



# Montana's EMS Examination Process

*Practical  
Guidelines for  
EMR and EMT*



Department of Labor and Industry  
Board of Medical Examiners

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# INTRODUCTION

Beginning in 2002, a number of discussions were held concerning the testing of EMR through Paramedic. The agencies involved in these discussions were the Department of Public Health and Human Services, EMS and Injury Prevention Section and the Montana Department of Labor and Industry, Board of Medical Examiners. This manual is a result of those discussions.

This manual will explain the process and provide the necessary guidance to allow the Lead Instructor and Medical Director to conduct the various practical examinations locally.

While the State of Montana, Board of Medical Examiners requires National Registration as a basis of the licensure process; it also has additional requirements required for licensure. It is paramount that this manual be followed and the local Lead Instructor and Medical Director do not vary from its directions and procedures. Variations could lead to nullification of the conducted examination.

The **general process** for conducting local practical examinations can be outlined as;

- (1) Contact Montana Board of Medical Examiners prior to completion of an approved training program to schedule an examination (use the Electronic Examination Request Form),
- (2) Contact your Medical Director and assure their availability for the examination,
- (3) Contact persons to act as staff for your practical examination,
- (4) Secure a suitable location for the practical examination,
- (5) Secure the equipment and materials for the Practical exam,
- (6) Conduct practical examination and
- (7) Send all POST examination materials to the Montana Board of Medical Examiners.

## **A suggested time frame:**

### **6 to 8 weeks prior to the scheduled end of program or proposed testing date**

Contact Montana Board of Medical Examiners to schedule examination (using required form)

Contact your Medical Director and assure their availability for the examination,

Contact persons to act as staff for your examination

Secure a suitable location for the examination

### **2 weeks prior to the scheduled end of program or proposed testing date**

Secure the equipment and materials for the exam

### **The day of the practical exam**

Conduct practical examination according to required procedures,

Send post examination documentation to the Montana Board of Medical Examiners electronically.

This manual will break down each of the processes identified above and will provide you with all the necessary information and forms to conduct the examination. The manual will explain the differences between the various levels (EMR and EMT).

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This manual ***WILL NOT*** describe the necessary requirements for conducting **ENDORSEMENT** training or testing, that information is available in a different manual available from the Montana Board of Medical Examiners.

If you have any difficulty in using this manual, feel free to contact me, Kenneth L. Threet at [kthreet@mt.gov](mailto:kthreet@mt.gov) . This manual will be distributed to all Lead Instructor and EMS Medical Directors initially for utilization and specific training in the use of this manual and the examination process will be made available during the Lead Instructor Training Program and the EMS Medical Director Training Programs.

## **Advanced Examination Instructions**

When conducting an ALS examination (AEMT or Paramedic) **APPROVED** Lead Instructors will contact the National Registry via their web site: [www.nremt.org](http://www.nremt.org) for scheduling information. Manuals are available for download. To be approved as a site coordinator, contact me, Kenneth Threet at the Montana Board of Medical Examiners.

The lead Instructor will become the “site coordinator” as identified as the National Registry.

Prior to scheduling an ALS exam, the Lead Instructor **MUST** coordinate with the Board of Medical Examiners to assure that a National Registry Representative will be available for the exam dates proposed. The **ONLY** National Registry Representative allowed for Montana examinations are those identified and supplied by the Montana Board of Medical Examiners. Questions and assistance can be obtained by contacting me, Kenneth Threet at 406-841-2359 or [kthreet@mt.gov](mailto:kthreet@mt.gov) .

# Organizing the Basic Practical Examination

## **Practical Examination Station Overview**

The practical examination for the *EMR* consists of four (4) mandatory stations, the *EMT* consists of six (6) stations - five (5) mandatory stations and one (1) random skill station. The mandatory and random skill stations consist of both skills 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 EMTs 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.

### **EMR Skill Stations and Time Limits:**

Station 1: Patient Assessment Management - Trauma - 10 min

Station 2: Mouth to Mask - 5 min

Station 3: Bleeding Control/Shock Management - 15 min

Station 4: Upper Airway Adjuncts and Suction - 5 min

### **EMT Skill Stations and Time Limits:**

Station 1: Patient Assessment Management - Trauma - 10 min

Station 2: Patient Assessment Management - Medical - 10 min

Station 3: Cardiac Arrest Management/ AED - 15 min

Station 4: Bag-Valve-Mask Apneic Patient - 10 min

Station 5: Spinal Immobilization (Supine Patient or Seated Patient) - 10 min

Station 6: Random Basic Skill (one required))

Long Bone Injury - 5 min

Joint Injury - 5min

Traction Splint - 10 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

The random skill station is conducted so that the candidate is completely unaware of the skill to be tested until he/she enters the skill station. A set of 3 x 5 cards will be provided to the student, each one identifying a random skill. As the candidate enters the station, he/she will draw a card. The skill that is listed on the card is the skill that will be tested.

Copies of the skill evaluation forms are provided in this manual for your review and planning purposes, but the actual original forms utilized at the examination will be provided when your testing materials arrive from the Montana Board of Medical Examiners office.

## **Selection of a Test Facility**

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It is important that the test stations are set up in such a way to prevent candidates from observing the stations 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 restrooms 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.

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

### **Selection of the Practical 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.

Skill station examiners should be recruited from the local EMS community. You should only consider individuals who are currently licensed or certified to perform the skill you wish them to evaluate. Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions that could bias the potential skill examiner towards a particular individual or group of individuals.

**In no instance should the lead instructor or a primary instructor of your course or program** 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 primary 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. You should work to obtain skill station examiners who are not acquainted with the candidate if possible. All examiners should have experience working with EMTs, teaching or formal evaluation of pre-hospital care.

A minimum examination staff for the **EMR** should consist of:

- One (1) examination coordinator,
- Four (4) skill station examiners,
- One (1) programmed patients,
- One (1) EMT assistants and
- One make-up person for the practical examination.

A minimum examination staff for the **EMT** should consist of:

- One (1) examination coordinator,
- Six (6) skill station examiners,
- Four (4) programmed patients,

Three (3) EMT assistants and  
One make-up person for the practical examination.

The examination is designed to be offered at a single time and place, but you are not obligated to offer it in that manner. Skill stations may be offered on adjacent days if necessary or you can set them up according to your available staff. As example; you could set up two stations, run everyone through them, then set up the next two and run everyone through them and so on until your completed.

### **Responsibilities of the Practical Examination Staff**

While it is **not essential** to have a physician medical director in attendance at all practical examination sessions, it is highly desirable.

The **Medical Director** (for *EMT*) or **Lead Instructor** (for *EMR*) is responsible to supervise the practical examination process and maintain the integrity of the examination process.

