past Medical History: Treated for emphysema for past 10 years.

Last Meal: "I ate breakfast this morning."

Events Leading to Illness: "I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.

Focused physical examination: Auscultate breath sounds.

Vitals: RR 28, P 120, BP 140/88.

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	“My chest really hurts. I have angina but this pain is worse than any I have ever felt before.”
Apparent Life Threats:	Cardiac compromise.
Level of Responsiveness:	Awake and alert.
Airway:	Patent
Breathing:	24 and shallow.
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	“The pain woke me up from my afternoon nap”
Provokes:	“It hurts really bad and nothing I do makes the pain go away.”
Quality:	“It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.”
Radiate:	“My shoulders and jaws started hurting about ten minutes before you got here, but the worse pain is in the middle of my chest. That’s why I called you.”
Severity:	“This is the worst pain I have ever felt. I can’t stand it.”
Time:	“I’ve had this pain for about an hour, but it seems like days.”
Interventions:	“I took my nitroglycerin about 15 minutes ago but it didn’t make any difference. Nitro always worked before. Am I having a heart attack?”

Allergies: None.

Medications: Nitroglycerin.

Past Medical History: Diagnosed with angina two years ago.

Last Meal: "I had soup and a sandwich about three hours ago."

Events Leading to Illness: "I was just sleeping when the pain woke me up."

Focused physical examination: Assessment baseline vital signs.

Vitals: RR 24, P 124, BP 144/92.

ALTERED MENTAL STATUS

When you arrive on the scene you are met by a 37 year old male who says his wife is a diabetic and isn't acting normal.

INITIAL ASSESSMENT

Chief Complaint:	"My wife just isn't acting right. I can't get her to stay awake. She only opens her eyes then goes right back to sleep."
Apparent Life Threats:	Depressed central nervous system, respiratory compromise.
Level of Responsiveness:	Opens eyes in response to being shaken.
Airway:	Patent
Breathing:	14 and shallow.
Circulation:	120 and weak.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Description of Episode:	"My wife took her insulin this morning like any other morning but she has had the flu and has been vomiting."
Onset:	"It happened so quickly. She was just talking to me and then she just went to sleep. I haven't really been able to wake her up since."
Duration:	"She's been this way for about 15 minutes now. I called you right away. I was really scared."
Associated symptoms:	"The only thing that I can think of is that she was vomiting last night and this morning."
Evidence of trauma:	"She didn't fall. She was just sitting on the couch and fell asleep. I haven't tried to move her."
Interventions:	"I haven't done anything but call you guys. I know she took her insulin this morning."
Seizures:	None.

Fever:	Low grade fever.
Allergies:	Penicillin.
Medications:	Insulin.
Past Medical History:	Insulin dependent diabetic since 21 years of age.
Last Meal:	"My wife ate breakfast this morning."
Events Leading to Illness:	"My wife has had the flu and been vomiting for the past 24 hours."
Focused physical examination:	Rapid assessment to rule out trauma.
Vitals:	RR 14, P 120, BP 110/72.

ALLERGIC REACTION

You have arrived to find a 37 year old male who reports eating cookies he purchased at a bake sale. He has audible wheezing, and is scratching red, blotchy areas on his abdomen, chest and arms.

INITIAL ASSESSMENT

Chief Complaint:	“I’m having an allergic reaction to those cookies I ate.”
Apparent Life Threats:	Respiratory and circulatory compromise.
Level of Responsiveness:	Awake, very anxious and restless.
Airway:	Patent
Breathing:	26, wheezing and deep.
Circulation:	No bleeding, pulse 120 and weak, cold and clammy skin.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of allergies:	“Yes I’m allergic to peanuts.”
When ingested:	“I ate cookies about 20 minutes ago and began itching all over about five minutes later.”
How much ingested:	“I only ate two cookies”
Effects:	“I’m having trouble breathing and I feel lightheaded and dizzy.”
Progression:	“My wheezing is worse. Now I’m sweating really badly.”
Interventions:	“I have my epi-pen upstairs but I’m afraid to stick myself.”
Allergies:	Peanuts and penicillin.
Medications:	None.
Past Medical History:	“I had to spend two days in the hospital the last time this happened.”
Last Meal:	“The last thing I ate was those cookies.”

