

“What we hope ever to do with ease, we must learn first to do with diligence.” – Samuel Johnson



EMS EVALUATOR WORKSHOP

Emergency Care Systems

January 2022

THANK YOU

This course was developed by the Washington State EMS Education Workgroup under the oversight of the Prehospital Technical Advisory Committee.

This revision reflects the latest changes of the Washington Administrative Code and National EMS Educational Standards and Instructional Guidelines.



Introductions

You


Your Employer and Role

Education/Training Background


Tenants of An Online Meeting (optional)



- How to mute/unmute
- How to type in chat
- Certificates of completion



What do you like about
EMS education?
Why are you taking this course?



**DON'T COME IN HERE
LIKE YOU'RE
JUST CHECKING THE BOX.
COME HERE WITH
A BURNING DESIRE
TO SUCCEED**

GYMAHOLIC

GA



EMS Evaluator Course

- ▶ The purpose of evaluator workshops are to teach methods and techniques to enable people to provide reliable, objective practical skill evaluations while properly using evaluation skill forms identified by the Department of Health.

Cognitive Goals

(Mental Processes, Knowledge, Critical Thinking)

- Identify resources for accurate information
- Know the difference between individual skills evaluations, the Comprehensive End of Course evaluation and an OTEP skill evaluation
- Know how to apply to become an EMS evaluator
- List the components of a practical skills evaluation
- Understand legal considerations
- Discuss the role of the evaluator in EMS education
- Understand how to perform a skill evaluation

“Blessed is the influence of one true, loving human soul on another.”

-George Elliot

Affective Goals

(Interests, Attitudes, Values)

- ▶ Be aware of the importance of understanding the policies and procedures related to EMS education in Washington
- ▶ Participate in this class in a way that exemplifies a commitment to excellence when conducting practical skill evaluations

“Everything can be taken from a man but . . . The last of the human freedoms - to choose one’s attitude in any given set of circumstances, to choose one’s own way.” - Victor Frankl

Psychomotor Goals

(Hands on, Touch the Toys)

- Demonstrate the ability to use practical skill evaluation sheets in state-approved skill packet as well as those approved by the MPD to perform objective skill evaluations
- Demonstrate the ability to remediate a student who is having difficulty

Module 1

Roles and Responsibilities of the EMS Educator/Evaluator

*“ To accomplish great things, we must not only
act but also dream, not only plan
but also believe.”*

- Anatole France

Washington EMS Educators


- **SEI (Senior EMS Instructor)**
- **EMS Evaluator/Instructor**
- **Nationally Recognized CPR Instructors**

Note: Guest lecturers must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the MPD to instruct EMS topics.

An SEI (initial EMR or EMT classes) or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.

What is an SEI?

- Senior EMS instructors are responsible for the overall instructional quality of initial EMR and EMT courses under the general supervision of the MPD.
- Prerequisites: EMS evaluator, NAEMSE instructor course completion or state-approved equivalent, completion of state mentoring program requirements, MPD recommendation and DOH approval



General Instructor Requirements

EMS Evaluator, SEI, or Guest Instructors

- *Competent as an instructor*
- *Knowledgeable in the topic content*
- *Approved by the MPD*

What is an EMS Evaluator?

EMS evaluators are responsible for the evaluation of skills within their own scope of practice.

This takes place in a variety of settings:

- Individual skills evaluations in initial EMR/EMT courses
- End of course skills evaluations for EMR/EMT courses
- Evaluations of skills during OTEP
- Evaluations as needed for Traditional CME recertification

Becoming an EMS Evaluator

- Be a currently certified EMS provider and completed at least one certification cycle. Certification must be at or above the level being evaluated.
- Complete an MPD-approved EMS evaluator workshop
- Complete the EMS evaluator application
 - MPD recommendation
 - DOH approval
- CPR instructor highly recommended, but not required

Evaluating the Evaluator

- Evaluators should demonstrate proficiency on any skill they will evaluate before performing the evaluation on another.
- Performing skill evaluations as an EMS evaluator does not meet the requirement to be competent in any skill for recertification purposes.
- Each EMS evaluator must perform each skill, be evaluated by another EMS evaluator, and be determined successful in performing each skill to meet competency requirements for recertification.