You must maintain security of the examination materials at all times while in your custody, until all examination materials are returned to the Montana Board of Medical Examiners.

The **Examination Coordinator** is responsible for the overall planning, implementation, quality control and validation of the examination process. Specific duties include orientation of the candidates and skill station examiners.

**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 EMTs provide potential examination staffing.

**Assistant EMTs** 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 patient's are experienced EMTs, 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 makeup by using the right materials, common sense and a little practice.

### **General Examination Staff Responsibilities**

All personnel involved with administration of the examinations must:

Adhere to the standards of professional and personal ethics that reflect credit upon the emergency medical services profession as well as the NREMT and Montana Board of Medical Examiners .

Work harmoniously with allied health personnel and other assistants throughout administration of the examinations.

Conduct all examination-related activities in accordance with the policies and procedures outlined in this document.

Not discriminate and not tolerate discrimination. All personnel must conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor.

The Medical Director must ensure that all the staff conduct themselves in a professional manner throughout the examination.

Refrain from any conduct that may be considered by a candidate as sexual harassment, including making comments about a candidate's personal appearance, telling sexually-oriented or lewd jokes, or physical contact with a candidate. Conversation between the examination staff and candidates must be limited to the giving of instructions and answering questions. The Medical Director and Lead instructor must be aware of his or her actual or perceived authority over a candidate and must avoid any conversation or contact with candidates before or after administration of an examination. Any attempt by anyone involved with the exam administration to offer assistance to a candidate in the administration or scoring of an examination any request for a social relationship or sexual favors in exchange for such assistance is strictly prohibited.

Maintain the confidentiality of all examination materials and individual results.

The Medical Director and Lead Instructor must review the examination requirements to ensure that they fully understand his or her roles in the examination process, to avert potential disaster on the day of the exam.

The Medical Director should coordinate with the Lead Instructor to assure that he or she will promptly arrive at the correct facility that is set up adequately, to ensure proper administration of the exam.

### **Practical Examination Equipment**

The supplies and equipment **required** to conduct the *EMR* four (4) examination stations are

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listed. Additionally, each examiner will need a watch and a supply of evaluation instruments (score sheets) to score each candidate's performance.

**Station 1: Patient Assessment Management - Trauma**

Personal Protective Equipment

gloves

mask

eye protection

gown

Pen Light

Blanket

Moulage Kit

**Station 2: Mouth to Mask**

Personal Protective Equipment

gloves

mask

eye protection

gown

Manikin Capable of Being Ventilated to assure 800 ml volumes

Pocket Mask

Oropharyngeal / Nasal pharyngeal Airways

**Station 3: Bleeding Control/Shock Management**

Personal Protective Equipment

gloves

mask

eye protection

gown

Pocket Mask

Oropharyngeal / Nasal pharyngeal Airways

Roller Gauze or Cravats

Blanket

**Station 4: Upper Airway Adjuncts and Suction**

Personal Protective Equipment

gloves

mask

eye protection

gown

Manikin Capable of Being Ventilated to Assure 800 ml volumes

Suction Device

Pocket Mask

Oropharyngeal / Nasal Pharyngeal Airways

Tongue Blades

The supplies and equipment **required** to conduct the *EMT* six (6) examination stations are listed. Additionally, each examiner will need a watch and a supply of evaluation instruments (score sheets) to score each candidate's performance.

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**Station 1: Patient Assessment Management - Trauma**

Personal Protective Equipment

gloves

mask

eye protection

gown

Pen Light

Blood Pressure Cuff and Stethoscope

Blanket

Moulage Kit

**Station 2: Patient Assessment Management - Medical**

Personal Protective Equipment

gloves

mask

eye protection

gown

Pen Light

Blood Pressure Cuff and Stethoscope

Blanket

Moulage Kit

**Station 3: Cardiac Arrest Management/ AED**

Personal Protective Equipment

gloves

mask

eye protection

gown

Full Body CPR Manikin

AED Trainer

Bag-Valve-Mask Device

Pocket Mask

Flow Restricted Oxygen Powered Ventilation Device

Oropharyngeal / Nasal pharyngeal Airways

Oxygen Tank with Regulator and Flow Meter

Oxygen Connecting Tubing, Adult Non-Rebreather Mask

Portable Suction

Rigid Tip Suction Catheter

Backboard or CPR Board

Ambulance Cot with Patient Securing Straps

**Station 4: Bag-Valve-Mask Apneic Patient**

Personal Protective Equipment

gloves

mask

eye protection

gown

Manikin Capable of Being Ventilated to Assure 800 ml volumes  
Bag-Valve-Mask Device  
Pocket Mask  
Flow Restricted Oxygen Powered Ventilation Device  
Oropharyngeal / Nasal pharyngeal Airways  
Oxygen Tank with Regulator and Flow Meter  
Oxygen Connecting Tubing, Adult Non-Rebreather Mask  
Portable Suction  
Rigid Tip Suction Catheter

**Station 5: Spinal Immobilization (Supine Patient or Seated Patient)**

Personal Protective Equipment  
    gloves  
    mask  
    eye protection  
    gown  
Short Spine Immobilization Device  
Long Spine Immobilization Device  
Cervical Collars (assorted sizes)  
Head Immobilizer (commercial or improvised)  
Padding for Board (commercial or improvised)  
Patient Securing Strap(s)/Device  
Roller Gauze or Cravats  
Tape

**Station 6: Random Basic Skills**

Personal Protective Equipment  
    gloves  
    mask  
    eye protection  
    gown  
Manikin Capable of Being Ventilated to assure 800 ml volumes  
Bag-Valve-Mask Device  
Pocket Mask  
Flow Restricted Oxygen Powered Ventilation Device  
Oropharyngeal / Nasal pharyngeal Airways  
Oxygen Tank with Regulator and Flow Meter  
Oxygen Connecting Tubing, Adult Non-Rebreather Mask  
Airway Lubricant  
Tongue Blades  
Intubation Mannequin  
Traction Splint Device(s) with Required Accessories  
Roller Gauze or Cravats  
Rigid Splinting Devices (including padding if necessary)  
Assorted Field Dressing Material (dressings and bandages)

**Budget Considerations**

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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.

### **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. The orientation for *EMR* orientation is different than the *EMT* examination and you should make sure your using the correct orientation. Refer to the appendix for the *EMR* and *EMT* specific orientation scripts for skill station examiners.

### **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 for either the *EMR* or *EMT* candidate orientation scripts. 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.

### **Orienting the Candidate at the Specific Skill Station**

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 that have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates. The candidate instructions for *EMR* orientation is different than the *EMT* examination and you should make sure your using the

correct candidate instructions. Refer to the appendix for the *EMR* or *EMT* candidate orientation script.

