

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.]