Module 2

Administrative Issues

“Misinformation is one of the greatest dangers of modern education.”

- Charles F. Kettering

Resources

Up-to-date information is available from the Department of Health at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionalsNewReneworUpdate/EMSEducationandCertification/EMSEducation.aspx>

or

www.doh.wa.gov/hsqa/emstrauma

Additional sources of up-to-date information:

- State EMS education staff 360-236-2842
- Your MPD
- Local senior EMS instructors
- Local and regional EMS council members
- Members of local, regional and state committees

Individual Skills Evaluations During an Initial EMR/EMT Course

- Use DOH-approved skill sheets only
- Demonstrate proficiency individually
- Evaluations done throughout the course
- Must achieve a minimum score
- No errors in the Critical Criteria section

End of Course Comprehensive Skills Exam

- Supervised by a SEI, but usually performed by an EMS evaluator
- Four scenario-based role-play stations with moulaged patients
- Evaluated as a team with a time limit
- No critical criteria errors allowed
- No instruction or feedback is given

RECERTIFICATION

Continuing Medical Education + Testing

- Under the direction of an SEI
- Practical skills test using DOH/EMS approved skills sheets for the specific certification level
- State certification exam (NREMT CAT)
- Requires CME (hours dependent upon skill level) and skills proficiency requirements



RECERTIFICATION

Ongoing Training and Evaluation program

- Local direction. SEI not required.
- Skill evaluation sheets shall be DOH approved or MPD approved for the level
- Evaluations/not tests/competency based
 - Written evaluations are topic specific and are taken after completion of the didactic portion
 - Skill evaluation where remediation are reevaluation are allowed
 - Multiple learning opportunities
- Didactic portion may be via a live person presentation or web-based online presentation
- A safe, realistic and challenging learning environment
 - Minimum knowledge and skills are evaluated
 - Repetition and remediation are key to learning and skill proficiency

Paperwork & Documentation

Initial Courses

- Course completion certificates
- Graduation forms
- Individuals submit initial application and other required documents

Recertification

- Individuals submit recertification application and other required documents
- Retain verification of training for four years

Retention Requirements

- ▶ Training record retention requirements should be aligned with Training program under WAC 246-976
- ▶ Or in alignment with EMS Service or department retention policy.



Module 3

Legal Issues in EMS Education



“ Education does not mean teaching people what they know... It is a painful, continual, and difficult work to be done by kindness, by watching, by warning, by precept, and by praise, but above all-by example.” - John Ruskin



Legal Issues in EMS Education

Falsification of Records

- Sign and Leave
- Forging
- Overstating Content

**This is A Direct Representation of
Your Professionalism**

I DON'T FEEL,
and neither do I care to.


-Apathy

The Apathetic Teacher

Characteristics:

- They're Benign. They don't care one way or the other.
- They neither fight you, nor assist you.
- They're just along for the ride.





Former Mass. EMT sentenced to jail for falsifying training records

Four other co-defendants awaiting trial; part of larger investigation into training certification in state.

“...Codair permitted EMTs to sign course rosters without attending the course. Codair then submitted the rosters to OEMS, falsely certifying all signers' attendance at those courses, thus enabling the signers to qualify for recertification.”

EMS1 Apr 23, 2012

State public health officials have suspended the licenses of 207 emergency medical technicians and paramedics across Massachusetts because they were involved in falsifying training records.

The Eagle-Tribune June 18, 2010

Four former members of Escambia County's Emergency Medical Services division have been arrested following a year-long investigation into allegations of falsifying training documents.

[Jim Little](#) Pensacola News Journal
March 24, 2020



Legal Issues in EMS Education

HIPPA

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Lawsuit alleges EMT shared crash photos
The EMT took photos, not for diagnostic or legitimate purposes, of the man with her cell phone and later circulated them throughout the community
Sep 4, 2013

Legal Issues in EMS Education

Discrimination

To avoid accusation of discrimination

- Publish course guide with class rules and consequences
- Hold each student to the same rules and consequences
- Exercise fair and consistent treatment for all students

Legal Issues in EMS Education

Harassment

To avoid accusation of harassment

- Conduct yourself beyond reproach
- Have a professional attitude and maintain professional relationships with your students
- Avoid one-on-one situations where it is just you and a student