### **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. 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.

### **Make up and 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 examination coordinator 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 examination coordinator 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.

# Evaluating the Candidate

## Practical Examiner's Role

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

## Using the Skill Evaluation Instruments (*score sheets*)

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 stations. One set of original skill sheets are provided in the examination materials provided by the Montana Board of Medical Examiners but you'll need to copy them as needed for the number of students to be examined.

Additionally, specific instructions explaining each skill evaluation instrument have been developed to assist the skill station examiner with the appropriate use of the instrument. These essays are included in this manual but are different for *EMR* and the *EMT*. You should make sure your using the correct station orientation for *EMR* or *EMT*.

Except to start or stop a candidate's performance, to deliver necessary information (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.

## 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 the Final Grade on Practical Performances

## Scoring the Practical Exam

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 according to the pass/fail criteria provided by the Montana Board of Medical Examiners. The scoring sheet provided by the Montana Board of Medical Examiners **must not be provided** to any of the skill station examiners and **must be retained by the examination coordinator at all times** and returned to the Montana Board of Medical Examiners. Failure to do this may result in nullification of your examination and retesting of all of your candidates.

In most cases, the pass/fail will be easily determined. If, however, the pass/fail determination is not easily identified, the physician medical director and the examination coordinator should review the situation as a committee before coming to a final decision. The station examiner may need to be consulted but should not become aware of the pass/fail criteria. 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. Be sure to document any and all discussions on the back of the skill sheet.

Once the individual skill sheets have been scored, the examination coordinator should transcribe the individual skill station results onto the Practical Examination Report Form. The Practical Examination Report Form is then used to determine and record the overall score of the practical examination and report the outcome to both the candidate and Montana Board of Medical Examiners. A new reporting form should be completed for each attempt at the practical.

## Reporting Practical Examination Results to the Candidate

The examination coordinator 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.

It is required that candidates be notified in writing of their examination results. A copy of the Practical Examination Report Form must be provided to the candidate.

## Reporting the Practical Scores

Successful completion of the practical examination will be reported to the National Registry by the Montana Board of Medical examiners buy utilization of your POST examination forms. Therefore, the POST Examination materials must be returned to the Montana Board of Medical Examiners **AS SOON AS POSSIBLE**.

## **Reporting Practical Examination Results to the Montana Board of Medical Examiners**

Successful completion of the practical examination must be reported to the Montana Board of Medical Examiners by submitting all post examination materials. This is the responsibility of the examination coordinator and or the physician medical director.

The post examination materials must also be retained by the testing agency with other documentation concerning the examination. This material may be requested if a question arises concerning the examination during the auditing process.

## **Practical Examination Retesting**

### Retesting the Same Day

For the *EMR* failure of two (2) or less skill stations, or for the *EMT*, failure of three (3) or less skill stations entitles the candidate to a same day retest of those skills failed. But, if the candidate fails any of the retest of a “same-day retest”, the candidate can retest those skills failed, but that retest must be accomplished at a different approved examination site with a different examiner.

For the *EMR*, failure of three (3) or more skill stations constitutes a failure of the entire practical examination, and requires retesting of the entire practical examination (all stations) at a different approved examination site with a different examiner

For the *EMT*, failure of four (4) or more skill stations constitutes a failure of the entire practical examination, and requires retesting of the entire practical examination (all stations) at a different approved examination site with a different examiner.

A candidate is allowed to test a single skill station a maximum of three (3) times before he must retest the entire practical examination.

A retest of the **entire practical examination requires** the candidate to document remedial training over all skills before re-attempting the examination documented on a remedial documentation form.

## **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.

To assist the examination coordinator in standardization and quality control, a quality control checklist is included in the application/post reporting documentation. This form must be used as an internal checklist for evaluating the examination process and be retained as a formal record of the examination process.

# Candidate Orientation Scripts

This standardized orientation script must be read before each examination session after the candidate have registered for the examination and before they are sent to the examination stations. The examination coordinator, who should maintain a friendly and professional attitude, normally reads the script. A copy is provided in the appendix to make reading it easier.

## **EMR: ORIENTATION SCRIPT: *Must be READ to the candidates***

Welcome to the EMR practical examination. I'm (*insert name and title*). By successfully completing this examination process and receiving National Registry registration 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.

I will now read the roster, for attendance purposes, before we begin the orientation. Please identify yourself when your name is called.

*(read attendance list )*

The skill station examiners utilized today were selected because of their expertise in the particular skill station. Skill station examiners 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.

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 (*identify location of this area* ) until the station is open and you are called.

From this point on, you are not permitted any books, pamphlets, brochures or other study materials. Please put all of this material away and out of sight.

You are not permitted to make any copies or recordings of any station.

The skill station examiner will greet you as you enter the skill station. The examiner will ask your name. Please assist him/ her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instruction provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

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 skill station examiner is not permitted to give this information.

Candidates sometimes complain that skill station examiners are abrupt, cold or appear

unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. 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 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.

Each skill station is supplied with several types of equipment for your selection. 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.

As you progress through the practical examination, each skill station examiner will be observing and recording your performance. Do not let his/her documentation practices influence your performance in the station. There is no correlation between the volume of his/her documentation and the quality of your performance. You are encouraged to explain the things you are doing during your performance in the station.

If the 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 specific details of any station 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 two (2) or less skill stations entitles you to a same day retest of those skills failed. Failure of three (3) or more skill stations constitutes a failure of the entire practical examination, requiring a retest of the entire practical examination. Failure of a same-day retest entitles you to a retest of those skills failed. This retest must be accomplished at a different 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. A candidate is allowed to test a single skill 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.

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 to day's examination is a formal verification process and was not designed to assist with teaching or learning. The purpose of this examination is to verify achievement of the minimal DOT competencies after the educational component has been completed. Identifying errors would 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. It is recommended that you contact your teaching institution for remedial training if you are unsuccessful in a skill

station.

If you feel you have a complaint concerning the practical examination, a formal complaint procedure does exist. You must initiate any complaint in writing, with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons: 1. You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory, or 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 complaint process. You must submit the complaint in writing. The examination coordinator and the medical director will review your concerns.

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

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.

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

*(answer all questions as fully as possible )*

Remember:

1. Follow instructions from the staff.
2. During the examination, move only to areas directed by the staff.
3. Give your 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.

*(direct the candidates to the waiting area )*

*(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)*

**EMT: ORIENTATION SCRIPT: *Must Be READ to the candidates***

Welcome to the EMT practical examination. I'm (insert *name and title*). By successfully completing this examination process and receiving National Registry 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.

I will now read the roster, for attendance purposes, before we begin the orientation. Please identify yourself when your name is called.

*(read attendance list )*

The skill station examiners utilized today were selected because of their expertise in the particular skill station. Skill station examiners 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.

