Washington State Department of Health
Office of Community Health Systems

Basic Life Support
Practical Skill Evaluation
Guidelines

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Table of Contents

Introduction-

The Washington State Office of Community Health Systems, Emergency Medical Services (EMS) and Trauma Section released the revised Washington State EMR and EMT *Practical Evaluation Guidelines and Skill Sheets* in January 2013. The Basic Life Support (BLS) Practical Skills Examination Guidelines outline the standards to be met for evaluation and examination of all Emergency Medical Responders (EMRs) and Emergency Medical Technicians (EMTs) in Washington State. It also details the suggested aspects of coordinating and planning the evaluations. The Washington State Office of Community Health Systems, EMS Section wishes to thank the National Registry of Emergency Medical Technicians (NREMT) for allowing the use of their Examination User's Guides as the template for this document. All skills have been developed in accordance with the 2009 National EMS Education Standards and Instructional Guidelines for the EMR and EMT; the National Trauma Field Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; the American Heart Association guidelines for Basic Life Support for Healthcare Providers; and NREMT standards.

Each student should receive a copy of the *Practical Evaluation Guidelines and Skill Sheets* when beginning the course. While the *Practical Evaluation Guidelines and Skill Sheets* are to be used as a reference tool during the course; these same skills evaluation sheets are to be used to formally document the verification of proper performance of required skills throughout the course. With use of document, it is anticipated that skills evaluations conducted throughout the State of Washington will be consistent, fair, objective and done in an impartial manner. In order to improve consistency and inter-rater reliability, each skill evaluation form is accompanied by a detailed essay to help focus the skill examiner on the consistent, proper testing of each skill. Predetermined passing criteria for skills established and endorsed by the NREMT Board of Directors was referenced when the Washington State Education Workgroup established passing criteria for each skill.

The Washington State practical skills evaluation/examination consists of skills presented in a scenario-type format to approximate the abilities of the EMR/EMT to function in the out-of-hospital setting. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The practical skills final examination has been designed to serve as a formal verification of the student's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance should not be discussed with any student unlike that which should occur in the educational process during the learning phase. These same skill sheets as well as this examination guide are intended to be used during OTEP skill evaluations. Discussion/feedback with the students during those OTEP sessions is encouraged.

The student should be cautioned that all forms were designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved Emergency Medical Responder or Technician program and were not designed as "teaching" forms. To fully understand the whys, hows and sequencing of all steps in each skill, a solid cognitive and practical skills evaluation/ foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the student should refer to the appropriate skill evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training

and practice over the entire skill is strongly encouraged. Once skill mastery has been achieved in this fashion, the student should be prepared for graduation from the program and completion of the practical skills evaluation examination.

The Washington State Office of Community Health Systems, EMS Section and Washington State Education Workgroup remains committed to establishing standardized, valid practical skills evaluation/ evaluation processes that can be utilized statewide. To that end, extensive work has been accomplished in reviewing the skills sheets and evaluation guidelines to coincide with implementation of the 2009 National EMS Education Standards.

Senior EMS Instructor (SEI) Responsibilities-

The Senior EMS Instructor (SEI) is responsible for the overall planning, staffing, implementation, quality control and validation of the practical skills evaluation/ examination process in conjunction with the State EMS Office and local EMS Office. The Senior EMS Instructor must be present at the site during practical skills examinations. The SEI may not serve as a Skill Examiner during the examinations. If the SEI is not able to be present at the examination due to unforeseen circumstances, he/she must assign a competent, informed, and capable person to coordinate all examination activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of 'Exam Coordination' throughout the examination.

The SEI is responsible for the following:

□ Conducting examination-related activities on an equal basis for all students, 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 Senior EMS Instructor must help ensure that each Skill Examiner conducts himself/herself in a similar manner throughout the examination.

□ Coordinating the examination, using Washington State Office of Community Health Systems, EMS Section (State EMS Office) approved evaluators for the administration of the practical skills evaluations. Each examiner must be qualified and certified to perform the skill that he/she is to evaluate.

□ Ensuring that the facilities for the practical skills evaluations meet the State EMS Office educational standards.

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

□ Obtaining clean, functional, and required equipment for each skill and ensuring that all equipment is operational (See Appendix D).

□ Ensuring all other staff conduct all aspects of the examination in a courteous and professional manner at all times.

□ Ensuring all staff show up promptly, and beginning the examination at the scheduled time without causing delay.

□ Ensuring that all students complete the practical skills examination in the same standardized format. Administration of any part of the examination in any manner different than other students constitutes an examination accommodation. Students need to contact the State EMS Office for information about requesting accommodations. You are not authorized to make any determination for accommodations at the examination site unless they have already had the accommodation set by the State EMS Office and you have a copy of the determination prior to test day. You must notify the State EMS Office immediately if any such requests are received at the examination site.

□ Calling the roll of all students for the practical skills examination and appropriately recording the student's attendance on the official roster accordingly (√ if present, "N/S" if no show).

□ Assuring identity of all students for the practical skills examination with an official form of photo identification (government-issued identification, such as a driver's license) as needed.

□ Orienting all Skill Examiners to the practical skills examination by reading all printed instructions (see page 21).

□ Orienting all students to the practical skills examination by reading all printed instructions (see page 24).

□ Overseeing the timely flow of all students through the skills stations.

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

□ Politely and attentively dealing with each student's concerns throughout the examination.

□ Overseeing administration of the complaint procedure and act as a member of the Quality Assurance Committee.

□ Dealing with cases of dishonesty or any other irregular occurrences during administration of the practical skills examination.

□ Dealing with instances of any irregular behavior during the examination, such as threats made towards any staff (including all personnel who are assisting with administration of the practical skills examination), the use of unprofessional (foul) language, or any other irregular behavior that may occur in connection with the administration of the examination that is not consistent with the normal expected behavior for EMS professionals.

□ Tallying points on skill forms (add and enter the total points on forms that were not tallied by the Skill Examiner as long as points for all steps have been recorded by the Skill Examiner). Determining, based upon the "Critical Criteria" and minimum point totals, if a student has passed or failed each skill.

□ Contacting the Skill Examiner for explanation, clarification, and correction when the examiner has left any areas of the form blank, if comments written by the Skill Examiner do not support the points awarded or deducted, or any other areas of confusion or contradiction exist. If it is determined that the examiner made any errors in scoring, the Skill Examiner must make any necessary corrections to the evaluation form and initial any changes he/she makes. The SEI is not permitted to change a score. The only permissible action by anyone in relationship to final scores is nullification following the procedure outlined in the Quality Assurance Committee Procedure. If at any point the SEI is uncomfortable with the objectivity of any Skill Examiner, the SEI must again assure the Skill Examiner understands the essay and scoring procedure of the skill being evaluated.

□ Determining the need for and possibility of administering a same-day retest and all associated logistics.

□ Informing students of their unofficial practical skills examination results at the site, the SEI must privately inform each student individually of his/her examination results. The State EMS Official or approved agent may only show the student the completed EMT Practical Skills Examination Report Form and must in no way inform the student of any specific reason(s) for failure.

□ After scoring all results, the SEI may advise the students of general trends in practical skills evaluation/ performance to help guide remedial training for those who need to retest.

Senior EMS Instructor's Timeline-

The following timeline has been developed to assist the SEI in planning the examination:

3 – 4 weeks prior to examination day:

- □ Secure commitment from Evaluators for each station, plan on 1-2 extra for unexpected 'emergencies' on test day
- □ Secure commitment from EMT Assistants for stations requiring them, plan on 1-2 extra for unexpected 'emergencies' on test day
- □ Secure commitment from Patients for each station requiring a patient, plan on 1-2 extra for unexpected 'emergencies' on test day
- □ Secure facilities/breakout rooms where the examination will be conducted

2 weeks prior to examination day:

- □ Gather equipment and supplies to assure adequate quantities
- □ Test equipment to assure proper function, get replacements if needed

1 week prior to examination day:

- □ Confirm commitment from Evaluators for each station
- □ Send each Evaluator a copy of the skills sheets and essay they will be reading; do they need directions to the site, a parking pass, a map?
- □ Confirm commitment from EMT Assistants for stations requiring them, do they need directions to the site, a parking pass, a map?
- □ Confirm commitment from Patients for each station requiring a patient, assure they know to wear appropriate attire and a swimsuit under their clothes; do they need directions to the site, a parking pass, a map?
- □ Confirm facilities/breakout rooms where the examination will be conducted
- □ Make copies of skills evaluations sheets, essays, room signs, etc.

1 day prior to examination day:

- □ Confirm commitment from Evaluators one last time
- □ Confirm commitment from EMT Assistants one last time
- □ Confirm commitment from Patients one last time
- □ Set up skills stations in the facilities/breakout rooms if you can

Equipment-

The Senior EMS Instructor is responsible for obtaining and setting-up the various skills on the day prior to the scheduled practical skills examinations if possible. If it is not possible to set-up all skills the day before the practical skills examinations, the SEI must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed. An equipment list for the practical skills examinations is included in Appendix D of this manual to help with practical skills examination coordination. Additionally, each Skill Examiner will need a table, chair, watch with a second hand, pen, clipboard, copy of the respective "Essay to Skills Examiner," and a supply of skill evaluation forms to document each student's performance.

Facilities for the Practical Skills Examination-

The SEI is responsible for securing a facility large enough to accommodate the number of students scheduled to attend the practical skills examination. Each facility utilized for the practical skills examination should provide:

1. Adequate space to offer a minimum of 100 square feet for each of the skills. Each area shall be partitioned in such a manner to allow easy entrance and exit by the students and prohibit observation by other students and non-involved personnel. Entrance to, and exit from, all skills should not disturb other students who are testing.
2. A comfortable testing environment free of undue noise and distraction.
3. Ample gathering space for students during the student orientation to the practical skills examination.
4. Adequate and effective heating, cooling, ventilation, and lighting.
5. A waiting area adjacent to the skills for students to assemble while waiting for skills to open.
6. Adequate restroom facilities, a drinking fountain and adequate parking with reasonable access to the examination site.
7. Adequate space for the Skill Examiners Orientation to the Practical Skills Examination, including any Simulated Patients. This space should visually and audibly prohibit observation by the students.
8. Adequate security of all examination materials during the examination.
9. Skills should be appropriately posted or marked. One set of signs to post at each skill is provided in Appendix B of this guide.
10. A secure room adjacent to the skills with one or several large tables that will facilitate tabulation and reporting of the practical skills examination results.

Budget-

The funds required to conduct a practical skills 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 facilities, supplies, etc. To help control costs, you may want to consider borrowing equipment from other EMS agencies, medical facilities, local equipment suppliers, manufacturer representatives, and so on.

Staffing for the EMT Practical Skills Examination-

A practical skills examination for twenty (20) students requires the minimum staffing as previously outlined to complete the examination within a reasonable amount of time. If all skills are duplicated, the practical skills examination should be completed in half the projected time or twice the number of students can be expected to complete the examination in the same amount of time. Skills examinations may be broken up into a few sections depending on the required skills to be completed; for example if students are only completing the minimal required skills for an initial EMT class, then only 1-12 and 27-28 need to be planned. Skills 13-21 may be accomplished after the pharmacology module, skills 22-23 may be scheduled after the medical module. All skills sheets can be used individually in OTEP skills evaluations.

The following chart should assist the SEI in staffing to administer the practical skills examination for 20 students:

BLS Skills *= EMR skill **= EMT skill (plus EMR skills) ***= EMT with Special Skill		Skill Examiner	EMT Assistant	Simulated Patient	Average # of Students Evaluated per hour
1. Nasopharyngeal Airway	**	1	1		4 to 5
2. Bag-Valve-Mask Ventilation of an Apneic Patient	*				
3. Oxygen Administration	*				
4. Patient Assessment/Management- Medical	*	1		1	4
5. Patient Assessment/Management- Trauma	*	1		1	3 to 4
6. Cardiac Arrest Management/ AED	*	1	1		4
7. Bleeding Control/Shock Management	**	1		1	5
8. Long Bone Immobilization	**	1	1	1	5
9. Joint Immobilization	**	1	1	1	5
10.Traction Splint Immobilization	**	1	1	1	4
11.Spinal Immobilization (Supine Patient)	**	1	1	1	4
12.Spinal Immobilization (Seated Patient)	**	1	1	1	4
13.Acetaminophen Administration	**	1		1	5
14.Activated Charcoal Administration	**	1		1	5
15.Aspirin Administration	**	1		1	5
16.Epinephrine Auto-Injector	**	1		1	4 to 5
17.Epinephrine 1:1000 from Vial or Ampule	**				
18.Metered Dose Inhaler Administration	**	1		1	5
19.Oral Glucose Administration	**	1		1	5
20.Nitroglycerin Administration	**	1		1	5
21.Nerve-Agent Antidote Administration	**	1		1	5
22.Continuous Positive Airway Pressure (CPAP)	**	1		1	4
23.ECG Acquisition	**	1		1	4
24.Alternative Airway Device (Supraglottic Airway)	***	1	1		4
25.Intravenous (IV) Therapy	***	1			4
26.Intraosseous (IO) Infusion	***				
27.Comprehensive Evaluation-Major Medical	*	1-2		1	3 to 4
28.Comprehensive Evaluation-Major Trauma	*	1-2		1	3 to 4

EMT Assistants-

One (1) person must be selected to serve as the EMT Assistant for each of the skills as annotated in the previous table. These selected individuals must be certified EMTs at a minimum and will serve as the trained partners for all students testing. EMT Assistants cannot be a relative of any student or be biased towards any student being examined. Students may not be tested in pairs to eliminate the necessity of selecting EMT Assistants for the practical skills examination. It is better not to have the Evaluator be the EMT Assistant, to assure they remain focused on completing the skill evaluation sheet as the student completes steps.

Selection of Simulated Patients-

One (1) person must be selected to serve as the Simulated Patient for each of the skills as annotated in the previous table. If any of these skills are duplicated, you will need one (1) additional Simulated Patient for each additional skill. A high fidelity simulation manikin capable of responding as a real patient given the approved scenario(s) may be used as the Simulated Patient in the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills.

We suggest that Simulated Patients be EMS-related personnel and we suggest using certified EMS professionals (EMR or higher) at a minimum for all Simulated Patients. If the patient is familiar with EMS procedures, he/she can assist the Skill Examiner when reviewing the student's performance and can verify completion of a procedure or treatment. The Simulated Patient should also be familiar with the typical presentation of symptoms the usual patient would complain given the testing scenario utilized. The Simulated Patient should be capable of being programmed to effectively act out the role of a real patient in a similar out-of-hospital situation, such as simulating sonorous respirations, withdrawing to painful stimuli, moaning to palpation over injuries, and so on. Keep in mind that the more realistic the Simulated Patient presents, the fairer the evaluation process.

All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. Small children may not serve as patients in any skill. The equipment provided for the skills should appropriately fit the respective Simulated Patient. In the Patient Assessment/Management – Trauma and Patient Assessment/ Management – Medical skills, the Simulated Patients should be instructed to wear appropriate undergarments (shorts or swimsuit) and cut-away clothing should be provided. If prepared cut-away clothing is not available (Velcro® sewn into the seams of pants and shirt), one set of clothing should be cut along the seams and taped closed for each student. It is not necessary to have enough clothing for each student to actually cut away a fresh set of clothes.

Please be aware of Simulated Patient fatigue throughout the examination. If large numbers of students are anticipated, you may also want to consider securing additional Simulated Patients for the examination even if skills have not been duplicated.

Roster for Skill Examiners and Simulated Patients-

A roster to keep track of Skill Examiners and Simulated Patients is included in Appendix C of this manual to help you coordinate the practical skills examination.

Running an Efficient Practical Skills Examination-

The practical skills examination consists of several skills. Each skill is designed to approximate the out-of-hospital setting by presenting realistic situations that the EMR/EMT can expect to see. Each student is tested individually in each individual skill and is responsible for communicating with the patients or bystanders. The student should pass or fail based solely on his/her actions and decisions. The Comprehensive Evaluations are done with a team of students with each student filling the role of Team Leader at least once during the evaluations; this may necessitate the use of more than two evaluation stations.

