Georgia Office of EMS and Trauma

Emergency Medical Responder

&

Emergency Medical Technician

Psychomotor Examination Users Guide

Last Updated: July 16, 2021

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Introduction

This manual was developed as a result of the NREMT Board of Directors continued awareness of the need for standardization and uniform criteria for psychomotor examinations. The evolution of psychomotor examinations has been guided by many changes within emergency medical services in the United States. In the spring of 1993, the NREMT Board of Directors convened a meeting of its EMT-Basic Examination Committee to review and revise the current practical examination skill instruments used to assess skills competency at the EMT-Basic level. In conjunction with the development of the 1994 EMT-Basic National Standard Curriculum, the NREMT began peer-review and pilot testing of the proposed evaluation instrument. Following the review and revision process, the staff of the NREMT was directed to develop a revised EMT-Basic Practical Examination User's Guide which would reflect the scope of practice identified in the 1994 EMT-Basic National Standard Curriculum, the National EMS Educational and Practice Blueprint and would include up-to-date skill evaluation instruments as well as criteria for conducting a practical examination.

The NREMT Board of Directors believes that as with all other levels of National EMS Certification, the psychomotor examination should be cost-effective while continuing to assure protection of the public through adequate measurement of minimal skill competencies. They also stressed the importance of keeping our testing philosophies consistent between levels whenever possible. Each of the skills included in the psychomotor examination were chosen based upon the frequency of use in day-to-day, out-of- hospital care as well as the potential of harm they pose to public safety and patient care. When possible, the steps for each skill evaluation instrument were written in observable behavior formats and a point value of 1 point for each observable step was assigned. Critical behaviors were identified for each skill and written out in a "Critical Criteria" section on each skill evaluation instrument. This helped eliminate inconsistencies in scoring that results whenever certain steps were weighted and assigned higher point values than others with no explanation on how to disburse partial credit. 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. Finally, predetermined passing criteria for each skill were established and endorsed by the NREMT Board of Directors.

In 2008 as the drafted National EMS Education Standards were being revised, the NREMT assembled an ad hoc committee from various communities of interest to review the existing NREMT Emergency Medical Technician certification process in October 2008. The committee reviewed the revised Emergency Medical Technician standards and made recommendations for revising the National EMS Certification process for Emergency Medical Technicians. Members of this committee included:

- Bob Graff, Director, Office of EMS, South Dakota Department of Health
- Dan Manz, Director, EMS Division, Vermont Department of Health
- Mary Beth Michos, Chief, Executive Director, IAFC, Past NREMT Chair

- Leann Domonoske, Ambulance Coordinator, Wilton Boro Ambulance District, ND
- David Burns, Department for EMS Education, Center for Emergency Response Training, University of South Alabama, Mobile, AL
- Linda Pace, EMS Instructor/Program Coordinator, Rio, WI
- Carlos Falcon, MD, Chair Iowa EMS Advisory Council
- John E. Manley, State Training Coordinator, Oklahoma State Department of Health
- William E. Brown, Jr., RN, MS, NREMT-P, NREMT Executive Director
- Gregg Margolis, PhD, NREMT-P, NREMT Associate Director
- Gabriel Romero, MBA, NREMT-P, NREMT Examination Coordinator
- Rob Wagoner, BSAS, NREMT-P, NREMT Associate Director

The Committee urged the NREMT to develop an enhanced, comprehensive Emergency Medical Technician Users Guide similar to one that has been in use for years for NREMT-Basic certification. This manual provides for a structured, organized approach to conducting a psychomotor examination. The Committee reviewed the drafted EMT Education Standards and identified skills that represent critical competencies necessary for the EMT to demonstrate in order to help assure that safe and effective care will be provided to patients in their time of need. The Committee agreed to continue the format of NREMT skill evaluation forms with accompanying essays that were initially implemented in 1991. The materials included in this guide represent the latest refinement in psychomotor evaluations that we have undertaken since 1991.

The NREMT was sensitive to input requesting that the NREMT develop an administratively feasible and cost-effective psychomotor examination. The following factors were carefully considered as these materials were developed and approved for this guide:

1. Helping to assure protection of the public is the primary responsibility of the NREMT certification process.
2. Approved EMT educational programs include scheduled state-approved psychomotor skills sessions that meet or exceed the National EMS Educational Standards.
3. Approved EMT educational programs or the state are responsible for attesting to the competency of candidates who seek National EMS Certification. Candidates who are deemed less-than- competent by the approved educational program should not be permitted entry to the National EMS Certification process.
4. In order to help assure protection of the public, verification of psychomotor competencies for National EMS Certification should be accomplished by agencies or individuals not directly associated with the approved educational program's graduates.

In June 2009, the ad hoc NREMT Psychomotor Examination Revision Committee met in Chicago, IL to complete

development of the revised NREMT psychomotor examination process as identified in 2008. Members of this committee included:

- Kenneth Navarro, Assistant Professor UT Southwestern Medical Center, Dallas, TX
- Jon Politis, MPA, NREMT-P, Chief, Colonie EMS, NY
- Alex Butman, BA, DSc, NREMT-P, Fairlawn, OH
- William Clark, MD, State EMS Medical Director, Baton Rouge, LA
- Gabriel Romero, MBA, NREMT-P, NREMT Examination Coordinator
- Rob Wagoner, BSAS, NREMT-P, NREMT Associate Director

After reviewing the drafted materials, the proposed EMR/EMT psychomotor examination was reviewed by the NREMT Standards & Examination Committee and approved by the NREMT Board of Directors in November 2010 for implementation effective September 2011. It was felt that this schedule for release best fit with implementation of the new EMR and EMT level for National EMS Certification as well as AHA Guidelines for CPR and Emergency Cardiovascular Care beginning January 1, 2012. This manual was most recently reviewed and updated to assure compliance with the 2015 AHA Guidelines for CPR and Emergency Cardiovascular Care.

The sample NREMT psychomotor examination outlined in this guide contains five (5) skills for EMR and seven (7) skills for EMT. When using this sample psychomotor examination for National EMS Certification, all candidates should be tested over the five (5) or seven (7) skills outlined as applicable to the candidate level. The administrative details of when, where and who coordinates/delivers the exam can vary (state oversight, program delivery with state oversight, etc.), but each candidate must demonstrate acceptable competence in these identified skills. Each candidate who seeks National EMS Certification as an Emergency Medical Responder or an Emergency Medical Technician must have successfully completed the measurable elements for each of the skills identified in this guide.

The NREMT remains committed to establishing standardized, valid psychomotor examination processes that can be utilized across this nation. To that end, extensive work has been accomplished in revising the NREMT psychomotor examinations to coincide with implementation of the 2009 National EMS Education Standards. Rob Wagoner, NREMT Chief Operations Officer, should be recognized for his continuous efforts and dedication at seeing these extensive projects through to completion.

In 2011 the NREMT gave control of the EMR and EMT psychomotor exam to the State Office of EMS and Trauma (OEMS). Since that time, the OEMS has managed the EMR and EMT psychomotor exam, all EMR and EMT students are required to complete an OEMS approved EMR/EMT psychomotor exam, administered by approved Coordinators and evaluators in accordance with this manual. The NREMT will no longer update the EMR/EMT psychomotor exam. This document will be the resource for the EMR/EMT psychomotor exam in Georgia.

Examination Coordinator Responsibilities

- The Examination Coordinator must be present at the site during the examination. The Examination Coordinator may not serve as a Skill Examiner during the examination. An evaluator cannot evaluate a station in which they were the primary instructor of the content area and cannot evaluate a candidate for which they served as the lead instructor and/or course coordinator If the Examination Coordinator is not able to be present at the examination due to unforeseen circumstances, he/she must assign a designee that meets the OEMS requirements to coordinate all examination activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of the "Examination Coordinator" throughout the examination.
- The Examination Coordinator is responsible for the overall planning, staffing, implementation, quality control and validation of the psychomotor examination process in conjunction with OEMS. The Examination Coordinator is responsible for the following upon approval by OEMS:
- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Examination Coordinator must help assure that each Skill Examiner conducts himself/herself in a similar manner throughout the examination.
- Coordinating the examination with an approved agent to oversee administration of the psychomotor examination.
- Maintaining a reservation list of candidates who will be attending the psychomotor examination. The reservation list must include name, call-back phone number, and portion(s) of the examination that each candidate needs to complete. This will help the Examination Coordinator to appropriately plan, staff, and set-up the facilities to help assure a smooth examination. If the examination is postponed or canceled, the Examination Coordinator is responsible for the immediate notification of all candidates, Skill Examiners, Simulated Patients and OEMS.
- Ensuring that the facilities for the psychomotor examinations meet the OEMS and acceptable educational standards.
- Selection of qualified Skill Examiners. At a minimum, each examiner must be certified or licensed to perform the skill that he/she is to evaluate.
- 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. Candidates who are registered to take 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 Attachment L).
- Overseeing the timely flow of all candidates through the skills.
- Ensuring that excessive "hall talk" between candidates or discussing specific examination scenarios or material does not occur throughout the examination.

Examination Coordinator's Timeline

The following timeline has been developed to assist the Examination Coordinator with planning the examination:

TIMELINE TO COORDINATE EMR/EMT PSYCHOMOTOR EXAMINATION

Exam Location: _____ Exam Date: _____

Time Frame Prior to Exam	Action
21 to 28 days	❑ Secure commitment from an Exam Coordinator to administer the psychomotor examination. ❑ Secure facilities to host psychomotor examination
7 days	❑ Submit EMR/EMT Psychomotor Exam Request in the LMS ❑ Secure commitments from all Skill Examiners, EMR/EMT Assistants, and Simulated Patients. Be sure to plan on 1 or 2 extra Skill Examiners just in case of unexpected emergencies on examination day. ❑ Gather all equipment and supplies. ❑ Re-confirm facilities will be available for the psychomotor examination as previously planned. ❑ Send a reminder (letter or email) to all Skill Examiners, EMR/EMT Assistants, and Simulated Patients
1 day	❑ Set-up all skills if possible

Requesting to Host the Psychomotor Examination

The Program Director must complete an EMR/EMT psychomotor exam request using the DPH License Management System (LMS) and providing all documentation specified in that request.