Legal Issues in EMS Education

The UDA

- Protects the public
- Administered by the DOH
- See DOH document “The Uniform Disciplinary Act (UDA)”



Legal Issues in EMS Education

Negligence



- Not keeping or retaining records
- Release of confidential information
- Intentionally teaching something incorrectly
- Releasing students early from class, thus not allowing them adequate time to learn a skill
- **Negligent classroom supervision**

Legal Issues in EMS Education

Freedom of Information Act

- Training agency can't disclose student/provider academic standing to others without their consent
- Student/provider records must be kept confidential
- The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. **The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.**

Legal Issues in EMS Education

- **INTEGRITY OF EVALUATOR**
- **CPR TO NATIONAL STANDARDS**
- **MPD APPROVED PROTOCOLS**
- **RECERTIFICATION REQUIREMENTS**

Legal Issues in EMS Education

Recertification Documentation

- Individuals are responsible for their personal certification documentation (4 YEARS)
- Course outline/name of instructor
- Knowledge evaluations (“test” scores)
- Skill sheets (or copy)
- Remediation documentation

Legal Issues in EMS Education

Remediation Documentation

Document all activities and remediation efforts

- Mark skills sheets appropriately, documenting specifically the actions that were done incorrectly
- Document remediation efforts, including when and how you approached it and the outcome
- File with the appropriate repository

Module 4

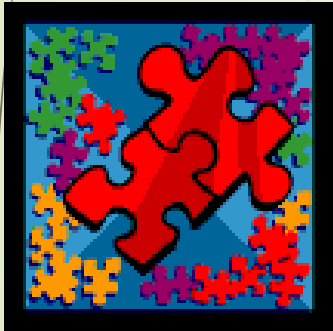
The Evaluator IS an Educator!

“Every person is gifted in some area.

We just have to find out what.”

- Evelyn Blose Holman

Adult Learners



- Each person perceives, processes, stores and retrieves material in a unique way. Even though they may have a tendency toward one learning style, adults are flexible and able to adapt to a variety of styles.
- As an evaluator, you must identify the individual “pieces” and “put them together” to maximize the learning experience

There should be no students or teachers; only learners and facilitators of learning. Participants should change roles frequently during any encounter. - Geri Chumley

The Cone of Learning

After 2 weeks,
we tend to remember ...



Source: Edgar Dale (1969)



Learning Styles

- Visual/Spatial
- Auditory
- Verbal/Linguistic
- Kinesthetic
- Logical/Mathematical
- Interpersonal
- Intrapersonal



Learning Styles

Visual/Spatial Learners

- ▶ All about information presented visually
- ▶ Graphs, charts, maps, and color coding can help organize information in a person's mind

Learning Styles

Auditory learners



- *Learns best through sound*
- *Music, rhythms, and speech patterns help learners remember important information*
- *Make sure everyone can hear when a skill is being discussed*

Learning Styles

Verbal/Linguistic

- *Information transmitted through words (written or spoken)*
- *Reading and listening are common ways to learn, many people find speaking to themselves a good way to organize information*
- *Benefit from looking things up, writing things down, using “word pictures”*
- *Provide handouts, use posters, power point, slides, etc.*
- *Make instruction sheets available for equipment being used in the skill evaluation*

Learning Styles

Kinesthetic learners



- *Learns best by touching and doing*
- *Benefits from taking things apart, making things work, using their hands*
- *Use three-dimensional models and replicas, lab sessions, scenarios and role-play*
- *Allow time to manipulate and touch the equipment before the evaluation*



Learning Styles

Logical/Mathematical

- ▶ Numbers and patterns are key for learning mathematically
- ▶ Systematic and organized thinking helps people sort through lots of information.