The following is a list of the skills to be completed and the maximum time limits permissible for each skill:

BLS Skills *= EMR skill **= EMT skill (plus EMR skills) ***= EMT with Special Skill		Maximum Time Limit- Minutes
1. Nasopharyngeal Airway	**	5
2. Bag-Valve-Mask Ventilation of an Apneic Patient	*	5
3. Oxygen Administration	*	5
4. Patient Assessment/Management- Medical	*	15
5. Patient Assessment/Management- Trauma	*	10
6. Cardiac Arrest Management/ AED	*	10
7. Bleeding Control/Shock Management	**	10
8. Long Bone Immobilization	**	5
9. Joint Immobilization	**	5
10.Traction Splint Immobilization	**	10
11.Spinal Immobilization (Supine Patient)	**	10
12.Spinal Immobilization (Seated Patient)	**	10
13.Acetaminophen Administration	**	5
14.Activated Charcoal Administration	**	5
15.Aspirin Administration	**	5
16.Epinephrine Auto-Injector	**	5
17.Epinephrine 1:1000 from Vial or Ampule	**	5
18.Metered Dose Inhaler Administration	**	5
19.Oral Glucose Administration	**	5
20.Nitroglycerin Administration	**	5
21.Nerve-Agent Antidote Administration	**	5
22.Continuous Positive Airway Pressure (CPAP)	**	10
23.ECG Acquisition	**	10
24.Alternative Airway Device (Supraglottic Airway)	***	6
25.Intravenous (IV) Therapy	***	6
26.Intraosseous (IO) Infusion	***	6
27.Comprehensive Evaluation-Major Medical	*	15
28.Comprehensive Evaluation-Major Trauma	*	10

The SEI is responsible for the timely flow of students through all skills. It is imperative to promptly begin the practical skills evaluation at the scheduled time or you will add unnecessary stress to the students. It is best to schedule the Skill Examiners Orientation (including all Simulated Patients) one-half (½) to one (1) hour before scheduling students to arrive at the examination site. This should permit ample opportunity for orientation of all examiners; time for each examiner to thoroughly read the specific skill essay, instructions, and review the specific skill evaluation form; briefing and moulaging of the Simulated Patients; checking all equipment for the examination; and time for the SEI to individually address any areas in question before actual evaluation of any student begins.

After the Skill Examiners have been oriented, the SEI should meet with all students and provide the students with an orientation to the practical skills evaluation. All students should complete any additional required paperwork before beginning the examination. The student orientation process to the practical skills evaluation should take approximately twenty (20) to thirty (30) minutes.

At this point, actual evaluation of the students can begin. We have found that a grid and pass card (hall pass) system is perhaps the easiest and most effective method of controlling the timely flow of all students through the skills. This system helps minimize excessive noise which may affect skill performances, requires all students to assemble in one waiting area between skills, controls the students from discussing specific examination-related information, and provides the SEI with immediate feedback on the progress of the examination at any time. The SEI or his/her designee should ensure that students do not discuss specific examination information throughout the examination. The SEI or his/her designee is responsible for reporting any discussions that may have occurred between students if these discussions are believed to have resulted in an unfair advantage or inequality among the students. This should be dealt with immediately.

Students perhaps understand the flow through the practical skills evaluation if it is explained how the practical skills evaluation will be conducted. There is a staging area in which all students should wait. A single person, the SEI or designee is responsible for directing all students to various skills stations. Each skill that is set-up that day should have a pass card (hall pass) assigned to it. The card should identify the name of the skill and location (room number). The student is handed a pass card (hall pass) to permit him/her to test that skill. As soon as the skill is completed, the student should report back to the staging area, turn-in the pass card, and wait to be sent to the next skill. By using a completed copy of the list of students (see Appendix A), the SEI or designee can check-off and keep a running tally of skills completed by each student. Several break cards should also be available to control the number of students on break at any given time.

Administration of the Practical Skills Examination-

The SEI's primary responsibility in administration of the practical skills evaluation is to ensure that all students complete the examination in the same standardized format in accordance with approved policy and procedure.

General Responsibilities-

The SEI should initially visit all skills before the skills evaluation begins to ensure that everything is set up properly and according to the approved examination criteria. The SEI should pay attention to the set-up of the skill, equipment, moulage, and the set-up of the Skill Examiner and Simulated Patient. In particular, he/she will note the following:

□ Is the testing environment comfortable for you if you were testing?
□ Is there any unnecessary noise or distraction that may affect a student's performance?
□ If more than one skill is being tested in a single room, is the room too noisy or could a student's entrance to or exit from the room possibly affect another's performance?
□ Is all the required equipment available and functioning properly?
□ Is the required Simulated Patient present in the skill station?
□ Does the moulage realistically approximate a real patient's injuries given the scenario?
□ Has anything been altered from the normal manner in which the skill is to be performed?
□ Does the Skill Examiner have the "Instructions to the Practical Skills Student" and scenario information to read exactly as printed in the materials you provided?
□ Will the students be able to observe any scenario information or documentation the Skill Examiner is making?
□ Does it appear as though the Skill Examiner can appropriately maintain security of all examination materials?
□ Does the Skill Examiner have the ability to keep track of time to enforce all time limits?
□ During the practical skills evaluation, are all personnel involved with administration of the practical skills evaluation acting in a courteous, professional, non-discriminatory and non-threatening manner?

If any errors are detected, the SEI should then thoroughly brief the Skill Examiner as to what constitutes "objectivity." The SEI should ensure that all Skill Examiners are conducting their skills in accordance with approved policy and procedure before the results can be scored and same-day retests are offered.

The SEI should critically review all skill evaluation forms the Skill Examiner has completed

The SEI should be especially cautious for:

□ Any areas on the form that the Skill Examiner left blank.
□ Comments written by the Skill Examiner do not support the points awarded or deducted.
□ Areas of confusion or contradiction.

If there are any errors or omissions, the SEI should discuss these findings with the Skill Examiner for explanation, clarification, and correction. If it is determined that the Skill Examiner made any errors in scoring, the Skill Examiner should make any necessary corrections to the evaluation form and initial any changes he/she makes. The SEI reviewing the completed documentation will help provide many clues to any difficulty the Skill Examiner may have.

The “Essay to the Skill Examiners” was developed to work in conjunction with the skill evaluation form. The SEI should review all documentation. Does it appear as though the Skill Examiner has read the essay? Often times confusing documentation and alterations in the delivery of the skill is the direct result of not thoroughly reading the essay. The SEI should also make sure that the Skill Examiner’s documentation, points awarded, and “Critical Criteria” support rather than contradict each other. There are hundreds of harmful actions that could occur which relate to relatively few “Critical Criteria” statements. Has the Skills Examiner deducted any points that may relate to potentially harmful care but not checked and documented the related “Critical Criteria” statement? If so, the SEI should question the Skills Examiner to provide clarification and direct the Skills Examiner to make any necessary corrections to the skill evaluation form.

Most questions that may arise in any skill and the usual areas of confusion are addressed in the “Essay to the Skill Examiners” for that particular skill. The essays were developed to work in conjunction with the skill evaluation forms. The better the Skill Examiner knows the information in the essay, the better he/she will be prepared to answer questions and provide clarification. As a general rule, the answer to the vast majority of questions that arise during the practical skills evaluation/ skill can be found in the respective essay.

Only after the SEI has checked every skill and is satisfied that the examination is progressing in accordance with state-approved criteria should he/she consider scoring the results and tabulating retest needs. At this point, a trustworthy person should be assigned to periodically collect all completed skill evaluation forms and return them to the SEI in a private grading room for scoring. This “runner” should be advised of the need to maintain strict security of all results. The “runner” is not permitted to discuss any specific results, scores, or documentation with anyone. It is best to inform the SEI designee assigning students to go to each station that results are now being scored and require that any Skill Examiner with a question come to the SEI for clarification rather than leaving the grading room with all results lying out.

BLS Practical Examination Skills-

Emergency Medical Responders/Technician students for Washington State certification should demonstrate an acceptable level of competency in the skills as annotated on page 13:

1. Nasopharyngeal Airway
All students will be required to measure and insert a nasopharyngeal airway in an adult patient who has sonorous respirations.

2. Bag-Valve-Mask Ventilation of an Apneic Adult Patient
All students will be required to provide Ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. They are required to manually open an airway, suction the month and oropharynx, insert an oropharyngeal airway, and ventilate a manikin with a bag-valve-mask device.

3. Oxygen Administration
All students will be required to assemble a regulator to a portable oxygen tank and administer oxygen by non-rebreather mask to an adult patient who is short of breath.

4. Patient Assessment/Management – Medical
All students will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high fidelity simulation manikin for a given scenario. This skill includes:
a. Scene Size-up
b. Primary Assessment/Resuscitation
c. History Taking/Secondary Assessment
d. Reassessment

5. Patient Assessment/Management – Trauma
All students will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high fidelity simulation manikin for a given scenario. This skill includes:
a. Scene Size-up
b. Primary Assessment/Resuscitation
c. History Taking/Secondary Assessment
d. Reassessment

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

7. Bleeding Control / Shock Management
All students will be required to treat an adult patient who is found with a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion.

8. Long Bone Immobilization
All students will be required to treat an adult patient who is found supine with a suspected, closed, non-angulated fracture of the long bone fracture of the radius, ulna, tibia or fibula.

9. Joint Immobilization
All students will be required to treat an adult patient who is found with a suspected shoulder injury.

10. Traction Splint Immobilization
All students will be required to treat an adult patient who is found supine with a suspected non-angulated, closed, mid-shaft femur fracture. An EMT Assistant will be provided and the student is also responsible for the direction and subsequent actions of the EMT Assistant.

11. Spinal Immobilization (Supine Patient)
All students will be required to immobilize an adult patient who is found supine with a suspected unstable spine using a long spine immobilization device. An EMT Assistant will be provided and the student is also responsible for the direction and subsequent actions of the EMT Assistant.

12. Spinal Immobilization (Seated Patient)
All students will be required to immobilize an adult patient who is found sitting with a suspected unstable spine using a short spine immobilization device. An EMT Assistant will be provided and the student is also responsible for the direction and subsequent actions of the EMT Assistant.

Addendum Skills-

13. Acetaminophen Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

14. Activated Charcoal Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

15. Aspirin Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

16. Epinephrine Auto-Injector
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

17. Epinephrine 1:1000-Administation from a Vial or Ampule
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

18. Metered Dose Inhaler Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

19. Oral Glucose Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

20. Nitroglycerin Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

21. Nerve-Agent Antidote Administration
All students will be required to ascertain if the patient meets criteria for receiving the medication, and if so appropriately administer the medication to the patient.

22. Continuous Positive Airway Pressure (CPAP)
All students will be required to ascertain if the patient meets criteria for receiving the CPAP, and if so assemble the components and administer oxygen by CPAP to an adult patient who is short of breath.

23. ECG Acquisition
All students will be required to assemble the components and acquire an ECG on an adult patient who is having chest pain.

24. Alternative Airway Device (Supraglottic Airway)
All students will be required to demonstrate sequentially all procedures from simple maneuvers and adjuncts, ventilation, then placement of a supraglottic airway device to an apneic adult patient who has no other associated injuries.

25. Intravenous (IV) Therapy
All students will be required to establish a patent and flowing peripheral IV on an adult manikin arm.

26. Intraosseous (IO) Infusion
All students will be required to establish a patent and flowing peripheral IO on a pediatric manikin.

27. & 28. Comprehensive Evaluation- Major Medical and Major Trauma
All students will be required to participate as Team Leader once as their team appropriately evaluates and provides care to a both a major trauma and major medical moulaged simulated patient in several scenarios.

BLS Practical Examination Results-

EMR/EMT students are required to complete skills as described on page 13 when taking a full attempt of the practical skills evaluation/ examination. Students are eligible for up to two (2) full attempts of the practical skills evaluation/ examination. New graduates from an EMR/EMT course seeking initial National Registry/Washington State certification have no more than two (2) years from their date of course completion to successfully complete all components of the NREMT/WA State certification process (cognitive and practical skills evaluation/ examinations). Grading of the practical skills evaluation/ examination is on a Pass/Retest/Fail basis:

1. Passed NREMT/WA State examination results are valid for up to twelve (12) months from the date of the examination provided all other “Entry Requirements” of the NREMT/WA State are met.
2. NREMT/WA State EMR students are eligible to retest two (2) or less skills when taking a full attempt.

3. NREMT/WA State EMT students are eligible to retest three (3) or less skills when taking a full attempt.
4. NREMT/WA State EMR students are eligible for up to two (2) retest attempts of the two (2) or less skills failed for no more than twelve (12) months from the date of the examination, provided all other "Entry Requirements" of the NREMT/WA State are met.
5. NREMT/WA State EMT students are eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than twelve (12) months from the date of the examination, provided all other "Entry Requirements" of the NREMT/WA State are met.
6. If offered, only one (1) retest attempt may be completed on the same day. Retests must be completed in an all-or-none fashion. The student must retest the specific skill(s) failed. The SEI cannot score or report incomplete practical skills evaluation/ examination attempts. Students are not permitted to complete only a portion of the skills that need retested. The NREMT/WA State EMS Office does not mandate or guarantee same-day retest opportunities at any practical skills evaluation/ examination site.
7. Failure of any skill on the second retest attempt constitutes complete failure of the entire practical skills evaluation/ examination.
8. NREMT/WA State EMR students who fail three (3) or more skills have failed the entire practical skills evaluation/ examination.
9. NREMT/WA State EMT students who fail four (4) or more skills have failed the entire practical skills evaluation/ examination.
10. NREMT/WA State students who fail the entire practical skills evaluation/ examination must submit official documentation of remedial education to the local or State EMS Office before attempting the entire practical skills evaluation/ examination on their next full attempt of the practical skills evaluation/ examination, provided all other "Entry Requirements" of the NREMT/WA State are met. This official documentation must be signed by the EMT Training Program Director or Training Officer that verifies remedial training over all skills has occurred since the last unsuccessful attempt and the student has demonstrated competence in all skills. Should a student fail the second full and final attempt of the practical skills evaluation/examination, the student must complete a new, state-approved EMR/EMT Training Program.

Practical Skills Examination Accommodations-

All students must complete the practical skills evaluation/examination in the same standardized format. The presentation of any skill may not be altered to accommodate a student's request without first obtaining approval from the State EMS Office. For example, it is not appropriate to move the Simulated Patient in the Patient Assessment/Management – Trauma skill from the floor to an examination table at the student's request because the student is physically unable to bend down and assess a patient found lying on the floor. The practical skills evaluation/examination is intended to present simulated patients with realistic situations that approximate the student's ability to function in the out-of-hospital environment. The SEI and all Skill Examiners must remain vigilant for any situation that may alter the normal presentation of any skill other than that which is intended throughout the practical skills evaluation/examination. When in doubt, contact the local or State EMS Office for assistance.

Skill Examiner Orientation to the Practical Skills Examination-

While it is understood that some skills will be evaluated during the course, having a specific structured/consistent process outlined for the Skill Examiners, Simulated Patients and EMT Assistants may facilitate an unbiased, clear evaluation of all students/students. This should be read at least one (1) hour prior to students/students arriving.

The SEI should read the following to all Skill Examiners, Simulated Patients and EMT Assistants:

> Good [morning, afternoon, evening]. I will be responsible for administration of this examination and I would like to thank you for serving as a Skill Examiner, patient or assistant today. All data relative to a student's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed to assist you in objectively evaluating the students.
>
> 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 student at any time. You must not discuss any specific performance with anyone other than me. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form in which you have a question until we have discussed the performance. If I'm busy with other duties, make notes of the performance, send the runner to get my attention, and continue on with your evaluation of other students if possible.
>
> Please act in a professional manner at all times, paying particular attention to the manner in which you address students. We do not discriminate or harass; and will not tolerate any type of discrimination or harassment by anyone involved with administration of the practical skills evaluation/ examination. You must be consistent, fair, and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful of the manner in which you address students as many will interpret your remarks as some indication of his/her performance. You should develop a dialogue with students throughout his/her performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Do not ask for information that does not relate to the evaluation criteria in your skill. For example, if a student states, "I'd now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." or if it is part of the performance portion of the skill (vs. "verbalizes" doing something) your response might be, "Please demonstrate how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the student explain the percentage of oxygen delivered by the device, contraindications to the use of the device, or other knowledge-type information.

You may also have to stimulate a student to perform some action. If a student states, "I'd do a quick assessment of the legs," you must interject and ask the student to, “Actually perform the assessment as you would in a field situation.”

We suggest you introduce yourself to each student as you call him/her into your room. No student, at any time, is permitted to remain in the testing area while waiting for his/her next skill. As the student enters, be sure he/she did not bring any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices. Take a few moments and clearly print the student’s first and last name on the evaluation form as well as your name, the date, and scenario if required. We suggest you use ink pens and follow good documentation practices when completing these forms. You should then read aloud the appropriate set of "Instructions to the Practical Skills Student" exactly as printed at the end of your essays. Be sure to alternate the scenarios between students if required in your skill. You may not add to or detract from these instructions but may repeat any portion as requested. The instructions must be read to each student in the same manner to ensure consistency and fairness. Give the student time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the student enters with any equipment, be sure I have inspected it and you are familiar with its appropriate use prior to evaluating the student.

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

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

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

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

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

Are there any questions at this time?

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

Are there any questions before we dismiss?

The SEI distributes all practical examination materials and dismisses all Skill Examiners, Simulated Patients and assistants to the skills stations.

Student Orientation to the Practical Skills Examination-

While it is understood that some skills will be evaluated during the course, having a specific structured/consistent process outlined for the Students may facilitate an unbiased, clear evaluation of all students.

The SEI should read the following orientation to all students for the practical skills examination sessions:

Good [morning, afternoon, evening]. I will be responsible for administration of this examination. I would like to welcome you here today. I would like to thank [fill in as needed] for arranging and securing the facilities and personnel assisting with today's examination. I extend my sincere wishes for your successful completion of this part of the certification process and obtaining subsequent National EMS Certification as an EMR/EMT.

I will now read the roster to confirm attendance before we begin the orientation. Please identify yourself when I call your name so that I may record your attendance on the official roster. [Call the roll and mark the roster for attendance (√if present, "N/S" if no-show)].