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 (identify *location of this area*) until the station is open and you are called.

From this point on, you are not permitted any books, pamphlets, brochures or other study materials. Please put all of this material away and out of sight.

You are not permitted to make any copies or recordings of any station.

The skill station examiner will greet you as you enter the skill station. The examiner will ask your name. Please assist him/ her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instruction provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

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 skill station examiner is not permitted to give this information.

Candidates sometimes complain that skill station examiners are abrupt, cold or appear unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. 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 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.

Each skill station is supplied with several types of equipment for your selection. 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.

As you progress through the practical examination, each skill station examiner will be observing and recording your performance. Do not let his/her documentation practices influence your performance in the station. There is no correlation between the volume of his/her documentation and the quality of your performance. You are encouraged to explain the things you are doing during your performance in the station.

If the 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 specific details of any station 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 same day retest of those skills failed. Failure of four (4) or more skill stations constitutes a failure of the entire practical examination, requiring a retest of the entire practical examination. Failure of a same-day retest entitles you to a retest of those skills failed. This retest must be accomplished at a different 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. A candidate is allowed to test a single skill 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.

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 to day's examination is a formal verification process and was not designed to assist with teaching or learning. The purpose of this examination is to verify achievement of the minimal DOT competencies after the educational component has been completed. Identifying errors would 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. It is recommended that you contact your teaching institution for remedial training if you are unsuccessful in a skill station.

If you feel you have a complaint concerning the practical examination, a formal complaint procedure does exist. You must initiate any complaint in writing, with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons: 1. You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory, or 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 complaint process. You must submit the complaint in writing. The examination coordinator and the medical director will review your concerns.

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

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.

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

*(answer all questions as fully as possible )*

Remember:

1. Follow instructions from the staff.
2. During the examination move only to areas directed by the staff.
3. Give your 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.

*(direct the candidates to the waiting area )*

*(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)*

# GENERIC Practical Examination Orientation for Skill Station Examiners

This standardized orientation script must be read before each examination session before allowing the skill station examiners to begin. The examination coordinator, who should maintain a friendly and professional attitude, normally reads the script. A copy is provided in the appendix to make reading it easier.

## GENERIC (*EMRs and EMT*) Practical Examination Orientation for Skill Station Examiners

*(read to the skill station observers )*

Good (morning, afternoon, evening). My name is (insert *name*). I will be the examination coordinator for this examination.

I would like to thank you for serving as a skill station examiner.

All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned station and ability to fairly and accurately observe and document various performances. 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 evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore you are **not permitted** to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than the medical director or myself. 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 of the manner in which you address candidates, as many will interpret your remarks as some indication of their performance. You should develop a dialogue with candidates throughout their performance and should ask questions for clarification purposes. These questions should not be leading but should be asked when additional clarification is required. 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 FiO<sub>2</sub> 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.

Introduce yourself to each candidate as you call him or her into 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 your name, the date and scenario number. Use an 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 your 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 (no more than 1 minute) 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:

1. Place the point or points awarded in the appropriate space at the time each item is completed.
2. Only whole points may be awarded for those steps performed in an acceptable manner. You are not permitted to award fractions of a point.
3. Place a zero in the "Points Awarded" column for any step 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 records the entire performance on the backside. 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. When the time limit has been reached, stop the candidate's performance promptly and direct the candidate to move on to his/her next station, making sure that no candidate takes any notes or recordings of the station. If the candidate is in the middle of a step when the time limit is reached, permit him/her to complete only that step. The candidate should not be allowed to start another step. Don't be a "stopwatch watcher" and try not to add one or several additional minutes to the station. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the 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, your rationale for checking any "Critical Criteria" statement. Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check 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.

You are responsible for the security of all evaluation material throughout the day and must return all material to me before you leave this examination site. If you need to take a break, please inform me and secure all evaluation instruments that were issued to you.

I will be meeting with each of you to discuss your specific station assignment today. At this time please review your station assignments, equipment, location and scoring sheets while I make my rounds to each station. I will not begin the examination until I have met with each of you.

Any questions before we continue?

# **APPENDIX A**

## **Specific Instructions to the Examiners and the Candidates**

**EMR**  
**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 skill sheet. 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 way that makes you uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain the 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, the examiner must supply sound, touch, smell, or an injury that cannot be realistically moulaged but would be immediately evident in a real patient encounter, as soon as the candidate exposes or assesses that area of the patient.

The victim will present with a minimum of an airway, breathing, or 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 site, it remain the same for all candidates being tested at that site. This will ensure a consistent examination for all candidates.

This skill station requires the presence of one victim and one candidate. The victim should be briefed on his/her role in this station as well as on how to respond while being assessed 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.

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a prehospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition.

The scenario format of a multi-trauma assessment/management testing station requires that the examiner 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. This information should be given to the candidate **when the area of the patient is exposed or assessed.**

The examiner must present assessment findings that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has correctly treated for hypoperfusion, do not offer assessment findings that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating

C.P.R. This station was not designed to test C.P.R.

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. As an examiner should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with bandages.

Each candidate is required to complete a full patient assessment. The candidate must complete all components of the physical examination with the exception of those areas that are covered by dressings and bandages.

NOTE: You may choose to write the exact steps the candidate follows during this station as the sequence is performed. You may then use this documentation to fill out the score sheet after the candidate completes the station. This documentation may then be used to validate the score on the skill sheet if questions arise later.

## **EMR**

### **Instructions to the Simulated Trauma Victim**

The skill station examiner should review the following 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 symptoms. The level of respiratory distress acted out by you and the degree of pain you describe at injury sites must be consistent for all candidates. As the candidate progresses with the examination, be aware of any period in which the candidate touched a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate only lightly touches the area, do not respond. Only respond in 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 the candidate leaves the room.

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

## **EMR**

### **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-system trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you approach the patient you should assume the scene is clear of safety hazards. 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 EMRs 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?

## **EMR**

### **Instructions to the Practical Skills Examiner**

#### **Upper Airway Adjuncts and Suction**

This station is comprised of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway and to suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway, and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e., - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, advise the candidate that the patient is vomiting. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate instructs the candidate to insert a nasopharyngeal airway into the mannequin.

## **EMR**

### **Instructions to the Candidate**

#### **Upper Airway Adjuncts and Suction**

This station is designed to test your ability to properly measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well as to suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. Do you have any question?

## **EMR**

### **Instructions to the Practical Skills Examiner:**

#### **Mouth-to-mask**

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 already being ventilated, mouth-to-mouth, by another EMR. Upon entering the skill station, the candidate will be required 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.

