

 <b>GEORGIA DEPARTMENT OF PUBLIC HEALTH</b>  Division of Emergency Preparedness & Response <b>Office of Emergency Medical Services and Trauma</b>	<b>INDEX</b>	<b>PRO-T-07</b>
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## **SUBJECT: Testing: Administering the NREMT-Basic Examination**

### **I. Purpose:**

This policy defines the process to be used by EMT course instructors for administering the EMT-Basic Practical Examination as outlined by the National Registry of Emergency Medical Technicians (NREMT) and the Georgia Office of Emergency Medical Services and Trauma (OEMS).

### **II. General Requirements:**

A. Prior to testing, the Examination Coordinator at each testing site will download the following from the NREMT website (<http://nremt.org>):

1. NREMT Basic Practical Examination Users Guide
2. Quality Control Checklist
3. Skill Evaluation Instruments
  - a. These forms are the approved method for scoring the practical examination.
4. Practical Examination Report Form
  - a. This form will be the approved mechanism used for reporting to OEMS.

B. Organizing the Examination

1. The purpose for the performance examination is that the following criteria be met and implemented:
  - a. Each task on the evaluation instrument must be scored as a separate task.
  - b. All items critical to patient/limb outcome must be identified on the skill sheet
  - c. Sequencing of task in some instances must be considered critical behavior.

- d. Overall competency must be achieved as defined by the NREMT and OEMS.

C. Test Facility

1. It is important that the test stations are set up in such a way to prevent candidates from observing the patient management problems prior to the time of their testing. The test facility should be chosen with this in mind.

D. Examination Staff shall consist of a **minimum** of one (1) examination coordinator, six (6) skill station examiners, four (4) programmed patients, three EMT assistants and one (1) make-up person to conduct the practical examination.

1. Physician Medical Director – is highly desirable to have; however, is not essential in the attendance at all examination sessions. The skills to be tested and the acceptable levels of performance should always be determined with physician medical director input.
2. Examination Coordinator
  - a. The coordinator is responsible for the overall planning, implementation, quality control and validation of the examination process.
  - b. Specific duties include orientation of the candidates and skill station examiners and reporting of examination results to NREMT.
3. Skill Station Examiner
  - a. Examiners should be recruited from the local EMS community; and, may be from a wide range of resources – i.e., local physicians, nurses, paramedics and experienced EMTs.
  - b. The role of the examiner is that of an observer and recorder of the events.
  - c. In no instance shall a primary instructor serve as a skill station examiner. In the interest of fairness and objectivity, instructors shall not examine their own students.

4. Programmed Patient

- a. The role of the programmed patient is to provide an accurate and consistent portrayal as the victim in the scenario for the station.
- b. Programmed patients should be experienced EMTs, paramedics and/or other allied health personnel to re-enact injuries more accurately; and, to evaluate appropriate or inappropriate behavior/technique by the candidate.
- c. The programmed patient provides feedback to the examination coordinator regarding the candidate's performance which should be recorded on the reverse side of the performance skill sheet.
- d. Comments should be brief and objective as possible to be used in the final scoring of the candidate's performance.

5. EMT Assistants shall be knowledgeable in the skill that they are assisting and shall perform as EMS professionals would in an actual field situation.

- a. Assistants shall follow the direction of the EMT candidate.
- b. Assistants may not coach the candidate in any way relative to the performance of any skill.

E. Equipment and supplies needed to prepare each of the six (6) examination stations is detailed in the Examination Station Equipment List. Additionally, each examiner will need a watch and a supply of the skill evaluation instruments to score each candidate's performance.

F. Examination Stations

1. The practical examination consists of six (6) stations – five (5) mandatory stations and one (1) random skill station. The mandatory and random skill stations consist of both skill and scenario based testing.
2. A list of the stations and their established time limits are as follows:

<i><b>Skill to be Tested</b></i>		<i><b>Maximum Time Limit</b></i>
<i><b>Station 1:</b></i>	Patient Assessment Management - Trauma	10 min
<i><b>Station 2:</b></i>	Patient Assessment Management - Medical	10 min

<b>Station 3:</b>	Cardiac Arrest Management / AED	15 min
<b>Station 4:</b>	Bag-Valve-Mask Apneic Patient	10 min
<b>Station 5:</b>	Spinal Immobilization Station:	
	Spinal Immobilization – Supine Patient	10 min
	or	
	Spinal Immobilization – Seated Patient	10 min
<b>Station 6:</b>	<b>Random Basic Skill Verification</b>	<b>Dependent on the skill</b>
	Long Bone Injury	5 min
	Joint Injury	5 min
	Traction Splint	10 min
	Bleeding Control / Shock Management	10 min
	Upper Airways Adjunct and Suction	5 min
	Mouth-to-Mask w/ Supplemental Oxygen	5 min
	Supplemental Oxygen Administration	5 min

The maximum time is determined by the number and difficulty of tasks to be completed.

3. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he/she arrives at the test site. Precautions should be taken to eliminate the possibility of unfair advantage among students. All skills will be set up. The candidate will blindly select which skill they will test once in the station.
- G. Skill Evaluation Instruments – are the examination scoring forms that are used to evaluate the candidate's performance at each of the six (6) testing stations. The required skill evaluation instruments are listed as follows:

*Patient Assessment/Management – Trauma*  
*Patient Assessment/Management – Medical*  
*Cardiac Arrest Management/AED*  
*Bag-Valve-Mask – Apneic Patient*  
*Spinal Immobilization – Seated Patient*  
*Spinal Immobilization – Supine Patient*  
*Immobilization Skills – Long Bone Injury*  
*Immobilization Skills – Joint Injury*  
*Immobilization Skills – Traction Splinting*  
*Bleeding Control / Shock Management*  
*Airway, Oxygen and Ventilation Skills – Upper Airway Adjuncts and Suction*  
*Mouth To Mask With Supplemental Oxygen*  
*Oxygen Administration*

#### H. Scoring

1. Scoring is determined by the observations recorded on the skill evaluation instrument by the examiner at each of the six (6) skill stations.
2. The examination coordinator shall collect and grade these sheets according to the provided pass/fail criteria. Additionally, the comments from the programmed patient and the examiner shall be factored in determining the final grade for each skill station.
3. Once the individual skill sheets are scored, the examination coordinator shall transcribe the individual skills sheets to the Practical Examination Report to determine and record the overall score of the practical examination.

### **III. Special Provisions:**

#### A. Programmed Patient and Moulage

1. Moulage is the art of applying mock injuries for the purpose of training Emergency Response Teams and other medical and military personnel.
2. Make-up of simulated patients is important if candidates are expected to readily identify wounds (in the Patient Assessment/ Management stations only).

#### B. Quality Control is the practical examination must be conducted according to a uniform set of criteria. Control criteria must be rigidly applied to all aspects of the examination.

1. Examination coordinators shall use the Quality Control Checklist to evaluate the standardization and quality control of the examination process.

#### C. Scoring

1. Results of the practical examination shall be reported as a pass/fail of the skill station.
2. The skill station examiner should at no time notify the candidate of their practical examination results.

3. The candidate shall not receive detailed critique of his/her performance on any skill and/or on a copy of the performance skill sheets; as this can result in the candidate 'learning' the examination while not being competent in the necessary skills.

#### **IV. Proof of Completion:**

##### **A. NREMT Reporting:**

1. Successful completion of the practical examination must be reported to NREMT by completing the reverse side of the NREMT EMT-Basic application.
2. Reporting is the responsibility of the examination coordinator and the physician medical director of the testing facility, or an agent or assignee of the physician medical director.
3. The physician medical director should use the Practical Examination Report Form to verify the applicant's performance prior to completing the NREMT application.

##### **B. OEMS Reporting:**

1. Successful completion of the practical examination must be reported to OEMS within five (5) business days of testing on a form approved by the department.
2. Records of multiple unsuccessful practical examination attempts should be maintained. After the third unsuccessful attempt, documentation must be filed with OEMS.

##### **C. Candidate Reporting:**

1. The examination coordinator is responsible for reporting the practical examination results to the individual candidate.
2. Candidates should be notified in writing of examination results after completion of the entire practical examination.
  - a. A copy of the Practical Examination Report Form can be used for candidate reporting.
3. A copy of the Practical Examination Report shall be retained in the records/files of the training program.

**V. References:**

EMT-Basic Practical Examination Users Guide developed by NREMT

**VI. Related Documents:**

EMT-Basic Practical Examination Checklist Form

EMT-Basic Practical Examination Report Form

Appendix F – Examination Station Equipment List

Practical Examination Scoring Forms:

Patient Assessment/Management – Trauma

Patient Assessment/Management – Medical

Cardiac Arrest Management/AED

Bag-Valve-Mask – Apneic Patient

Spinal Immobilization – Seated Patient

Spinal Immobilization – Supine Patient

Immobilization Skills – Long Bone Injury

Immobilization Skills – Joint Injury

Immobilization Skills – Traction Splinting

Bleeding Control / Shock Management

Airway, Oxygen and Ventilation Skills – Upper Airway Adjuncts and Suction

Mouth To Mask With Supplemental Oxygen

Oxygen Administration

Ventilatory Management – Endotracheal Intubation

Ventilatory Management – Dual Device Insertion Following An Unsuccessful  
Endotracheal Intubation Attempt

Ventilatory Management – Esophageal Obturator Airway Insertion  
Following An Unsuccessful Endotracheal Intubation Attempt

**VII. History:**

09/10/2011:      Implemented MEM / RKW

**The National Registry  
of  
Emergency Medical Technicians**

**Examination Attempt**

Initial Attempt	_____
1st Retest	_____
2nd Retest	_____

**Overall Score**

_____	Pass
_____	Fail
_____	Retest

**EMT-Basic Practical Examination Report Form**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Number & Street  
City State Zip Code

Exam Site: \_\_\_\_\_ Date: \_\_\_\_\_

Station #1	Patient Assessment / Management - Trauma	Pass	Fail
Station #2	Patient Assessment / Management - Medical	Pass	Fail
Station #3	Cardiac Arrest Management / AED	Pass	Fail
Station #4	Bag - Valve - Mask Apneic Patient	Pass	Fail
Station #5	Spinal Immobilization (Specify) Seated / Supine	Pass	Fail
Station #6	Random Skill Verification (Specify) _____	Pass	Fail

Examination Coordinator: \_\_\_\_\_  
Signature

Physician Medical Director: \_\_\_\_\_  
Signature

Candidates failing three (3) or less stations are eligible for a same day retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed at a different site with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations, constitutes a complete failure of the practical examination. Any complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination.

Remarks: \_\_\_\_\_  
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