Continue reading to all students/students:
If I did not call your name, please identify yourself so that I can record your attendance today. I suggest that everyone check with me before leaving this site to compare the skills you think you need to complete with the official roster. It is your responsibility to complete all required skills. The Evaluators, myself, the [school name] or State EMS Office are not responsible for your incomplete attempt of the practical skills evaluation/examination.

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

The Skill Examiners utilized today were selected because of their expertise in the assigned skill. The Skill Examiner is an observer and recorder of your actions. Each Skill Examiner documents your performance in relationship to criteria established by the State EMS Office, which adheres to the National EMS Education Standards, AHA Guidelines and the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention and NREMT standards.

You will be routed from the staging area when a skill is prepared for testing. No student, at any time, is permitted to remain in the testing area while waiting for his/her next skill. When you get to the room, please knock on the door to let the Skill Examiner know that you are waiting to test. You are not permitted to take any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices. Any notes you take must be left in the room when you complete the skill. At this time, all pagers, cellular telephones, personal digital assistants, and similar electronic communication devices must be turned off and locked in your vehicle or other secure area for the duration of the examination. If you attempt to use any communication device during the examination for any reason whatsoever, you will be immediately dismissed from the remainder of the examination.

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

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

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

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

Students sometimes complain that Skill Examiners are abrupt, cold, or appear unfriendly. No one is here to add to the stress and anxiety you already feel. It is important for you to understand that the Skill Examiners have been instructed to avoid any casual conversation with you. This is necessary to help ensure fair and equal treatment of all students throughout the exam. Please recognize this behavior as professional and simply perform the skills to the best of your ability. We have instructed the Skill Examiners not to indicate to you in any way your performance in any skill. Please do not interpret any remarks as an indication of your overall performance.

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

Your official practical skills evaluation results will be reported as pass/fail of each skill by me. If you make any errors in your performance, I will not explain any specific errors in any performance. The purpose of certification by the State of Washington is to verify achievement of minimal competencies for safe and effective practice. Providing a specific analysis of errors in your performance was the responsibility of us during the learning process and not the certification process. If you are unsuccessful in any skill today, I recommend that you contact me to arrange for remedial training before attempting to retest. Please remember today's examination is a formal verification process and was not designed to assist with teaching or learning. The Skill Examiners have not played any role in the establishment of pass/fail criteria, but merely observe and document your performance in each skill.

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

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

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. The Quality Assurance Committee, comprised of the Training Physician Director, Training Agency Representative and myself will review your concerns and make a final determination of your complaint.

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

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

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

Please note that unprofessional behavior, such as the use of foul language, making threats, or other types of irregular behavior will not be tolerated and could lead to immediate dismissal and other appropriate actions. Please remember to turn off all of your electronic communication devices and lock them in your vehicle or other secure area before we start this examination. I will now give you ten (10) minutes to lock all of your electronic communication devices in your vehicle and get back to this staging area.

Quality Assurance Committee Procedure-

The Quality Assurance Committee is responsible for the following:

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

The Quality Assurance Committee will consist of only the Training Physician Director, Training Agency Representative, and the SEI. Likewise, an uninvolved, unbiased person should replace any involved and potentially biased party before the Quality Assurance Committee can begin deliberations. The SEI serves as the Chairperson of the Quality Assurance Committee. No Quality Assurance Committee meetings can be held without all members assembled. The Training Physician Director may participate by phone (speaker) in unable to attend in person.

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

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

The guidelines for the Quality Assurance Committee include:

1. The SEI should inform the Training Agency Representative when a formal complaint has been initiated.
2. The SEI should notify the involved Skill Examiner that a complaint has been filed and he/she should remain on-site to be interviewed by the Quality Assurance Committee if necessary.
3. The SEI should secure a room for the Committee's deliberations.
4. The Committee will meet at a convenient time so as to not delay the remainder of the examination.
5. The SEI should acquire the skill evaluation form(s) from the skill(s) in question. Only skills that have been addressed by the student in the written complaint should be reviewed.
6. The SEI should read the complaint aloud exactly as written. The Committee should then come to consensus as to the validity of the complaint. The Committee should determine the necessity to interview the Skill Examiner and/or the student. If interviews of both parties are required, they should be conducted separately.

7. Each member of the Committee has one vote. A majority vote rules as the official decision of the Quality Assurance Committee. After all facts have been gathered and disclosed, the Quality Assurance Committee should vote to determine one of the following outcomes:

   a. Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).
   b. Complaint is not valid after consideration of the facts and all results in question stand as reported.

8. The results of any skill, pass or fail, cannot be changed by the SEI, Quality Assurance Committee, or any other Individual. The only action permissible by anyone in relationship to final scores is outlined in "7a" and "7b" above.
9. Any student whose results have been nullified should be examined again by a different Skill Examiner.
10. The Quality Assurance Committee should complete the Quality Assurance Committee Report for submission to the State EMS Office.
11. The SEI should then meet with the student and inform the student of the Quality Assurance Committee's official decision. The student should be informed that this decision is final and cannot be reversed by the State EMS Office. Obtain the student's signature on the form that acknowledges these actions were completed at the examination site.
12. The SEI should submit the BLS Practical Skills Examination Complaint Form and the Quality Assurance Committee Report to the State EMS Office along with all other examination materials.

Pages 31– 33 are the BLS Practical Skills Examination Complaint Form, and the Quality Assurance Committee Report Form.

BLS Practical Skills Examination Complaint Form

I wish to file a formal complaint based upon the following information in accordance with Washington State Office of Community Health Systems, EMS Section policy that was explained to me during the "Student's Orientation to the Practical Skills Examination." I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) in question:

_____

Summary of Circumstances:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____ Signature: _____

Date: _____

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

BLS Practical Skills Examination
Quality Assurance Committee Report Form

Student: _____ Exam Site: _____

Date: _____ Skill: _____

Examiner: _____ Examiner Phone #: _____

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

___ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).

___ Complaint is not valid after consideration of the facts and all results in question stand as reported.

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

_____
Signature or name of Training Physician Director

_____
Signature of SEI

_____
Signature of Training Agency Representative

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

_____
Signature of Student

_____
Date

This form should be submitted to the State EMS Office with all examination materials.

In cases where a specific performance, treatment protocol, or other situations arise in which the SEI needs assistance to objectively make a final determination, he/she may convene a meeting of the Quality Assurance Committee. The Committee should meet and discuss all matters related to the specific situation in question. Each member then has one vote with the majority vote ruling as the official decision of the Quality Assurance Committee. The SEI should complete the Quality Assurance Committee Review Form and submit it along with all other examination materials to the State EMS Office.

Page 33 is the BLS Practical Skills Examination Quality Assurance Committee Review Form.

BLS Practical Skills Examination
Quality Assurance Committee Review Form

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

Nature of Situation:

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____
Signature or name of Training Physician Director

_____
Signature of SEI

_____
Signature of Training Agency Representative

Exam Site: _____ Date: _____

This form should be submitted to the State EMS Office with all examination materials.

Late Arrivals-

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

Interruption of the Practical Skills Examination-

Once the examination has started, if a student withdraws from the examination for any reason prior to completion, collect the student's skill evaluation materials in the usual manner and report any results completed up until that point. You should write a note of explanation on the student's report form in the section for “Comments” below your signature.

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

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

Use of Prohibited Materials-

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

If a student is discovered attempting to engage or engaging in any kind of inappropriate behavior during the examination, such as giving or receiving help; using prohibited notes,

books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the student may be dismissed from the examination process by the SEI.

If you suspect any student of committing any of the above actions, the SEI must prepare a written report, paying particular attention to the following criteria:

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

If a student's behavior during the examination disturbs or prevents others from doing his/her best work, warn the student that he/she will be dismissed if the behavior persists. Even though all examination materials are copyrighted, some students may attempt to use or share “fraternity notes” or other illegal information with each other in preparation for the examination. You may need to form a Quality Assurance Committee to:

1. Immediately suspend administration of the examination to all students at that site.
2. Interview any student suspected of this inappropriate behavior. If more than one (1) student is suspected, the interviews must be conducted separately.
3. Attempt to obtain all copies of such notes or recordings for inspection.
4. Enlist the assistance of law enforcement personnel to assist if students become out of hand.

After all materials have been retrieved, all interviews completed, and the SEI is reasonably satisfied that all students involved have been dismissed, administration of the examination may resume at the discretion of the SEI.

Students Suspected of Dishonest Action-

A written report must be submitted in all suspected cases of dishonesty in the examination by the SEI in addition to any Skill Examiner, Simulated Patient, EMT Assistant and all other personnel who witnessed the occurrence. The report must include the following:

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

Prior to returning completed examination materials, the SEI must clearly mark the EMT Practical Skills Examination Report Forms of all students involved and attach all affected forms to the incident report. The SEI should submit the written reports of this to the State EMS Office along with all other examination materials.

Irregular Behavior-

The Training Agency Student handbook should outline disciplinary policies in place to address irregular behavior during examinations. The state may also have additional disciplinary policies related to irregular behavior of which the SEI must be aware. The following may be sufficient cause to bar students from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

1. The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
2. The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination questions or answers before, during or after the examination.
3. The making of threats toward the SEI or any test site personnel.
4. The use of unprofessional (foul) language when interacting with the SEI or any test site personnel.
5. The offering of any benefit to any agent of the Training Agency, SEI, or Skills Examiner in return for any aid or assistance in taking an examination.
6. The engaging in irregular behavior in connection with the administration of the examination.

Dismissal from the Practical Skills Examination-

Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a student for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a student and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other students, or physical reprisal. Prior to making a decision for dismissal, you must consult the Training Agency Representative.

You may decide to dismiss when warranted, but you should use your best judgment in handling the situation. Take no action until you are certain a student has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward any staff; used unprofessional (foul) language when interacting with any staff; attempted to take or took any examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are sure of a violation, immediately collect all of the student's examination material completed up until that point and dismiss him/her/them from the examination site. Tell the student(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Indicate on the Practical Skills Evaluation Summary Form that the student's results were ‘U’-Unsuccessful due to misconduct as documented in your Quality Assurance Review Form.

Reporting Practical Skills Examination Results-

The examination skill evaluation forms should be totaled by the Skill Examiner. The SEI may total the points on forms that have not been added-up as long as the points for each individual step have been entered. The SEI should determine, based upon the "Critical Criteria" and minimum point totals, if a student has passed or failed each skill. The SEI

should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been gained. If the Skill Examiner has left any areas of the form blank, if comments written by the Skill Examiner do not support the points awarded or deducted, or any other areas of confusion exist, the SEI should contact the Skill Examiner for a full explanation and clarification. After discussion, if it is determined that the Skill Examiner made any error in scoring, the Skill Examiner should make any necessary adjustments to the evaluation form and initial any changes. If the objectivity of the Skill Examiner is questioned, the SEI should observe the Skill Examiner until he/she again verifies that the skill is being conducted within guidelines. The SEI should transcribe all results onto the Practical Skills Evaluation Summary Sheet. This may be accomplished at the examination site or following the examination at the discretion of the SEI based upon availability of private space to score results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the SEI in accordance with State EMS Office recommendations (4years).

The most efficient way to score examination results is to lay out the Practical Skills Evaluation Summary Sheet in alphabetical order on the tabletop in the secure room. As the individual skill evaluation forms are collected, the SEI distributes the sheets by placing them on top of the appropriate student's report form. As soon as the results are transcribed, the individual skill evaluation form is placed underneath the Practical Skills Evaluation Summary Sheet. Then as more sheets are collected, the individual skill evaluation forms are placed on top of the appropriate student's Practical Skills Evaluation Summary Sheet. In this way, the only results that must be transcribed are those that are lying on top of Practical Skills Evaluation Summary Sheet This also eliminates the need to constantly shuffle through forms that have already been scored and transcribed.

Be sure the following information has been filled-in for each student on the Practical Skills Evaluation Summary Sheet:

- □ Student Name
- □ Examination Date (Month, Day, Year)
- □ Examination Site (Name of Facility, City, State)

Same-Day Retest Considerations-

The SEI may decide to administer a practical skills examination retest on the same day if permissible under local policies and procedures. The decision should be made as early as possible during the day of the examination. The following factors should be considered:

- □ Ability of the SEI to score all practical skills results and tabulate retest needs
- □ Availability of qualified Skill Examiners to be reoriented to different skills. No student may be retested on the same day in any skill by the original Skill Examiner.
- □ Protection of all Skill Examiners and the SEI. Unnecessary animosity and undue retribution should be avoided at all costs
- □ Total number of students who need to retest on the practical skills exam
- □ Consensus and ability of the Skill Examiners to stay the additional time to complete all retests
- □ Availability of the examination site to ensure completion of the retest and associated logistics
- □ Travel considerations of the SEI and Skill Examiners

Do not commit to administer a same-day retest until the final decision has been made, taking into account the factors outlined above. After the decision has been made to conduct a same-day retest, all students should be informed that a same-day retest will be made available. The SEI should inform all students that they will be entitled to only one (1) retest attempt at that test. No student is permitted to complete the entire Practical Skills Examination again during a same-day retest attempt. The SEI should also remind all students that no complaint will be valid if it is issued after being informed of his/her results. The following students would be eligible for a same-day retest if administered:

□ Students completing a full attempt, who fail three (3) [EMR two (2)] or less skills.
□ Students on Retest #1 attempt who fail any of the three (3) [EMR two (2)] skills being retested.

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

□ Students completing a full attempt who fail four (4) [EMR three (3)] or more skills.
□ Students on Retest #2 who fail any of the three (3) [EMR three (3)] or less skills tested being retested.

When all complaints have been fully deliberated, the SEI should privately and individually inform each student of his/her results and offer each eligible student the option for a same-day retest if one is being administered. Before informing the student of his/her results, the SEI should ask one last time, “Do you have any complaints concerning equipment malfunction or discrimination?” If not, the SEI should only show students the completed Practical Skills Evaluation Summary Sheet and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion. Students are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled. It is the student's decision to complete a same-day retest. Students who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire practical skills examination, requiring him/her to complete the entire practical skills examination on the next full attempt after officially documenting remedial training in all skills. Remember that your retest must be within 12 months of your initial practical skills examination to be accepted.

Informing students of the examination results on the same day may create an antagonistic response from the students who have failed any portion. If you are prepared to uphold all evaluations of the Skill Examiners and the criteria for the practical skills examination, or if students become boisterous, unruly, and hostile upon being informed of their results, no same-day retest should be offered. In this situation, it is best to dismiss all remaining personnel from the examination site without giving out any more results. Suspend any retesting if underway, inform all remaining students to expect their results by some other method, collect and secure all examination materials, and dismiss all personnel from the examination site.

Once the SEI commits to administer a same-day retest, it is possible to begin retesting before every single student finishes the examination provided two (2) or more of each skill was set up and Skill Examiners don’t need to be reoriented to different skills. No student can begin to retest until the SEI has scored every result for that student’s attempt and determined if he/she is eligible to retest. If only one (1) of every skill was set-up, the SEI will

need to re-orient Skill Examiners to a different skill before the same-day retest can begin. Remember that no student may be retested on the same day in any skill by the original Skill Examiner. If skills were duplicated at an examination site, retesting would be as simple as ensuring the student reports to the other skill for his/her retest. The SEI should also ensure that no student retests any skill before all other students have completed that skill on his/her initial attempt that day or else the examination will be excessively delayed.

Skill Examiner Responsibilities-

Skill Examiners are responsible for the following:

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

Skill Examiner Qualifications-

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

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

The local or State EMS Office should be consulted if you are unable to locate persons that satisfy the qualifications for Skill Examiners. Ultimate approval for assuring that examiners meet these minimum qualifications is at the discretion of the appropriate Training Agency Representative. The SEI should have the authority to dismiss any Skill Examiner for due cause at any point during the practical skills examination.

Essays to Skill Examiners

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Nasopharyngeal Airway
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to test the student's ability to correctly measure and insert a nasopharyngeal airway, and demonstrate a patent airway by ventilating the patient with a BVM. A two (2) minute time period is provided for the student to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The student will then have five (5) minutes to measure and insert a nasopharyngeal airway, and demonstrate a patent airway by ventilating the patient with a BVM

When the actual timed evaluation begins, the student will be instructed to measure, verbalize lubrication of, and insert a nasopharyngeal airway to the manikin then use a BVM to demonstrate a patent airway is established. If the student fails to accomplish any of these steps, you should deduct the point, check the related "Critical Criteria" and document the actions. Once the ventilation has been done, you should direct the student to stop his/her performance and end the skill.

The equipment needed for these skills is listed below. The manikin must be anatomically complete and include ears, nose and mouth.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination.

- □ Examination gloves (may also add masks, gowns, and eyewear)
- □ Intubation/Airway manikin (adult)
- □ Variety of nasopharyngeal airways (adult)
- □ Water soluble lubricant (make sure the student knows to verbalize use of this)
- □ Bag-valve-mask device with reservoir (adult)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for manikin
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Nasopharyngeal Airway

Welcome to the Nasopharyngeal Airway skill station. This skill is designed to evaluate your ability to correctly insert a nasopharyngeal airway. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to correctly measure and insert a nasopharyngeal airway, and then demonstrate a patent airway by ventilating the patient with a BVM. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

A 65 year old male stroke patient is breathing adequately but has sonorous respirations. You have five (5) minutes to properly insert a nasopharyngeal airway.