Maintaining a Reservation List of Candidates

The EMR/EMT Examination Reservation List printed in attachment R. of this manual has been developed to assist in gathering information from all candidates who will be attending the examination. It is optional that the reservation list be used. The candidates will be rostered in the LMS, but an Exam Coordinator may also choose to use the reservation list.

The candidate bears full responsibility for completing all appropriate portions of the examination in accordance with currently approved state policies and procedures.

If this is the first EMR/EMT psychomotor examination being coordinated it is required that the Regional Training Coordinator be present to assist with any help the Exam Coordinator may need. We recommend that no more than thirty (30) candidates be tested. Up to fifty (50) candidates can be tested on the same day but skills must be duplicated in order to accommodate this number within a reasonable time period. Unless there is ample experience in coordinating EMR/EMT psychomotor examinations, we do not recommend testing fifty (50) or more candidates on a single day.

Equipment

The Examination Coordinator is responsible for obtaining and setting-up the various skills on the day prior to the scheduled psychomotor examination if possible. If it is not possible to set-up all skills the day before the psychomotor examination, the Examination Coordinator must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed. An equipment list for the psychomotor examination is included in attachment L of this manual to help with psychomotor examination coordination. Additionally, each Skill Examiner will need a watch with a second hand, pen, copy of the respective "Essay to Skills Examiner," and a supply of skill evaluation forms to document each candidate's performance. A sufficient supply of the EMR/EMT Psychomotor Report Form found in attachment S. will also need to be available so that each candidate's results may be tabulated and reported.

Facilities for the Psychomotor Examination

The Examination Coordinator is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor 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 candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skills should not disturb other candidates who are testing.

2. A comfortable testing environment free of undue noise and distraction.

3. Ample gathering space for candidates during the candidate orientation to the psychomotor examination.

4. Adequate and effective heating, cooling, ventilation, and lighting.

5. A waiting area adjacent to the skills for candidates 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 Psychomotor Examination, including any Simulated Patients. This space should visually and audibly prohibit observation by the candidates.

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 attachment P. of this guide.

10. A table and chair in each room for Skill Examiners. The Examination Coordinator may also want to provide each Skill Examiner with a clipboard and a pen to assist with documenting all performances. Each Skill Examiner should also have a copy of the appropriate essay and a sufficient supply of skill evaluation forms on which to document all performances.

11. A secure room adjacent to the skills with one or several large tables that will facilitate tabulation and reporting of the psychomotor examination results.

Staffing for the EMR/EMT Psychomotor Examination

An examination for twenty (20) candidates requires the minimum staffing as previously outlined to complete the examination within four (4) to five (5) hours. If all skills are duplicated, the psychomotor examination should be completed in half the projected time or twice the number of candidates can be expected to complete the examination in the same amount of time.

The following chart should assist the Examination Coordinator in staffing to administer the psychomotor examination for 20 candidates:

EMR SKILLS	Skill Examiner	EMT Assistant	Simulated Patient	Average # of Candidates Evaluated per Hour
1. Patient Assessment/Management – Trauma	1		1	4
2. Patient Assessment/Management – Medical	1		1	3 to 4
3. BVM Ventilation of an Apneic Adult Patient	1			5 to 6
4. Oxygen Administration by Non-rebreather Mask				
5. Cardiac Arrest Management/AED	1			4

TOTAL STAFF			OVERALL FLOW
4	0	2	4 per HOUR

EMT SKILLS	Skill Examiner	EMT Assistant	Simulated Patient	Average # of Candidates Evaluated per Hour
1. Patient Assessment/Management – Trauma	1		1	4
2. Patient Assessment/Management – Medical	1		1	3 to 4
3. BVM Ventilation of an Apneic Adult Patient	1			4 to 5
4. Oxygen Administration by Non-rebreather Mask				
5. Cardiac Arrest Management/AED	1			4
6. Spinal Immobilization (Supine Patient)	1	1	1	4
7. Random EMT Skills	1	1	1	4 to 5

TOTAL STAFF			OVERALL FLOW
6	2	4	4 per HOUR

Physician Medical Director

At a minimum, the Physician Medical Director for the examination must be available by phone throughout the examination. If the Program Physician Medical Director is not available on the day of the examination, the Examination Coordinator must obtain a substitute Physician Medical Director who will at least be available by phone throughout the examination.

The Physician Medical Director, along with the Examination Coordinator and a State EMS Official (typically the Regional Training Coordinator) serves as one (1) of the three (3) members of the Quality Assurance Committee for the psychomotor examination. This Committee is responsible for:

1. Reviewing and rendering official and final decisions for all candidate complaints in the psychomotor examination.

2. Reviewing and rendering official and final decisions in cases where a specific performance, treatment protocol, or other situations arise in which the Exam Coordinator needs assistance to objectively make a final determination.

The OEMS encourages physician involvement with the OEMS Psychomotor Examination process. The physician may serve as an excellent resource throughout the examination. Most Physician Medical Directors are qualified to serve as a Skill Examiner in any skill. His/her involvement increases the credibility of the certification process as well as provides an opportunity to observe the abilities of those who may soon be functioning under his/her medical oversight.

EMT Assistants for EMT Exams

Two (2) persons must be selected to serve as the EMT Assistant for the Spinal Immobilization (Supine Patient) and Random EMT Skills. These selected individuals must be knowledgeable of the skill being tested and able to function as an experienced partner, they will serve as the trained partners for all candidates testing. EMT Assistants cannot be a relative of any candidate or be biased towards any candidate being examined. Candidates may not be tested in pairs to eliminate the necessity of selecting EMT Assistants for the psychomotor examination. If you combine the Spinal Immobilization (Supine Patient) and Random EMT Skills into one skill to reduce the number of staff, the flow of the exam will be significantly reduced.

Selection of Simulated Patients

Four (4) persons should be selected to serve as Simulated Patients for the psychomotor examination. One person will be assigned to the Patient Assessment/Management – Trauma skill; the second will be assigned to the Patient Assessment/Management – Medical skill; the third will be assigned to the Spinal Immobilization (Supine Patient) skill; and the fourth will serve as the patient for the Random EMT Skills. If any of these skills are duplicated, you will need one (1) additional Simulated Patient for each additional skill. A full body simulation manikin capable of being moulaged may be used as the Simulated Patient in the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills as long as candidates have sufficient experience using these types of manikins and the examiner is capable of answering the appropriate questions.

All Simulated Patients should be knowledgeable of the skills being tested and able to perform as a realistic patient for all Simulated Patients. If the patient is familiar with EMS procedures, he/she can assist the Skill Examiner when reviewing the candidate'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 candidate. It is not necessary to have enough clothing for each candidate to actually cut away a fresh set of clothes.

Please be aware of Simulated Patient fatigue throughout the examination. If large numbers of candidates are anticipated, you may also want to consider securing additional Simulated Patients for the examination even if skills have not been duplicated. For the comfort of the Simulated Patient a mat may be used on hard floors.

Roster for Skill Examiners and Simulated Patients

A roster to keep track of Skill Examiners and Simulated Patients is included in attachment Q. of this manual to help you coordinate the psychomotor examination.

Running an Efficient Psychomotor Examination

The psychomotor examination consists of five or seven 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 candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

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

SKILL	MAXIMUM TIME LIMIT
Patient Assessment/Management – Trauma Patient	10 minutes
Assessment/Management – Medical	15 minutes
Bag-Valve-Mask Ventilation of an Apneic Adult Patient Oxygen	5 minutes
Administration by Non-rebreather Mask Cardiac Arrest	5 minutes
Management/AED	10 minutes
Spinal Immobilization (Supine Patient) * EMT only	10 minutes
Random EMT Skills *EMT only	Ranges from 5 – 10 minutes

The Examination Coordinator is responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates. It is best to schedule the Skill Examiners Orientation (including all Simulated Patients) one-half (½) to one (1) hour before scheduling candidates 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 Exam Coordinator to individually address any areas in question before actual evaluation of any candidate begins. **If this is the first EMR/EMT psychomotor examination you have coordinated, or you have inexperienced evaluators, we strongly advise permitting one (1) full hour for the Skill Examiners Orientation before requiring candidates to arrive at the examination site**.

After the Skill Examiners have been oriented, the Exam Coordinator should meet with all candidates registered for the examination and provide the candidates with an orientation to the psychomotor examination. All candidates should complete any additional required paperwork before beginning the examination. The candidate orientation process to the psychomotor examination should take approximately twenty (20) to thirty (30) minutes.

At this point, actual evaluation of the candidates 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 candidates through the skills. This system helps minimize excessive noise which may affect skill performances, requires all candidates to assemble in one waiting area between skills, controls the candidates from discussing specific examination-related information, and provides the Examination Coordinator with immediate feedback on the progress of the examination at any time. The Exam Coordinator will be visiting all skills as the psychomotor examination begins to assure fairness, consistency, and adherence to all requirements for the examinations. The Exam Coordinator will observe the interaction between all Skill Examiners and candidates during actual evaluation to help assure the evaluations are in accordance with the examination criteria. The Examination Coordinator or his/her designee should assure that candidates do not discuss specific examination information throughout the examination. The Examination Coordinator or his/her designee is responsible for reporting to the QAC any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or inequality among the candidates.

Candidates perhaps understand the flow through the psychomotor if it is explained that the psychomotor examination will be conducted like a mass casualty incident exercise. There is a staging area in which all candidates should wait. A single Staging Officer is responsible for directing all candidates to treat various patients. 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 candidate is dispatched and handed a pass card (hall pass) to permit him/her to test that skill. As soon as the patient is

treated, the candidate should report back to the staging area, turn-in the pass card, and wait to be dispatched before reporting to the next skill. By using a completed copy of the examination reservation list (see Appendix A), the Staging Officer can check-off and keep a running tally of skills completed by each candidate. Several break cards should also be available to control the number of candidates on break at any given time.