Events Leading to Illness: "None, except I ate those cookies."
Focused physical examination: Not indicated (award point)
Vitals: RR 26 P 120, BP 90/60.

POISONING/OVERDOSE

You arrive on the scene where a 3 year old girl is sitting on her mother's lap. The child appears very sleepy and doesn't look at you as you approach.

INITIAL ASSESSMENT

Chief Complaint:	"I think my baby has swallowed some of my sleeping pills. Please don't let her die!"
Apparent Life Threats:	Depressed central nervous system, respiratory compromise.
Level of Responsiveness:	Responds slowly to verbal commands.
Airway:	Patent
Breathing:	18 and deep.
Circulation:	120 and strong.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance:	"My baby took my sleeping pills. I don't know what kind they are. They just help me sleep at night."
When ingested:	"I think she must have got them about an hour ago when I was in the shower. Her older sister was supposed to be watching her."
How much ingested:	"My prescription was almost empty. There couldn't have been more than four of five pills left. Now they're all gone. Please do something."
Effects:	"She just isn't acting like herself. She's usually running around and getting into everything."
Progression:	"She just seems to get sleepier and sleepier by the minute."
Interventions:	"I didn't know what to do, so I just called you. Can't you do something for her?"
Allergies:	None
Medications:	None.

Past Medical History: None.

Last Meal: "She ate breakfast this morning."

Events Leading to Illness: "She just swallowed the pills."

Focused physical examination: Completes a rapid trauma assessment to rule out trauma.

Vitals: RR 18, P 120, BP 90/64.

ENVIRONMENTAL EMERGENCIES

You arrive on the scene as rescuers are pulling a 16 year old female from an ice covered creek. The teenager has been moved out of the creek onto dry land, is completely soaked and appears drowsy.

INITIAL ASSESSMENT

Chief Complaint:	“I saw something in the water below the ice. When I tried to get it out, the ice broke.”
Apparent Life Threats:	Generalized hypothermia.
Level of Responsiveness:	Responsive, but slow to speak.
Airway:	Patent
Breathing:	26 and shallow.
Circulation:	No bleeding; pulse 110 and strong; pale, wet skin still covered in wet clothing.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Source:	“I fell in the creek when the ice broke. I tried to get out but the current was too strong. Thank God you came.”
Environment:	“The water was up to my neck. I could stand up, but I couldn’t get out of the water.”
Duration:	“I think I was in the water for ten minutes before they pulled me out. It felt like an hour.”
Loss of consciousness:	“I feel sick, but I never passed out.”
Effects:	Lowered body temperature, slow speech patterns, “I can’t stop shivering.”
Allergies:	None.
Medications:	None.
Past Medical History:	None.

Last Meal:	"I ate lunch at school three hours ago."
Events Leading to Illness:	"I thought the ice would hold me."
Focused physical examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 26, P 110, BP 120/80.

OBSTETRICS

You arrive on the scene where a 26 year old female is laying on the couch saying. "The baby is coming and the pain is killing me!"

INITIAL ASSESSMENT

Chief Complaint:	"I'm nine months pregnant and the baby is coming soon."
Apparent Life Threats:	None.
Level of Responsiveness:	Awake and alert.
Airway:	Patent
Breathing:	Panting, rapid breathing during contractions.
Circulation:	No bleeding, pulse 120, skin is pale.
Transport Decision:	Unknown.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Are you Pregnant:	See chief complaint (award point if mentioned in general impression)
How long pregnant:	See chief complaint (award point if mentioned in general impression).
Pain or contractions:	"My pains are every 2-3 minutes and it lasts 2-3 minutes."
Bleeding or discharge:	None.
Do you feel the need to push:	"Yes, every time the pain begins."
Crowning:	Present (award point if identified in focused physical exam).
Allergies:	None.
Medications:	None.
Past Medical History:	"This is my third baby."