You may begin.

Bag-Valve-Mask Ventilation of an Apneic Adult Patient and Oxygen Administration by Non-Rebreather Mask Essays to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

Bag-Valve-Mask Ventilation of an Apneic Adult Patient

In this skill, the student will have five (5) minutes to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The patient is found supine and unresponsive on the floor. ***The adult manikin must be placed and left on the floor for these skills.*** If any student insists on moving the patient to a different location, you should immediately dismiss the student and notify the SEI. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are **not** necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the student to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the student must immediately assess the patient's responsiveness and breathing for at least 5 seconds but no more than 10 seconds in accordance with American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should then inform the student that the patient is unresponsive and there are no signs of breathing. After requesting additional EMS assistance, the student should check for a carotid pulse for at

least 5 seconds but no more than 10 seconds. You should then inform the student that a weak carotid pulse of 60 is present. The student should next open the patient's airway and assess for breathing. Immediately you should inform the student that he/she observes secretions and vomitus in the patient's mouth. The student should attach the rigid suction catheter to the suction unit and operate the equipment correctly to suction the patient's mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each student's ability to suction a patient properly. If the suctioning attempt is prolonged and excessive, you should check the related "Critical Criteria" and document the exact amount of time the student suctioned the patient. After suctioning is complete, you should then inform the student that the mouth and oropharynx are clear.

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

After the student begins ventilation, you must inform the student that ventilation is being performed without difficulty. It is acceptable to re-check the pulse at this point while ventilations continue. The student should also call for integration of supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. You or an EMT Assistant should now take over BVM ventilation while the student gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the examination, the oxygen tank used may be empty for this skill. The student must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.
After supplemental oxygen has been attached, the student must oxygenate the patient by ventilating at a rate of 10 – 12 ventilations/minute with adequate volumes of oxygen-enriched air. Ventilation rates in excess of 12/minute have been shown to be detrimental to patient outcomes. **It is important to time the student for at least one (1) minute to confirm the proper ventilation rate.** It is also required that an oxygen reservoir (or collector) be attached. Should the student connect the oxygen without such a reservoir or in such a way as to bypass its function, he/she will have failed to provide a high percentage (at least 85%) of supplemental oxygen. You must mark the related statement under "Critical Criteria" and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. For the purposes of this evaluation form, a proper volume is defined as a ventilation that causes visible chest rise. Be sure to ask the student, "How would you know if you are delivering appropriate volumes with each ventilation?" Be sure to document any incorrect responses

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

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

Oxygen Administration by Non-Rebreather Mask

This skill is designed to test the student’s ability to correctly assemble the equipment needed to administer supplemental oxygen in the out-of-hospital setting. A two (2) minute time period is provided for the student to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The student will then have five (5) minutes to assemble the oxygen delivery system and deliver an acceptable oxygen flow rate to a patient using a non-rebreather mask.

When the actual timed evaluation begins, the student 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 student must check for tank or regulator leaks as well as assuring a tight mask seal to the patient’s face. If any leak is found and not corrected, you should deduct the point, check the related “Critical Criteria” and document the actions. You should do the same if the student cannot correctly assemble the regulator to the oxygen tank or operate the regulator and delivery device in a safe and acceptable manner.

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

The equipment needed for these skills is listed below. The oxygen tank must be fully pressurized for this skill (air or oxygen) and the regulator/flow meter must be functional. The Simulated Patient may be a live person or a manikin. However, the manikin must be anatomically complete and include ears, nose and mouth.

Equipment List

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

□ Examination gloves (may also add masks, gowns, and eyewear)
□ Intubation manikin (adult)
□ Bag-valve-mask device with reservoir (adult)
□ Oxygen cylinder with regulator:
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

One oxygen tank must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask. A second empty oxygen cylinder may be used to test BVM ventilation of an apneic adult patient.

□ Oxygen connecting tubing
□ Selection of oropharyngeal airways (adult)
□ Suction device (electric or manual) with rigid catheter and appropriate suction tubing
□ Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
□ Stethoscope
□ Tongue blade
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Bag-Valve-Mask Ventilation Of An Apneic Adult Patient

Welcome to the Bag-Valve-Mask skill station. This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized. I (or “the EMT Assistant”) will serve as your trained assistant and will be interacting with you throughout this skill. I (or “he/she”) will correctly carry-out your orders upon your direction. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe and no hemorrhage or other immediate problem is found. You have five (5) minutes to complete this skill.

You may begin.

Instructions To The Practical Skills Student For
Oxygen Administration By Non-Rebreather Mask

Welcome to the Oxygen Administration skill station. This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

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

You may begin.

Patient Assessment/Management – Medical
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate the student's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient or a high fidelity simulation manikin, it will require extensive dialogue between the student, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the student's questions based on the scenario being utilized today. The student will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the student throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient or a high fidelity simulation manikin. The scenario that you develop must contain enough information for the student to form a general impression of the Simulated Patient's condition. Additionally, the

Simulated Patient should remain awake and able to communicate with the student throughout the scenario. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the examination. You should ensure the Simulated Patient reads the "Information for the Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first student to ensure familiarization with the approved scenario for today's examination. Provide any specific information the student asks for as listed in the scenario. If the student asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition.

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

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

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

As you welcome a student into the room and read the "Instructions to the Practical Skills Student" and scenario information, be sure to do this in such a manner which does not permit the student to view the Simulated Patient. Other students waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the student enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the student turns around and begins to approach the Simulated Patient.

Students are required to evaluate the scene just as he/she would in a field setting. When asked about the safety of the scene, you should indicate the scene is safe to enter. If the student does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement should be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you should establish a dialogue with the student throughout this skill. If a student quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the student to explain his/her actions. For example, if the student stares at the Simulated Patient's face, you should ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged, but would be immediately evident in a real patient should be supplied by the Skill Examiner as soon as the student exposes or

examines that area of the Simulated Patient. Your responses should not be leading, but should factually state what the student would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but is difficult to moulage. An unacceptable response would be merely stating, "The patient is experiencing left heart failure."

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

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

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

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to

complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the student's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

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

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

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

An acceptable scenario should be developed like the following sample:

□ Nature of the call:	You arrive at a residence and find a 61 year old male on home oxygen. He appears overweight and is sitting in a tripod position in the chair. He is breathing rapidly and you observe cyanosis around his lips, fingers and capillary beds.
□ Chief complaint:	“I can’t breathe. (coughing) I need to go to the hospital.” (more coughing)
□ Breathing:	28 and labored; pursed lips
□ Circulation:	Pulse 120 and strong
□ Onset:	“Breathing has gotten worse over the past 2 days.”
□ Provokes:	“Gets really bad when I use the stairs.”
□ Quality:	“Can’t seem to catch my breath.”
□ Radiate:	“No pain anywhere else.”
□ Severity:	“I think I’m dying. I can’t stop coughing.”
□ Time:	“Woke me up 3 hours ago. Still can’t catch my breath.”
□ Interventions:	“I turned up the oxygen to 3 L/minute about 1 hour ago.”

□ Allergies:	Penicillin, bee stings
□ Medications:	Oxygen, hand-held inhaler (bronchodilator)
□ Past medical history:	10 year history of emphysema
□ Last meal:	"I ate breakfast this morning."
□ Vital signs:	BP 140/88, P 120, R 28 and SpO2 is 87% on 3 L/minute nasal cannula
□ Mentation:	Alert and oriented to person, place, and time

We recommend scenarios be utilized for the following types of patient presentations:

- □ Respiratory
- □ Cardiac (non-arrest presentation)
- □ Neurological (to include stroke, altered mental status, and syncope)
- □ Allergic Reaction
- □ Poisoning/Overdose
- □ Environmental Emergency
- □ Obstetrics
- □ Abdominal Pain

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

Information for the Simulated Patient

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

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

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

Equipment List

Do not open this skill for testing until the SEI has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute
- □ Outer garments to be cut away
- □ Tape (for outer garments)
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Scratch paper and pencil/pen
- □ Blanket
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Patient Assessment/Management – Medical

Welcome to the Patient Assessment/Management – Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, should be obtained from the Simulated Patient just as you would in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

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

You may begin.

Patient Assessment/Management – Trauma
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

As you welcome a student into the room and read the "Instructions to the Practical Skills Student" and scenario information, be sure to do this in such a manner which does not permit the student to view the Simulated Patient. Other students waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the student enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the student turns around and begins to approach the Simulated Patient.

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

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the student on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the student properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient's vital signs based upon the student's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step “Takes vital signs” has been placed in the “Primary Assessment/Resuscitation” section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multisystem trauma patient. It is acceptable for the student to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the student to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route and an accurate BP should be obtained by sphygmomanometer during reassessment transport of the Simulated Patient.

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

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

The evaluation form should be reviewed prior to testing any student. You should direct any specific questions to the SEI for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the student completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the student integrates portions of the "Secondary Assessment" when appropriate within the sequence of the "Primary Assessment/Resuscitation." For example, it is acceptable for the student who, after appropriately opening and evaluating the Simulated Patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar and buttocks area into the "Primary Assessment /Resuscitation" sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Assessment/Resuscitation." These areas have been denoted by * on the skill evaluation form in the “Secondary Assessment” section. However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step, “Considers stabilization of the spine”, mark the appropriate statement under "Critical Criteria" and document your rationale as required.

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

Immediately upon determining the severity of the Simulated Patient's injuries, the student should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the student to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the student that both "partners" are available during transport. You should stop the student promptly when the ten (10) minute time limit has elapsed. Some students may finish early and have been

instructed to inform you when he/she completes the skill. If the student has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

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

□ A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the student to suspect multisystem trauma.
□ The patient must be on the floor. If any student insists on having the simulated patient move to a different location, you should immediately dismiss the student and notify the SEI.
□ The patient must at least respond to pain by moaning or mumbling.
□ There must be at least one problem with the airway, breathing and circulatory status of the patient. There must be an additional associated soft tissue or musculoskeletal injury.
□ Vital signs should be prepared that represent a severely injured multisystem trauma patient.

An acceptable scenario should be developed like the following sample:

□ Mechanism of injury: You respond to a car crash and find an ejected victim. He is laying 60 feet from the overturned car.
□ Injuries:

- Moans to pain
- Right side flail chest
- Decreased breath sounds on the right
- Pale, cool, moist skin
- Weak, rapid carotid pulse palpable
- Pupils equal and sluggish
- Pelvis stable
- Closed, angulated deformity to the right lower leg

□ Vital signs
Initial: BP 72/60, P 138, R 28 and SpO2 no reading displayed
Recheck with appropriate treatment: BP 92/74, P 118, R 22 and SpO2 is 93%
Recheck with inappropriate treatment: BP 68/48, P 142, R 38 and SpO2 no reading displayed

Be sure to program your Simulated Patient or high fidelity simulation manikin to respond as a real patient would, given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. All Simulated Patients should wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the student should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any student enters your

room. This will help ensure that all students are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the students. Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the examination. For the comfort of the Simulated Patient a mat may be used on hard floors.

Information for the Simulated Patient

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

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

Equipment List

Do not open this skill for testing until the SEI has provided you with an approved trauma scenario. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute
- □ Outer garments to be cut away
- □ Tape (for outer garments)
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Blanket
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Patient Assessment/Management – Trauma

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

[Skill Examiner now reads “Dispatch Information” from prepared scenario and begins 10 minute time limit.]

You may begin.

Cardiac Arrest Management / AED
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

After arriving on the scene, the student should assess the patient and determine that the patient is unresponsive. The student should then assess the patient for signs of breathing. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations, the student should next assess the carotid pulse. This pulse check must take at least five (5) but no more than ten (10) seconds. As soon as pulselessness is verified, the student should immediately begin chest compressions. The student should request additional EMS assistance after determining that the patient is in cardiac arrest and CPR has been initiated. All actions performed must be in accordance with the current AHA Guidelines for CPR and Emergency Cardiovascular Care. Any student who elects to perform any other intervention or assessment causing delay in chest

compressions has not properly managed the situation. You should check the related "Critical Criteria" and document the delay.

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

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

After 5 cycles or 2 minutes of 1-rescuer CPR, the student should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the student should direct a second rescuer EMT Assistant to resume chest compressions. The student then retrieves the AED, powers it on, follows all prompts and attaches it to the manikin. Even though an AED trainer should be used in this skill, safety should still be an important consideration. The student should make sure that no one is touching the patient while the AED analyzes the rhythm. The AED should then announce, "Shock advised" or some other similar command. Each student is required to operate the AED correctly so that it delivers one shock for verification purposes. As soon as the shock has been delivered, the student should direct a rescuer to immediately resume chest compressions. At that time the timer will stop; and at that point, the student will gather additional information from the Skills Examiner in the role of bystanders and determine if a POLST or DNR is present or if any obvious signs of death such as lividity or rigor are noted. The student will deliver a verbal report to the Skills Examiner in the role of 'Medical Control' to determine the need for transport. The student and EMT Assistant will then package the patient for transport. After that the scenario should end and the student should be directed to stop. Be sure to follow all appropriate disinfection procedures before permitting the next student to use the manikin and complete the skill.

Please realize the Cardiac Arrest Management/AED Skill is device-dependent to a degree. Therefore, give each student time for familiarization with the equipment in the room before any evaluation begins. You may need to point out specific operational features of the AED, but are not permitted to discuss patient treatment protocols or algorithms with any student. Students are also permitted to bring their own equipment to the practical skills examination. If any enter your skill carrying their own AED, be sure that the SEI has approved it for testing and you are familiar with its appropriate operation before evaluating the student with the device. You should also be certain that the device will safely interface with the manikin. The manikin must be placed on the floor in this skill. It is not permissible to move the manikin to a table, bed, etc. This presentation most closely approximates the usual EMS response to out-of-hospital cardiac arrest and will help standardize delivery of the psychomotor examination. If any student insists on initially moving the manikin to a location other than the floor, you should immediately request assistance from the SEI.

Equipment List

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. ***The manikin must be placed and left on the floor for this skill. Live shocks must be delivered if possible.*** If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as best as possible. One (1) EMT Assistant is also required in this skill. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Mouth-to-barrier device (disposable) or pocket mask w/one-way valve (per student)
- □ Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- □ Extra patient cables/defib pads
- □ CPR manikin that can be defibrillated with an AED Trainer
- □ Appropriate disinfecting agent and related supplies
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Cardiac Arrest Management / AED

Welcome to the Cardiac Arrest Management/AED skill. This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

[After an appropriate time period or when the student informs you he/she is familiar with the equipment, the Skill Examiner continues reading the following:]

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor. There are no bystanders present.

You may begin.

Bleeding Control / Shock Management
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate the student's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill will be scenario-based and will require some dialogue between you and the student. The student will be required to properly treat a life-threatening arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

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

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

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

Due to the scenario format of this skill, you are required to supply information to the student at various times during the exam. When the student initially applies direct pressure to the wound, you should inform the student that the wound continues to bleed. If the student applies a pressure dressing and bandage, you should inform the student that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the student delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the student attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the student that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the student delays application of the tourniquet, you should check the related “Critical Criteria” statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the student properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/70, P 118, R 24). If the student ‘verbalizes’ properly positioning the patient or applying oxygen or applying a blanket, then you may state “Please demonstrate how you would do that” to prompt them to actually perform those steps.

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Bandages (various sizes)
- □ Gauze pads (2x2, 4x4, etc.)
- □ Kling, Kerlex, etc.
- □ Tourniquet (commercial or material for improvised such as a triangular bandage)
- □ Oxygen cylinder with delivery system (tank may be empty)
- □ Oxygen delivery devices (nasal cannula, non-rebreather mask)
- □ Blanket
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Bleeding Control / Shock Management

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

[Sample Scenario to read to the student:]

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

You may begin.

Long Bone Immobilization
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

The student will then be required to treat the specific, isolated injury. The primary assessment as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The student will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is **not** permitted and should not be available for use.

The student is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a

splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.
When splinting the upper extremity, the student is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° and all the fingers should be slightly flexed.

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

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Rigid splint materials (various sizes)
- □ Towels/padding material for splint
- □ Kling, Kerlex roller gauze
- □ Cravats/Triangular bandages (at least 6)
- □ Tape (1" and 2")
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Long Bone Immobilization

Welcome to the Long Bone Immobilization skill. This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary assessment have been completed and a suspected, closed, non-angulated fracture of the _____ (radius, ulna, tibia or fibula) is discovered during the secondary assessment. Continued assessment of the patient's airway, breathing and central circulation is not necessary in the skill station. You may use any of the supplies and equipment available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

You may begin.

Joint Immobilization
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

The student will then be required to treat the specific, isolated injury. The primary assessment as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The student will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available in this skill is the sling and swathe. Any other splint, including a long backboard, may not be used to complete this skill. If a student asks for a long backboard, simply inform the student that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Cravats/Triangular bandages (at least 6)
- □ Armless chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Joint Immobilization

Welcome to the Joint Immobilization skill. This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated shoulder injury. The scene survey and primary assessment have been completed and a suspected injury to the _____ (right, left) shoulder is discovered during the secondary assessment. Continued assessment of the patient's airway, breathing and central circulation is not necessary in the skill station. You may use any of the supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Traction Splint Immobilization
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to immobilize a suspected femur fracture properly using a traction splint. The student will be advised that a primary assessment has been completed on the victim and that a suspected femur fracture was discovered during the secondary assessment. The Simulated Patient will present with a suspected non-angulated, closed, mid-shaft femur fracture. You should alternate injury sites (left leg-right leg) throughout today's examination. A mat may be provided for patient comfort, but you must assure it does not interfere with the student's ability to properly place the splint under the patient's leg.

