AEMT Psychomotor Exam Administration Guidelines

Introduction

EMS education programs may conduct the psychomotor exam using the EMS Bureau approved AEMT Psychomotor Exam Administration Guidelines based on the historical method of administering a psychomotor exam developed by the NREMT for a psychomotor skill station exam format with specific scenarios and skill sheets. The station instructions, skill sheets, station equipment lists, and scenario references will be available on the Idaho EMS Education web page under Psychomotor Exam Resources (previously Education Program Resources).

These AEMT Psychomotor Exam Administration Guidelines are the instructions for administering an exam and outline the requirements, expectations and responsibilities of Education Program personnel and testing students for authorized psychomotor exams.

General Responsibilities

1. **IGEMS.** Need to submit a request for a psychomotor exam record in IGEMS.
2. **Psychomotor Exam Host Site.** Psychomotor Exam Host sites must be licensed EMS Agencies or approved EMS Education Programs at the AEMT/ILS clinical level or higher.
3. Education program directors must receive authorization from the program's medical director to administer the exam or appoint an Exam Administrator when the program director isn't going to be the Exam Administrator.
4. **Exam Resources.** Education Program Directors/ Exam Administrators will be responsible for obtaining resources for exams.
    a. Exam Resources Checklist:

        ☐ AEMT Exam Administration Guidelines
        ☐ Station equipment requirements
        ☐ Station Examiner Instructions
        ☐ Simulated Patient/Victim Instructions
        ☐ Station Student Instructions
        ☐ Station Scenario Requirements/Info
        ☐ Station Skill Sheets

    b. Appropriate equipment for each skill station should be inspected, clean and in working condition prior to exam.

    c. Qualified Skill Examiners for each skill station.

i. The skill examiners of each skill station must be experienced EMS personnel currently licensed at the AEMT 2011 level scope or a licensed Paramedic.
ii. The program director must upload a roster of the skill examiners, their licensure level, and number in the psychomotor exam record in IGEMS.

d. Simulated Patients/Victims when indicated by the skill station instructions.

5. **Bureau right to observe/audit**. The Bureau reserves the right to observe and audit psychomotor exams for compliance with exam guidelines and the Standards of Professional Conduct for EMS Education Program and Exam Personnel (IDAPA 16.01.05, Section 077)

6. **Ethical Administration of the Exam.** The education program is responsible for ensuring the exam is fair, objective, and impartial without discrimination on the basis of race, color, sex, national origin, religion, age (persons aged 40 and older) or disability when reasonable accommodations can be provided. The Exam Administrator is responsible for visiting all skill stations to verify that Skills Examiners conduct evaluations fairly.

7. **Psychomotor exam results.** Skill Station results must be reviewed by the education program's medical director. They are the authority for verifying and approving the pass/fail status of each completed skill. This can be done in person or online but needs to be during the exam to determine retest eligibility in real time. The education program director must record the candidate's status of Pass/Retest/Fail and completion date in IGEMS and upload a copy of the exam results signed off by the Medical Director under "Documents" in the IGEMS exam record.

Exam Day Expectations and Responsibilities

1. **Skill Examiner Expectations.** Education Program Directors must read the Skill Examiner Orientation to the appropriate audience (examiners, mock patients/victims, anyone assisting with the exam) and be available for questions.

    a. Psychomotor Exam hosts, administrators, skill examiners and students will conduct themselves within the Standards of Professional Conduct for EMS Education Programs and Exam Personnel (IDAPA 16.01.05, Section 077).

    b. The exam administering personnel are prohibited from instructing, aiding or coaching the student during his/her examination. If accommodations are required for any student or skill examiner, those should be attempted to be met to the satisfaction of all participants.

2. The Skill Examiners will be using the Bureau approved Advanced EMT skill station resources for each skill station.

    Skill Stations:
    1. Patient Assessment-Trauma
    2. Patient Assessment-Medical
    3. Cardiac Arrest Management/AED
    4. Supraglottic Airway Device
    5. Pediatric Respiratory Compromise
    6. Intravenous Therapy – Bolus & Intravenous Bolus Medications (combined station)
    7. Pediatric Intraosseous Infusion

3. **Student Expectations.** Exam Administrators must read the Student Orientation to all the participants and be available for questions.

4. **Retest Policy.** If a student fails a station, you may allow them to retest on that day with another Skill Examiner based on the Retest Policy. Students receive two (2) full attempts at the Advanced EMT Psychomotor Examination. All individual skills must be passed within the two full attempts. Students that fail 3 or less skill stations may retest each of those individual skills once during one full attempt. If any of the retested skill stations are failed, do not continue retesting individual skill stations and record the student has failed one full attempt. If one full attempt is failed, students must retake <u>all</u> the skill stations, even those successfully passed skills in the previous full attempt.

