



Georgia Office of EMS and Trauma
Emergency Medical Responder
&
Emergency Medical Technician
Psychomotor Examination Users Guide

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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	<ul style="list-style-type: none"> <input type="checkbox"/> Secure commitment from an Exam Coordinator to administer the psychomotor examination. <input type="checkbox"/> Secure facilities to host psychomotor examination
7 days	<ul style="list-style-type: none"> <input type="checkbox"/> Submit EMR/EMT Psychomotor Exam Request in the LMS <input type="checkbox"/> 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. <input type="checkbox"/> Gather all equipment and supplies. <input type="checkbox"/> Re-confirm facilities will be available for the psychomotor examination as previously planned. <input type="checkbox"/> Send a reminder (letter or email) to all Skill Examiners, EMR/EMT Assistants, and Simulated Patients
1 day	<ul style="list-style-type: none"> <input type="checkbox"/> 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" of 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” of 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 #, etc.).
4. Inform the candidate of his/her results in the usual fashion.
5. Only give the completed Same-Day Retest form to those candidates who are eligible to retest.
6. Instruct any candidate wanting to retest to turn-in this retest slip to the Examination Coordinator or Staging Officer.
7. 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