When ventilating the patient, the candidate must provide a minimum of 800 ml volume per breath. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin capable of being ventilated with volumes of 800 ml or more. It must also be able to register successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one ventilation error or less in 30 seconds (volume only), you should award 1 point. No point should be awarded if you observe two ventilation errors or more in 30 seconds.

## **EMR**

### **Instructions to the Candidate**

#### **Mouth-to-mask**

This station is designed to test your ability to ventilate a patient using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-mouth 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. 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. Do you have any questions?

## **EMR**

### **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 the candidate and the examiner. 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. The examiner 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 does 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 and a blanket.

The scenario in the "Instructions to the Candidate" 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 utilized in order to reduce the possibility of a candidate knowing the scenario before entering the test. If the scenario is to be changed, the following guidelines must be used:

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

It is essential that once a scenario is established for a specific test, it remain the same for all candidates being tested on that date. This will ensure a consistent examination for all candidates.

Due to the scenario format of this station, you are required to prompt the student at various places during the exam. Controversy exists in the national EMS community concerning the removal of dressings by EMRs when controlling hemorrhage. This station does not require the EMR to remove any dressing once applied. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the student that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again state that the wound continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should say that the bleeding is controlled. If the candidate attempts to remove the initial dressing to apply direct fingertip pressure, you should inform him/her, that for the purposes of this station, this step is not required. Additionally, 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, P 118, R 30).

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

## **EMR**

### **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 offered 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 15 minutes to complete this skill station.

## **EMR**

### **Scenario #1**

#### **Bleeding Control/shock Management**

You respond to a stabbing and find a 25-year-old male victim. Upon examination you find a 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 conscious and alert. His airway is open and he is breathing adequately. Do you have any questions?

## **EMR**

### **Scenario #2**

#### **Bleeding Control/shock Management**

You respond to a warehouse and find a 21-year-old male. Upon examination you find a 3-inch laceration to the inside of the right thigh. Bright red blood is spurting from the wound. The scene is safe and the patient is conscious and alert. His airway is open and he is breathing adequately. Do you have any questions?

## **EMT**

### **Specific Instructions to the Practical Skills Examiner**

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

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario-based station, it will require some dialogue between the examiner and the candidate.

The candidate will be required to physically accomplish all assessment steps listed on the evaluation instrument. However, all interventions should be spoken instead of physically accomplished.

Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a manner in which you are uncertain of the areas or functions being assessed, you must

immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically mouldaged 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 site, it remains the same for all candidates being tested at that site. This will ensure consistency of the examination process for all candidates.

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

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

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a pre-hospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition. 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 can not 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 hypoperfusion, do not offer vital signs that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. Likewise, if a candidate fails to accomplish appropriate treatment for hypoperfusion, do not offer vital signs that improve the patient's condition. This may cause the candidate to assume he/she has provided

adequate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating C.P.R. This station was not designed to test C.P.R.

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 be instructed to 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. For example, the candidate must inspect the neck prior to placement of a cervical collar. 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.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation instrument sheet after the candidate completes the station. This documentation may then be used to validate the score on the evaluation instrument if questions should arise later.

### **Specific Instructions to the Simulated Trauma Victim**

The skill station examiner should review the following with the person serving as victim.

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

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.

## **EMT**

### **Specific 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, the examiner must supply sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter.

The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition.

Additionally, the patient in the scenario must be awake and able to talk. 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 site, it remains the same for all candidates being tested at that site. 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. The candidate should ask brief questions such as "Is the scene safe?". 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, Obstetrics, or Behavioral.

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 scenario.

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. For example; if the

patient is complaining of breathing difficulty, the point for interventions should be awarded if the candidate verbalizes administration of oxygen to the patient.

When assessing the signs and symptoms of the patient, the candidate must gather the appropriate information by asking the questions listed on the skill sheet. The number of questions required to be asked differs based on the scenario and the chief complaint. The point for "Signs and Symptoms (Assess history of present illness)" is awarded based on the following criteria:

**Respiratory:**

5 or more questions asked, award one point

4 or less questions asked, award no point

**Cardiac:**

5 or more questions asked, award one point

4 or less questions asked, award no point

**Altered Mental Status:**

6 or more questions asked, award one point

5 or less questions asked, award no point

**Allergic Reaction:**

4 or more questions asked, award one point

3 or less questions asked, award no point

**Poisoning/Overdose:**

5 or more questions asked, award one point

4 or less questions asked, award no point

**Environmental Emergency:**

4 or more questions asked, award one point

3 or less questions asked, award no point

**Obstetrics:**

5 or more questions asked, award one point

4 or less questions asked, award no point

**Behavioral**

4 or more questions asked, award one point

3 or less questions asked, award no point

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 en route to the hospital.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation instrument after the candidate completes the station. This documentation may then be used to validate the score on the evaluation instrument if questions should arise later.

## **Specific Instructions to the Simulated Medical Patient**

The skill station examiner should review the following with the person serving as 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 examination today will require you 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.

## **EMT**

### **Specific 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 a cardiac arrest situation with CPR being performed by a EMR. The candidate will be required to immediately apply an automated external defibrillator and deliver appropriate shocks.

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, including AED, or how to prepare the patient for transportation as he/she will be required to do in an actual field situation. Since this station tests the candidate's ability to integrate CPR skills into cardiac arrest scene management, it is required that before entering this station the candidate present documentation of successful completion (card or certificate) of a current CPR course. The course must meet, or exceed, the criteria set forth in the American

Heart Association's Basic Life Support Course; "**Basic Life Support for Health Care Providers**" or the American Red Cross equivalent

The skill sheet is divided into four distinct segments: Assessment, Transition, Integration, and Transportation.

**ASSESSMENT:** In this segment the candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the cardiac arrest. When gathering the history the candidate must ask, at minimum, the following questions:

How long has the victim been in arrest?

How long has CPR been in progress?

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 EMR while he/she prepares the defibrillator for use. The candidate must, within one minute of arrival at the patient's side, apply the automated external defibrillator to the mannequin and initiate the first shock. The candidate should deliver the appropriate shock sequence. You should inform the candidate that there is "no pulse" on any pulse check.

**TRANSITION:** In this segment the candidate must direct the EMT assistant and the EMR to initiate two (2) rescuer CPR. Also during this segment, the candidate must prepare the airway and ventilation adjuncts to be used in the integration segment. The candidate should attempt to 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.

**INTEGRATION:** In this segment the candidate must integrate the use of an oropharyngeal airway and a ventilation adjunct into the 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 a bag-valve mask device to ventilate the patient.

You should not indicate displeasure with the candidate's choice of ventilatory adjunct since this station is testing the candidate's ability to integrate adjunctive equipment into 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 percentage oxygen. After establishing ventilation using the adjunctive equipment, the candidate must perform two rescuer CPR with the aid of the EMT assistant for one minute. 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.