Copies of the skill instructions and evaluation forms are provided in this manual and can be posted in this waiting area for the candidates to review before reporting to the skill.

Administration of the Psychomotor Examination

The Exam Coordinator's primary responsibility in administration of the psychomotor examination is to assure that all candidates complete the examination in the same standardized format in accordance with approved policy and procedure.

The Exam Coordinator should initially visit all skills as soon as possible after the psychomotor examination begins to assure that everything is progressing satisfactorily and according to the approved examination criteria. As the Exam Coordinator enters each skill, he/she should pay attention to the set-up of the skill, equipment, moulage, and the actions 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 candidate's performance?
- If more than one skill is being tested in a single room, is the room too noisy or could a candidate'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?
- 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?
- Is the Skill Examiner reading the "Instructions to the Psychomotor Skills Candidate" and scenario information exactly as printed in the materials you provided?
- Is the Skill Examiner's verbal and non-verbal communication appropriate for a certification examination?
- Are candidates able to observe any scenario information or documentation the Skill Examiner is making?
- Is the Skill Examiner appropriately maintaining security of all examination materials?
- Is the Skill Examiner keeping track of time and enforcing all time limits?
- Are all personnel involved with administration of the psychomotor examination acting in a courteous, professional, non-discriminatory and non-threatening manner?

The Exam Coordinator should observe each Skill Examiner during an actual evaluation of a candidate to detect errors in Skill Examiner "objectivity" while observing and recording the candidate's performance in accordance with approved examination criteria. If any errors are detected, the Exam Coordinator should then thoroughly brief the Skill Examiner as to what constitutes "objectivity." The Exam Coordinator should continue observing the Skill Examiner to assure that the problem has been corrected. The Exam Coordinator should assure 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 Exam Coordinator should critically review all skill evaluation forms the Skill Examiner has completed up until that point. The Exam Coordinator 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 Exam Coordinator 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 Exam

Coordinator should observe him/her for the next evaluation until the situation has been corrected before moving on to check the next skill. Reviewing the completed documentation will help provide many clues to any difficulty the Skill Examiner may have. Therefore, it is best to leave all completed skill evaluation forms in the room until the Exam Coordinator has managed to visit every Skill Examiner and review his/her documentation and conduct.

The "Essay to the Skill Examiners" was developed to work in conjunction with the skill evaluation form. The Exam Coordinator should observe the Skill Examiner and 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 Exam Coordinator 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 Exam Coordinator 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 psychomotor skill can be found in the respective essay.

Only after the Exam Coordinator has checked every skill and is satisfied that the examination is progressing in accordance with OEMS 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 Exam Coordinator 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 Examination Coordinator that results are now being scored and require that any Skill Examiner with a question come to the Exam Coordinator for clarification rather than leaving the grading room with all results lying out.

General Responsibilities

The Exam Coordinator is responsible for the following to help assure a smooth- flowing examination:

- The Examination Coordinator, Skill Examiners, and all other staff must conduct all aspects of the examination in a courteous and professional manner at all times.

- The Exam Coordinator is responsible for showing up promptly and beginning the examination at the scheduled time without causing delay.

The Exam Coordinator must assure that all candidates complete the psychomotor examination in the same standardized format. Administration of any part of the examination in any manner different than other candidates constitutes an examination accommodation. All EMR/EMT Level examinations are administered by the State EMS Office or approved agents. Candidates need to contact the Exam Coordinator for information about requesting accommodations.

- The Exam Coordinator must politely and attentively deal with each candidate's concerns throughout the examination. The Exam Coordinator must also assure that the Skill Examiners conduct themselves in a similar manner.

- The Exam Coordinator inspect all facilities for the psychomotor examination to assure their adequacy. All facilities must be in compliance with those outlined under the "Facilities for the Psychomotor Examination" section of this manual.

- The Exam Coordinator responsible for controlling and overseeing administration of the psychomotor examination.

- The Exam Coordinator is responsible for appropriately dealing with cases of dishonesty or any other irregular occurrences during administration of the psychomotor examinations.

- The Exam Coordinator is responsible for calling the roll of all registered candidates for the psychomotor examinations and appropriately recording the candidate's attendance on the official roster accordingly (if present, "N/S" if no show).

- The Exam Coordinator is responsible for overseeing and controlling all related aspects of psychomotor examination administration.

- The Exam Coordinator is responsible for orienting all candidates to the psychomotor examination by reading all printed instructions.

- The Exam Coordinator is responsible for assuring identity of all candidates for the psychomotor examination with an official form of photo identification (government-issued identification, such as a driver's license).

- The Exam Coordinator is responsible for orienting all Skill Examiners to the psychomotor examination by reading all printed instructions.

- The Exam Coordinator must assure that all Skill Examiners and other staff conduct themselves in a professional manner throughout the examination.

- The Exam Coordinator must initially visit all skills as soon as possible after the psychomotor examination begins to assure that everything is progressing satisfactorily and according to OEMS approved criteria.

- The Exam Coordinator must observe each Skill Examiner during an actual evaluation to detect errors in "objectivity" while observing and recording the candidate's performance according to OEMS approved criteria. If any errors are detected, the Exam Coordinator must then thoroughly brief the Skill Examiner as to what constitutes "objectivity." The Exam Coordinator must continue observing the Skill Examiner to assure that the problem has been corrected. If the Exam Coordinator continues to question the Skill Examiner's "objectivity," the Exam Coordinator must dismiss the Skill Examiner in question.

- The Exam Coordinator oversees administration of the complaint procedure and acts as a member of the Quality Assurance Committee.

- The Exam Coordinator is responsible for 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 EMR/EMT psychomotor 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.

- The Exam Coordinator determines the need for and possibility of administering a same-day retest and all associated logistics.

- The Exam Coordinator may 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. Exam Coordinator must determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill.

- The Exam Coordinator must contact 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.

- If at any point the Exam Coordinator is uncomfortable with the objectivity of any Skill Examiner, the Exam Coordinator must again observe the Skill Examiner until you are satisfied that the skill is being conducted within OEMS guidelines.

- The Exam Coordinator must transcribe all results onto the EMR/EMT Psychomotor Examination Report Form based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest.

- The Exam Coordinator 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.

- When candidates are being informed of their official psychomotor examination results at the site, the Exam Coordinator must privately inform each candidate individually of his/her psychomotor examination results. The Exam Coordinator may only show the candidate the completed EMR/EMT Psychomotor Examination Report Form and must in no way inform the candidate of any specific reason(s) for failure.

EMR/EMT Psychomotor Examination Skills

The OEMS psychomotor 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. All skills have been developed in accordance with the 2009 EMS Education Standards and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The psychomotor examination has been designed to serve as a formal verification of the candidate's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance should not be discussed with any candidate unlike that which should occur in the educational process during the learning phase.

The candidate is 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/Emergency Medical Technician programs and were not designed as "teaching" forms. To fully understand the whys, how’s and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate 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 with the educational institution is strongly encouraged. Once skill mastery has been achieved in this fashion, the candidate should be prepared for graduation from the program and completion of the psychomotor examination.

Emergency Medical Responder/Emergency Medical Technician candidates should demonstrate an acceptable level of competency in the following seven skills.

1. Patient Assessment/Management – Trauma

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or full body simulation manikin for a given scenario. This skill includes:

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

2. Patient Assessment/Management – Medical

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or full body simulation manikin for a given scenario. This skill includes:

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

3. Bag-Valve-Mask Ventilation of an Apneic Adult Patient

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

4. Oxygen Administration by Non-rebreather Mask

All candidates 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.

5. Cardiac Arrest Management/AED

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

6. Spinal Immobilization (Supine Patient) (EMT only)

All candidates 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 candidate is also responsible for the direction and subsequent actions of the EMT Assistant.

7. Random EMT Skills (EMT only)

All candidates will be evaluated over one (1) of the following EMT skills chosen at random. An EMT Assistant will be provided, and the candidate is also responsible for the direction and subsequent actions of the EMT Assistant:

a. Spinal Immobilization (Seated Patient)
b. Bleeding Control/Shock Management
c. Long Bone Immobilization
d. Joint Immobilization

EMR/EMT Psychomotor Examination Results

Psychomotor Exam candidates are required to complete five (5) EMR or seven (7) EMT skills as described above when taking a full attempt of the psychomotor examination. Candidates are eligible for up to two (2) full attempts of the psychomotor examination, provided all other "Entry Requirements" of the NREMT are met. New graduates from an EMR/EMT course seeking initial NREMT certification have no more than two (2) years from their date of course completion to successfully complete all components of the NREMT certification process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis:

a. Passed psychomotor examination results are valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" for NREMT are met.

b. Candidates are eligible to retest two (2) or less skills for EMR and three (3) or less skills for EMT when taking a full attempt.

c. Candidates are eligible for up to two (2) retest attempts of the two (2) or less skills for EMR and three (3) or less skills for EMT, failed for no more than 24 months from the date of the examination, provided all other "Entry Requirements" for NREMT are met.

d. 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 candidate must retest the specific skill(s) failed. Incomplete psychomotor examination attempts cannot be scored or reported. Candidates are not permitted to complete only a portion of the skills that need retested. Same-day retest opportunities are not mandated or guaranteed at any OEMS approved psychomotor examination site.

e. Failure of any skill on the second retest attempt constitutes complete failure of the entire psychomotor examination.

f. Candidates who fail three (3) or more skills for EMR and four (4) or more skills for EMT have failed the entire psychomotor examination.

g. Candidates who fail the entire psychomotor examination must submit official documentation of remedial education to OEMS or approved agent before attempting the entire psychomotor examination (all five (5) or all seven [7] skills) on their next full attempt of the psychomotor examination, provided all other "Entry Requirements" for NREMT are met. This official documentation must be signed by the EMR/EMT Training Program Director or Training Officer that verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills. Should a candidate fail the second full and final attempt of the psychomotor examination, the candidate must complete a new, OEMS approved EMR/EMT Training Program.

Please note that the OEMS reserve the right to nullify and invalidate scores from any EMR/EMT psychomotor examination that does not meet acceptable criteria for validation of equivalent psychomotor competencies outlined herein.