    Failure of one full attempt consists of either:
    - Failure of four (4) or more skills = one failed full attempt
    - Failure of any retested skill stations = one failed full attempt

8. **Student Complaints.** If a student believes that the psychomotor exam was unfair due to an equipment malfunction, evaluator bias, or the student feels they have been discriminated against, provide them with a complaint form for the option to submit a formal complaint. To be considered a formal complaint it needs to be put in writing. Complaints can only be made on the day of the exam and before the student leaves the exam site. The education program representative and Medical Director will review the complaint, and discuss the matter with the student, the skill station examiner(s), and perform any other investigations as needed. The determination of the education program director and the medical director is final and binding. Based on their determination they can choose to either have the results stand or nullify the results and retest the skill station. If the

student retests, the first exam will be voided and only the performance on the retest will count toward their score.

9. Exam Results/Documentation. Once the medical director has confirmed a student has successfully completed all stations and has signed the exams results roster, the education program director must complete the psychomotor exam record in IGEMS to report each student's Pass/Fail status and date of completion. All psychomotor exam documentation including Pass/Fail status results, date of completion, and medical director approved skill sheet results must be maintained for 3 years and available to the Bureau upon request.

Skills Examiner Orientation

The Education Program Directors must read the following to all Skill Examiners and Simulated Patients:

You were chosen as an examiner today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances. All data relative to a student's performance is based upon your objective recordings and observations. The forms you are using today have been designed to assist you in objectively evaluating the students. This examination is a formal verification procedure. You are not permitted to give any teaching, coaching, remedial training or indication of satisfactory or unsatisfactory performance to any student. You must act in a professional manner, paying attention to the way you address students.

Introduce yourself to each student as you call him/her into your skill station. No student, at any time, is permitted to remain in the testing area while waiting for his/her next skill. Give the student time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. When the student begins his/her performance, document the actual time started on the evaluation form as required.

As the student progresses through the skill, fill out the evaluation form in the following manner:

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

Limit your dialogue to the materials in the exam. Do not ask for information that does not relate to the evaluation criteria in your skill.

> *Example: If a student states "I would now apply high flow oxygen" you might respond "Please explain how you would do that".*

You may also have to stimulate a student to perform some action.

> *Example: If a student states, "I'd do a quick assessment of the legs," you must interject and ask the student to perform the assessment as he/she would in a field situation.*

All forms should be filled-out in a manner that prohibits the student from directly observing the points you award or comments you may note. Do not become distracted by searching for specific statements on the evaluation form when you should be observing the student's performance. If this occurs, simply turn the form over and concisely record the entire performance on the backside. After the student finishes the performance, complete the front side of the evaluation form in accordance with the documented performance.

You must observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the student's performance promptly, document the actual time the performance ended, and direct the student to move on to the next skill, making sure that the student does not remove any notes or recording of the skill (ECG strips, notes on vital signs, scenario information, etc.). If the student is in the middle of a step when the time limit is reached, permit him/her to complete only that step but not start another. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all "Critical Criteria" statements printed on the evaluation form and check any that apply to the performance you just observed. You must factually document your rationale for checking any of the "Critical Criteria" statements on the reverse side of the evaluation form.

All simulated patients and professional partners should respond within their scope of practice and remain professional throughout the performance.

If you are unsure of scoring a student's performance, notify me as soon as possible. Do not sign or complete any evaluation form in which you have a question until we have discussed the performance. If I'm busy with other duties, make notes of the performance, and continue with your evaluation of other students if possible.

Student Orientation

Perform a roll call and properly document the attendees.
You must read the following orientation to all testing students:

[Education Program Director/Appointed Exam Administrator]. I am the Exam Administrator for this psychomotor examination. I am responsible for ensuring the exam is fair, objective, and impartial without discrimination based on race, color, sex, national origin, religion, age (persons aged 40 and older) or disability. I will be visiting all skill stations to verify that Skills Examiners conduct evaluations fairly. If you believe that the psychomotor exam was unfair due to an equipment malfunction, evaluator bias, or there has been discrimination, discuss your concerns with the education program representative to submit a formal complaint.

The Skill Examiners utilized today were selected because of their expertise in the assigned skill. The Skill Examiner is an observer and recorder of your actions. Each Skill Examiner documents your performance in relationship to criteria established by the Idaho Bureau of EMS based on the Idaho and National EMS Education Standards available on the IdahoEMS.org EMS Education webpage. The Skill Examiners have been instructed to avoid any casual conversation with you to ensure fair and equal treatment of all students.

You must wait outside of the room until the skill is opened and you are called. Please be courteous to the students who are testing by keeping all excess noise to a minimum. The examiner will call you into the skill when it is prepared for testing. Be prompt in reporting to each skill so that we may complete this examination within a reasonable time period.

As you enter the room, the Skill Examiner will greet you and ask for your first and last name. Please provide the proper spelling of your name so that your results may be reported accurately.

The skills examiner will read instructions out loud to you in addition to your current scenario that you will be asked to follow. Skill examiners are not permitted to provide you with additional information outside of the instructions.

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

Your examiner will be documenting your performance, and you will be required to perform your skill within the allotted time. You should answer any questions you are asked. You should be prepared to demonstrate your ability to complete each task as outlined on your skill sheets in order to show competency.