The student will then be required to treat the specific, isolated injury. The primary assessment as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The student will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. After the student has checked the equipment and decided on the type of splint he/she is going to use, place a √ in the box next to that type of splint [Sager type, Optimum (Kendrick) type, or HARE type] on the skill sheet. Make sure <u>you</u> are familiar with all of the splints made available to the student. The steps for each are directly from the manufacturer's instructions for use.

The student is required to “Verbalize securing patient to a long board to immobilize the hip and secure the splint” after the traction splint has been applied. Do not make the student actually perform this step, they may verbalize how they would accomplish this.

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Traction splints (various types) with all necessary straps/ankle hitches for each
- □ Padding for proximal (ischial) strap-i.e. cravats, trauma pads
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Traction Splint Immobilization

Welcome to the Traction Splint Immobilization skill. This skill is designed to evaluate your ability to properly immobilize a suspected non-angulated, closed, mid-shaft femur fracture. You are required to treat only the specific, isolated injury. The scene survey and primary assessment have been completed and a suspected non-angulated, closed, mid-shaft femur fracture of the _____ (right, left) leg is discovered during the secondary assessment. Continued assessment of the patient's airway, breathing and central circulation is not necessary in the skill station. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill. Please take a few moments to familiarize yourself with this equipment and tell me which device you will be using before we begin. Do you have any questions?

You may begin.

Spinal Immobilization (Supine Patient)
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

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

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

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

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

This skill requires that an EMT Assistant be present during the evaluation. Students are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT should be told not to speak, but to follow the commands of the student. The student 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 student or assisting EMT to perform a procedure that would actually injure the Simulated Patient.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as well very large/rotund adults as Simulated Patients is not permitted in this skill. The Simulated Patient should be briefed on his/her role in this skill. You may use comments from the Simulated Patient about spinal movement in the scoring process as long as he/she is certified at the level of EMT or higher.

Equipment List

Do not open this skill for testing until you have one (1) (or two ideally) EMT Assistant(s) and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Long spine immobilization device (long board, ‘scoop’ board, etc.)
- □ Head Immobilizer (commercial or improvised)
- □ Cervical collar (appropriate size)
- □ Patient securing straps (6-8 with compatible buckles/fasteners)
- □ Blankets (2)
- □ Padding material (towels, commercial pads, etc.)
- □ Tape (2” or 3”)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Spinal Immobilization (Supine Patient)

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

You may begin.

Spinal Immobilization (Seated Patient)
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

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

The student is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The student will be advised that the scene survey and primary assessment have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. A live Simulated Patient who is an adult or adolescent who is at least sixteen (16) years of age is required in this skill. The Simulated Patient must be of average adult height and weight. The use of very small children as well very large/rotund adults as Simulated Patients is not permitted in this skill. The Simulated Patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The Simulated Patient will not present slumped forward or with the head held in any grossly abnormal position. The position of the Simulated Patient must be identical for all students. The primary assessment as well as reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The student will be required to check motor, sensory, and circulatory functions in each extremity at the proper

times throughout this skill. Once the student has immobilized the seated patient, simply ask him/her to verbally explain all key steps he/she would complete while moving the Simulated Patient to the long backboard. The student may check motor, sensory, and circulatory functions at any time during the procedure without a loss of points. However, if he/she fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the "Points Awarded" column for this step. The related “Critical Criteria” statement would also need to be checked and documented as required.

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

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the student's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to "generically" verify a student's competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. **Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso.** This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the student’s technique and a reasonable standard of judgment should guide you when determining if the device was appropriately secured to the torso before the head was placed in the device. You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or not appropriately fastened to the Simulated Patient.

A trained EMT Assistant will be present in the skill to assist the student by applying manual in-line immobilization of the head and cervical spine only upon the student's commands. The assistant must be briefed to follow only the commands of the student, as the student is responsible for the actions that he/she directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT Assistant would in the field. No unnecessary movement of the Simulated Patient's head or other "games" will be tolerated or are meant to be a part of this examination. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the student directs the assistant

to let go of the head prior to its mechanical immobilization, the student 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 student that this action will not affect his/her evaluation. At no time should you allow the student or assistant EMT to perform a procedure that would actually injure the Simulated Patient. The student should also verbally describe how he/she would move and secure the Simulated Patient to the long backboard.

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

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Half-spine immobilization device *
- □ Vest-type immobilization device *
- □ Cervical collar (appropriate size)
- □ Patient securing straps (6-8 with compatible buckles/fasteners)
- □ Blankets (2)
- □ Padding material (towels, commercial pads, etc.)
- □ Cravats/triangular bandages (at least 6)
- □ Kling/Kerlex, roller gauze
- □ Tape (2” or 3”)
- □ Armless chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

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

Instructions To The Practical Skills Student For
Spinal Immobilization (Seated Patient)

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

You may begin.

Acetaminophen Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you are assured the student computed the correct dose.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-liquid/suppository
- □ BP cuff
- □ Stethoscope
- □ Thermometer
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Acetaminophen Administration

Welcome to the Acetaminophen Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The 16 y/o patient presents with a headache, fever of 102°, achy joints and stiff neck. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Activated Charcoal Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you are assured the student computed the correct dose.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols- suspension/powder
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Activated Charcoal Administration

Welcome to the Activated Charcoal Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The 26 y/o patient presents with a suspected overdose of aspirin 15 minutes ago. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Aspirin Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you are assured the student computed the correct dose.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-80/81mg chewable
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Aspirin Administration

Welcome to the Aspirin Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The 56 y/o patient presents with chest pain. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Epinephrine Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you know if the student computed the correct dose. It will up to the SEI and local guidance as to which form of epinephrine the student will be tested on; and you may be asked to evaluate the student using multiple formats of administration (either via the Epi-Pen or from a vial or ampule).

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols
    - □ Epi-pen trainers
    - □ Epinephrine 1:1000 ampules or vials-for choosing correct concentration/meds)
        - □ Normal saline for injection (to substitute for epi during injection)
        - □ 1 cc syringes
        - □ Filter needles
        - □ Hypodermic needles-20, 21, 22 gauge
        - □ Manikin or simulaid to inject into
- □ Alcohol prep pads
- □ Gauze 2x2s
- □ SHARPS container
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Epinephrine Administration

Welcome to the Epinephrine Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The 36 y/o patient presents with a suspected anaphylactic reaction to penicillin. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Metered Dose Inhaler Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance.

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student.

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms.

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.

□ Checking all equipment, props, and moulage prior to and during the examination.

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill.

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination.

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI.

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you are assured the student computed the correct dose. You should advise the student that the patient has not taken any MDI dose yet.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-MDI
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Metered Dose Inhaler Administration

Welcome to the Metered Dose Inhaler Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The XX y/o patient presents with difficulty breathing and has a MDI on-hand that was prescribed to him/her. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Oral Glucose Administration
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication Will Not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you know if the student computed the correct dose.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols -oral glucose tube
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Oral Glucose Administration

Welcome to the Oral Glucose Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, blood glucose level, etc. checks per the skill sheet. The XX y/o patient presents with a history of diabetes and is displaying an altered mental status. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Nitroglycerin Administration
Essay to Skill Examiners

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□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you know if the student computed the correct dose. You should advise the student that the patient has not taken any nitroglycerin yet.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-spray/tablets
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Nitroglycerin Administration

Welcome to the Nitroglycerin Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The XX y/o patient presents with chest pain and has nitroglycerin on-hand that was prescribed to him/her. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Nerve-Agent Antidote Administration
Essay to Skill Examiners

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

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□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate a student's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. The student will be advised that a primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. The Simulated Patient will present with a medical complaint that warrants the administration of the medication.

The student will then be required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as pupil, skin, weight, temperature, etc. checks per the skill sheet as well. The patient should be programmed to appropriately respond to questioning by the student. The actual medication will not be actually taken or swallowed by, or administered to the simulated patient, but steps up to and after that point will be conducted. Before you open the station, make sure you compute the proper dosage for the weight of the simulated patient you are using so you know if the student computed the correct dose.

This can either be presented as an organophosphate poisoning patient or as a nerve-agent poisoning; both essays follow the equipment list. Assure you set up the scenario and patient

with appropriate signs/symptoms to warrant use of one DuoDote® injector. You have to assure that you indicate to the student that the patient was removed from the 'hot zone' to them in the decon area where they have taken appropriate self-PPE.
Sign/Symptoms are as follows:

□ Mild Symptoms

- Blurred vision, meiosis (excessive constriction of the pupils)
- Excessive, unexplained teary eyes
- Excessive, unexplained runny nose
- Increased salivation, such as sudden drooling
- Chest tightness or difficulty breathing
- Tremors throughout the body or muscular twitching
- Nausea and/or vomiting
- Unexplained wheezing, coughing, or increased airway secretions
- Acute onset of stomach cramps
- Tachycardia or bradycardia (abnormally fast or slow heartbeat)

□ Severe Symptoms

- Strange or confused behavior
- Severe difficulty breathing or copious secretions from lungs/airway
- Severe muscular twitching and general weakness
- Involuntary urination and defecation
- Convulsions
- Loss of consciousness
- Respiratory arrest (possibly leading to death)

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

□ Examination gloves
□ Medication in the format typically used per local protocols-the checklist suggests the DuoDote® type for this
□ BP cuff
□ Stethoscope
□ Penlight
□ Mat (for floor for patient comfort)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Nerve-Agent Antidote Administration

Welcome to the Nerve-Agent Antidote Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. The xx y/o patient presents with suspected organophosphate poisoning when spraying insecticide inside a closed greenhouse environment. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Or

Instructions To The Practical Skills Student For
Nerve-Agent Antidote Administration

Welcome to the Nerve-Agent Antidote Administration skill. This skill is designed to evaluate a candidate's ability to ascertain that the patient meets criteria for receiving the medication, and then appropriately administer the medication to the patient. A primary assessment has been completed on the patient and the possible need for this medication intervention was discovered during the secondary assessment. You are required to assess the patient for specifics related to the medication, such as assuring vital signs are within the limits of receiving the medication, as well as any pupil, skin, weight, temperature, etc. checks per the skill sheet. Your xx y/o EMS partner presents with suspected nerve agent poisoning symptoms when you are responding to an “unknown incident”. He/She went into a building ahead of you, where other individuals were reported to be ill after an unknown ‘spray’ went off in the room. You may use any of the equipment/supplies available in this room. You have five (5) minutes to complete this skill. Please take a few moments and familiarize yourself with the supplies before we begin. Do you have any questions?

You may begin.

Continuous Positive Airway Pressure (CPAP)
Essay to Skill Examiners

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

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All students will be required to ascertain if the patient meets criteria for receiving the CPAP, and if so assemble the components and administer oxygen by CPAP to an adult patient who is short of breath. The student will be advised that a primary assessment has been completed on the patient and the possible need for this CPAP intervention was discovered during the secondary assessment.

Device parameters (rate/frequency, tidal volume, pressure relief valve) are normally established according to the patient history and patient condition or local protocol. Since this is an isolated skills verification of CPAP, parameters of the least amount are acceptable.

The Simulated Patient may be a live person or a manikin. However, the manikin must be anatomically complete and include ears, nose and mouth.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ CPAP equipment
    - □ CPAP generator
    - □ Oxygen or power source
    - □ Mask
    - □ Tubing
    - □ Straps
- □ Pulse Oximetry device or ECG monitor
- □ Clipboard
- □ Chair for patient
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For
Continuous Positive Airway Pressure (CPAP)

Welcome to the Continuous Positive-Airway Pressure skill station. This skill is designed to evaluate your ability to provide supplemental oxygen administration by Continuous Positive-Airway Pressure to an adult patient. The patient has no other associated injuries. You will be required to assemble the CPAP administration system. You will then be required to administer CPAP to an adult patient who is in respiratory distress. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

A 45 year old male/female is short of breath and has rales upon exam of lung sounds. You have ten (10) minutes to administer oxygen by CPAP.

You may begin.

ECG Acquisition
Essay to Skill Examiners

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

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□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

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□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

All students will be required to assemble the components and acquire an ECG on an adult patient who is having chest pain. The student will be advised that a primary assessment has been completed on the patient and the need for this ECG was determined during the secondary assessment.

The Simulated Patient may be a live person or a manikin. However, the manikin must be anatomically/technologically capable of transmitting an ECG rhythm to record.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ ECG monitor capable of running a 12-Lead
    - □ Cables
    - □ Power cable/extra batteries
- □ Alcohol preps
- □ Razor
- □ Self-adhesive leads
- □ ECG paper
- □ Cot or stretcher, etc. for patient to comfortably lie on
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For ECG Acquisition

Welcome to the ECG acquisition skill station. This skill is designed to evaluate your ability to assemble the components and acquire an ECG on an adult patient. The patient has no other associated injuries and all other assessments and interventions have been done. You will be required to prepare the ECG equipment and the patient then run a 12-Lead ECG tracing. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

A 55 year old male is complaining of chest pain. You have ten (10) minutes to acquire the ECG tracing.

You may begin.

Alternative Airway Device (Supraglottic Airway)
Essay to Skill Examiners

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

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□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to test the student's ability to demonstrate sequentially all procedures from simple maneuvers and adjuncts, ventilation, then placement of a supraglottic airway device on an apneic adult patient who has no other associated injuries.

These sequential skills are designed to evaluate a student's ability to provide ventilatory assistance to an apneic patient with a palpable central pulse and no other associated injuries.

For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. These skills were developed to simulate a realistic situation where an apneic patient with a palpable pulse is found supine on the floor. **The adult manikin must be placed and left on the floor for these skills.** Bystander ventilations have not been initiated. A two (2) minute time period is provided for the student to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the student must immediately open the patient's airway and initiate ventilation using a bag-valve-mask device unattached to supplemental oxygen. If a student chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished

within thirty (30) seconds of beginning his/her performance. **Regardless of the student's initial ventilatory assistance (either with room air or supplemental oxygen attached), it must be accomplished after body substance isolation precautions have been taken and within the initial thirty (30) seconds after taking body substance isolation precautions or the student has failed to ventilate an apneic patient immediately.** It is acceptable to insert a simple airway adjunct prior to ventilating the patient with either room air or supplemental oxygen. You must inform the student that no gag reflex is present when he/she inserts the oropharyngeal airway.

After the student ventilates the patient for a minimum of thirty (30) seconds, you must inform the student that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%. The student should call for integration of supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. You or preferably the EMT Assistant should now take over BVM ventilation while the student gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the practical examination, the oxygen tank used may be empty. The student must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

After supplemental oxygen has been attached, the student must pre-oxygenate the patient by ventilating at a rate of 10 – 12 ventilations/minute with adequate volumes of oxygen-enriched air. It is required that an oxygen reservoir (or collector) be attached. Should the student connect the oxygen without such a reservoir or in such a way as to bypass its function, he/she will have failed to provide a high percentage (at least 85%) of supplemental oxygen. You must mark the related statement under "Critical Criteria" and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. Ideally, these volumes range between 500 – 600 mL (6 – 7 mL/kg), but specific and accurate measurements of these volumes are quite difficult with the intubation manikins currently available.

After the student ventilates the patient with supplemental oxygen for at least thirty (30) seconds, you must automatically auscultate breath sounds. Inform the student that breath sounds are present and equal bilaterally and medical control has ordered placement of a supraglottic airway device (Combitube ®, PTL®, or King LT®) of the student's choosing or as mandated for local protocol. Be sure to document the supraglottic airway utilized by noting the specific device the candidate chooses on the evaluation form. This will also help clarify any performance documentation at a later time if necessary.

You or preferably the EMT Assistant must then take over ventilation while the candidate prepares all supraglottic airway device equipment. When the candidate is prepared to insert the airway and instructs you to move, you must also remove the oropharyngeal airway (nasopharyngeal airways may be left in place). The candidate has only three (3) attempts to successfully place the supraglottic airway device. An "attempt" for this examination is defined as introduction of the supraglottic airway device into the manikin's mouth regardless of trying to pass the tube or not. Throughout these attempts, ventilation may **not** be interrupted for more than thirty (30) seconds. The candidate must recognize the need for re-oxygenation of the patient and order you to re-oxygenate the patient. At this point, you may

only ventilate the patient upon the candidate's command and must document any interruption in ventilation for more than thirty (30) seconds under "Critical Criteria" on the evaluation form. Do not stop the candidate's performance if he/she exceeds this 30 second maximum time limit on any attempt but document the ventilation delay as required.

Proper evaluation requires that the Skill Examiner be fluent in the proper use of each piece of equipment that could be used in these skills. Due to the likelihood that the Skill Examiner may be more knowledgeable in the use of one of supraglottic airway devices, we have included a more detailed review than customary in the following guidelines. Be sure that you review all related information for these devices before you begin evaluation of the candidates and insert each device to help ensure that all equipment is in proper working order, the manikin is compatible with insertion of each device, and you are familiar with the appropriate use of each device.