Last Meal:	“I ate breakfast today.”
Events Leading to Illness:	“The contractions started a few hours ago and have not stopped.”
Focused physical examination:	Assess for crowning, bleeding and discharge.
Vitals:	RR 40 during contractions, P 120, BP 140/80.

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

CARDIAC ARREST MANAGEMENT/AED

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, and patient/scene management skills. This includes the integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in a basic life support scenario. The candidate will arrive at the scene and encounter an unresponsive patient. A first responder is arriving at the same time as the candidate. The candidate will be required to make appropriate assessments, utilize an automated external defibrillator and correctly manage the patient.

The current American Red Cross and American Heart Association CPR courses instruct students in the techniques of CPR, however, they do not instruct the student in the use and integration of adjunctive equipment or how to prepare the patient for transportation as he/she will be required to do in an actual field situation. This station tests the candidate's ability to integrate CPR skills into cardiac arrest scene management and the use of the AED.

The candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the event. When gathering the history the candidate must ask, at minimum, the following questions:

How long has the victim been down?

Has CPR been done?

When asked these questions, you should answer that the **“victim has been in cardiac arrest for an unknown amount of time and that bystander CPR has been in progress for greater than two minutes.”**

Although gathering a history on the cardiac arrest event is an assessment item, it should not be construed that it overrides the need for resuscitation. The current standards for CPR should be adhered to at all times during this station. The candidate must assess for the presence of a spontaneous pulse and be informed, by you, that there is no spontaneous pulse. The candidate must direct the resumption of CPR by the assistant EMT or the first responder while he/she prepares the defibrillator for use. You should inform the candidate that there is “no pulse” on any pulse check.

The candidate must direct the EMT assistant and the first responder to initiate two (2) rescuers CPR. The candidate should gather additional information from bystanders about the events leading to the cardiac arrest. When asked questions about the event, you should indicate that **“bystanders did not see the victim collapse and are unaware of any associated medical problems.”**

The candidate must integrate the use of an oropharyngeal airway and ventilation adjunct into CPR scenario that is already in progress. The candidate voices that he/she would measure and

insert the oropharyngeal airway. He/she then must ventilate or direct the ventilation of the patient using adjunctive equipment. Interruption of CPR should not exceed 30 seconds for measuring and placing the airway. The candidate may choose to use a pocket mask, flow restricted oxygen powered ventilation device or bag-valve mask device to ventilate the patient.

You should not indicate displeasure with the candidate's choice of ventilator adjunct since this station is testing the candidate's ability to integrate adjunctive equipment in to a cardiac arrest scene and not local protocols or variations in equipment. Regardless of the device chosen, it is essential that the candidate connect it to supplemental high flow oxygen. After establishing ventilation using the adjunctive equipment the candidate then must re-evaluate the patient, determine the absence of a pulse and repeat the defibrillation sequence. **You should inform the candidate that there is "no pulse" on any pulse check.**

The candidate is required to verbalize appropriate transportation of the patient.

This skill station requires the presence of an EMT assistant (the examiner may act as the EMT assistant), a first responder, and a defibrillation mannequin. Candidates are to be tested individually with the EMT assistant and the first responder acting as an assistant who provides no input in the application of skills or equipment. The EMT assistant and first responder should be told not to speak but to follow the commands of the candidate. Errors of omission or commission by the first responder cannot result in failure of the candidate unless they were improperly instructed by the candidate.

Due to the extra individuals involved in this skill station, it is essential that you observe the actions of the candidate at all times. Do not be distracted by the actions of the first responder or the EMT assistant because he should do only as instructed by the candidate. As you observe the candidate ventilating the patient, remember that the ability to ventilate the patient with adequate volumes of air is not being evaluated. Adequate ventilation of a mannequin is evaluated in the "Non Visualized Airway". You are evaluating scene/situation control, integration skills, and decision making ability.