The Skill Examiners do not have access to pass/fail criteria, but merely observe and document your performance in each skill.

Students receive two full attempts at the Advanced EMT Psychomotor Examination. All individual skills must be passed within the two full attempts. Students that fail 3 or less skill stations may retest each of those individual skills once during one full attempt. If any of the retested skill stations are failed, do not continue retesting individual skill stations and record the student has failed one full attempt. If one full attempt is failed, students must retake all the skill stations even those successfully passed skills in the previous full attempt.

Failure of one full attempt consists of either:

- Failure of four (4) or more skills = one failed full attempt

- Failure of any retested skill stations = one failed full attempt

No student, at any time, is permitted to remain in the testing area while waiting for his/her next skill. You are not permitted to discuss any specific details of any skill with each other at any time. If you are caught discussing details of any skill station, you will be immediately dismissed from the remainder of the examination. If you are unsuccessful in any skill today, we recommend you contact your educational institution for remedial training before attempting to retest.

If you decide to submit a formal complaint, the education program representative will give you the necessary complaint form, which you must complete in writing. You can only make a complaint on the day you take the exam and before you leave the exam site. The education program representative and Medical Director will review your complaint, and discuss the matter with you, the skill station examiner(s), and conduct any other investigations needed. The determination of the education program representative and the medical director is final and binding. Based on their determination they can choose to either have the results stand or nullify the results and retest the skill station. If you retest, the first exam will be voided and only your performance on the retest will count toward your score.

Questions?

[After any questions]

Please turn off and lock all electronic devices. Do not use any communication device until after you leave the testing facility today.

Idaho Bureau of EMS

AEMT Psychomotor Exam Materials

The **AEMT Psychomotor Exam Administration Guidelines** are to be used by the Education Program Director and Medical Director as the instructions and rules for administering the exam. Ensure you have copy of the **AEMT Psychomotor Exam Administration Guidelines** for reference during the exam.

This packet is comprised of the Station Equipment Requirements, Skill Examiner Instructions, Simulated Patient/Victim Instructions, Candidate Instructions, and Station Scenario Requirements/Info needed for each skill station in the exam. Each skill station should have enough skill sheets for all candidates to be able to test and some possible retests. An example Complaint Response Form is included for use as indicated in the **AEMT Psychomotor Exam Administration Guidelines.**

Skill Stations:

Patient Assessment-Medical

Exam Resources:

- ☐ Station equipment requirements
- ☐ Station Examiner Instructions
- ☐ Simulated Patient/Victim Instructions
- ☐ Station Student Instructions
- ☐ Station Scenario Requirements/Info
- ☐ Station Skill Sheets

Medical Scenarios
Recommended Equipment List for:

- Examination Gloves
- Tape
- Pen Light
- Blood Pressure Cuff
- Stethoscope
- Ambulance Cot
- Oxygen Tank, Regulator and Flowmeter
- Oxygen Connecting Tubing
- Stair Chair
- Rolled Gauze or Cravats
- IV Fluids
- Selection of IV Administration Sets (Macro and Micro Drip Rate) Extension tubing or 3-way Stopcock
- Selection of IV Catheters (can use small (20 – 22 ga.)
- IV Push Medications
- Syringes (various sizes)
- Tourniquet for Venipuncture
- Alcohol Prep Wipes or Similar Substitute
- Sharps Container
- Nitro Spray or Tablets
- Albuterol
- Padding (i.e., Towel, Cloths)
- Eye Goggles/Safety Glasses
- Co-Flex/Co-Ban Bandage
- Nasal Cannula (Adult and Pediatric)
- Non-Rebreather Mask (Adult and Pediatric)
- Handheld or Mask SVN (Small Volume Nebulizer) Pillow
- Blankets
- Pulse Oximetry
- Glucometer
- Thermometer
- Hot Packs
- Cold Packs

****Any Additional Items as Needed/Wanted****

Skills Examiner Instructions:
Patient Assessment Medical

This station is designed to test the candidates' ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to verbalize or demonstrate appropriate interventions based on the assessment findings. This is a scenario-based station and will require extensive dialogue between the examiner and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate however will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. You must establish a dialogue with the candidate throughout this station. Any information pertaining to sight, sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter, must be supplied by the examiner.

The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition. Additionally, the patient in the scenario must be awake and able to talk. The medical condition of the patient will vary depending upon the scenario utilized in the station. It is essential that once a scenario is established for a specific test site, it remains the same for all candidates being tested at that site. This will ensure consistency of the examination process for all candidates.

This skill station requires the presence of a simulated medical patient. You, or the simulated medical patient, should not alter the patient information provided in the scenario and should provide only the information that is specifically asked for by the candidate. Information pertaining to vital signs should not be provided until the candidate performs the steps necessary to gain such information. To verify that the simulated patient is familiar with his/her role during the examination, you should ensure he/she reads the "Instructions to the simulated Medical Patient" provided at the end of the essay. You should also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up should be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe" should be asked by the candidate. When the candidate attempts to determine the nature of the illness, you should respond based on the scenario being utilized, i.e., Respiratory, Cardiac, Altered Mental Status, Poisoning/ Overdose, environmental Emergency, Obstetrics, or Behavioral.