Combitube® and PTL®

The Combitube® and PTL® are similar airway devices that are blindly inserted so that the distal tip of the tube becomes placed in either the esophagus or trachea outside of the operator's control. The tube contains two separate lumens, one of which is used for ventilation if the tip becomes placed in the esophagus and the other if in the trachea. Both the Combitube® and PTL® contain two inflatable cuffs which surround the tube. Once the device has been inserted to the proper depth, the proximal cuff is positioned so it is inflated in the pharynx to seal the mouth and nose, thereby replacing the need for a mask and maintenance of a mask seal. The second cuff provides a seal around the distal end of the tube and isolates either the esophagus or trachea depending on where the distal tip has become placed. The tip should be lubricated with a water soluble lubricant prior to insertion in a patient.

Placement in the midline and to the proper depth is a critical factor with the insertion of both devices. The Combitube® is placed to the proper depth when the ring printed on the tube is at the level of the teeth or gum line in toothless patients. The PTL® is placed to the proper depth when the flange of the bite block is at the level of the teeth. After insertion of the PTL® to the proper depth, it is critical that the head strap be secured before the cuffs are inflated to prevent movement and displacement of the device. Once the Combitube® has been inserted to the proper depth, it is manually held in place until the pharyngeal and distal cuffs are separately inflated using the two differently sized syringes provided by the manufacturer. The pharyngeal cuff is inflated by connecting the 140 mL syringe to the one-way valve on the blue pilot bulb and injecting 100 mL of air (80 mL in the Small Adult SA Size Combitube®). The distal cuff is inflated by connecting the smaller syringe to the one-way valve on the white pilot bulb and injecting 15 mL of air (12 mL in the Small Adult SA Size Combitube®). If the candidate does not immediately remove either syringe after inflating the cuff, the Skill Examiner must check and document this action listed in the "Critical Criteria" section of the evaluation instrument.

The PTL® contains a single one-way valve and mouthpiece into which the operator blows (by mouth or BVM device) to inflate both cuffs simultaneously. For the purposes of evaluation, no candidate is permitted to inflate the cuffs of the PTL® by mouth but should inflate them by using the BVM. Proper cuff pressure is determined by feeling the resistance produced and confirmed by palpation of the pilot bulb. Should the candidate state that the cuffs are sufficiently inflated; the Skill Examiner should ask the candidate to clarify how that determination was made. Remember that the head strap must be secured before inflation of the cuffs is attempted when using the PTL®.

After the cuffs have been inflated, it is critical that the patient be ventilated to determine which lumen should be used to deliver ventilation. For the purposes of evaluation, the Skill Examiner must always respond with clinical signs that indicate ventilation is not occurring when the candidate directs you to ventilate through the initial lumen. Your initial response should be:

□ There appears to be no chest rise when the patient is ventilated.

Then if/as each is auscultated or verbalized, you should respond as follows:

□ Air and gurgling sounds are heard over the epigastrium.
□ No sounds are heard over either lung.

The candidate should then instruct the Skill Examiner or EMT Assistant to remove the BVM from the adaptor on the initial lumen (esophageal placement), attach it to the adaptor on the second lumen (endotracheal placement), and ventilate the patient. If the PTL® was used, the candidate must remove the stylette from the second lumen before you attach the BVM. If the candidate does not remove the stylette, you should inform the candidate that you cannot attach the BVM properly to the second lumen. You should continue to present this finding until the stylette is removed.
Once you have re-instituted ventilation through the second lumen (endotracheal placement), it is critical that the candidate determines if the correct lumen is being used to ventilate the patient. You should now respond with clinical signs that indicate ventilation is now occurring by stating:

□ You observe adequate chest rise and fall.

Then if/as each is auscultated or verbalized, you should respond as follows:

□ No air or gurgling sounds are heard over the epigastrium.
□ Good and equal breath sounds are heard over each lung.

Should auscultation either over the epigastrium or lungs bilaterally be omitted, the candidate has failed to confirm that the proper lumen is being used. If the candidate meets all other critical criteria and successfully works through the sequence until the alternate lumen is confirmed as the appropriate route to provide ventilation of the patient, it is not critical if the candidate directs ventilation attempts to occur in an order different from that which the manufacturer recommends.
Lastly, the candidate should secure the Combitube® with a strap or tape. When using the PTL®, the candidate should confirm that the device has remained properly secured.

King LT® Oropharyngeal Airway
The King LT® Oropharyngeal Airway (and other related devices) consists of a curved tube with several ventilation outlets located between two high volume, low pressure inflatable cuffs. When properly inserted, these ventilation outlets align with the patient's laryngeal inlet, allowing for adequate oxygenation and ventilation to occur. Both cuffs are inflated using a single pilot balloon. The distal cuff is designed to seal the esophagus and reduce the possibility of gastric insufflation. The proximal cuff is intended to stabilize the tube by anchoring at the base of the tongue after it is inflated, thereby blocking the nasopharynx and the oropharynx. A pressure gauge or syringe is used to attach to the single pilot balloon and inflate both cuffs simultaneously. Inflation volumes typically range between 60 – 90 mL of air depending on the size of the King LT® Oropharyngeal Airway device. A standard 15 mm connector is attached to the proximal end of the tube for attachment to a bag-valve-mask or

other ventilation device. Several reference markings are also located on the proximal tube to assist in determining the proper depth of insertion of the device.
Prior to insertion, the King LT® Oropharyngeal Airway device should be inspected for visible damage. The Valve Actuator is then disconnected from the Inflation Valve, and both cuffs are inflated simultaneously by injecting the maximum recommended volume of air into the cuffs depending on the size of the device being used (Size 3 – 60 mL; size 4 – 80 mL; size 5 – 90 mL). After assuring that no leaks are present, the Valve Actuator is disconnected from the Inflation Valve and all air is removed from both cuffs. A water-based lubricant should be applied to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilatory openings.
After the patient is pre-oxygenated, the patient's head should be placed in the sniffing position. If necessary, the head can also be left in the neutral position during insertion and use of the device. The device should be grasped at the connector while the patient's mouth is held open using a tongue-jaw lift if possible. A tongue depressor can also be used to lift the tongue anteriorly to facilitate easy advancement. The device should be rotated laterally 45 – 90° while the tip is introduced into the mouth and advanced behind the base of the tongue. The device should then be rotated back to midline as the tip reaches the posterior wall of the pharynx. Insertion can also be accomplished by a midline approach. A tongue-jaw lift is performed; the distal tip is inserted on a midline and slid along the palate until properly positioned in the hypopharynx. In either case, the device should then be advanced until the base of the connector is aligned with the teeth or gums, making sure that excessive force is not exerted during insertion.
If a proprietary pressure gauge is available, the cuffs should be inflated to a maximum pressure of 60 cm H2O. If a cuff pressure gauge is not available, a syringe should be used to inflate the cuffs with the minimum volume necessary to seal the airway at peak ventilatory pressure. Typically, these volumes are as follows:

☐ Size 3: 45– 60 mL
☐ Size 4: 60– 80 mL
☐ Size 5: 70– 90 mL

The breathing circuit is then attached to the 15 mm connector of the device. While the patient is gently ventilated, the device should be withdrawn while the patient is assessed until ventilation is easy and free flowing (large tidal volume with minimal resistance felt on insufflation). In this manner, ventilation can be optimized and usually results in the best depth of insertion. Proper position should then be further confirmed by auscultation, chest movement and verification by waveform capnography. The cuff inflation pressure should be readjusted to 60 cm H2O if a pressure gauge is available. Finally, the device should be secured using tape or other acceptable means while noting the depth of insertion as indicated on the proximal reference marks. A bite block can also be inserted if desired.

You should then dismiss the candidate from this skill and disconnect all equipment to reset your room. Be certain to evacuate all air from the cuffs before attempting to remove the airway device utilized. You should re-package all equipment as supplied from the manufacturer before permitting another candidate to enter your room. Also, be sure to organize the equipment in an orderly fashion to minimize potential confusion.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, laryngoscope disassembled, cuffs deflated with syringes disconnected, etc.) before accepting a candidate for evaluation. One (1) EMT Assistant is also required in this skill.

- □ Examination gloves (may also add masks, gowns, and eyewear)
- □ Intubation manikin (adult)
- □ Selection of nasopharyngeal airways (adult)
- □ Water soluble lubricant (make sure the student knows to verbalize use of this)
- □ Lubricant (silicone spray)
- □ Bag-valve-mask device with reservoir (adult)
- □ End-tidal CO2 detector and/or esophageal detector device (EDD)
- □ Syringes (10 mL, 20 mL, 35 mL, etc.)
- □ Oxygen cylinder with regulator (may be empty)
- □ Oxygen connecting tubing
- □ Selection of oropharyngeal airways (infant and adult)
- □ Selection of nasopharyngeal airways (infant and adult)
- □ Supraglottic airway to include at least one (1) of the following:
- □ Combitube®
- □ PTL®
- □ King LT® Oropharyngeal Airway or similar
- □ Stethoscope
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Alternative Airway Device (Supraglottic Airway)

Welcome to the Alternative Airway Device-Supraglottic Airway skill station. You will be required to demonstrate sequentially all procedures from simple maneuvers and adjuncts, ventilation, then placement of a supraglottic airway device of your choice (*this may be per local protocol as well)* to an apneic adult patient. The patient has no other associated injuries, cervical precautions are not necessary, and all other assessments and interventions have been done.

[NOTE: Skill Examiner now begins to fill-out appropriate form and documents which supraglottic airway device the candidate chooses. If the PTL® was selected, you must inform the candidate that the cuffs may not be inflated by mouth. The candidate must inflate the PTL® cuffs by using the BVM.]

You will have three (3) attempts to successfully place the supraglottic airway device. You must actually ventilate the manikin for at least thirty (30) seconds with each adjunct and procedure utilized. The EMT Assistant will serve as your trained assistant and will be interacting with you throughout these skills. He/she will correctly carry-out your orders upon your direction. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you observe the patient as he/she goes into respiratory arrest and becomes unresponsive. A palpable carotid pulse is still present. Bystander ventilations have **not** been initiated. The scene is safe and no hemorrhage or other immediate problem is found.

You may begin.

Intravenous Therapy
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to test the student's ability to demonstrate the ability to establish a patent and flowing peripheral IV on an adult manikin arm.

You should prepare the equipment to include an assortment of catheters, IV solutions, and administration sets for representative purposes. If costs are a major consideration, it is acceptable for all candidates to infuse one specific solution with only one size of catheter and administration set. For example, if a large quantity of microdrip tubing is available and a large supply of any expired solution has been obtained from pharmacy services, it is acceptable to use these items in lieu of the supplies selected by the candidate from the representative supplies. If multiple skills are set-up, be sure all equipment is identically labeled. As soon as the candidate chooses the solution from the representative sample of equipment assembled, you will need to hand him/her the expired solution and state, "For the purposes of this evaluation, we'll assume this is the solution you selected. You may continue." By the same token, you should replace large catheters (14-16 ga.) with smaller catheters (20-22 ga.) after they are chosen to prolong the useful life of the manikin arm skin. Likewise, total taping of the IV with immobilization of the limb is not mandatory and can be verbalized to assist in cost control.

Self-protecting catheters are common in practice. As the stylette is removed from the catheter, several different mechanisms are used to automatically shield the bevel of the contaminated sharp, thereby reducing the possibility of a needle stick injury with a contaminated sharp. However, these mechanisms may not be infallible. In accordance with current OSHA recommendations, any blood-contaminated sharp should be disposed of immediately into a proper container at the point of use. Be sure to uphold this standard for the examination, too.

Notoriously, manikin IV arms are perhaps best noted for malfunction of the "flashback" system during an examination. Should this occur during the exam, you should immediately attempt to correct the problem or replace the arm. If these efforts fail, you must explain the problem to each candidate before evaluation begins. At the point where a flashback would occur in his/her performance of the skill, simply state, "Blood is now seen in the flash chamber of the catheter." You may also need to supply other logical clinical information that cannot be simulated with the manikin arm. For example, if the tourniquet is left in place and the candidate turns the IV on, immediately report the IV won't run. If the candidate analyzes the problem and remediates the omission in a timely manner, credit should be awarded for this step.

At the conclusion of the performance, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination.

□ Examination gloves (may also add masks, gowns, and eyewear)
□ IV Infusion arm
□ IV solutions*
□ IV Administration sets**
□ IV extension tubing or 3-way stopcock (per local protocol)
□ IV catheters***
□ Tape
□ Gauze pads (2x2, 4x4, etc.)
□ Tourniquet
□ Alcohol preps or similar substitute
□ Approved SHARPS container
□ Table for IV infusion arm to lie on
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

* Need a selection array but may be expired
** Need a selection array, but must include microdrip tubing (60 gtt/cc) and macrodrip tubing (10, 15 or 20 gtt/cc)
*** Need a selection array and can replace with small (20-22 ga.) catheters to save manikin ‘holes’.

Instructions To The Practical Skills Student For Intravenous Therapy

Welcome to the Intravenous Therapy skill station. This skill is designed to evaluate your ability to establish an IV just as you would in the field. You will be required to establish a patent and flowing IV in a maximum of three (3) attempts within a six (6) minute time limit. Although we are using the manikin arm, you should conduct yourself as if this were a real patient. You should assume that I am the actual patient and may ask me any questions you would normally ask a patient in this situation. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading.
The Skill Examiner alternates scenarios between students and writes the respective type of solution, tubing and catheter in the top box of the skill sheet.]
The Skill Examiner reads either:

The patient you are treating is in hemorrhagic shock and needs fluid replacement. Please choose the proper solution, tubing and IV catheter for this patient.
You may begin.
(Note: the student should choose RL or NS ,1000cc bag with macrodrip tubing and a large bore catheter- stop the student from using the incorrect bore on the manikin arm once he/she has indicated his/her choice)

OR- The Skill Examiner reads:

The patient you are treating is having chest pain and needs a maintenance IV. Please choose the proper solution, tubing and IV catheter for this patient.
You may begin.
(Note: the student should choose NS or D5W 250 or 500 cc bag with microdrip tubing and a smaller bore catheter- stop the student from using the incorrect bore on the manikin arm once he/she has indicated his/her choice)

You may begin.

Intraosseous (IO) Infusion
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to test the student's ability to demonstrate the ability to establish a patent and flowing peripheral IO on a pediatric manikin.

An array of commonly used equipment to establish an intraosseous line in a pediatric patient should be available on the testing table from which the candidate must select the appropriate materials. Manual insertion of Jamshidi® needles as well as the use of electric, drill-type devices and spring-loaded devices, such as the B.I.G. Bone Injection Gun®, are permitted in this skill. To help control costs for the examination, expired solutions may be used. As soon as the candidate chooses the solution from the representative sample of equipment assembled, you will need to hand them the expired solution and state, "For the purposes of this evaluation, we'll assume this is the solution you selected. You may continue." In a similar way, any other equipment in this skill may be repackaged and reused. If multiple skills are set-up, be sure all equipment is identically labeled.

After reading the prepared scenario, each candidate must select, prepare, and establish an intraosseous infusion in the pediatric intraosseous infusion manikin. **The use of wet tissue (chicken legs, etc.) for this skill is prohibited.** You should respond to the candidate's questions as the parent of this patient would in the field. Do not provide any misleading or "tricky" responses. If asked, you should answer any questions about the patient and should state the weight of the patient in pounds only as listed in the scenario.

When preparing the solution, administration set, and syringe, some systems use a three-way stopcock valve instead of the additional extension tubing. The use of extension tubing is optional in this skill and subject to local practices. Please keep this in mind when reviewing the step that reads, “Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle.” Remember that many successful IO sticks are “dry sticks” that yield no marrow return upon aspirating the IO needle. It is acceptable for the candidate to immediately connect the infusion set to the IO needle and slowly infuse fluid while watching for early signs of infiltration. In this case, the candidate properly evaluated the patency of the IO line in an acceptable manner.

The candidate has a maximum of two (2) attempts to establish an intraosseous infusion within the six (6) minute time limit. You should immediately dismiss the candidate when the six (6) minute time limit expires or he/she is unsuccessful in placing the needle after two (2) attempts. It is imperative that the correct landmark be identified before insertion of the needle to avoid damage to the epiphyseal plate. The candidate should locate the tibial tuberosity and insert the needle 2 – 3 fingers’ width below this landmark on the anteromedial surface. After properly cleansing the site, the needle should be inserted at about a 90 degree angle or slightly directed away from the joint. The Jamshidi® needle should be inserted using firm pressure and in a twisting, back-and-forth, boring motion until penetration through the bone is noted by feeling a “pop” and the sensation of a sudden lack of resistance. When using an electric, drill-type device, the needle is advanced until there is a noticeable lack of resistance. When using the B.I.G. Bone Injection Gun®**,** the depth of insertion should be adjusted based upon the patient’s age. No matter what device is used, the site should also be stabilized in a safe manner while the puncture is being performed. If the candidate holds the leg in the palm of one hand while performing the puncture directly over top of his/her hand, you should mark the related “Critical Criteria” statement for this potentially dangerous action and document the candidate’s actions as required. Additionally, it is imperative that the safety device is only removed after firmly placing the B.I.G. Bone Injection Gun® on the leg and stabilizing the device before deploying the trocar. The Skill Examiner must be vigilant and immediately stop any dangerous act before actual harm may occur. Be sure to dismiss the candidate, check the Critical Criteria statement for “Uses or orders a dangerous or inappropriate intervention,” and specifically document the situation on the back side of the skill evaluation form.