Learning Styles



Interpersonal/Social learners

- *Process information best when multi-tasking in busy environments with other people*
- *Enjoy problem solving. Complex scenarios are challenging to these learners*
- *Classroom discussions, study groups, and skills groups are beneficial*

Learning Styles

Intrapersonal/Independent learners

- *Process information best when working independently or isolated*
- *Tend to work best in a quiet, undisturbed, regular study environment. Enjoy reading, reports, and written exams*
- *Will often benefit from watching the skill being performed by others before participating*

50% of students primarily learn through doing



KINESTHETIC LEARNING



40%

of students primarily learn through watching

VISUAL LEARNING

AURAL LEARNING



10%

of students primarily learn through hearing

100%

of students benefit when they encounter information in multiple forms



80%

of teaching is done through lecturing



*All statistics from a 2013 University of Illinois study

Domains of Learning

Not just for Instructors

- **Cognitive Domain (Knowledge):** Learning includes memorizing facts, categorizing concepts and using rules to solve problems.
- **Affective Domain (Attitudes):** Helps develop professional judgment which often determines excellence
- **Psychomotor Domain (Skills):** The ability not only to use a skill, but also to know when and why it should be used

“We humans require convincing evidence of benefits before we learn a “new” way, and especially when changing from an old, established habit.”

- Evelyn Wood

Bloom's Domains of Learning

(higher order skills are on top)

Psychomotor

- Origination
- Adaptation
- Complex Overt Response
- Mechanism
- Guided Response
- Set
- Perception

Cognitive

- Evaluation
- Synthesis
- Analysis
- Application
- Comprehension
- Knowledge

Affective

- Characterizing
- Organizing
- Valuing
- Responding
- Receiving

Sources: Bloom 1984; Krathwohl, Bloom and Masia 1990; Simpson 1972.

Cognitive Domain Concepts That Maximize Learning

- Lecture only when necessary
- Use small group activities or discussions when possible
- Present cognitive material in a logical sequence
- Repeat, rephrase, problem solve
- Summarize key points
- Use vocabulary appropriate to group
- Reinforce students for asking questions
- Allow sufficient time for questions
- Consider alternative approaches and techniques

Influencing the Affective Domain

- The affective domain skills often determine the patient's perception of the quality of care received
- Present to students the relevance of the information and allow them to attach the value
- Ideal characteristic of providers
 - Kindness
 - Honesty
 - Compassion
 - Knowledge

“Those having torches will pass them on to others” - Plato

BREAKING THE CODE

WHAT MOTIVATES ADULT LEARNERS?

JOB RELEVANCE

They should be able to determine the need for the learning



TRUST

They are more influenced by messages that come from a trusted source or a figure of authority

PROGRESS

They are interested in learning that aligns with their life goals



EXPLORATION

They want to learn by exploring, NOT clicking through a course



SHIFT
DISRUPTIVE LEARNING



IF IT IS
IMPORTANT
TO YOU, YOU
WILL FIND A
WAY. IF
NOT, YOU
WILL FIND
AN EXCUSE.



The Psychomotor Domain

The Essence of EMS Skills

- Good skill performance is not an accident!
- Skill = Accuracy Form X Adaptability X Speed
- There must be as much preparation for the teaching of a skill (psychomotor) as for the lecture (cognitive)!

“Lucky is the teacher whose students want to know how things work.”

- Francis Bacon



Teach Before Evaluating Imitation

- *Student repeats what was demonstrated*
- *“See one, do one”*
- *Avoid modeling wrong behavior because the student will do as you do*
- *Some skills are learned entirely by observation, with no need for formal instruction*

Teach Before Evaluating Manipulation

- *Using guidelines or skill sheets*
- *Making mistakes and thinking through corrective actions is a significant way to learn*
- *Perfect practice makes perfect performance*
- *The student begins to develop his or her own style and techniques*

Teach Before Evaluating

The “whole-part-whole” technique

- *Whole: The instructor demonstrates the entire skill, beginning to end, briefly naming each action or step*
- *Part: The instructor demonstrates the skill again, step-by-step, explaining each part in detail*
- *Whole: The instructor demonstrates the entire skill, beginning to end without interruption and usually without commentary*

Teach Before Evaluating

Progressing from a check sheet to a scenario

- *Student's practice using a skills check sheet after watching evaluator demonstration, then*
- *Students memorize the steps of a skill, then perform the skill. verbalizing each step as they perform it, then*
- *Students perform the skill while answering questions about their performance, then*
- *Students perform the skill in context of a scenario or actual patient situation*

Module 5

Evaluation Techniques

***“He who wrestles with us strengthens our nerves
and sharpens our skills.” - Edward Burke***

Why Evaluate?