**TRANSPORTATION:** In this segment the candidate is required to verbalize moving the patient onto a long spine board or onto a CPR board/spine board and an ambulance cot.

The supplies/equipment needed for this station include an automated external defibrillator, a bag-valve-mask, a pocket mask or a demand valve, supplemental oxygen set up, oxygen connection tubing, portable suction equipment, The supplemental oxygen and portable suction equipment may be mock set-ups. The candidate must be informed of the mock set-ups and what they indicate before starting the procedures. Note: The candidate may choose to bring his/her own equipment to use in this station.

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

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 EMR or the EMT assistant because they 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 "Bag Valve Mask Apneic Patient with Pulse". You are evaluating scene/situation control, integration skills, and decision-making ability.

## **EMT**

### **Specific Instructions to the Practical Skills Examiner**

#### **Airway, Oxygen, Ventilation Skills Bag-Valve-Mask-Apneic with Pulse**

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. The station was developed to simulate a realistic situation that an EMT might face in the field. 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 a bag-valve-mask. After establishing a patent airway and ventilating the patient for 30 seconds or longer, the candidate must integrate supplemental high flow oxygen into the procedure. If the candidate chooses to set up high flow oxygen prior to establishing a patent airway and ventilation, he/she has failed to immediately ventilate an apneic patient.

When ventilating, the candidate must provide a minimum of 800 ml volume per breath. 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 with volumes of 800 ml or more. It must also have the capability of registering successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful

volumes are reached or a system that graphs successful volumes. 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 bag-valve-mask device and oxygen connecting tubing. The supplemental oxygen system should be functional; however for testing purposes, the tank may be empty as long as the equipment and supplies necessary for it to function are present.

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 ventilation in this station. After the candidate completes the initial 30-second, of ventilation, you should advise him that the patient is being ventilated properly and he should integrate high flow oxygen at this point in the procedure.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one or less ventilation error in 30 seconds you should award one (1) point. No point should be awarded if you observe two or more ventilation errors in 30 seconds. After successfully demonstrating single rescuer use of a bag-valve-mask you will inform the candidate that a second rescuer is present. The second rescuer will be instructed to ventilate the patient while the candidate controls the mask and the airway. You may serve as the second rescuer.

## **EMT**

### **Specific 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 is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid half 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 is present. The patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The patient will not present slumped forward as if he/she were slumped over the steering wheel. 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 the patient's airway, breathing and central circulation is 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, 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.

You should have various half-spine immobilization devices available at this testing station. The devices should represent those half spine immobilization devices used in the local EMS system (a half spine board, KED, XP -1, 055, Kansas board or other acceptable devices). It is required that at least a rigid wooden or plastic half spine board and a commercial vest-type immobilization device with all other associated immobilization equipment be available in this station. You are responsible for ensuring all equipment in this station is present and in proper working condition. The candidate may choose to bring a device that he/she is familiar with to use in this station. You must be familiar with the device and its proper use before any evaluation of the candidate may take place. You must not indicate displeasure with the candidate's choice of immobilization device. The candidate should be evaluated on how well he/she immobilizes and protects the patient's spine, not on what immobilization device is used.

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. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device.

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.

## **EMT**

### **Specific 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 is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid long spinal 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. Candidates should not have to be concerned with distractions such as limb realignment, prone position, or other positions not covered in the majority of EMT basic curricula. 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.

There are various long spine immobilization devices in use in the EMS community. The skill sheet was designed to be generic so that it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available at this testing station-specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher. The candidate may choose to bring a device he/she is familiar with to use in this station. The examination coordinator must approve this device and you must be familiar with its proper use before the candidate may use it during the examination. You should not indicate displeasure with the candidate's choice of immobilization device. The candidate should be evaluated on how well he/ she immobilizes and protects the patient's spine, not on what immobilization device is used.

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 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 their performance and exits the testing station.

## **EMT**

### **Specific 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.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation is 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 upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. The palm should never be flattened. The wrist should be dorsi-flexed about 20 to 30 degrees and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions to be avoided are gross plantar flexion and gross plantar extension.

No points should be awarded if these positions are used.

### **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 assessment of the patient's airway, breathing and central circulation is 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 the use of a long spine board is an acceptable method of splinting this injury since a long spine board will effectively splint every bone in the body. If the candidate elects to avoid individual splinting and responds that he/she will use a long spine board, the examiner should respond, "that is an acceptable procedure, however, in this station you are being tested on your ability to apply a simple sling and swathe to immobilize the injury." The examiner should restart the time clock after this explanation.

## **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 lying 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 assessment 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.

One controversy encountered in using traction splints is when to apply manual traction. When using a bipolar (Hare) traction splint, elevation of the injured leg is required; therefore manual in-line traction must be applied prior to elevating the leg for splint insertion. While using the bipolar splint, manual traction may be applied immediately upon detection of a mid-shaft femur injury before application of the ankle hitch. An alternate method while using a bipolar traction splint is to support the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to insert the splint.

These variations in applying manual traction while using a bipolar device are equally acceptable and should be awarded points accordingly. The two methods described for applying manual traction while using a bipolar traction splint are also acceptable when using a unipolar traction device.

Additionally, the applications of certain unipolar (Sagar or Kendrick) traction splints do not require the application of manual traction since elevation of the leg is not required. With these devices, the deformed site is supported without manual traction until the device is in place and mechanical traction is applied. In this instance, the candidate should receive the point for "applied and maintained manual traction."

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.

## **EMT**

### **Specific 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 dialog 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 an extremity. You will prompt the actions of the candidate at predetermined interval 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 blanket, an oxygen delivery system (may be a mock up) and a non-rebreather mask.

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 uses an appropriate arterial pressure point to control the hemorrhage, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled, you should indicate 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 EMTs 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.

## **EMT**

### **Specific Instructions to the Practical Skills Examiner**

#### **Airway, Oxygen, Ventilation Skills Upper Airway Adjuncts and Suction**

These stations are designed to test the candidate's ability to properly measure and insert an oropharyngeal airway, a nasopharyngeal airway and properly suction a patient's airway. This

station is comprised of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e. - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head, however it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, you should advise the candidate that the patient is gagging. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, you should direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate should be instructed to insert a nasopharyngeal airway into the mannequin.

## **EMT**

### **Specific 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 EMR. 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 a minimum of 800 ml volume per breath. 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 with volumes of 800 ml or more. It must also have the capability of registering successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. 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.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. 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.

## **EMT**

### **Specific Instructions to the Practical Skills Examiner**

#### **Airway, Oxygen, Ventilation Skills Supplemental 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, 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. The candidate will be required to discontinue oxygen therapy including relieving all pressure from the oxygen tank regulator.