For this station, there should be only one patient and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios.
The point for "Interventions" should be awarded based on the candidate's ability to verbalize

or demonstrate appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the points for interventions should be awarded if the candidate verbalized or demonstrated administration of oxygen to the patient.

When assessing the signs and symptoms of the patient, the candidate must gather the appropriate information by asking the questions listed on the individual skill sheet. The number of questions required to be asked differs based on the scenario and the chief complaint. The points for each section are listed on the skill sheet.

Each candidate is required to complete a full patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the focused history and physical examination and ongoing assessment enroute to the hospital.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation instrument after the candidate completes the station. This documentation may be then used to validate the score on the evaluation sheet if questions should arise later.

Instructions to Simulated Patient/Victim:

Patient Assessment - Medical

Thank you for serving as the simulated patient/victim at today's examination.

NOTE: To ensure a fair examination for each candidate, the simulated victim should be of average height and weight for the scenario being used. For example, the use of a very small child is discouraged in this station unless the scenario specifically indicates a pediatric patient.

The examination today will require you to role play a patient experiencing an acute medical emergency. You should act as an actual patient would in the real situation. You must answer the candidate's questions using only the information contained in the scenario provided to you by the examiner for this station. Do not overact or add signs or symptoms to the scenario provided. It is important that you be very familiar with the scenario and the required patient responses. When serving as a patient for the scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of responsiveness, anxiety, respiratory distress, etc., acted out by you must be consistent for all candidates. Do not give the candidate any clues while you are acting as a victim. For examples, it is inappropriate to say "I am allergic to penicillin" after you become aware that the candidate has not remembered to ask you that question during the SAMPLE history.

Please remember what questions you have answered and what areas have been assessed because we may need to discuss the candidate's performance after he/she leaves the room.

The skill station examiner may use information provided by the trained and well coached victim as data in determining the awarding of points for specific steps on the evaluation sheet.

Any Questions?

Candidate Instructions:

Patient Assessment - Medical

This station is designed to test your ability to perform a patient assessment of a patient with a chief complaint of a medical nature and voice-treat or demonstrate all conditions and injuries discovered. You must conduct your assessment as you would in the field, including communication with your patient. As you conduct your assessment, you should state everything that you are assessing. Clinical information not obtainable by inspection, for example, blood pressure, will be given to you after you demonstrate how you would normally gain that information. You may assume that you have one (1) EMT working with you and that they are correctly carrying out the verbal treatments you indicate.

You have fifteen (15) minutes to complete this skill.

Do you have any questions?

SAMPLE MEDICAL SCENARIOS

POISONING/OVERDOSE

You arrive on the scene where a 3-year-old girl is sitting on her mother's lap. The child appears very sleepy and doesn't look at you as you approach.

INITIAL ASSESSMENT

Chief Complaint: "I think my baby has swallowed some of my sleeping pills. Please don't let her die!"

Apparent Life Threats: Depressed central nervous system and respiratory compromise.

Level of Responsiveness: Responds slowly to verbal commands.

Airway: Patent.

Breathing: 18 and deep.

Circulation: 120 and strong.

Transport Decision: Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance: "My baby took my sleeping pills. I don't know what kind they are. They just help me sleep at night."

When ingested: "I think she must have got them about an hour ago when I was in the shower. Her older sister was supposed to be watching her."

How much ingested: "My prescription was almost empty. There couldn't have been more than four or five pills left. Now they're all gone. Please do something."

Effects: "She just isn't acting like herself She's usually running around and getting into everything."

Progressions: "She just seems to get sleepier and sleepier by the minute."

Interventions: "I didn't know what to do, so I just called you. Can't you do something for her."

Allergies: None

Medications: None

Past Medical History: None

Last Meal: "She ate breakfast this morning."

Events Leading to Illness: "She just swallowed the pills."

Focused physical examination: Completes a rapid trauma assessment to rule out trauma.

Vitals: RR 18, P 120, BP 90/64 SPO2 88%

SAMPLE MEDICAL SCENARIOS

ALLERGIC REACTION

You arrive to find a 37-year-old male who reports eating peanut butter cookies he accidentally purchased at a bake sale. He has audible wheezing, and is scratching red, blotchy areas on his abdomen, chest and arms.

INITIAL ASSESSMENT

Chief Complaint: ''I'm having an allergic reaction to those cookies I ate."

Apparent Life Threats: Respiratory and circulatory compromise. Level of Responsiveness: Awake, very anxious, and restless.

Airway: Patent. Breathing: 26, wheezing and deep.

Circulation: No bleeding, pulse 120 and weak, cold and clammy skin.

Transport Decision: Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of allergies: "Yes. I'm allergic to peanuts."

When ingested: "I ate cookies about 20 minutes ago and began itching all over about five minutes later."

How much ingested: "I only ate two cookies"?