- To increase learning and improve performance
- To test learning
- Determine if a person meets the criteria to qualify for or retain certification
- To determine teaching effectiveness and how to improve teaching
- To gather information for decision-making

Characteristics of Skill Evaluations

- Objectively measures similar performance consistently from one student/class or location to another (can be replicated)
- Fair standards; Everyone knows “the rules”
- As realistic as possible

Subjective vs. Objective

Subjective:

- No set response
- “Correct” responses vary
- Evaluation based on “feeling”

Objective:

- Response set
- “Correct” responses do not vary
- Evaluation based on “fact”



Skill Evaluation Characteristics

Fair Standards

- *Standards are known by student and faculty - Make sure the students know “critical errors”*
- *Practice is done with similar instruments during the training session*

Minimize the “i” in EVALUATION

Maximize the “u” in evalUation

Skill Evaluation Characteristics

Avoid labeling students!

- You may alter your expectations of a student
- You may alter the student's ability to learn

Skill Evaluation Characteristics

Realism

- *Situations and patient information are plausible*
- *Reactions or changes in the patients are realistic given the intervention and treatment*
- *External distractions are realistic*
- *Stress is similar to work environment*
- *Skills sheets can be created locally if approved by MPD*

Evaluation Techniques

Basic types of practical skill evaluations

- *Rote*
- *Situational*



Rote Mechanical

1. Requires simple task analysis
2. Is the easiest skill examination to administer
3. May or may not reflect actual field performance, due to the lack of “real world stresses”
4. Generally, follows very specific order of steps
5. Uses Washington State-approved skill sheets
6. Not usually scenario-based
7. **Does not show high level learning**

Rote Evaluation Techniques

Evaluator demonstration followed by provider practice, then demonstration for evaluation

- Perform all steps before receiving feedback
- Do skill steps until any error is made
- Do skill steps until a critical error is made

Situational

Demonstration of a skill in the content of a scenario allowing for manipulation of the outcome or procedure

- Evaluates judgment and/or decision-making (critical thinking skills) as well as skills
- Is a more accurate predictor of field performance
- Difficult to develop and deliver, requires more elaborate simulations
- Proves higher level learning

Simulation and Scenarios

Simulations usually require:

- *A patient “actor”*
- *Responding crew*
- *Bystanders*
- *An instructor (or facilitator), to give patient information that is not readily apparent*

“The purpose of critical thinking is, therefore, to achieve understanding, evaluate view points, and solve problems. Since all three areas involve the asking of questions, we can say that critical thinking is the questioning or inquiry we engage in when we seek to understand, evaluate, or resolve.” - Victor P. Majorana, Critical Thinking Across the Curriculum

Teaching Thinking Skills

The benefit to simulation is that students use all three learning domains:

- Cognitive (knowledge)
- Psychomotor (skills)
- Affective (attitude)

Teaching Thinking Skills

Ways to make simulations more realistic

1. *Move to other locations*
2. *Moulage and makeup*
3. *Use background noise*
4. *Include sounds and smells*
5. *Use props such as pill bottles, medic alert tags, dishes, food, newspapers and other domestic items*
6. *Have simulated patients follow scripts or role-play in character*



A Successful Evaluator

Ensures that the participant:

- *is able to integrate cognitive and affective components with skill performance*
- *understands why the skill is done a certain way*
- *knows when the skill is indicated*
- *performs the skill proficiently and with style*

Doesn't give up:

- *On his or her ability to guide a participant on to perfection*
- *On the participant's ability to learn and progress*

BRAINSTORMING SESSION

- Traction splint Hare, Sager, KTD
- Extrication
Pipe Car Long BB, KED, C-Collar, PVC
- Open extremity Universal precautions, improvise
- Open chest wound Scavenger hunt/portable wound
- Oxygen therapy
contraindications? Put pieces together,
- BVM ventilation Real people, back of ambulance
- CPR EMS evaluator not required
- Scenario
victims Sufficient evaluators, trained
- Medical assessments
vital
therapy Round table, skin signs, postural
signs, combine with O2

CONSIDER LOCAL PROTOCOLS

HANDS-ON PRACTICE TIME

- Each EMS evaluator candidate will independently evaluate and remediate a two-person team performing a skill selected by the instructor and using a form common to the area!
- Each EMS evaluator candidate will independently evaluate and remediate a two-person team performing a skill selected by the instructor and using a form from state-approved skill packet.
- Following the evaluations, the group will critique the performance of the evaluator.