After removing the trocar, the IO catheter should stand up unsupported if it has been properly placed in the bone. Extension tubing or a three-way stopcock valve with a syringe should be attached and aspiration of blood or bone marrow can be attempted to confirm proper placement or fluid can be injected slowly while watching for signs of infiltration. Remember that it is not always possible to aspirate cloudy marrow or blood from a properly placed intraosseous needle and you may wish to alter your response between candidates accordingly. The candidate should slowly inject fluid and observe for signs of infiltration

around the injection site and then adjust the appropriate flow rate. Finally, the needle should be secured in place and stabilized with sterile gauze or other bulky dressings.

The scenario lists the weight of the patient and the amount of fluid to be administered. You may alter the weight of the patient throughout the examination as long as you note the weight on the candidate's evaluation form. Given the scenario, the candidate should bolus an appropriate amount of fluid or, calculate and set the appropriate drip rate as he/she would in the field. If the fluid is not administered appropriately, you should deduct the point for the step which reads, "Connects administration set and adjusts flow rate as appropriate," check the related "Critical Criteria" statement, and completely document the error as required on the back side of the evaluation form. Do not let any candidate leave the room with any documentation of his/her calculation.

At the conclusion of the performance, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination.

- □ Examination gloves (may also add masks, gowns, and eyewear)
- □ Intraosseous infusion manikin with replacement tibias (6-8 sticks per tibia)
- □ IV solutions*
- □ IV Administration sets**
- □ IV extension tubing or 3-way stopcock (per local protocol)
- □ Intraosseous needles (either Jamshidi®; electric, drill-type; or spring-loaded device)
- □ Tape
- □ Gauze pads (2x2, 4x4, etc.)
- □ Bulky dressings
- □ Syringes (various sizes)
- □ Alcohol preps or similar substitute
- □ Approved SHARPS container
- □ Table for IV infusion arm to lay on
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

* Need a selection array but may be expired

** Need a selection array, but must include microdrip tubing (60 gtt/cc) and macrodrip tubing (10, 15 or 20 gtt/cc)-Use of a Buretrol/Volutrol tubing set will be acceptable.

Instructions To The Practical Skills Student For
Intraosseous (IO) Infusion

Welcome to the Intraosseous Infusion skill station. This skill is designed to test your ability to establish an intraosseous infusion in a pediatric patient just as you would in the field. You will have a maximum of two (2) attempts to establish a patent and flowing intraosseous infusion within a six (6) minute time limit. Within this time limit, you will be required to properly administer fluid to a pediatric patient just as you would in the field based on a given scenario. Although we are using the manikin, you should conduct yourself as if this were a real patient. You should assume that I am the parent of this patient and may ask me any questions you would normally ask in this situation. Do you have any questions?

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

[After two (2) minutes or sooner if the student states, "I'm prepared," the Skill Examiner continues reading.
The Skill Examiner alternates scenarios between students and writes the respective type of solution, tubing and IO needle in the top box of the skill sheet.]
The Skill Examiner reads either:

The pediatric patient (1y/o -10kg) you are treating is in hemorrhagic shock and needs fluid replacement. Please choose the proper solution, tubing and IO needle for this patient.
You may begin.
(Note: the student should choose RL or NS ,1000cc bag with macrodrip tubing with fluid restrictive devices between the bag and patient, then must be able to demonstrate the ability to administer boluses of fluids to the patient- stop the student from using the incorrect bore on the manikin once he/she has indicated his/her choice)

OR- The Skill Examiner reads:

The pediatric patient (4y/o -20kg) you are treating is having respiratory distress and needs a maintenance IO for medication administration. Please choose the proper solution, tubing and IO needle for this patient.
You may begin.
(Note: the student should choose NS or D5W 250 or 500 cc bag with macrodrip tubing with fluid restrictive devices between the bag and patient, - stop the student from using the incorrect bore on the manikin once he/she has indicated his/her choice)

Comprehensive Evaluation –Major Medical
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate the team and Team Leader's ability to work as team members to use appropriate interviewing techniques, assessment and treatment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient or a high fidelity simulation manikin, it will require extensive dialogue between the students, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the Team Leader's questions based on the scenario being utilized today. The team will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be physically performed (invasive and intrusive interventions will be done on a manikin, and no actual medications will be administered). You should also establish a dialogue with the Team Leader throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient or a high fidelity simulation manikin. The scenario that you develop must contain enough information for the team to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient should remain awake and able to communicate with the team through the scenario to a point of decompensation. It is suggested that a 'cue' word be used between the Evaluator and Simulated patient as to when the patient should decompensate for scenario purposes. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the evaluation. You should ensure the Simulated Patient reads the "Information for the Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first team to ensure familiarization with the approved scenario for today's examination. Provide any specific information the team asks for as listed in the scenario. If the team asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition.

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

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

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

As you welcome a team into the room and read the "Instructions to the Practical Skills Student" and scenario information, be sure to do this in such a manner which does not permit the group to view the Simulated Patient. Other students waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the group enter the room and turn their backs to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the group turns around and begins to approach the Simulated Patient.

Teams are required to evaluate the scene just as they would in a field setting, with a Team Leader giving direction. When asked about the safety of the scene, you should indicate the scene is safe to enter. If the team does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement should be checked and documented as required.
Because of the limitations of moulage and the ability of the Simulated Patient, you should establish a dialogue with the team and Team Leader throughout this skill. If a student quickly inspects, assesses or touches the Simulated Patient in a manner in which you are

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

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

The team should provide treatments as ordered by the Team Leader. Avoid simply voice treating whenever possible; but there may be cases when voice treatment is necessary and a team may forget what they have already done to the Simulated Patient. This may result in the team attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a student may attempt to assess the back of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, "Please assess this Simulated Patient as you would a real patient in the out-of-hospital setting." This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the student's directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any group. You should direct any specific questions to the SEI for clarification prior to opening your skill. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the student completes several distinct categories of assessment. However, as you will recall, after completing the "Primary Assessment/Resuscitation" and determining that the patient does not require immediate and rapid transport, the remaining steps listed may be completed in any number of acceptable sequences.

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

Immediately after completing the “Primary Assessment/Resuscitation,” the Team Leader should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the Team Leader who chooses to immediately transport the critical patient to continue his/her “Secondary Assessment” while awaiting arrival of the EMS vehicle. Be sure to remind the Team Leader that all team members are available. You should stop the Team Leader promptly after he/she completes a verbal report to an arriving EMS unit or when the fifteen (15) minute time limit has elapsed. Some teams may finish early and have been instructed to inform you when they complete the station.

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

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

A scenario should be supplied to you by the SEI at the time of setting up stations. We recommend scenarios be utilized for the following types of patient presentations:

- □ Respiratory
- □ Cardiac
- □ Neurological (to include stroke, altered mental status, and syncope)
- □ Allergic Reaction
- □ Poisoning/Overdose
- □ Environmental Emergency
- □ Obstetrics
- □ Abdominal Pain

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the patient’s skin is moist. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the students.

Information for the Simulated Patient

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

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

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

Comprehensive Evaluation –Major Medical Equipment List

Do not open this skill for testing until the SEI has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute –can be in a central location
- □ Outer garments to be cut away-or at least extra garments for simulated patient
- □ Tape (for outer garments)
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Suction
- □ Oxygen tank w/regulator
- □ Oxygen therapy devices-nasal cannula/non-rebreather mask
- □ BVM w/ reservoir/O2 tubing and masks
- □ Oral and nasal airways
- □ Manikins to substitute for simulated patient once the patient becomes critical or needs an intervention performed
- □ Medications (various intervention meds based on scenarios being used)
- □ CPAP (if scenario calls for it)
- □ AED (if scenario calls for it)
- □ 12-Lead monitor (if scenario calls for it)
- □ Medi-Alert bracelet/necklace (if scenario calls for it-various conditions/allergies)
- □ Scratch paper and pencil/pen
- □ Blanket
- □ Long backboard or scoop with straps (if scenario calls for it)
- □ Gurney (if possible)
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Comprehensive Evaluation – Major Medical

Welcome to the Comprehensive Evaluation -Major Medical. In this skill, your team will have fifteen (15) minutes to perform your assessment, patient interview, and treat all conditions discovered. The purpose of this station is to apply the principles of assessment, decision making, and treatment of a medical patient you have learned. You should act as a cohesive pre-hospital team with all members of the team participating. One member of your team will be chosen as the team leader for this evaluation station. The team leader should coordinate the activities of the other team members. Although there is a designated team leader, all participants will need to assist in the assessment and treatment of the patient while keeping your team leader informed of your actions. As the Evaluator, I will attempt to watch and listen to all of you but will focus my attention to the team leader. If there is anything about the scene or patient you would like to know, just ask me and I will provide the information when required. If you would like to know the patient's blood pressure, pulse, or respirations or other assessment findings, I will provide the information once you have **actually performed** the skills and ask for the results. If you want the patient's blood pressure, you will have to actually place the blood pressure cuff on the patient and take the simulated patient's BP before receiving the scenario pressure reading. The same requirements will be followed for each vital sign you wish to receive. During this station, it will not be enough to verbalize your actions; you will need to actually perform all required skills with a few exceptions. No invasive or intrusive skills will be performed on the simulated patient. Invasive/intrusive skills, if required, will be performed on the manikin or training aids provided. The skills utilized should be based on your current scope of practice. Once you have completed your assessment and treatments based on your findings, please let me know. I will ask the Team Leader to deliver a verbal report to me just as it would be done in the field. My assistant will be recording all of your activities and comments as they occur during the scenario, please do not ask him/her any questions as their role is only to record the evaluation.

Before beginning this evaluation station, please take two minutes and look over the equipment provided. Also, please take this time to discuss and identify who your team leader will be for this station (if this is not already done).

Write team leader's name and group identification on the evaluation sheet. After two minutes ask:
Do you have any additional questions before you begin the scenario?

If there are no additional questions, read the dispatch information to the team per the scenario given to you:

Dispatch Information:
You and your partners are working for a large transporting EMS system…. Your service has been dispatched to… Continue on with scenario
Do you have any questions about the dispatch information you have been given?

If there are no additional questions, provide the following scene information:
As you arrive on the scene here is what you observe:

- *Scene conditions…*

You may begin.

Comprehensive Evaluation – Major Trauma
Essay to Skill Examiners

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

□ Conducting examination-related activities on an equal basis for all students, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

□ Objectively observing and recording each student's performance

□ Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any student

□ Providing consistent and specific instructions to each student by reading the "Instructions to the Practical Skills Student" exactly as printed in the material provided by the SEI. Skill Examiners must limit conversation with students to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with students or making comments on a student's performance.

□ Recording, totaling, and documenting all performances as required on all skill evaluation forms

□ Thoroughly reading the specific essay for the assigned skill before actual evaluation begins

□ Checking all equipment, props, and moulage prior to and during the examination

□ Briefing any Simulated Patient and EMT Assistant for the assigned skill

□ Assuring professional conduct of all personnel involved with the particular skill throughout the examination

□ Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the SEI

This skill is designed to evaluate the team and Team Leader's ability to work as team members to use appropriate interviewing techniques, assessment and treatment skills for a moulaged patient with multiple systems trauma. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the student. The Simulated Patient will answer the Team Leader's questions based on the scenario being utilized today. The team will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be physically performed (invasive and intrusive interventions will be done on a manikin, and no actual medications will be administered). You should also establish a dialogue with the Team Leader throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient or a high fidelity simulation manikin. The scenario that you develop must contain enough information for the team to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient should remain awake and able to communicate with the team through the scenario to a point of decompensation. It is suggested that a 'cue' word be used between the Evaluator and Simulated patient as to when the patient should decompensate for scenario purposes. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the evaluation. You should ensure the Simulated Patient reads the "Information for the Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first team to ensure familiarization with the approved scenario for today's examination. Provide any specific information the team asks for as listed in the scenario. If the team asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition.

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

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

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

As you welcome a team into the room and read the "Instructions to the Practical Skills Student" and scenario information, be sure to do this in such a manner which does not permit the group to view the Simulated Patient. Other students waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the group enter the room and turn their backs to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the group turns around and begins to approach the Simulated Patient.

Teams are required to evaluate the scene just as they would in a field setting, with a Team Leader giving direction. When asked about the safety of the scene, you should indicate the scene is safe to enter. If the team does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement should be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you must establish a dialogue with the team and Team Leader throughout this skill. If a student quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the student to explain his/her actions. For example, if the student stares at the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the student exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the student would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the team on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the student properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient's vital signs based upon the team’s treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided.
You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the student initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand, if no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient.

The team should provide treatments as ordered by the Team Leader. Avoid simply voice treating whenever possible; but there may be cases when voice treatment is necessary and a team may forget what they have already done to the Simulated Patient. This may result in the student attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a student may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, “You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?” This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the team conducts their assessment just like a real patient would be moved during an actual assessment.

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

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

Immediately after completing the “Primary Assessment/Resuscitation,” the Team Leader should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the Team Leader who chooses to immediately transport the critical patient to continue his/her “Secondary Assessment” while awaiting arrival of the EMS vehicle. Be sure to remind the Team Leader that all team members are available. You should stop the Team Leader promptly after he/she completes a verbal report to an arriving EMS unit or when the ten (10) minute time limit has elapsed. Some teams may finish early and have been instructed to inform you when they complete the station.

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

- □ A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the student to suspect multisystem trauma.
- □ The patient must be on the floor. If any student insists on having the simulated patient move to a different location, you should immediately dismiss the student and notify the SEI.
- □ The patient must at least respond to pain by moaning or mumbling.
- □ There must be at least one problem with the airway, breathing and circulatory status of the patient. There must be an additional associated soft tissue or musculoskeletal injury.
- □ Vital signs should be prepared that represent a severely injured multisystem trauma patient.

A scenario should be supplied to you by the SEI at the time of setting up stations. We recommend scenarios be utilized for the following types of patient presentations:

- □ MVC (cars, trucks, motorcycles, ATVs, etc.)/Falls/Assaults/GSW/Explosions/etc.
  - □ Chest injuries-Sucking chest wounds, flail chest, impaled objects, etc.
  - □ Amputations
  - □ Significant lacerations with exsanguinating extremity hemorrhage
  - □ Head injuries
  - □ Spinal injuries
  - □ Femur fractures
  - □ Wrist/ankle/shoulder dislocations

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the students. Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the examination. For the comfort of the Simulated Patient a mat may be used on hard floors.

Information for the Simulated Patient

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

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

Equipment List

Do not open this skill for testing until the SEI has provided you with an approved trauma assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute –can be in a central location
- □ Outer garments to be cut away-or at least extra garments for simulated patient
- □ Tape
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Suction
- □ Oxygen tank w/regulator
- □ Oxygen therapy devices-nasal cannula/non-rebreather mask
- □ BVM w/ reservoir/O2 tubing and masks
- □ Oral and nasal airways
- □ Manikins to substitute for simulated patient once the patient becomes critical or needs an intervention performed
- □ Splints (per the scenario-traction/cardboard/vacuum/etc.)
- □ Padding (if scenario calls for it for splints)
- □ Dressings/Bandages/4x4s
- □ Triangular Bandages/cravats
- □ Tourniquet
- □ Scratch paper and pencil/pen
- □ Blankets
- □ Cervical collars (various sizes/multi-size adjustable)
- □ Short Backboard/KED
- □ Long backboard or scoop with straps
- □ PASG/MAST
- □ Gurney (if possible)
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Instructions To The Practical Skills Student For Comprehensive Evaluation – Major Trauma

Welcome to the Comprehensive Evaluation -Major Trauma. In this skill, your team will have ten (10) minutes to perform your assessment, patient interview, and treat all conditions discovered. The purpose of this station is to apply the principles of assessment, decision making, and treatment of a trauma patient you have learned. You should act as a cohesive pre-hospital team with all members of the team participating. One member of your team will be chosen as the team leader for this evaluation station. The team leader should coordinate the activities of the other team members. Although there is a designated team leader, all participants will need to assist in the assessment and treatment of the patient while keeping your team leader informed of your actions. As the Evaluator, I will attempt to watch and listen to all of you but will focus my attention to the team leader. If there is anything about the scene or patient you would like to know, just ask me and I will provide the information when required. If you would like to know the patient's blood pressure, pulse, or respirations or other assessment findings, I will provide the information once you have **actually performed** the skills and ask for the results. If you want the patient's blood pressure, you will have to actually place the blood pressure cuff on the patient and take the simulated patient's BP before receiving the scenario pressure reading. The same requirements will be followed for each vital sign you wish to receive. During this station, it will not be enough to verbalize your actions; you will need to actually perform all required skills with a few exceptions. No invasive or intrusive skills will be performed on the simulated patient. Invasive/intrusive skills, if required, will be performed on the manikin or training aids provided. The skills utilized should be based on your current scope of practice. Once you have completed your assessment and treatments based on your findings, please let me know. I will ask the Team Leader to deliver a verbal report to me just as it would be done in the field. My assistant will be recording all of your activities and comments as they occur during the scenario, please do not ask him/her any questions as their role is only to record the evaluation.