Effects: ''I'm having trouble breathing and I feel lightheaded and dizzy."

Progression: "My wheezing is worse. Now I'm sweating really bad."

Interventions: "I have my epi-pen upstairs but I'm afraid to stick myself."

Allergies: Peanuts and penicillin.

Medications: None.

Past Medical History: "I had to spend two days in the hospital the last time this happened."

Last Meal: "The last thing I ate were those cookies."

Events Leading to Illness: "None, except I ate those cookies."

Focused physical examination: Not indicated (award point).

Vitals: RR 26, P 120, BP 90/60, SPO2 87%

SAMPLE MEDICAL SCENARIOS

RESPIRATORY

You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a "tripod" position. You see rapid respirations and there is cyanosis around the lips, fingers, and capillary beds.

INITIAL ASSESSMENT

Chief Complaint: ''I'm having a hard time breathing and I need to go to the hospital!"

Apparent Life Threats: Respiratory compromise.

Level of Responsiveness: Patient is only able to speak in short sentences interrupted by coughing.

Airway: Patent.

Breathing: 28 and deep, through pursed lips.

Circulation: No bleeding. There is cyanosis around the lips, fingers, and capillary beds.

Transport Decision: Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset: ''I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days."

Provokes: "Whenever I go up or down steps, it gets really bad."

Quality: "I don't have any pain, I'm just worried because it is so hard to breath. I can't seem to catch my breath."

Radiate: "I don't have any pain."

Severity: "I can't stop coughing. I think I'm dying."

Time: "I woke up about three hours ago. I haven't been able to breathe right since then."

Interventions: "I turned up the flow of my oxygen about an hour ago.

Allergies: Penicillin and bee stings.

Medications: Oxygen and a handheld inhaler.

Past Medical History: Treated for emphysema for the past 10 years.

Last Meal: "I ate breakfast this morning"

Events Leading to Illness: "I got worse a couple of days ago. The day it got cold and rained all day. Today, I've just felt bad since I got out of bed."

Focused physical Examination: Auscultate breath sounds.

Vitals: RR 28, P 120, BP 140/88, SPO2 85%

SAMPLE MEDICAL SCENARIOS

CARDIAC

You arrive on the scene where a 57-year-old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint: "My chest really hurts. I have angina but this pain is worse than any I have ever felt before."

Apparent Life Threats: Cardiac compromise.

Level of Responsiveness: Awake and alert.

Airway: Patent.

Breathing: 24 and shallow.

Circulation: No bleeding, pulse 124 and weak, skin cool and clammy.

Transport Decision: Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset: "The pain woke me up from my afternoon nap."

Provokes: "It hurts really bad and nothing I do makes the pain go away."

Quality: "It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath."

Radiate: "My shoulders and jaws started hurting about ten minutes before you got here, but the worst pain is in the middle of my chest. That's why I called you."

Severity: "This is the worst pain I have ever felt. I can't stand it."

Time: ''I've had this pain for about an hour, but it seems like days."

Interventions: "I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?"

Allergies: None.

Medications: Nitroglycerin.

Past Medical History: Diagnosed with angina two years ago.

Last Meal: "I had soup and a sandwich about three hours ago."

Events Leading to Illness: "I was just sleeping when the pain woke me up."

Focused Physical Examination: Assesses baseline vital signs.

Vitals: R 24, P 124, BP 144/92, SPO2 89%

Patient Assessment-Trauma

Exam Resources:

☐ Station equipment requirements
☐ Station Examiner Instructions
☐ Simulated Patient/Victim Instructions
☐ Station Student Instructions
☐ Station Scenario Requirements/Info
☐ Station Skill Sheets

Trauma Scenarios
Recommended Equipment List:

- Examination Gloves
- Pen Light
- Blood Pressure Cuff
- Stethoscope
- Bag-Valve-Mask Device (Adult and Pediatric)
- Oropharyngeal Airways (Various Sizes)
- Portable Suction
- Rigid Tip Suction Catheter
- Backboard or CPR board
- Ambulance Cot
- Intraosseous Needles with Application Device
- Patient Securing Straps
- Supraglottic Airway Device
- Secondary Airway Confirmation Device
- Commercial Airway Securing Device (or Tape)
- Oxygen Tank, Regulator and Flowmeter
- Oxygen Connecting Tubing
- Selection of IV Administration Drip Sets
- Selection of IV Catheters (can use small (20 – 22 ga.)
- Commercial IO Securing Device or Tape
- IV Push Medications
- Gauze pads (2x2, 4x4, etc.)
- Bulky Dressings
- Syringes (various sizes)
- Tourniquet for Venipuncture
- Alcohol Prep Wipes or Similar Substitute
- Sharps Container
- Blankets
- Towels
- Pulse Oximetry
- Thermometer
- Hot Packs
- Cold Packs
- Short Spine Immobilization Device (i.e. Short Spine Board, KED, etc.)
- Cervical Collar (Adult and Pediatric)
- Head Immobilizer (Commercial or Improvised)
- Padding (i.e., Towel, Cloths)
- Patient Securing Straps
- Rolled Gauze or Cravats
- Tape
- Eye Goggles/Safety Glasses
- Co-Flex/Co-Ban Bandage
- Nasal Cannula (Adult and Pediatric)
- Non-Rebreather Mask (Adult and Pediatric)
- Traction Splint
- Sling and Swathe
- Rigid, Flexible or Vacuum Splinting Material
- Field Dressings and Bandages
- Occlusive Dressings
- Trauma Tourniquet
- Pillows