OTEP Evaluations - *The goal is learning*

- Evaluators should feel free to offer additional information or training (tricks of the trade) during an evaluation.

Watch for TEACHING MOMENTS!

- Participants should be reminded to verbalize anything the evaluator may not be able to simulate or observe.

Ethics Discussion

“Education has for its object the formation of character.” -Herbert Spencer

- Participant who is dressed inappropriately
- Patient who refuses necessary medical care for personal beliefs
- Participant who is disrespectful to another participant
- Someone asks you to sign off their OTEP because they missed the class and need it to re-certify under OTEP
- Superior tries to “pull rank”

“Right is right, even if everyone is against it; and wrong is wrong, even if everyone is for it.” - William Penn

Module 6

Feedback

***“Until the student knows how much
you care,
he won’t care how much you know.”
- Unknown***

Research into Feedback

- When feedback is given readily it produces better immediate post-training performance but poorer long-term retention.
- Where feedback is given less frequently or in summary form, the performance is poorer immediately after training, but retention and transfer of the knowledge to other situations is increased.

Rational: Too much immediate feedback becomes a guide to behavior and the learning needed to produce proficient long-term performance does not occur or occurs at a weak level.

Guides to Giving Feedback

Praise in Public, Punish in Private

- Provide feedback as soon as possible after an action
- Use the “sandwich” technique (positive-negative-positive)
- Check to ensure the message you sent was understood
- Listen to the message, not just what is said
- Use open body language

Other Helpful Hints

- Before mastery, interruptions to correct errors are appropriate.
- Once mastery of skills has been obtained:
 - Do not interrupt the scenario unless there is a safety issue
 - Comment on timing and decision-making later
 - Allow adults to develop their own style
 - Allow advanced students to correct their own mistakes with only limited supervision
- Ensure practice sessions end with a correct skill performance

Module 7

Effective Remediation

***A deliberate educational activity
designed to correct deficits
identified during formal and
informal evaluations***

Effective Remediation

Remediation follows a systematic plan

- *Identify the problem*
- *Identify where the deficits came from*
 - *Student*
 - *Educational program*
- *Retrain the student*
- *Re-evaluate the student*

Steps of Remediation

Identify the problem

- *If you jump to a solution before fully understanding the problem, you may not have the correct solution*
- *Ask the right questions*
 - *Was the problem with the student's performance due to a problem with their education or training?*
 - *Did the student perform correctly previously?*
 - *No: it may be a knowledge deficit*
 - *Yes: it may be a motivation deficit*

Steps of Remediation

Identify where the deficits came from

- *Insufficient instruction*
- *Low expenditure of effort by the student*
- *Poor strategy for learning*
- *Student's lack of ability*
- *Clearly state what needs to be improved to meet the objectives*

Steps of Remediation

Retrain Student

- *Use information gathered from the assessment of the problem to design a strategy for improvement*
- *Help improve student learning strategies*
- *Provide correct instruction and adequate time for practice*
- *Discuss why the correct performance is essential*
- *Discuss with the student how the skill should be done*
- *Give students the ability to increase their knowledge*
- *Encourage self-directed, independent learning*

Steps of Remediation

Re-evaluate student

- *Repeat remediation process until successful outcome is achieved or logical stop point is reached*
- *Students who “fail” are allowed additional attempts to master the skill*
- *A student who is unable to complete a skill should be referred to the agency MSO or training officer for additional remediation*

Module 8

Hands on Practice



REVIEW

A Good EMS Evaluator:

- Understands the roles of an SEI, instructor and evaluator
- Uses accurate resources for information
- Knows how to perform the different types of evaluations
- Knows how to perform the skills
- Knows how to use the equipment
- Knows how adults learn
- Works professionally and always seeks self-improvement

. . . All that's left is the paperwork

- Course Evaluation
- Instructor Evaluation
- Evaluator Application
- Evaluator Renewal



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.