The following chart was designed to assist in tracking the candidate through the EMR psychomotor examination process:

FIRST FULL EMR ATTEMPT (PSYCHOMOTOR TAKE # 1A): Test five (5) skills

Pass: ***Pass all five (5) skills:***
Passed practical results remain valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.

Retest: ***Fail two (2) or less skills:*** Candidate is eligible for up to two (2) retest attempts of the two (2) or less skills failed for no more than 24 months from the date of the examination, provided all other "Entry Requirements" o f the OEMS are met.	**First Retest from First Full Attempt (Practical Take #1R1)**	**Second Retest from First Full Attempt (Practical Take #1R2)**
	Test the two (2) or less skills failed on Take #1A: -Pass (valid for up to 24 months*) -Retest	Test the skill(s) failed on Take #1R1: -Pass (valid for up to 24 months*) -Fail

Fail: ***Fail three (3) or more skills or fail any skill on a second retest attempt from Take #1R2:***
Candidate must submit official documentation of remedial education before attempting the entire psychomotor examination (all five [5] skills) on the next full attempt of the psychomotor examination, provided all other "Entry Requirements" of the OEMS are met.

SECOND FULL EMR ATTEMPT (PSYCHOMOTOR TAKE # 2A): Test five (5) skills

Pass: ***Pass all five (5) skills:***
Passed practical results remain valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.

Retest: ***Fail two (2) or less skills:*** Candidate is eligible for up to two (2) retest attempts of the two (2) or less skills failed for no more than 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.	**First Retest from Second Full Attempt (Practical Take #2R1)**	**Second Retest from Second Full Attempt (Practical Take #2R2)**
	Test the two (2) or less skills failed on Take #2A: -Pass (valid for up to 24 months*) -Retest	Test the skill(s) failed on Take #2R1: -Pass (valid for up to 24 months*) -Fail

Fail: ***Fail three (3) or more skills or fail any skill on a second retest attempt from Take #2R2:***
Candidate must complete a new, OEMS approved EMR Training Program.

The following chart was designed to assist in tracking the candidate through the EMT psychomotor examination process:

FIRST FULL EMT ATTEMPT (PSYCHOMOTOR TAKE # 1A): Test seven (7) skills

Pass: ***Pass all seven (7) skills:***
Passed practical results remain valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.

Retest: ***Fail three (3) or less skills:***
Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than 24 months from the date of the examination, provided all other "Entry Requirements" o f the OEMS are met.

First Retest from First Full Attempt (Practical Take #1R1)	Second Retest from First Full Attempt (Practical Take #1R2)
Test the three (3) or less skills failed on Take #1A: -Pass (valid for up to 24 months*) -Retest	Test the skill(s) failed on Take #1R1: -Pass (valid for up to 24 months*) -Fail

Fail: ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #1R2:***
Candidate must submit official documentation of remedial education before attempting the entire psychomotor examination (all seven [7] skills) on the next full attempt of the psychomotor examination, provided all other "Entry Requirements" of the OEMS are met.

SECOND FULL EMT ATTEMPT (PSYCHOMOTOR TAKE # 2A): Test seven (7) skills

Pass: ***Pass all seven (7) skills:***
Passed practical results remain valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.

Retest: ***Fail three (3) or less skills:***
Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than 24 months from the date of the examination, provided all other "Entry Requirements" of the OEMS are met.

First Retest from Second Full Attempt (Practical Take #2R1)	Second Retest from Second Full Attempt (Practical Take #2R2)
Test the three (3) or less skills failed on Take #2A: -Pass (valid for up to 24 months*) -Retest	Test the skill(s) failed on Take #2R1: -Pass (valid for up to 24 months*) -Fail

Fail: ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #2R2:***
Candidate must complete a new, OEMS approved EMT Training Program.

Psychomotor Examination Accommodations

All candidates should complete the psychomotor examination in the same standardized format. The presentation of any skill may not be altered to accommodate a candidate's request without first obtaining approval from the Exam Coordinator. The Exam Coordinator should take into consideration all available information before making an accommodation. 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 candidate's request unless the candidate is physically unable to bend down and assess a patient found lying on the floor due to a recent injury or illness. The psychomotor examination is intended to present simulated patients with realistic situations that approximate the candidate's ability to function in the out-of-hospital environment. The Exam Coordinator 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 psychomotor examination. When in doubt, contact the QAC for assistance.

False Identification

Following collection of the EMR/EMT Psychomotor Examination Report Form after orienting all candidates to the psychomotor examination, if it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the Exam Coordinator must immediately attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to fully indicate that the candidate identified on the EMR/EMT Psychomotor Examination Report Form did not actually complete the psychomotor examination. The Exam Coordinator must also dismiss the impersonator from the examination site. A report must be filed to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the true identity of the impersonator if it can be determined.

Photocopies of any ID are not official and will not be accepted. If a candidate has no acceptable form of ID and the Examination Coordinator, Physician Medical Director, or any other person in an official capacity at the examination site cannot verify his/her true identity, the Exam Coordinator must immediately dismiss the candidate from the psychomotor examination.

Interruption of the Psychomotor Examination

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

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

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

Use of Prohibited Materials

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

If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate may be

dismissed from the examination process by Exam Coordinator.
If you suspect any candidate of committing any of the above actions, the Exam Coordinator must prepare a written report, paying particular attention to the following criteria:

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

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, warn the candidate that he/she will be dismissed if the behavior persists.
Even though all EMR/EMT psychomotor examination materials are proprietary, some candidates may:

attempt to use or share “fraternity notes” or other illegal information with each other in preparation for the psychomotor examination. You may be directed to form a Quality Assurance Committee to:

1.Immediately suspend administration of the psychomotor examination to all candidates at that site.

2.Interview any candidate suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.

3.Attempt to obtain all copies of such notes or recordings for inspection.

After all materials have been retrieved, all interviews completed, and the Exam Coordinator is reasonably satisfied that all candidates involved have been dismissed, administration of the psychomotor examination may resume.

Candidates Suspected of Dishonest Action

A written report must be submitted in all suspected cases of dishonesty in the psychomotor examination by the Exam Coordinator in addition to any proctor(s), 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 Exam Coordinator must clearly mark the EMR/EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report.

Irregular Behavior

The OEMS has 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 Exam Coordinator must be aware. The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination,

to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

1. The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
2. The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination questions or answers before, during or after the examination.
3. The making of threats toward EMR/EMT psychomotor Exam Staff
4. The use of unprofessional (foul) language when interacting with EMR/EMT psychomotor Exam Staff
5. The offering of any benefit to any agent of the EMR/EMT psychomotor Exam Staff, testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
6. The engaging in irregular behavior in connection with the administration of the examination.

Dismissal from the Psychomotor Examination

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

You may decide to dismiss when warranted, but you should use your best judgment in handling the situation. Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward EMR/EMT psychomotor exam staff; used unprofessional (foul) language when interacting with EMR/EMT psychomotor exam staff; attempted to take or took any proprietary EMR/EMT examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are sure of a violation, immediately collect all of the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Return all examination materials, indicating on the EMR/EMT Psychomotor Examination Report Form that the candidate's results have been subject to misconduct as documented in your incident report.

Reporting Psychomotor Examination Results

The psychomotor examination skill evaluation forms should be totaled by the Skill Examiner. The Exam Coordinator 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 Exam Coordinator should determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill. The Exam Coordinator 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 Exam Coordinator 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 Exam Coordinator should again observe the Skill Examiner until he/she again verifies that the skill is being conducted within OEMS guidelines.

The Exam Coordinator should transcribe all results onto the EMR/EMT Psychomotor Examination Report Form (see Appendix E). This may be accomplished at the examination site or following the examination at the discretion of the Exam Coordinator based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the Exam Coordinator in accordance with OEMS guidelines.

The most efficient way to score psychomotor examination results is to lay out the EMR/EMT Psychomotor Examination Report Forms in alphabetical order on the tabletop in the secure room. As the individual skill evaluation forms are collected, the Exam Coordinator distributes the sheets by placing them on top of the appropriate candidate's psychomotor report form. As soon as the results are transcribed, the individual skill evaluation form is placed underneath the EMR/EMT Psychomotor Examination Report Form. Then as more sheets are collected, the individual skill evaluation forms are placed on top of the appropriate candidate's EMR/EMT Psychomotor Examination Report Form. In this way, the only results that must be transcribed are those that are lying on top of the EMR/EMT Psychomotor Examination Report Form. 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 by each candidate on the EMR/EMT Psychomotor Examination Report Form:

- Identification Number (State Certification #, Examination Routing #, etc.)
- Examination Date (Month, Day, Year)
- Name
- Address
- Examination Site (Name of Facility, City, State)
- Retesting (Yes or No)
- Legal signature of the candidate and date
- Date (Month/Day/Year)

The Exam Coordinator should be sure to transcribe the psychomotor results onto the EMR/EMT Psychomotor Examination Report Form. As you look at the form (refer to Appendix E), you will see three (3) sets of "Pass/Fail" columns in which to transcribe all results (Full Exam; Retest #1, Retest #2). The Exam Coordinator should be careful to fill-in the results for each skill in the appropriate set of columns based upon the candidate's previous testing history. The following chart should assist in determining the proper column in which to transcribe results and the possible outcomes of the testing attempt:

Columns	Possible Outcomes
First Pair: "Results of Full Attempt"	Pass, Retest, Fail
Middle Pair: "Results of Retest #1"	Pass, Retest
Last Pair: "Results of Retest #2"	Pass, Fail

If unofficial psychomotor examination results are being reported that day, the possible outcomes for the various testing attempts are printed below each respective set of columns. The Exam Coordinator should circle the appropriate outcome of the candidate's attempt before reporting the unofficial results to the candidate. When reporting these unofficial results, the Exam Coordinator should only show the candidate the completed EMR/EMT Psychomotor Examination Report Form and should in no way inform him/her of the specific reasons for failure.