****Any Additional Items as Needed/Wanted****

Skills Examiner Instructions:

Patient Assessment/ Management Trauma

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario-based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the evaluation sheet. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assess or palpates the patient in a manner which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell or an injury that cannot be realistically moulage but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

This skill station requires the presence of a simulated trauma victim. The victim should be briefed on his/her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim should have read thoroughly the "Instruction to the Victim: Simulated Trauma". Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment. The victim will present with a minimum of an airway, breathing, circulation problem and one associated injury wound. The mechanism and location of the injury may vary if the guidelines listed above are followed. It is essential that once a scenario is established for a specific test site, it remains the same for all candidates being test at that site. This will ensure consistency of the examination process for all candidates.

Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points should be awarded for the task "Determines the scene is safe."

An item of some discussion is where to place vital signs with a pre-hospital patient assessment. Obtaining precise agreement among various AEMT texts and programs is virtually impossible. Vital signs have been placed in the "History Taking" section. This should not be construed as the only place that vital signs may be accomplished. It is merely the earliest point in a pre-hospital assessment that they may be accomplished.

Once the scene size-up and primary assessment are completed, the exact location of vital signs within a pre-hospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs if they are accomplished according to the patient's condition. The scenario format of a multi-trauma assessment/ management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that cannot be adequately portrayed with the use of moulage. This information should be given to the candidate when the area of the patient is exposed or assessed.

The candidate may direct an EMT assistant to obtain patient vital signs. The examiner must provide the candidate with patient's pulse rate, respiratory rate, SPO2 and blood pressure when asked. The examiner must give vital signs that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has accomplished correct treatment for hypotension, do not offer vital signs that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. Likewise, if a candidate fails to accomplish appropriate treatment for hypotension, do not offer vital signs that improve the patient's condition. This may cause the candidate to assume he/she has provided adequate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating C.P.R. This station was not designed to test C.P.R.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already done to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. For example, the candidate may have voiced placement of a cervical collar in the initial assessment and then later, in the detailed physical examination, attempt to evaluate the integrity of the cervical spine. Since this cannot be done without removing the collar, you, as an examiner, should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with splints and bandages.

Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical examination in-route to the hospital. You should be aware that the candidate may accomplish portions of the detailed physical examination during the rapid trauma assessment. For example, the candidate must inspect the neck prior to placement of a cervical collar. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points should be awarded for the task. However, if a candidate removes the device, assesses the area, and replaces the device without compromising patient care, full points should be awarded for the specific task.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation sheet after the candidate completes the station. This documentation may then be used to validate the score on the evaluation sheet if questions should arise later.

Instructions to the Simulated Victim: Trauma

Thank you for serving as the simulated patient at today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond the way a real patient of a similar multiple trauma situation would.

The skill examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you must act out and the degree of pain that you exhibit as the candidate palpates those areas must be consistent throughout the examination.

As each candidate progresses through the skill, please be aware of any time that he/she touches you in a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a simulated patient. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate missed that injury.

Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction.

Please remember what areas have been assessed and treated, because you and the skill examiner may need to discuss the candidate's performance after he/she leaves the room.

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

Candidate Instructions
Patient Assessment Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treat or demonstrate all conditions and injuries discovered. You must conduct your assessment as you would in the field including communication with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have one (1) EMT working with you and that they are correctly carrying out the verbal treatments you indicate.

You have ten (10) minutes to complete this skill.

Do you have any questions?

Sample Trauma Scenario #1

Patient Assessment/ Management Trauma

Mechanism of injury:

You are called to the scene of a motorcycle crash where you find a victim that was thrown approximately 50 feet from where the bike landed. The patient was not wearing a helmet.

Injuries:

The patient will present the following injuries. All injuries will be moulage. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has the "Instructions to the Victim: Simulated Trauma" that have been provided.

1. Unresponsiveness
2. Large laceration across right chin and cheek with moderate venous bleeding
3. Pale, cool, clammy skin, no distal pulse
4. Pupils equal, but sluggish
5. Contusions with crackling of right, anterior, mid-ribcage area
6. Diminished breath sounds on right side
7. Neck veins are distended
8. Closed injury to the right mid-femur area with redness

Vital Signs:

1. Initial Vital Signs – BP: 72/60, P: 140, R: 28, SPO2 87%
2. Upon recheck (if appropriate treatment) – BP: 86/74, P: 120, R: 22, SPO2 96%
3. Upon recheck (if inappropriate treatment) – BP: 64/48, P: 138, R: 44, SPO2 84%

Sample Trauma Scenario #2

Patient Assessment/ Management Trauma

Mechanism of injury:

You are called to a farm in your jurisdiction. Upon arrival, you are directed to a barn on the property. You find a victim that was witnessed to have fallen from the hayloft landing on their right leg and striking their head. The height of the fall is approximately 25 feet from the ground. The fall was onto compact dirt.