As the candidate enters the station he will be instructed to assemble the oxygen delivery system and administer oxygen to the simulated patient using a non-rebreather mask. During this procedure, the candidate must check for tank/regulator leaks. If a leak is found and not corrected, you should subtract one point for this step. If a leak is found but is corrected, there should be no points deducted.

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.

After the candidate has applied the non-rebreather mask to the patient and established an oxygen liter flow, you must inform the candidate that the patient cannot tolerate the mask and instruct him to continue oxygen administration using a nasal cannula.

Once the oxygen flow rate has been adjusted for the nasal cannula, instruct the candidate to discontinue oxygen administration.

The equipment needed 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 a mannequin. If a mannequin, is used it must have anatomically correct ears, nose and mouth.

## **EMT**

### **Specific 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 EMTs 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?

## **EMT**

### **Specific Instructions to the Candidate**

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

This station is designed to test your 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. You will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. 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 EMTs 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?

## **EMT**

### **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 EMT assistant in this station. The EMT assistant will only do as you instruct him/her. As you arrive on the scene you will encounter a patient in cardiac arrest. A EMR will be present performing single rescuer CPR. You must immediately establish control of the scene and begin resuscitation of the patient with 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 (15) fifteen minutes to complete this skill station. Do you have any questions?

## **EMT**

### **Instructions to the Candidate**

#### **Airway, Oxygen, Ventilation Skills Bag-Valve-Mask-Apneic with Pulse**

This station is designed to test your ability to ventilate a patient using a bag-valve-mask. 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 airway management and ventilatory support. 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 and will instruct you that you must control the airway and the mask seal while the second rescuer provides ventilation. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

## **EMT**

### **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?

## **EMT**

### **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 the direction and subsequent action 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?

## **EMT**

### **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?

## **EMT**

### **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?

## **EMT**

### **Instructions to the Candidate**

#### **Airway, Oxygen, Ventilation Skills Upper Airway Adjuncts and Suction**

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal and a nasopharyngeal airway as well as suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

## **EMT**

### **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?

## **EMT**

### **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?

## **EMT**

### **Instructions to the Candidate**

#### **Airway, Oxygen, Ventilation Skills Supplemental 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?

## **EMR**

### **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, P 140, RR28
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

#### **EMR**

#### **Trauma Situation #2 - Patient Assessment/Management**

##### Mechanism of Injury

You are called to the scene of a construction area where you find a victim who has fallen 30 feet to the ground. You find the patient lying in a pile of debris under scaffolding. The victim is found lying face up his arms and legs close to his side, head in a neutral position.

##### 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 arm (upper arm) with capillary bleeding

#### Vital Signs

1. Initial Vital Signs - B/P 72/60, P 140, RR28
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

#### **EMT**

#### **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.

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8. pelvis stable
9. open injury of the left femur with capillary bleeding

## Vital Signs

1. Initial Vital Signs - B/P 72/60, P 140, RR28
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

## **EMT**

### **Trauma Situation #2: Patient Assessment/Management**

## Mechanism of Injury

You are called to the scene of a construction area where you find a victim who has fallen 30 feet to the ground. You find the patient lying in a pile of debris under scaffolding. The victim is found lying face up his arms and legs close to his side, head in a neutral position.

## 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 arm (upper arm) with capillary bleeding

#### Vital Signs

1. Initial Vital Signs - B/P 72/60, P 140, RR28
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

### **EMT**

#### **Sample Medical Scenario 1#: 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 the lips, fingers and capillary beds.

#### **INITIAL ASSESSMENT**

Chief Complaint: "I'm having a 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 breath. 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 breath 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 handheld inhaler

Past Medical History: Treated for emphysema for the 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.

## **EMT**

### **Sample Medical Scenario 2#: 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 124 and weak, skin cool and clammy

Transport Decision: Immediate

#### **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 worst 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. Nitroglycerin 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: Assesses baseline vital signs.

Vitals: R 24, P 124, B/P 144/92.

## **EMT**

### **Sample Medical Scenario 3#: 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.

## **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: Completes a rapid assessment to rule out trauma.

Vitals: RR 14, P 120, B/P 110/72.

## **EMT**

### **Sample Medical Scenario 4#: Allergic Reaction**

You arrive 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 bad."

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 were those cookies."

Events Leading to Illness: "None, except I ate those cookies."

Focused Physical Examination: Not indicated (award point).

Vitals: RR 26, P 120, B/P 90/60.

## **EMT**

### **Sample Medical Scenario 5#: 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 and respiratory compromise.

Level of Responsiveness: Responds slowly to verbal commands.

Airway: Patent.

Breathing: 18 and deep.

Circulation: 120 and strong.

Transport Decision: Immediate.

## **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 or 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."

Progressions: "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, B/P 90/64.

## **EMT**

### **Sample Medical Scenario 6#: 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 and strong, B/P 120/80.

## **EMT**

## **Sample Medical Scenario 7#: 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 I" 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 pain is every 2 to 3 minutes and it lasts 2 to 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, B/P 140/ 80.

## **EMT**

### **Sample Medical Scenario 8#: Behavioral**

You arrive on the scene where you find a 45-year-old male in the custody of the police. He is unable to stand and smells of beer. He appears to be dirty and you notice numerous rips and tears in his clothes.

### **INITIAL ASSESSMENT**

Chief Complaint: "Nothing is wrong with me except these cops won't leave me alone. I only drank two beers. "

Apparent Life Threats: None.

Level of Responsiveness: Responds slowly with slurred speech to verbal questions.

Airway: Patent

Breathing: 16 and effortless

Circulation: No bleeding, pulse 100, warm skin and red nose

Transport Decision: Delayed

## **FOCUSED HISTORY AND PHYSICAL EXAMINATION**

How do you feel: "I'm a little sick, otherwise, I just want to go to sleep."

Suicidal tendencies: "No, I ain't going to kill myself"

Threat to others: "Hey man, I have never hurt anyone in my life."

Is there a medical problem: "My wife says I'm an alcoholic, but what does she know?"

Interventions: "Yeah, I took three aspirins because I know I'm going to have one heck of a headache in the morning."

Allergies: None

Medications: None

Past Medical History: "I've been in the hospital four times with those DTs."

Last Meal: "Man, I haven't eaten since yesterday."

Events Leading to Illness: "I don't care what these cops say, I didn't fall down. I was just taking a nap before going home."

Focused Physical Examination: Complete a rapid assessment to rule out trauma.

Vitals: RR 16, B/P 90/60.

# **APPENDIX B**

**Specific Orientation Scripts for the Candidates  
Formatted so that they can be read aloud**

**EMR**  
**PRACTICAL EXAM ORIENTATION SCRIPT:**  
*Must Be READ to the candidates*

Welcome to the EMR practical examination. I'm (*insert name and title*). By successfully completing this examination process and receiving National Registry registration 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.