If a same-day retest is administered, use the same EMR/EMT Psychomotor Examination Report Form that the candidate filled-out during the orientation process rather than having him/her complete another form. The Exam Coordinator should then transcribe the retest results into the next set of columns immediately to the right of where the first set of results was filled-in from that day.

Same-Day Retest Considerations

The Exam Coordinator may decide to administer a psychomotor 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 Exam Coordinator to score all psychomotor results and tabulate retest needs
- Availability of qualified Skill Examiners to be reoriented to different skills. No candidate may be retested on the

same day in any skill by the original Skill Examiner.
- Protection of all Skill Examiners and the Examination Coordinator. Unnecessary animosity and undue retribution should be avoided at all costs.
- Total number of candidates who need to retest on the psychomotor exam
- Consensus and ability of the Skill Examiners to stay the additional time to complete all retests
- Availability of the examination site to assure completion of the retest and associated logistics
- Travel considerations of the Exam Coordinator 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 candidates should be informed that a same-day retest will be made available. The Exam Coordinator should inform all candidates that they will be entitled to only one (1) retest attempt at that test. No candidate is permitted to complete the entire EMR/EMT Psychomotor Examination again during a same-day retest attempt. The Exam Coordinator should also remind all candidates that no complaint will be valid if it is issued after being informed of his/her results.

The following candidates would be eligible for a same-day retest if administered:

- EMR candidates completing a full attempt (completes all five [5] skills) who fail two (2) or less skills.
- EMR candidates on Retest #1 attempt who fail any of the two (2) skills tested. The following candidates are not eligible for any same-day retesting.
- EMR candidates completing a second full attempt (completes all five [5] skills) who fail two (2) or less skills.
- EMR candidates on Retest #2 who fail any of the two (2) or less skills tested. The following candidates are not eligible for any same-day retesting.
- EMT candidates completing a full attempt (completes all seven [7] skills) who fail three (3) or less skills.
- EMT candidates on Retest #1 attempt who fail any of the three (3) skills tested. The following candidates are not eligible for any same-day retesting:
- EMT candidates completing a second full attempt (completes all seven [7] skills) who fail three (3) or more skills.
- EMT candidates on Retest #2 who fail any of the three (3) or less skills tested

When all complaints have been fully deliberated, the Exam Coordinator should privately and individually inform each candidate of his/her results and offer each eligible candidate the option for a same-day retest if one is being administered. Before informing the candidate of his/her results, the Exam Coordinator should ask one last time, “Do you have any complaints concerning equipment malfunction or discrimination?” If not, the Exam Coordinator should only show candidates the completed EMR/EMT Psychomotor Examination Report Form and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion. Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled. It is the candidate's decision to complete a same-day retest.
Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all seven [7] skills) on the next full attempt after officially documenting remedial training in all skills. Remember that your retest must be within 24 months of your initial psychomotor examination (all seven [7] skills) to be accepted.

Informing candidates of the psychomotor examination results on the same day may create an antagonistic response from the candidates who have failed any portion. If neither are prepared to uphold all evaluations of the Skill Examiners and the criteria for the psychomotor examination, or if candidates 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 candidates to expect their results by some other method, collect and secure all examination materials, and dismiss all personnel from the examination site.

Same Day Retest Roster

Once the Exam Coordinator commits to administer a same-day retest, it is possible to begin retesting before every single candidate finishes the psychomotor 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 candidate can begin to retest until the State Exam Coordinator has scored every result for that candidate's attempt and determined if he/she is eligible to retest. If only one (1) of every skill was set-up, the Exam Coordinator will need to re-orient Skill Examiners to a different skill before the same-day retest can begin. Remember that no candidate 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 candidate reports to the other skill for his/her retest. The Examination Coordinator should also assure that no candidate retests any skill before all other candidates have completed that skill on his/her initial attempt that day or else the examination will be excessively delayed.

Perhaps the most difficult part of conducting a same-day retest is being able to score results, informing the candidate of his/her results, and notifying the Examination Coordinator of the candidates who can start retesting if any skill is available. Perhaps the most efficient way to conduct a same-day retest is when the Exam Coordinator uses the following "Same-Day Retest Form" in this way:

1. Fill-in the candidate's name.
2. Record the candidate's results by marking the skill(s) the candidate has failed.
3. Somehow note the original skill the candidate failed (name of Skill Examiner, Scenario #, Room
4. #, etc.).
5. Inform the candidate of his/her results in the usual fashion.
6. Only give the completed Same-Day Retest form to those candidates who are eligible to retest.
7. Instruct any candidate wanting to retest to turn-in this retest slip to the Examination Coordinator or Staging Officer.
8. When the Skill Examiners are prepared, the Examination Coordinator can begin the same-day retest by sending the candidate to a skill that everyone has initially completed and is appropriately set-up for retesting.

When possible, conducting a same-day retest in this fashion is more efficient than waiting until every candidate has completed the psychomotor examination before starting to retest. The completed "Same- Day

Retest Forms" help the Examination Coordinator to know who is eligible and ready to retest the moment the candidate hands him/her the Same-Day Retest form. See Attachment O.

Completion of the Psychomotor Examination

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

As the Skill Examiner turns-in material, ask yourself, "Is there any secure scenario information this Skill Examiner should be turning-in?" Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical may have secure scenario information that needs to be collected before the Skill Examiner leaves the site.

1. If the Skill Examiner was issued secure scenario information, stop transcribing examination results and re-inventory all secure information the Skill Examiner is turning-in. Immediately file the secure information in a safe area.

2. Start three (3) separate piles of paperwork and file the remaining materials as follows:

    a. Completed skill evaluation forms

b. "Blank" skill evaluation forms
c. Essays to the Skill Examiners

3. Briefly interview the Skill Examiner concerning any problems or areas of confusion that may have occurred before dismissing the Skill Examiner.

4. Continue transcribing results until the next Skill Examiner turns-in materials.

After all the results have been transcribed onto the EMR/EMT Psychomotor Examination Report Form, the Exam Coordinator should pick up the report forms in alphabetical order and paper clip them to the completed roster. Do not staple anything to the EMR/EMT Psychomotor Examination Report Forms and do not interfile any other materials with them. Then the stacks of skill evaluation forms should be picked-up in alphabetical order and secured with a rubber band. The Exam Coordinator should assure the security of all psychomotor examination material until the psychomotor examination concludes. Any secure psychomotor examination materials should be inventoried upon completion of the psychomotor examination and again before leaving the examination site.

Skill Examiner Responsibilities

Skill Examiners are responsible for the following:

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

Skill Examiner Qualifications

Skill Examiners should be recruited from the local EMS community. You should only consider people who are currently certified or licensed to perform the skill you wish them to evaluate. EMR certified or licensed evaluators can only evaluate EMR candidates. They may not evaluate EMT candidates. In addition, careful attention should be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Examiner towards a particular group or the entire group of candidates. 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. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment/Management – Trauma Skill Examiner but can be utilized to evaluate another skill so long as you feel he/she is not biased and is qualified to perform the skill to be evaluated.

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 Examination Coordinator should work to obtain Skill Examiners who are not acquainted with the candidates 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 selected examination team should represent a combination of out-of-hospital care providers and may also include nurses, physicians and other appropriately trained allied health personnel. All Skill Examiners should have experience in working with EMTs, teaching, or formal evaluation of psychomotor skills. The Skill Examiner should possess local credibility in the field of out-of-hospital care.

Examples and guidelines for qualifications of each Skill Examiner are explained in the following.

Patient Assessment/Management – Trauma

The Patient Assessment/Management – Trauma Skill Examiner can be a Nationally Registered or State licensed EMR/EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a trauma patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR/EMT level.

Patient Assessment/Management – Medical

The Patient Assessment/Management – Medical Skill Examiner can be a Nationally Registered or State licensed EMR/EMT or higher A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a medical patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR/EMT level.

BVM Ventilation of an Apneic Adult Patient and Oxygen Administration by Non- rebreather Mask

The BVM Ventilation of an Apneic Adult Patient & Oxygen Administration by Non-rebreather Mask Skill Examiner can be a Nationally Registered or State licensed EMR/EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the various types of common airway adjuncts, oxygen delivery systems, and out-of-hospital care protocols for immediate ventilation of an apneic adult patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR/EMT level and be licensed to perform bag-valve-mask ventilation and operate various oxygen adjuncts and equipment to administer supplemental oxygen.

Cardiac Arrest Management/AED

The Cardiac Arrest Management/AED Skills Examiner can be a Nationally Registered or State licensed EMR/EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the out-of- hospital care protocols for management of an adult patient in cardiac arrest may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR/EMT level and be certified to perform CPR and use an AED.

Spinal Immobilization (Supine Patient) and Random EMT Skills

The Spinal Immobilization (Supine Patient) Skills Examiner and the Random EMT Skills Examiner must be an EMT who is licensed to perform the following skills in the out-of-hospital setting:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

A reputable, impartial examiner who thoroughly understands the principles and various acceptable practices of completing the above-listed skills is recommended to serve as a Skill Examiner for the Spinal Immobilization (Supine Patient) Skill and the Random EMT Skill

ATTACHMENTS:

A. Skill Examiner Orientation to the Psychomotor Examination
B. Candidate Orientation to the Psychomotor Examination
C. Quality Assurance Committee Procedure
D. EMR/EMT Psychomotor Exam – Complaint Form
E. EMR/EMT Psychomotor Exam – QA Committee Report Form
F. EMR/EMT Psychomotor Exam – QA Committee Review Form
G. Patient Assessment/Management – Trauma Essay to Skill Examiners
H. Patient Assessment/Management – Medical Essay to Skill Examiners
I. Bag-Valve-Mask Ventilation of an Apneic Adult Patient And Oxygen Administration by Non-rebreather Mask Essays to Skill Examiners
J. Cardiac Arrest Management/AED Essay to Skill Examiners
K. Spinal Immobilization (Supine Patient) and Random EMT Skills Essay to Skill Examiners
L. Equipment List for All Stations
M. Candidate Statement
N. Pass-Fail Criteria
O. Same Day Re-Test Form
P. Door Signs for Skills Stations
Q. Staff/Evaluator Roster
R. Reservation List
S. EMR/EMT Psychomotor Exam Report Form

Psychomotor Examination Orientation for Skill Examiners, Partners, and Simulated Patients

Discuss the following orientation details with all Skill Examiners, Partners, and Simulated Patients.