Injuries:

The patient will present the following injuries. All injuries will be moulage. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has the "Instructions to the Victim: Simulated Trauma" that have been provided.

1. Unresponsiveness
2. Large laceration across right chin and cheek with moderate

venous bleeding

3. Pale, cool, clammy skin, no distal pedal pulse
4. Pupils equal, but sluggish
5. Contusions with crackling of right, anterior, mid-ribcage area
6. Diminished breath sounds on right side
7. Neck veins are distended
8. Closed injury to the right mid-femur area with redness/swelling

Vital Signs:

1. Initial Vital Signs – BP: 72/60, P: 140, R: 28, SPO2 88%
2. Upon recheck (if appropriate treatment) – BP: 86/74, P: 120, R: 22, SPO2 96%
3. Upon recheck (if inappropriate treatment) – BP: 64/48, P:138, R: 44, SPO2 84%

Sample Trauma Scenario #3

Patient Assessment/ Management Trauma

Mechanism of injury:

You are called to the scene of a vehicle vs pedestrian accident on a major roadway, speed limit of 35 m.p.h., where the victim is found lying prone on the side of the road. The patient was thrown approximately 40 feet.

Injuries:

The patient will present the following injuries. All injuries will be moulage. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has the "Instructions to the Victim: Simulated Trauma" that have been provided.

1. LOC-Unresponsiveness
2. Airway – Adverse sounds of gurgling – requires treatment with suction initially and on re-evaluation remains clear after second suctioning
3. Facial trauma with venous bleeding from large cuts
4. Closed chest injury left side with bruising, decreased expansion, and absent breath sounds
5. Left forearm deformity with slow bleeding
6. Unstable pelvis
7. Skin – pale extremities, cyanotic face, face becomes pink with oxygen administration

Vital Signs:

1. Initial Vital Signs – BP: 80/50, P: 140, R: 28, SPO2 88%
2. Upon recheck (if appropriate treatment) – BP: 90/60, P: 120, R: 24, SPO2 95%
3. Upon recheck (if inappropriate treatment) – BP: 68/40, P: 160, R: 36, SPO2 84%

Sample Trauma Scenario #4

Patient Assessment/ Management Trauma

Mechanism of injury:

You are called to a bar for a shooting. Police lead you to a victim that was shot in the chest. You find the victim lying supine on the floor in a pool of blood.

Injuries:

The patient will present the following injuries. All injuries will be moulage. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has the "Instructions to the Victim: Simulated Trauma" that have been provided.

1. Unconscious, responding to pain
2. Blood trickling from mouth
3. Open chest wound to 4th intercostals space on right mid-clavicular line
4. Open wound to right scapula
5. Neck veins flat, trachea midline
6. Skin is pale, cool, and clammy
7. Diminished Breath Sounds Upper Right Chest
7. Abdomen is flat
8. Pelvis is stable

Vital Signs:

1. Initial Vital Signs – BP: 74/palp, P: 132, R: 40 and shallow, SPO2 88%
2. Upon recheck (if appropriate treatment) – BP: 82/70, P: 120, R: assisted, SPO2 95%
3. Upon recheck (if inappropriate treatment) – BP: 66/palp, P: 138, R: agonal, SPO2 84%

IV Therapy-Bolus
IV Bolus Medications

Exam Resources:

☐Station equipment requirements
☐Station Examiner Instructions
☐Simulated Patient/Victim Instructions
☐Station Student Instructions
☐Station Scenario Requirements/Info
☐Station Skill Sheets

IV Therapy and Bolus Medications

Recommended Equipment List:

- Personal protective equipment
- IV infusion arms
- Selection of IV solutions (may be expired)
- Selection of IV Administration sets (Macro and Micro)
- IV extension tubing or 3-way stopcock.
- Selection of IV catheters (can use small (20 – 22 ga.)
- IV push medications (selection of pre-filled syringes)
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Bulky dressings
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

****Any Additional Items as Needed/Wanted****

Skill Examiners Instructions

IV Therapy and Bolus Medications

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

• Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.

• Limit conversation with candidates to instructions and answering exam-related questions.

• Do not behave in a way that is discriminatory or perceived as harassment, and immediately report all instances of discrimination or harassment to the Exam Administrator.

• Maintain control of your scenario.

  o Familiarize yourself with the details of the scenario.

  o Brief simulated patients and assistants.

  o Make sure all equipment is functional.

• Be sure that all exam materials always remain in a secure place.

• Return all exam materials to the Exam Administrator.

  o Include all notes taken by the candidate.

• Thoroughly document justification for the candidate's score, especially if any Critical Criteria are identified.

• Do not give verbal or physical cues to the candidate to indicate their performance at your station. Remain neutral and objective in your conduct.