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

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

INSTRUCTIONS TO THE CANDIDATE**CARDIAC ARREST MANAGEMENT**

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

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

Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

BLS AIRWAY MANAGEMENT

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

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

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

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

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

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

ALTERNATIVE SCENARIO'S FOR NVA

Option #1 "If a single tube non-visualized airway is used for testing, then there should be successful ventilations when the device is properly placed. If a combitube is used for testing, the Site Coordinator and the State Representative with the station evaluator should decide whether the initial combitube placement is esophageal (resulting in successful ventilations with the first or blue tube) or tracheal (resulting in the need to use the second or white tube). This decision should be reached prior to testing the first candidate and all candidates should be tested accordingly."

Option #2 "If a single tube non-visualized airway is used for testing, then there should be successful ventilations when the device is properly places. If the combitube is used for testing, then the testing should be conducted as below:

Even numbered test date: The initial combitube placement is esophageal (resulting in successful ventilations with the first or blue tube).

Odd numbered test date: The initial combitube placement is tracheal (resulting in the need to use the second or white tube) for successful breath sounds and absent epigastric sounds.

INSTRUCTIONS TO THE CANDIDATE**NON VISUALIZED AIRWAY**

This station is designed to test your ability to ventilate a patient using a bag-valve-mask, and inserting a non visualized airway. As you enter the station you will find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient management required is complete airway management and ventilatory support with the bag-valve-mask, and the proper insertion of the non visualized airway, after directed to do so by medical control. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes. I will then inform you that a second rescuer has arrived to assist you with ventilations. Medical control will then advise you to provide the patient with a secured airway by using the non visualized airway. You may use only the equipment available in this room. You will have ten (10) minutes to complete this station.

Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

SPINAL IMMOBILIZATION - SEATED PATIENT

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a short spine immobilization device. The candidate will be advised that the scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation or urgent transportation are present. The patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated, problem of an unstable spine. Initial and ongoing assessments of the patient's airway, breathing and central circulation are not required in this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. Once the candidate has immobilized the seated victim to the half spine device, ask the candidate to explain all key steps he/she would complete while moving the patient to the long backboard. The candidate may check motor, sensory and circulatory function at anytime during the procedure without a loss of points. However, in order to avoid the Critical Criteria, the candidate must check motor, sensory, and circulatory function both before and after immobilization to the device."

If he/she fails to check motor, sensory or circulatory function in all extremities after (verbalizing that the patient is moved to a long backboard), a zero should be placed in the "points awarded" column for that items.

The skill station instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe various orders in which straps and buckles are to be applied when securing the torso to the immobilization devices. This station is not designed to specifically test each individual device but to "generically" verify a candidate's competence in safely and effectively securing a suspected unstable spine in a seated patient.

Therefore, while the specific order of placing and securing straps and buckles is not critical, it is **imperative** that the patient's head be secured to the half-spine immobilization device only **after** the device has been secured to the torso. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device used.

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

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

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

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

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

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

INSTRUCTIONS TO THE CANDIDATE**SPINAL IMMOBILIZATION SKILLS - SEATED PATIENT**

This station is designed to test your ability to provide spinal immobilization on a patient using a half spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

SPINAL IMMOBILIZATION-SUPINE PATIENT

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

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

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

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

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure which would actually injure the simulated patient

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

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

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

INSTRUCTIONS TO THE CANDIDATE**SPINAL IMMOBILIZATION-SUPINE PATIENT**

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

Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

SPLINTING SKILLS

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as three separate skills. Each candidate will be required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

IMMOBILIZATION SKILL - LONG BONE

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

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessments of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to motor, sensory and circulatory function 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 these splints should not be available for use.

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

When splinting the extremity, the candidate is required to immobilize the associated hand or foot in the position of function.