Welcome and Introductions

- o Name of the Examination Coordinator
  - Responsible for the organization and process flow of the examination.
  - Responsible for ensuring fair, objective, and impartial evaluations.

General Expectations

- o Project a professional image prior to, during, and after the examination.
- o Evaluate all candidates fairly, consistently, and objectively as they perform each skill.
- o Read all instructions to each candidate in the same manner to ensure consistency and fairness.
- o Report any instance of discrimination or harassment to me immediately.
- o Ensure all Professional Paramedic Partners and Simulated Patients have been oriented to their roles and all equipment is thoroughly inspected.
- o Rehearse the scenario prior to interacting with the candidates.
- o Simulate reality at each skill station as much as is reasonable.
- o Do not teach or coach candidates prior to, during, or after the test.
- o Clarify for the candidates which skills should be performed and which skills should only be verbalized.
- o No pictures or videos should be taken in your examination area today for any reason.
  - Your personal cell phone may only be used for timekeeping.
- o Keep all examination materials confidential and in a secure location.

Documentation

- o Document each candidate's performance on the skill sheet.
- o Ensure that each skill sheet is complete and includes:
  - The information located at the top of the skill sheet.
  - A scenario number.
  - A score for each step on the skill sheet.
  - The exact time the scenario starts and ends.
- o Award points as each step is completed and total them at the end.
- o Award only whole numbers for each step; do not award fractions of a point.
- o Provide a written explanation to support any of the following:
  - Failed step(s) identified as Critical Criteria
  - Less than the maximum number of points possible for each step
- o Document all notes on the back of the skill sheet, unless otherwise directed.
- o Evaluate each candidate for competent performance of the skill, not the ability to memorize the chronological order of each step in the skill.
  - The order in which the steps are completed is only important if it is clinically relevant.
- o Enforce all time limits.
  - Place a zero in the "Points Awarded" column for any steps that were omitted or not completed within the allotted time frame.
- o Ensure the candidate cannot directly observe you award points or add comments to the skill sheet.
- o Be certain that all documentation is legible.

Psychomotor Examination Orientation for Skill Examiners, Professional Paramedic Partners, and Simulated Patients
Communication

- o Discuss candidate performance only with me.
- o Direct all questions regarding scoring to only me.
- o Avoid asking the candidates questions unless your scenario specifically prompts you to do so or you are seeking clarification about what they are performing.
- o Ask candidates to clarify or elaborate if you do not understand what they are performing.
- o Avoid any casual conversation with the candidate.

Other Information

- o Non-electronic reference materials may only be used in the Integrated Out-of-Hospital scenario.
- o Collect all notes taken by the candidate and turn them in to me with the completed skill sheets.
- o You must remain in the same role once the examination begins.
  - You must stay in the same role until the stations are rearranged for retests or until you are given other instructions by me.
- o The same Skill Examiner cannot retest a candidate for the same skill station the candidate previously failed.
- o Do not begin testing until I have inspected your station and equipment and answered any of your questions.
- o I will be visiting your skill stations throughout the examination.

Ask if there are any questions before testing begins.
Distribute all psychomotor examination materials and dismiss all Skill Examiners, Professional Paramedic Partners, Simulated Patients, and other assistants to their assigned skill stations.

Candidate Orientation to the Psychomotor Examination

Discuss the following orientation details with all candidates.

Welcome

o Name of the Examination Coordinator
- Responsible for the organization and process flow of the examination.
- Responsible for ensuring fair, objective, and impartial evaluations.

Check attendance and indicate on the roster whether candidates are present or absent (✓ if present or "N/S" if no-show).

General Expectations

o Do not attempt to make copies or recordings of anything today.
o Do not discuss any details of any skill station with anyone other than myself.
o Be respectful of others by keeping noise and disruptions to a minimum and being prompt when reporting to a skill station.
o Noncompliance of any policy or procedure will result in immediate dismissal from the remainder of the examination, and the National Registry may take further action.

Skill Examiners

o Have been chosen for their expertise in the skills they will be testing.
o Will be documenting throughout the entire skill.
- Do not let this influence your performance.

o Will not provide positive or negative feedback about your performance.
- Do not assume that the questions they ask imply any feedback about your performance.

o Have been instructed to avoid any casual conversation with candidates.
o Will ask your name and proper spelling when you enter the station.

Approved Locations for Candidates

o Remain in the staging area unless taking a restroom break.
o Leave the skill station unless you are actively being evaluated.
o Remain at the testing facility until you have received your results.
- You will not be able to continue or resume testing if you leave this site for any reason during the examination.

Electronics and Equipment Policy

o No cell phones, landlines, or other digital devices including smartwatches are permitted during the administration of this examination.
- Keep them locked in a vehicle or other secure area.

o No electronic reference materials are allowed in the testing area.
o If you brought any of your own equipment to use for a skill, I must inspect and approve it before you enter the skill station.

Candidate Orientation to the Psychomotor Examination

Official Results

o Results will be reported as Pass/Fail and posted to your LMS account within 3 calendar days
o You will not receive an explanation of specific errors in your performance on any skill from me, or the Skill Examiner
o The Skill Examiners do not have access to Pass/Fail criteria.

Complaints

- You will be required to sign the back of the score report form before receiving your unofficial results.
  - Your signature will confirm you were given the opportunity to file a formal complaint.
  - If you do not sign the score report form, you will not receive your unofficial results.

o Complaints can only be filed today before you receive your unofficial results.
  - Complaints will not be accepted after you receive your results or leave this site.

o You must immediately notify me if you believe you have experienced any irregularities during the testing experience today.
  - Some examples:
    - If you believe you may have been harassed or discriminated against
    - If there was an equipment malfunction at a skill station

o If you wish to file a complaint, you must notify me immediately and I will supply you with a complaint form.
  - A Quality Assurance Committee (QAC) will review your concerns and make a final determination of your complaint.
  - The QAC is comprised of the Physician Medical Director, Exam Coordinator and, a OEMS official, usually the Regional Training Coordinator.

Retest Policy

o Passed portions of the psychomotor examination remain valid for 24 months.
o The OEMS does not mandate or guarantee same-day retest opportunities.
o If we conduct a same-day retest and you are eligible, you will have one attempt to retest today.
  - You must retest all the skills needed or none of the skills.

Distribute the score report forms now and instruct the candidates to legibly fill in the information with a #2 pencil.
Make sure candidates answer yes or no to the question, "Are you only retesting five or less skills today at any level?" on SIDE 1 of the score report form.
Once candidates are finished, collect the score report forms and check their government-issued identification.
Ask if there are any questions.

Orientations

Video orientations are available to replace the paper versions, for locations that can play the videos. These are not secure videos and may be shared with anyone. Though candidates and skill examiners may review the videos prior to exam day, orientation must still occur via National Registry Representative presentation or by video on exam day.

Candidate Video Orientation Link
Skill Examiner Video Orientation Link

Quality Assurance Committee Procedure

The Quality Assurance Committee is responsible for the following:

1. Review and rendering of official and final decisions for all candidate complaints

2. Review and rendering of official and final decisions in cases where a specific performance, treatment protocol, or other situations arise in which the State EMS Official or approved agent needs assistance to objectively make a final determination.

The Quality Assurance Committee will consist of only the Physician Medical Director, Examination Coordinator, and the State EMS Official or approved agent. Likewise, an uninvolved, unbiased person should replace any involved and potentially biased party before the Quality Assurance Committee can begin deliberations. The State EMS Official or approved agent serves as the Chairperson of the Quality Assurance Committee. No Quality Assurance Committee meetings can be held without all members assembled. The Physician Medical Director may participate by phone (speaker) if unable to attend in person.

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

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

The guidelines for the Quality Assurance Committee include:

1. The Exam Coordinator 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.

2. The Examination Coordinator should secure a room for the Committee's deliberations.

3. The Committee will meet at a convenient time so as to not delay the remainder of the examination.

4. The Exam Coordinator should acquire the skill evaluation form(s) from the skill(s) in question. Only skills that have been addressed by the candidate in the written complaint should be reviewed.

5. The Exam Coordinator should read the complaint aloud exactly as written.

The Committee should then come to consensus as to the validity of the complaint. The Committee should determine the necessity to interview the Skill Examiner and/or the candidate. If interviews of both parties are required, they should be conducted separately.

6. 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.

7. THE RESULTS OF ANY SKILL, EITHER PASS OR FAIL, CANNOT BE CHANGED BY EXAM COORDINATOR, QUALITY ASSURANCE COMMITTEE, OR ANY OTHER INDIVIDUAL. THE ONLY ACTION PERMISSIBLE BY ANYONE IN RELATIONSHIP TO FINAL SCORES IS OUTLINED IN "6a"AND “6b” ABOVE.

8. Any candidate whose results have been nullified should be examined again by a different Skill Examiner.

9. The Quality Assurance Committee should complete the Quality Assurance Committee Report for submission to the State EMS Office.

10. The Exam Coordinator should then meet with the candidate and inform the candidate of the Quality Assurance Committee's official decision. The candidate should be informed that this decision is final and cannot be reversed by the State EMS Office. Obtain the candidate's signature on the form that acknowledges these actions were completed at the examination site.

11. The Exam Coordinator should submit the EMR/EMT Psychomotor Examination Complaint Form and the Quality Assurance Committee Report to the State EMS Office along with all other examination materials.

EMERGENCY MEDICAL REPONDER
EMERGENCY MEDICAL TECHNICIAN
PSYCHOMOTOR EXAMINATION COMPLAINT FORM

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

Skill(s) in question:

_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 Exam Coordinator informs you of the Quality Assurance Committee's official decision.