I will now read the roster, for attendance purposes, before we begin the orientation.

Please identify yourself when your name is called.

*(read attendance list )*

The skill station examiners utilized today were selected because of their expertise in the particular skill station. Skill station examiners 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.

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 (**identify location of this area**) until the station is open and you are called.

From this point on, you are not permitted any books, pamphlets, brochures or other study materials. Please put all of this material away and out of sight.

You are not permitted to make any copies or recordings of any station.

The skill station examiner will greet you as you enter the skill station. The examiner will ask your name. Please assist him/ her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instruction provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

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 skill station examiner is not permitted to give this information.

Candidates sometimes complain that skill station examiners are abrupt, cold or appear unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. 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 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.

Each skill station is supplied with several types of equipment for your selection. 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.

As you progress through the practical examination, each skill station examiner will

be observing and recording your performance. Do not let his/her documentation practices influence your performance in the station. There is no correlation between the volume of his/her documentation and the quality of your performance. You are encouraged to explain the things you are doing during your performance in the station.

If the 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 specific details of any station 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 two (2) or less skill stations entitles you to a same day retest of those skills failed. Failure of three (3) or more skill stations constitutes a failure of the entire practical examination, requiring a retest of the entire practical examination.

Failure of a same-day retest entitles you to a retest of those skills failed. This retest

must be accomplished at a different 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. A candidate is allowed to test a single skill 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.

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. The purpose of this examination is to verify achievement of the minimal DOT competencies after the educational component has been completed. Identifying errors would 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. It is recommended that you contact your teaching institution for remedial training if you are unsuccessful in a skill station.

If you feel you have a complaint concerning the practical examination, a formal complaint procedure does exist. You must initiate any complaint in writing, with

me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory, or
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 complaint process. You must submit the complaint in writing. The examination coordinator and the medical director will review your concerns.

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

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.

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

*(answer all questions as fully as possible )*

Remember:

1. Follow instructions from the staff.
2. During the examination move only to areas directed by the staff.
3. Give your 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.

*(Direct the candidates to the waiting area)*

*(Caution must be used to avoid lengthy questions or attempts by the candidate to obtain answers to questions that have no bearing on the examination)*

**EMT**  
**PRACTICAL EXAM ORIENTATION SCRIPT:**  
*Must Be READ to the candidates*

Welcome to the EMT practical examination. I'm (*insert name and title*). By successfully completing this examination process and receiving National Registry registration 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.

I will now read the roster, for attendance purposes, before we begin the orientation. Please identify yourself when your name is called.

*(read attendance list )*

The skill station examiners utilized today were selected because of their expertise in the particular skill station. Skill station examiners 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.

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 (*identify location of this area*) until the station is open and you are called.

From this point on, you are not permitted any books, pamphlets, brochures or other study materials. Please put all of this material away and out of sight.

You are not permitted to make any copies or recordings of any station.

The skill station examiner will greet you as you enter the skill station. The examiner will ask your name. Please assist him/ her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instruction provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

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 skill station examiner is not permitted to give this information.

Candidates sometimes complain that skill station examiners are abrupt, cold or appear unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. 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 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.

Each skill station is supplied with several types of equipment for your selection. 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.

As you progress through the practical examination, each skill station examiner will be observing and recording your performance. Do not let his/her documentation practices influence your performance in the station. There is no correlation between the volume of his/her documentation and the quality of your performance. You are encouraged to explain the things you are doing during your performance in the station.

If the 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 specific details of any station 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 same day retest of those skills failed. Failure of four (4) or more skill stations constitutes a failure of the entire practical examination, requiring a retest of the entire practical examination.

Failure of a same-day retest entitles you to a retest of those skills failed. This retest must be accomplished at a different 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. A candidate is allowed to test a single skill 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.

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. The purpose of this examination is to verify achievement of the minimal DOT competencies after the educational component has been completed. Identifying errors would 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. It is recommended that you contact your teaching institution for remedial training if you are unsuccessful in a skill station.

If you feel you have a complaint concerning the practical examination, a formal

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

1. You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory, or
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 complaint process. You must submit the complaint in writing. The examination coordinator and the medical director will review your concerns.

I am here today to assure that fair, objective, and impartial evaluations occur in accordance with the guidelines contained in this guide. If you have any concerns, notify me immediately to discuss your concerns. I will be visiting all skill stations throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be

accepted.

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.

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

*(Answer all questions as fully as possible)*

Remember:

1. Follow instructions from the staff.
2. During the examination move only to areas directed by the staff.
3. Give your 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.

*(Direct the candidates to the waiting area)*

*(Caution must be used to avoid lengthy questions or attempts by the candidate to obtain answers to questions that have no bearing on the examination)*

## GENERIC (EMR and EMT)

### Practical Examination Orientation for Skill Station Examiners

*(read to the skill station observers )*

Good (morning, afternoon, evening). My name is *(insert name)*. I will be the examination coordinator for this examination.

I would like to thank you for serving as a skill station examiner.

All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned station and ability to fairly and accurately observe and document various performances. 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 evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore you are **not permitted** to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific

performance with anyone other than the medial director or myself. 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 of the manner in which you address candidates, as many will interpret your remarks as some indication of their performance. You should develop a dialogue with candidates throughout their performance and should ask questions for clarification purposes. These questions should not be leading but should be asked when additional clarification is required. 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 FiO<sub>2</sub> 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.

Introduce yourself to each candidate as you call him or her into 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 your name, the date and scenario number. Use an 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 your 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 (no more than 1 minute) 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:

1. Place the point or points awarded in the appropriate space at the time each item is completed.

2. Only whole points may be awarded for those steps performed in an acceptable manner. You are not permitted to award fractions of a point.

3. Place a zero in the "Points Awarded" column for any step that was not completed or was performed in an unacceptable 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. When the time limit has been reached, stop the candidate's performance promptly and direct the

candidate to move on to his/ her next station, making sure that no candidate takes any notes or recordings of the station. If the candidate is in the middle of a step when the time limit is reached, permit him/her to complete only that step. The candidate should not be allowed to start another step. Don't be a "stopwatch watcher" and try not to add one or several additional minutes to the station. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the 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, your rationale for checking any "Critical Criteria" statement. Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check 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.

You are responsible for the security of all evaluation material throughout the day

and must return all material to me before you leave this examination site. If you need to take a break, please inform me and secure all evaluation instruments that were issued to you.

I will be meeting with each of you to discuss your specific station assignment today. At this time please review your station assignments, equipment, location and scoring sheets while I make my rounds to each station. I will not begin the examination until I have met with each of you.

Any questions before we continue? (*Pause for questions*)