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

behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined “offensive” observation by the evaluator and not just “unreasonable” behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

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

INSTRUCTIONS TO THE CANDIDATE**IMMOBILIZATION SKILLS - LONG BONE**

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

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

IMMOBILIZATION SKILLS - JOINT INJURY

The candidate is tested on his/her ability to properly immobilize a shoulder injury using a sling and swathe. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment a shoulder injury is detected. The victim will present with the upper arm positioned at his side while supporting the lower arm at a 90 degree angle across his/her chest with the uninjured hand. For this station, the injured arm should not be positioned away from the body, behind the body, or any position that could not be immobilized by a simple sling and swathe.

The candidate will be required to treat only the specific, isolated shoulder injury. Initial and ongoing assessments of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available at this station is a sling and swathe. Any other splint, including a long spine board, is not permitted at this station.

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

- Fails to behave with **INTEGRITY**. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/ insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of **EMPATHY** or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of **PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE** to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples.
- Lack of **COMMUNICATION** that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not

clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).

- Lack of **TEAMWORK AND DIPLOMACY** to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of **RESPECT** for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

INSTRUCTIONS TO THE CANDIDATE**IMMOBILIZATION SKILLS - JOINT INJURY**

This station is designed to test your ability to properly immobilize a non-complicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a shoulder injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

IMMOBILIZATION SKILLS - TRACTION SPLINT

The candidate is tested on his/her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that a scene size-up and initial assessment has been completed and that during a focused assessment a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be found laying supine with both legs fully extended. The femur deformity should be an isolated injury with no complicating factors that would concern or distract the candidate.

The candidate will be required to treat only the specific, isolated femur injury. Initial and ongoing assessments of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process.

There should be various types of traction splints at this testing station--specifically traction splints commonly used in the local EMS system, a bipolar traction splint, and a unipolar traction splint. Carefully note the comments listed on the evaluation form for unipolar versus bipolar splint application.

This skill requires that an assistant EMT be present during testing. Candidates are to be tested individually. All assisting EMT's should be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

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

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

INSTRUCTIONS TO THE CANDIDATE**IMMOBILIZATION SKILLS - TRACTION SPLINTING**

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

BLEEDING CONTROL/SHOCK MANAGEMENT

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

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

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

While the preference for tourniquet application is to use a commercial tourniquet device, improvised tourniquets are acceptable if properly placed and utilized. Improvised tourniquets should be no less than two inches in width. Triangle bandages and blood pressure cuffs are both acceptable mediums for an improvised tourniquet. If a triangle bandage is used, a torquing device such as a pencil or pen must also be made available. The improvised tourniquet is not properly placed unless the torquing device is also utilized. They should be placed approximately 2 inches above the wound. Once a tourniquet is placed, it should not be removed until the scenario is over. Removal of the tourniquet during the scenario will result in a critical fail under the category "uses or orders dangerous or inappropriate intervention." Successful tourniquet placement occurs when the distal pulse is absent and "bleeding ceases."

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

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

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

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

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

INSTRUCTIONS TO THE CANDIDATE**BLEEDING CONTROL/SHOCK MANAGEMENT**

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

SCENARIO**BLEEDING CONTROL/SHOCK MANAGEMENT**

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

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

AIRWAY, OXYGEN, VENTILATION SKILLS MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is being ventilated, mouth-to-barrier, by a first responder. Upon entering the skill station, the candidate will be required to connect the mask to oxygen and ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation with high concentration of oxygen.

When ventilating the patient the candidate must provide adequate volume per breath, this should produce visible rise and fall of the chest. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin that is capable of being ventilated so that the evaluator can observe the chest rise and fall with each ventilation. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures. Additionally, this station requires a ventilator mask with a one way valve and oxygen connecting tubing. The supplemental oxygen system should be functional; however, for testing purposes, an empty tank may be used as long as all accessory equipment and supplies necessary for a functional oxygen system are present.

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

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

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

Due to the nature of this station, infection control measures must be enforced.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. If you observe one ventilation error or less in 30 seconds (volume only) you should award one (1) point. No points should be awarded if you observe two or more ventilation errors in 30 seconds.