EMERGENCY MEDICAL RESPONDER
EMERGENCY MEDICAL TECHNICIAN
PSYCHOMOTOR EXAMINATION
QUALITY ASSURANCE COMMITTEE REPORT FORM

Candidate: _____ Exam Site: _____

Date: _____ Skill: _____

Examiner: _____ Examiner Phone #: _____

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

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

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

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

Signature or name of Physician Medical Director: _____

Signature of Examination Coordinator: _____

Signature of State EMS Official or approved agent: _____

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

Signature of Candidate: _____ Date: _____

This form should be submitted to the State EMS Office along with all examination materials to the psychomotor exam request in LMS.

In cases where a specific performance, treatment protocol, or other situations arise in which the Exam Coordinator 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 Exam Coordinator should complete the Quality Assurance Committee Review Form and submit it along with all other examination materials to the State EMS Office.

EMERGENCY MEDICAL RESPONDER AND

EMERGENCY MEDICAL TECHNICIAN PSYCHOMOTOR 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 Physician Medical Director: _____

Signature of Examination Coordinator: _____

Signature of State EMS Official or approved agent: _____

Exam Site: _____ Date: _____

This form should be submitted to the State EMS Office along with all examination materials to the psychomotor exam request in LMS.

Patient Assessment/Management – Trauma Essay to Skill Examiners

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMR/EMT Assistant and/or Simulated Patient conducts himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the OEMS. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMR/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 Exam Coordinator or approved agent.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multiple system trauma. A full body 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 candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

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

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

Due to the limitations of moulage, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses, or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions.

For example, if the candidate inspects the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was assessing the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound, and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient's vital signs based upon the candidate's treatment.

They are not comprehensive, and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step “Obtains baseline vital signs [must include BP, P and R]” has been placed after the “Primary Survey/Resuscitation” section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multisystem trauma patient. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route, and an accurate BP should be obtained by sphygmomanometer during reassessment and transport of the Simulated Patient.

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

Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax

of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, “You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?” This also points out the need for you to assure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

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

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

Immediately upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that both "partners" are available during transport. You should stop the candidate promptly when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A full body 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 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 candidate to suspect multisystem trauma.
- The patient must be on the floor. If any candidate insists on having the simulated patient move to a different location, you should immediately dismiss the candidate and notify the Exam Coordinator.
- 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 full body 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 candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help assure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient.

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

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 candidate 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 today's scenario. For example, the level of respiratory distress that you should act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the examination. As each candidate 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 candidate only lightly touches the area, do not respond. Do not give the candidate 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 candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate 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 candidate's performance after he/she leaves the room.

Equipment List

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your 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.

Do not open this skill for testing until the Exam Coordinator has provided you with an approved trauma 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 full body 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 assure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away

- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

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

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask 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 “Mechanism of Injury” from prepared scenario and begins 10 minute time limit.

Patient Assessment/Management – Medical Essay to Skill Examiners

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMR/EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the OEMS. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMR/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 Exam Coordinator

This skill is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient or a full body simulation manikin, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Examiner if necessary.

The Simulated Patient will answer the candidate's questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also assure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient or a full body simulation manikin. The scenario that you develop must contain enough information for the candidate to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient should remain awake and able to communicate with the candidate throughout the scenario. Please moulage the Simulated Patient and thoroughly

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

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

Blood pressure: ± 10 mmHg

Pulse: ± 10 beats per minute

Respiratory rate: ± 5 breaths per minute

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

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

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

Due to the limitations of moulage and the ability of the Simulated Patient, you should establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the candidate to explain his/her actions. For example, if the candidate inspects the Simulated Patient's face, you should ask what he/she is checking to precisely determine if he/she was assessing the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged, but would be immediately evident in a real patient should be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses should not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth

as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but is difficult to moulage. An unacceptable response would be merely stating, "The patient is experiencing left heart failure."

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

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

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

As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, after completing the “Primary Survey/Resuscitation” and determining that the patient does not require immediate and rapid transport, the steps listed in the “History Taking/Secondary Assessment” section may be completed in any number of acceptable sequences. 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.

Immediately after completing the “Primary Survey/Resuscitation,” the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing

interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the candidate who chooses to immediately transport the critical patient to continue his/her "Secondary Assessment" while awaiting arrival of the EMS vehicle. Be sure to remind the candidate that both "partners" are also available. You should stop the candidate promptly after he/she completes a verbal report to an arriving EMS unit or when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A full body 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 full body 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 candidate 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 appropriately oriented to person, place, and time

We recommend that scenarios be developed and 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 full body 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 candidate's performance with the Simulated Patient to help assure 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 be wearing shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help assure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient.

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the patient's skin is moist.

Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

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

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

assess various areas of your body. For example, if the candidate asks you to sit up so he/she may assess your back, please sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

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

Equipment List

Do not open this skill for testing until the Exam Coordinator 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 full body 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 assure that it is working adequately throughout the examination:

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

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

This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You 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.]

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 candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMR/EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance.
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the OEMS. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMR/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 Exam Coordinator.

In this skill, the candidate will have five (5) minutes to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The patient is found supine and unresponsive on the floor. The adult manikin must be placed and left on the floor for these skills. If any candidate insists on moving the patient to a different location, you should immediately dismiss the candidate and notify the Exam Coordinator. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately assess the patient's responsiveness and immediately request additional EMS assistance after determining that the

patient is unresponsive. Next, the candidate must check for breathing and a carotid pulse simultaneously for no more than ten (10) seconds in accordance with 2015 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should inform the candidate that the patient is apneic but has a weak carotid pulse of 60. The candidate should next open the patient's airway. Immediately you should inform the candidate that he/she observes secretions and vomitus in the patient's mouth. The candidate should attach the rigid suction catheter to the suction unit and operate the equipment correctly to suction the patient's mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each candidate's ability to suction a patient properly. If the suctioning attempt is prolonged and excessive, you should check the related "Critical Criteria" and document the exact amount of time the candidate suctioned the patient. After suctioning is complete, you should then inform the candidate that the mouth and oropharynx are clear.

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

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

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

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

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

Oxygen Administration by Non-rebreather Mask

This skill is designed to test the candidate’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 candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate 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 candidate will be instructed to assemble the oxygen delivery system and administer oxygen to the Simulated Patient using a non-rebreather mask. During this procedure, the candidate must check for tank 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 candidate 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 candidate 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 assure 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 candidate 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:
    - One 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

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT

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

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

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

[After two (2) minutes or sooner if the candidate 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.

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

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 candidate 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.

Cardiac Arrest Management/AED Essay to Skill Examiners

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMR/EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the OEMS. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMR/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 Exam Coordinator.

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

After arriving on the scene and assuring scene safety, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should immediately request additional EMS resources. The candidate should then assess for breathing and pulse simultaneously for no more than ten (10) seconds. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations and is pulseless, the candidate should immediately begin chest compressions. All actions performed must be in accordance with 2020 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. Any candidate who elects to perform any other intervention or assessment causing delay in chest compressions has not properly managed the situation. You should check the related "Critical Criteria" and document the delay.

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

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

After 5 cycles or 2 minutes of 1-rescuer CPR, the candidate should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the candidate should direct a second rescuer to resume chest compressions. The candidate 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 candidate should make sure that no one is touching the patient while the AED analyzes the rhythm. The AED should then announce, "Shock advised" or some other similar command.

Each candidate is required to operate the AED correctly so that it delivers one shock for verification purposes. As soon as the shock has been delivered, the candidate should direct a rescuer to immediately resume chest compressions. At that point, the scenario should end and the candidate should be directed to stop. Be sure to follow all appropriate disinfection procedures before permitting the next candidate to use the manikin and complete the skill.

Please realize the Cardiac Arrest Management/AED Skill is device-dependent to a degree. Therefore, give each candidate time for familiarization with the equipment in the room before any evaluation begins. You may need to point out specific operational features of the AED but are not permitted to discuss patient treatment protocols or algorithms with any candidate. Candidates are also permitted to bring their own equipment to the psychomotor examination. If any enter your skill carrying their own AED, be sure that the State EMS Official or approved agent has approved it for testing, and you are familiar with its appropriate operation before evaluating the candidate with the device. You should also be certain that the device will safely interface with the manikin.

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

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 AED 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 assure that it is working adequately throughout the examination:

- Examination gloves
- Mouth-to-barrier device (disposable)

- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

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

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself 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.

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?

Spinal Immobilization (Supine Patient) and Random EMT Skills Essay to Skill Examiners

Essays and instructions for five (5) EMT skills are included in this essay. NREMT candidates must test the skills as follows:

LEVEL	SKILLS TO TEST
Emergency Medical Technician	All candidates must test: ▪ Spinal Immobilization (Supine Patient) Additionally, candidates must also test one (1) of the following skills: ▪ Spinal Immobilization (Seated Patient) ▪ Bleeding Control/Shock Management ▪ Long Bone Immobilization ▪ Joint Immobilization

Candidates retesting any skill(s) must retest over the specific skill(s) previously failed. Therefore, all equipment for all five (5) EMT skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the Exam Coordinator immediately for clarification. Do not let the candidate leave the room until the matter is resolved with the Exam Coordinator. The essays that follow are:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the OEMS. Skill

- Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMT Assistant for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the Exam Coordinator.

Spinal Immobilization (Supine Patient) Essay to Skill Examiners

This skill is designed to evaluate the candidate's ability to immediately protect and immobilize the Simulated Patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey 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. Candidates 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 candidates.

The candidate 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 candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate 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 candidate 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 candidate may choose to bring a device with which he/she is familiar. The Exam Coordinator must approve this device and you must be familiar with its proper use before evaluation of the candidate begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well he/she immobilizes and protects the Simulated Patient's spine, not on what immobilization device is used.

The candidate 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 candidate and evaluator move the Simulated Patient upon direction of the candidate.

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

This skill requires that an assistant EMT be present during the evaluation. Candidates 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 candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the Simulated 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 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) 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 assure that it is working adequately throughout the examination:

- Examination gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape

Spinal Immobilization (Seated Patient) Essay to Skill Examiners

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate 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 candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey 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 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 candidates.