Before beginning this evaluation station, please take two minutes and look over the equipment provided. Also, please take this time to discuss and identify who your team leader will be for this station (if this is not already done).

Write team leader's name and group identification on the evaluation sheet. After two minutes ask:
Do you have any additional questions before you begin the scenario?

If there are no additional questions, read the dispatch information to the team per the scenario given to you:

Dispatch Information:
You and your partners are working for a large transporting EMS system…. Your service has been dispatched to… Continue on with scenario
Do you have any questions about the dispatch information you have been given?

If there are no additional questions, provide the following scene information:
As you arrive on the scene here is what you observe:

- *Scene conditions…*

You may begin.

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Appendix A: Student/Skill Grid

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Program/Exam Site _____ Course/Credential # _____ Date _____

SEI/Lead Instructor _____ Credential # if Applicable _____

Name	Naso-Awy	BVM	O_2 Admin	Pt. Assess Med	Pt. Assess Trauma	Cardiac Arrest/ AED	Bleed/ Shock Mgmt	Long Bone Immob	Joint Immob
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Name	Traction Immob	Spinal-Supine	Spinal-Seated	Aceta-	Char-	ASA	Epi	MDI	Glucose
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

Name	Nitro	NAAK	CPAP	ECG	SG Awy	IV	IO	Comp-Medical	Comp-Trauma
26.									
27.									
28.									
29.									
30.									
31.									
32.									
33.									
34.									
35.									
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40.									

Name	Nitro	NAAK	CPAP	ECG	SG Awy	IV	IO	Comp-Medical	Comp-Trauma
41.									
42.									
43.									
44.									
45.									
46.									
47.									
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Appendix B: Signs for Skill Stations

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NASOPHARYNGEAL AIRWAY

BAG-VALVE-MASK VENTILATION OF AN APNEIC PATIENT

OXYGEN ADMINISTRATION

PATIENT ASSESSMENT/ MANAGEMENT – MEDICAL

PATIENT ASSESSMENT/ MANAGEMENT – TRAUMA

CARDIAC ARREST MANAGEMENT/ AED

BLEEDING CONTROL/ SHOCK MANAGEMENT

LONG BONE IMMOBILIZATION

JOINT IMMOBILIZATION

TRACTION SPLINT IMMOBILIZATION

SPINAL IMMOBILIZATION SUPINE PATIENT

SPINAL IMMOBILIZATION SEATED PATIENT

ACETAMINOPHEN ADMINISTRATION

ACTIVATED CHARCOAL ADMINISTRATION

ASPIRIN ADMINISTRATION

EPINEPHRINE ADMINISTRATION

METERED DOSE INHALER ADMINISTRATION

ORAL GLUCOSE ADMINISTRATION

NITROGLYCERIN ADMINISTRATION

NERVE-AGENT ANTIDOTE ADMINISTRATION

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

ECG

ACQUISITION

ALTERNATIVE AIRWAY DEVICE-

SUPRAGLOTTIC AIRWAY

INTRAVENOUS (IV) THERAPY

INTRAOSSEOUS (IO) INFUSION

COMPREHENSIVE EVALUATION MAJOR MEDICAL

COMPREHENSIVE EVALUATION MAJOR TRAUMA

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Appendix C: Examination Staff Roster

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Examination Staff Roster

Program/Exam site: _____ Date: _____

SEI/Lead Instructor: _____ Credential # if Applicable: _____

Nasopharyngeal Airway

Examiner: _____ Location: _____

Examiner: _____ Location: _____

BVM Ventilation Of An Apneic Adult Patient And Oxygen Administration By Non-Rebreather Mask

Examiner: _____ Location: _____

Examiner: _____ Location: _____

Patient Assessment/Management – Trauma

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Patient Assessment/Management – Medical

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Cardiac Arrest Management/AED

Examiner: _____ Location: _____

Assistant: _____

Examiner: _____ Location: _____

Assistant: _____

Bleeding Control/ Shock Management

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Long Bone Immobilization

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Joint Immobilization

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Traction Splint Immobilization

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Spinal Immobilization – Supine

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Spinal Immobilization – Seated

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Assistant: _____ Simulated Patient: _____

Acetaminophen Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Activated Charcoal Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Aspirin Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Epinephrine Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Metered Dose Inhaler Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Oral Glucose Administration

Examiner: _____ Location: _____

SIMULATED PATIENT: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Nitroglycerin Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Nerve-Agent Antidote Administration

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Continuous Positive Airway Pressure (CPAP)

Examiner: _____ Location: _____

SIMULATED PATIENT: _____

Examiner: _____ Location: _____

Simulated Patient: _____

ECG Acquisition

Examiner: _____ Location: _____

Simulated Patient: _____

Examiner: _____ Location: _____

Simulated Patient: _____

Alternative Airway Device (Supraglottic Airway)

Examiner: _____ Location: _____

Assistant: _____

Examiner: _____ Location: _____

Assistant: _____

Intravenous (IV) Therapy

Examiner: _____ Location: _____

Examiner: _____ Location: _____

Intraosseous (IO) Infusion

Examiner: _____ Location: _____

Examiner: _____ Location: _____

Comprehensive Evaluation – Major Medical

Examiner: _____ Location: _____

Time Keeper: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Time Keeper: _____ Simulated Patient: _____

Comprehensive Evaluation – Major Trauma

Examiner: _____ Location: _____

Time Keeper: _____ Simulated Patient: _____

Examiner: _____ Location: _____

Time Keeper: _____ Simulated Patient: _____

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Appendix D: Equipment List

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Nasopharyngeal Airway Equipment List

□ Examination gloves (may also add masks, gowns, and eyewear)
□ Intubation/Airway manikin (adult)
□ Variety of nasopharyngeal airways (adult)
□ Water soluble lubricant (make sure the student knows to verbalize use of this)
□ Bag-valve-mask device with reservoir (adult)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for manikin
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

BVM & O_2 Administration Equipment List

□ Examination gloves (may also add masks, gowns, and eyewear)
□ Intubation manikin (adult)
□ Bag-valve-mask device with reservoir (adult)
□ Oxygen cylinder with regulator:
- One oxygen tank must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask. A second empty oxygen cylinder may be used to test BVM ventilation of an apneic adult patient.

□ Oxygen connecting tubing
□ Selection of oropharyngeal airways (adult)
□ Suction device (electric or manual) with rigid catheter and appropriate suction tubing
□ Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
□ Stethoscope
□ Tongue blade
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Patient Assessment/Management-Medical Equipment List

□ Examination gloves
□ Moulage kit or similar substitute
□ Outer garments to be cut away
□ Tape (for outer garments)
□ Scissors
□ Penlight
□ Blood pressure cuff
□ Stethoscope
□ Scratch paper and pencil/pen
□ Blanket
□ Mat (for floor for patient comfort)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill
□ A live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

Patient Assessment/Management-Trauma Equipment List

□ Examination gloves
□ Moulage kit or similar substitute
□ Outer garments to be cut away
□ Tape (for outer garments)
□ Scissors
□ Penlight
□ Blood pressure cuff
□ Stethoscope
□ Blanket
□ Mat (for floor for patient comfort)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill
□ Alive Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

Cardiac Arrest Management/AED Equipment List

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. **The manikin must be placed and left on the floor for this skill**. Live shocks must be delivered if possible. If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as best as possible. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

□ Examination gloves
□ Mouth-to-barrier device (disposable) or pocket mask w/one-way valve (per student)
□ Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
□ Extra patient cables/defib pads
□ CPR manikin that can be defibrillated with an AED Trainer
□ Appropriate disinfecting agent and related supplies
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Bleeding Control/Shock Management Equipment List

□ Examination gloves
□ Bandages (various sizes)
□ Gauze pads (2x2, 4x4, etc.)
□ Kling, Kerlex, etc.
□ Tourniquet (commercial or material for improvised such as a triangular bandage)
□ Oxygen cylinder with delivery system (tank may be empty)
□ Oxygen delivery devices (nasal cannula, non-rebreather mask)
□ Blanket
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill
□ A live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

Long Bone Immobilization Equipment List

□ Examination gloves
□ Rigid splint materials (various sizes)
□ Towels/padding material for splint
□ Kling, Kerlex roller gauze
□ Cravats/Triangular bandages (at least 6)
□ Tape (1” and 2”)
□ Mat (for floor for patient comfort)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Joint Immobilization Equipment List

□ Examination gloves
□ Cravats/Triangular bandages (at least 6)
□ Armless chair for patient
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Traction Splint Equipment List

□ Examination gloves
□ Traction splints (various types) with all necessary straps/ankle hitches for each
□ Padding for proximal (ischial) strap-i.e. cravats, trauma pads
□ Mat (for floor for patient comfort)
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Spinal Immobilization–Supine Patient Equipment List

□ Examination gloves
□ Long spine immobilization device (long board, 'scoop' board, etc.)
□ Head Immobilizer (commercial or improvised)
□ Cervical collar (appropriate size)
□ Patient securing straps (6-8 with compatible buckles/fasteners)
□ Blankets (2)
□ Padding material (towels, commercial pads, etc.)
□ Tape (2" or 3")
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

Spinal Immobilization–Seated Patient Equipment List

□ Examination gloves
□ Half-spine immobilization device *
□ Vest-type immobilization device *
□ Cervical collar (appropriate size)
□ Patient securing straps (6-8 with compatible buckles/fasteners)
□ Blankets (2)
□ Padding material (towels, commercial pads, etc.)
□ Cravats/triangular bandages (at least 6)
□ Kling/Kerlex, roller gauze
□ Tape (2" or 3")
□ Armless chair for patient
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill
□ Alive Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

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

Acetaminophen Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-liquid/suppository
- □ BP cuff
- □ Stethoscope
- □ Thermometer
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Activated Charcoal Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols- suspension/powder
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Aspirin Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-80/81mg chewable
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Epinephrine Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols
    - □ Epi-pen trainers
    - □ Epinephrine 1:1000 ampules or vials-for choosing correct concentration/meds)
        - □ Normal saline for injection (to substitute for epi during injection)
        - □ 1 cc syringes
        - □ Filter needles
        - □ Hypodermic needles-20, 21, 22 gauge
        - □ Manikin or simulaid to inject into
- □ Alcohol prep pads
- □ Gauze 2x2s
- □ SHARPS container
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Metered Dose Inhaler Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-MDI
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Oral Glucose Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols -oral glucose tube
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Nitroglycerin Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-spray/tablets
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Chair for patient
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Nerve-Agent Antidote Administration Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Medication in the format typically used per local protocols-the checklist suggests the DuoDote® type for this
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Continuous Positive Airway Pressure (CPAP) Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ BP cuff
- □ Stethoscope
- □ Penlight
- □ CPAP equipment
    - □ CPAP generator
    - □ Oxygen or power source
    - □ Mask
    - □ Tubing
    - □ Straps
- □ Pulse Oximetry device or ECG monitor
- □ Clipboard
- □ Chair for patient
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

ECG Acquisition Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ ECG monitor capable of running a 12-Lead
    - □ Cables
    - □ Power cable/extra batteries
- □ Alcohol preps
- □ Razor
- □ Self-adhesive leads
- □ ECG paper
- □ Cot or stretcher, etc. for patient to comfortably lie on
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Alternative Airway Device (Supraglottic Airway) Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, laryngoscope disassembled, cuffs deflated with syringes disconnected, etc.) before accepting a candidate for evaluation. One (1) EMT Assistant is also required in this skill.

- □ Examination gloves (may also add masks, gowns, and eyewear)
- □ Intubation manikin (adult)
- □ Selection of nasopharyngeal airways (adult)
- □ Water soluble lubricant (make sure the student knows to verbalize use of this)
- □ Lubricant (silicone spray)
- □ Bag-valve-mask device with reservoir (adult)
- □ End-tidal CO2 detector and/or esophageal detector device (EDD)
- □ Syringes (10 mL, 20 mL, 35 mL, etc.)
- □ Oxygen cylinder with regulator (may be empty)
- □ Oxygen connecting tubing
- □ Selection of oropharyngeal airways (infant and adult)
- □ Selection of nasopharyngeal airways (infant and adult)
- □ Supraglottic airway to include at least one (1) of the following:
- □ Combitube®
- □ PTL®
- □ King LT® Oropharyngeal Airway or similar
- □ Stethoscope
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Intravenous (IV) Therapy Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination.

□ Examination gloves (may also add masks, gowns, and eyewear)
□ IV Infusion arm
□ IV solutions*
□ IV Administration sets**
□ IV extension tubing or 3-way stopcock (per local protocol)
□ IV catheters***
□ Tape
□ Gauze pads (2x2, 4x4, etc.)
□ Tourniquet
□ Alcohol preps or similar substitute
□ Approved SHARPS container
□ Table for IV infusion arm to lie on
□ Clipboard
□ Pen
□ Watch with second hand
□ Table for Examiner
□ Chair for Examiner
□ Skills Sheets for respective skill
□ Essay to be read to the student for respective skill

* Need a selection array but may be expired
** Need a selection array, but must include microdrip tubing (60 gtt/cc) and macrodrip tubing (10, 15 or 20 gtt/cc)
*** Need a selection array and can replace with small (20-22 ga.) catheters to save manikin ‘holes.’

Intraosseous (IO) Infusion Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination.

- □ Examination gloves (may also add masks, gowns, and eyewear)
- □ Intraosseous infusion manikin with replacement tibias (6-8 sticks per tibia)
- □ IV solutions*
- □ IV Administration sets**
- □ IV extension tubing or 3-way stopcock (per local protocol)
- □ Intraosseous needles (either Jamshidi®; electric, drill-type; or spring-loaded device)
- □ Tape
- □ Gauze pads (2x2, 4x4, etc.)
- □ Bulky dressings
- □ Syringes (various sizes)
- □ Alcohol preps or similar substitute
- □ Approved SHARPS container
- □ Table for IV infusion arm to lie on
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

* Need a selection array but may be expired

** Need a selection array, but must include microdrip tubing (60 gtt/cc) and macrodrip tubing (10, 15 or 20 gtt/cc)-Use of a Buretrol/Volutrol tubing set will be acceptable.

Comprehensive Evaluation –Major Medical Equipment List

Do not open this skill for testing until the SEI has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute –can be in a central location
- □ Outer garments to be cut away-or at least extra garments for simulated patient
- □ Tape (for outer garments)
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Suction
- □ Oxygen tank w/regulator
- □ Oxygen therapy devices-nasal cannula/non-rebreather mask
- □ BVM w/ reservoir/O2 tubing and masks
- □ Oral and nasal airways
- □ Manikins to substitute for simulated patient once the patient becomes critical or needs an intervention performed
- □ Medications (various intervention meds based on scenarios being used)
- □ CPAP (if scenario calls for it)
- □ AED (if scenario calls for it)
- □ 12-Lead monitor (if scenario calls for it)
- □ Medi-Alert bracelet/necklace (if scenario calls for it-various conditions/allergies)
- □ Scratch paper and pencil/pen
- □ Blanket
- □ Long backboard or scoop with straps (if scenario calls for it)
- □ Gurney (if possible)
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Comprehensive Evaluation –Major Trauma Equipment List

Do not open this skill for testing until the SEI has provided you with an approved trauma assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- □ Examination gloves
- □ Moulage kit or similar substitute –can be in a central location
- □ Outer garments to be cut away-or at least extra garments for simulated patient
- □ Tape
- □ Scissors
- □ Penlight
- □ Blood pressure cuff
- □ Stethoscope
- □ Suction
- □ Oxygen tank w/regulator
- □ Oxygen therapy devices-nasal cannula/non-rebreather mask
- □ BVM w/ reservoir/O2 tubing and masks
- □ Oral and nasal airways
- □ Manikins to substitute for simulated patient once the patient becomes critical or needs an intervention performed
- □ Splints (per the scenario-traction/cardboard/vacuum/etc.)
- □ Padding (if scenario calls for it for splints)
- □ Dressings/Bandages/4x4s
- □ Triangular Bandages/cravats
- □ Tourniquet
- □ Scratch paper and pencil/pen
- □ Blankets
- □ Cervical collars (various sizes/multi-size adjustable)
- □ Short Backboard/KED
- □ Long backboard or scoop with straps
- □ PASG/MAST
- □ Gurney (if possible)
- □ Mat (for floor for patient comfort)
- □ Clipboard
- □ Pen
- □ Watch with second hand
- □ Table for Examiner
- □ Chair for Examiner
- □ Skills Sheets for respective skill
- □ Essay to be read to the student for respective skill

Appendix E: Time Record for Comprehensive Evaluations

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Time Record For Comprehensive Evaluations

Evaluation Station (Circle one): Medical - Trauma **Date**: _____

Scenario: _____

#1 Team Leader _____ #2 _____

#3 _____ #4 _____

Time	Activity	Time	Activity
00		07	
01		08	
02		09	
03		10	
04		11	
05		12	
06		13	

Time Keeper: _____ **Evaluator:** _____

Record team activities, details of comments/vs. within time frames as they occur.

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