INSTRUCTIONS TO THE CANDIDATE**AIRWAY, OXYGEN, VENTILATION SKILLS
MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN**

This station is designed to test your ability to ventilate a patient with supplemental oxygen using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-barrier device ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

OXYGEN ADMINISTRATION

This station is designed to test the candidate's ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. The candidate will be required to assemble the oxygen delivery system. During this procedure, the candidate must check the tank/regulator for leaks. If a leak is found and not corrected, you should record a '0' in the points awarded column, and check the critical criteria.

The candidate should administer correct oxygen liter flow to a patient using a non-rebreather mask. The candidate will be informed that the patient does not tolerate a non-rebreather mask and will be instructed to administer oxygen using a nasal cannula.

Oxygen liter flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills test, liter flow rates of greater than 12 liters/minute for the non-rebreather and less than six (6) liters/minute for the nasal cannula are acceptable.

The candidate will be required to discontinue oxygen therapy including relieving all pressure from the oxygen tank regulator.

The equipment need at this station includes an oxygen tank, a regulator with a flow meter, a non-rebreather mask, and a nasal cannula. The oxygen tank at this station must be fully pressurized (air or oxygen) and the regulator/flow meter must be functional. The simulated patient for this station may be a live person or mannequin. If a mannequin is used it must have anatomically correct ears, nose and mouth.

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

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- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.

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

INSTRUCTIONS TO THE CANDIDATE

OXYGEN ADMINISTRATION

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?



STATE TEST ATTENDANCE SHEET

State Form 45749 (R2 / 6-13)
PUBLIC SAFETY TRAINING INSTITUTE

Name of instructor	Course number
Name of training institution	

INSTRUCTIONS: All students who take a state exam must sign in and out in order to complete testing.

Test site	Proctor	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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PRINTED NAME	SIGNATURE	ID VERIFIED (Please check)	TIME IN	TIME OUT	PROCTOR INITIALS
1.		<input type="checkbox"/>			
2.		<input type="checkbox"/>			
3.		<input type="checkbox"/>			
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26.		<input type="checkbox"/>			



**PASS / FAIL AND RE-TEST CRITERIA,
NOTIFICATION OF TEST RESULTS,
AND VIOLATION STATEMENT**
State Form 55332 (6-13)



Please check the examination you are here to take:

<input type="checkbox"/> Emergency Medical Responder (EMR)	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency Medical Technician (EMT)	<input type="checkbox"/> Primary Instructor (PI) Pre-test	_____
<input type="checkbox"/> Advanced Emergency Medical Technician (AEMT)	<input type="checkbox"/> Primary Instructor (PI) Post-test	_____

PASS / FAIL AND RE-TEST CRITERIA

To pass the cognitive Emergency Medical Service (EMS) examination, you must score a minimum of:

- Emergency Medical Responder (EMR) = 70%
- Emergency Medical Technician (EMT) = 70%
- Advanced Emergency Medical Technician (AEMT) = 70%
- Paramedic = 70%
- Primary Instructor (PI) Pre-test = 85%
- Primary Instructor (PI) Post-test = 80%

After two (2) unsuccessful attempts at any examination, remediation is required prior to the third attempt. Should you fail to obtain the minimum score after three (3) attempts, you must take the course over before taking the State examination again.

NOTIFICATION OF TEST RESULTS

The Indiana Department of Homeland Security (IDHS) will notify attempts that were unsuccessful in obtaining the minimum score. When all requirements for certification have been met, the certification will be mailed to the Emergency Medical Technician (EMT) candidate.

ACKNOWLEDGMENT OF PASS / FAIL CRITERIA AND VIOLATION STATEMENTS

I, _____, do hereby declare that I have read and understand the Pass / Fail Criteria and Notification of Test Results listed above for the examination, course, and date listed below.

Have you ever been charged or convicted of a crime as an adult other than a minor traffic violation? Yes No

If yes, have you previously reported the details of the crime(s) to the Indiana Department of Homeland Security (IDHS) Certifications division? Yes No

Test site	Site
Signature	Date (month, day, year)