The primary survey as well as reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate 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 candidate 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 candidate may choose to bring a device with which he/she is familiar and the Exam Coordinator devices. You must also be familiar with the proper use of these devices before any evaluation of the candidate can occur. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe 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 candidate'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 candidate’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 candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate 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 candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual, neutral, in-line immobilization. You must check

the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the Simulated Patient. The candidate 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 candidate completes his/her performance and exits the room.

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. One (1) assistant EMT is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling®, Kerlix®, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

* 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.

Bleeding Control/Shock Management Essay to Skill Examiners

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

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be 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 candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the Simulated Patient's condition changes. It is

essential, due to the purpose of this skill that the Simulated Patient's condition does not deteriorate to a point where CPR would be initiated. This skill is not designed to evaluate CPR skills.

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

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

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/80, P 118, R 30).

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 assure that it is working adequately throughout the examination:

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling®, Kerlix®, etc.

Long Bone Immobilization Essay to Skill Examiners

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

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

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

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° and all the fingers should be slightly flexed.

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

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. One (1) EMT Assistant EMT is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

Joint Immobilization Essay to Skill Examiners

This skill is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim and that a suspected shoulder injury is discovered during the secondary survey. The Simulated Patient will present with

the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe.

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

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. One (1) EMT Assistant is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

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

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SUPINE PATIENT)

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. 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. The assistant EMT should control the head and cervical spine of the Simulated Patient while you and I move the Simulated Patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SEATED PATIENT)

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?

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR BLEEDING CONTROL/SHOCK MANAGEMENT

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

[**Sample Scenario**:]

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?

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR LONG BONE IMMOBILIZATION

This skill is designed to evaluate your ability to properly immobilize a closed, non- angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill.

You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR JOINT IMMOBILIZATION

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the (left or right) shoulder is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any question?

Equipment List- All Stations

Patient Assessment/Management – Trauma

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

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- 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 full body simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

Bag-Valve-Mask Ventilation of an Apneic Adult Patient and Oxygen Administration by Non-rebreather Mask

- 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 cylinder 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)
- Selection of nasopharyngeal 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

Cardiac Arrest Management/AED

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 AED 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 assure that it is working adequately throughout the examination:

- Examination gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

Spinal Immobilization (Supine Patient)

- Examination gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape

Spinal Immobilization (Seated Patient)

- Examination gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling®, Kerlix®, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

*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.

Bleeding Control/Shock Management

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling®, Kerlix®, etc.

Long Bone Immobilization

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

Joint Immobilization

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

CANDIDATE'S STATEMENT

By my signature, I affirm that I was oriented to the psychomotor examination by the Exam Coordinator. I agree to fully abide by all policies of the OEMS. I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today's examination does not guarantee my eligibility for certification by the National Registry of EMTs or subsequent state licensure.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the Exam Coordinator immediately if I feel I have been discriminated against or experienced any type of equipment malfunction in any skill.

I further understand that my complaints will not be accepted if I do not file my complaints today before leaving this site and before I am informed of my psychomotor examination results. I understand that the OEMS will not explain any specific errors in my performance. All examination results are preliminary and unofficial until they have been formally processed and reported by the Exam Coordinator.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this examination. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the OEMS in conjunction with all of my previously reported official psychomotor examination results. I also understand that making threats toward the Exam Coordinator or any examination staff; the use of unprofessional (foul) language; or committing other types of irregular behavior may be sufficient cause to invalidate the results of the examination, to terminate participation in an ongoing examination, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today's examination, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

SIGNATURE: _____ DATE: _____

RECOMMENDED PASS/FAIL CRITERIA FOR NREMT PSYCHOMOTOR EXAMINATION

MINIMUM POINTS REQUIRED

PATIENT ASSESSMENT – TRAUMA .....33 points

PATIENT ASSESSMENT – MEDICAL .....33 points

BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT.....12 points

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK .....8 points

CARDIAC ARREST MANAGEMENT/AED.....13 points

SPINAL IMMOBILIZATION (SUPINE PATIENT) .....11 points

RANDOM EMT SKILLS

SPINAL IMMOBILIZATION (SEATED PATIENT) .....9 points

BLEEDING CONTROL/SHOCK MANAGEMENT.....5 points

LONE BONE IMMOBILIZATION.....8 points

JOINT IMMOBILIZATION .....7 points

NOTE: Failure must be noted for any skill where minimum points were not realized. In addition, failure must be noted for any skill where the examiner has checked one of the "Critical Criteria" statements and documented the performance as required.

Same-Day Retest Form

Candidate: _____

Original Skill Examiner

- ❑ Patient Assessment/Management – Trauma _____
- ❑ Patient Assessment/Management – Medical _____
- ❑ BVM Ventilation of an Apneic Adult Patient _____
- ❑ Oxygen Administration by Non-rebreather Mask _____
- ❑ Cardiac Arrest Management/AED _____
- ❑ Spinal Immobilization (Supine Patient) _____
- ❑ Spinal Immobilization (Seated Patient) _____
- ❑ Bleeding Control/Shock Management _____
- ❑ Long Bone Immobilization _____
- ❑ Joint Immobilization _____

PATIENT ASSESSMENT/ MANAGEMENT – TRAUMA

PATIENT ASSESSMENT/ MANAGEMENT – MEDICAL

BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

CARDIAC ARREST MANAGEMENT / AED

EMERGENCY MEDICAL RESPONDER &

TECHNICIAN PSYCHOMOTOR EXAMINATION

STAFF ROSTER

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

EXAMINER:_____ LOCATION:_____

SIMULATED PATIENT: _____

EXAMINER:_____ LOCATION:_____

SIMULATED PATIENT: _____

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

EXAMINER:_____ LOCATION:_____

SIMULATED PATIENT: _____

EXAMINER:_____ LOCATION:_____

SIMULATED PATIENT: _____

BVM VENTILATION OF AN APNEIC ADULT PATIENT AND OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

EXAMINER:_____ LOCATION:_____

EXAMINER:_____ LOCATION: _____

CARDIAC ARREST MANAGEMENT/AED

EXAMINER:_____ LOCATION:_____

EXAMINER:_____ LOCATION: _____

SPINAL IMMOBILIZATION (SUPINE PATIENT) AND RANDOM EMT SKILLS
(Candidates complete one [1] skill chosen at random. Additionally, each EMT psychomotor Exam candidate must also complete the Spinal Immobilization [Supine Patient] skill.)

EXAMINER:_____LOCATION_____

EMT ASSISTANT: _____

PATIENT: _____

EXAMINER:_____LOCATION:_____

EMT ASSISTANT: _____

PATIENT: _____

EXAM SITE:_____ EXAM DATE: _____

CUT-OFF DATE: _____

EXAM COORDINATOR:_____PHONE #: _____

NAME	PHONE # OR EMAIL	LEVEL	PT. ASSESSMENT/MGT. – TRAUMA	PT. ASSESSMENT/MGT. – MEDICAL	BVM VENTILATION OF AN APNEIC ADULT PATIENT	O_2 ADMINISTRATION BY NON-REBREATHER MASK	CARDIAC ARREST MANAGEMENT/AED	SPINAL IMMOBILIZATION (SUPINE PATIENT)	RANDOM EMT SKILLS (TEST ONLY 1 SKILL)			
									SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL / SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

NAME	PHONE # OR EMAIL	LEVEL	PT. ASSESSMENT/MGT. – TRAUMA	PT. ASSESSMENT/MGT. – MEDICAL	BVM VENTILATION OF AN APNEIC ADULT PATIENT	O_2 ADMINISTRATION BY NON-REBREATHER MASK	CARDIAC ARREST MANAGEMENT/AED	SPINAL IMMOBILIZATION (SUPINE PATIENT)	RANDOM EMT SKILLS (TEST ONLY 1 SKILL)			
									SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL / SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
16.												
17.												
18.												
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36.												

NAME	PHONE # OR EMAIL	LEVEL	PT. ASSESSMENT/MGT. – TRAUMA	PT. ASSESSMENT/MGT. – MEDICAL	BVM VENTILATION OF AN APNEIC ADULT PATIENT	O_2 ADMINISTRATION BY NON-REBREATHER MASK	CARDIAC ARREST MANAGEMENT/AED	SPINAL IMMOBILIZATION (SUPINE PATIENT)	RANDOM EMT SKILLS (TEST ONLY 1 SKILL)			
									SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL / SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
37.												
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EMR/EMT Psychomotor Examination Report Form

Name: _____
Last Name First Name Middle Initial

Address: _____
Number & Street

_____
City State Zip Code

Exam Site: _____ Date: _____

	EMR/EMT SKILLS	RESULTS OF FULL ATTEMPT		RESULTS OF RETEST #1		RESULTS OF RETEST #2	
		PASS	FAIL	PASS	FAIL	PASS	FAIL
1	Patient Assessment/Management - Trauma						
2	Patient Assessment/Management - Medical						
3	BVM Ventilation of an Apneic Adult Patient						
4	Oxygen Administration by Non-rebreather Mask						
5	Cardiac Arrest Management/ AED						
6	Spinal Immobilization (Supine Patient)						
7	Random EMT Skills: Test (1) of the following						
	Spinal Immobilization (Seated Patient)						
	Bleeding Control/ Shock Management						
	Long Bone Immobilization						
	Joint Immobilization						
	YOUR OVERALL RESULTS TODAY ARE:	PASS RETEST FAIL		PASS RETEST FAIL		PASS RETEST FAIL	

- You are eligible to retest if you fail three (3) or less skills when taking a full attempt.
- You cannot retest today if you fail four (4) or more skills when taking a full attempt.
- If you are eligible for retest, you must retest all skill(s) marked as fail.
- Only one (1) retest attempt can be completed at this examination today if one is offered. Failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination.
- Failure of the entire psychomotor examination requires remedial training before attempting the entire psychomotor examination (all seven [7] skills) on another date.
- Passed examination results are only valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" for NREMT are met.

Examination Coordinator: _____
Signature Date

Candidate: _____
Signature Date

Comments: _____