Skill Examiner Key Points

• Candidates are expected to choose equipment and medications based on current evidence-based guidelines and the national/state scope of practice for the level for which the candidate is testing.

• The chronological order in which a candidate performs each step for a skill is only important if performing steps out of order would cause harm.

• Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the Exam Administrator.

• Report all equipment failures immediately to the Exam Administrator, and promptly replace defective equipment.

• If a candidate is unsuccessful in completing the Intravenous Therapy skill, they may move on to the Intravenous Bolus Medication skill. It is then acceptable to initiate the IV for the candidate or have a separate IV line solely for the Intravenous Bolus Medication skill.

Intravenous Therapy Key Points

• If flashback does not occur due to an equipment abnormality, but should have occurred based on the candidate's performance, simply tell the candidate that they observe flashback.

• If the candidate does not successfully initiate the IV, they can still move on to the Intravenous Bolus Medications skill station.

Intravenous Bolus Medications Key Points

• An array of medications in prefilled syringes should be presented to the candidate to allow the candidate to choose the appropriate medication.

• The prefilled syringes should be filled with water, saline, or IV solution and must be refilled and repackaged before each candidate is permitted to enter the room.

• Interact with the candidate as if you are the patient and be sure to give clear information.

• The actual amount of drug dispelled from the syringe is what verifies the dosage administered, regardless of the verbally stated dosage.

Candidate Instructions

Intravenous Therapy - Skill

Welcome to the Intravenous Therapy Skill station.

In this skill station you are required to establish an IV just as you would in the field. You will have three attempts within a 6-minute time limit to establish the IV. Although we are using the manikin arm, you should conduct yourself as if this were a real patient. You should assume that I am the actual patient and may ask me any questions you would normally ask a patient in this situation.

Do you have any questions?

Candidate Instructions
IV Bolus Medications-Skill

Welcome to the Intravenous Bolus Medication Skill station.

You will be given a patient scenario and will be required to administer an IV Bolus of medication just as you would in the field. Although we are using the manikin arm, you should conduct yourself as if this were a real patient. You should assume that I am the actual patient and may ask me any questions you would normally ask a patient in this situation. You will have three (3) minutes to begin administration of the medication bolus.

Do you have any questions?

The patient you are treating is… [Choose one (1)]

-Unresponsive and breathing at a rate of 6 with shallow respirations. His pupils are 2mm and do not respond to light. Medical direction has ordered you to administer 2 mg Naloxone.

-Confused and is being transported from an extended care facility for evaluation. Medical direction has ordered you to administer 12.5 grams of Dextrose 50% IV.

Patient Assessment

Pediatric IO

Exam Resources:

- ☐ Station equipment requirements
- ☐ Station Examiner Instructions
- ☐ Simulated Patient/Victim Instructions
- ☐ Station Student Instructions
- ☐ Station Scenario Requirements/Info
- ☐ Station Skill Sheets

Pediatric IO

Recommended Equipment List

- Personal protective equipment
- Intraosseous infusion manikin with replacement tibias (6 – 8 sticks/tibia)
- Selection of IV solutions
- Selection of IV Administration sets [must include micro drip tubing (60 gtts/cc)]
- IV extension tubing or 3-way stopcock.
- Pressure Bag
- Intraosseous needles
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Bulky dressings
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container
- Commercial Securing Device (Optional)

**** Any additional Items as Needed/Wanted****

Skill Examiners Instructions
Pediatric Intraosseous Infusion

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

• Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.
• Limit conversation with candidates to instructions and answering exam-related questions.
• Do not behave in a way that is discriminatory or perceived as harassment, and immediately report all instances of discrimination or harassment to the Exam Administrator.
• Maintain control of your scenario.
    o Familiarize yourself with the details of the scenario.
    o Brief simulated patients and assistants.
    o Make sure all equipment is functional.
• Be sure that all exam materials always remain in a secure place.
• Return all exam materials to the Exam Administrator.
    o Include all notes taken by the candidate.
• Thoroughly document justification for the candidate's score, especially if any Critical Criteria are identified.
• Do not give verbal or physical cues to the candidate to indicate their performance at your station. Remain neutral and objective in your conduct.

Skill Examiner Key Points

• Candidates are expected to choose equipment based on current evidence-based guidelines and the national/state scope of practice for the level for which the candidate is testing.
• The chronological order in which a candidate performs each step for a skill is only important if performing steps out of order would cause harm.
• Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the Exam Administrator.
• Report all equipment failures immediately to the Exam Administrator, and promptly replace defective equipment.

Pediatric Intraosseous Infusion Key Points

• Manually inserted devices, spring-loaded devices, and electric drill-type devices which are approved for use in pediatric patients are permitted in this skill.
• This skill must be performed on a manikin designed to accept an intraosseous device. Biological tissue (i.e., chicken legs) is prohibited.
• Ensure that safe practices are followed that include proper hand placement during stabilization and needle insertion.

Candidate Instructions
Pediatric Intraosseous Infusion

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

Do you have any questions?

The patient you are treating is… [Choose one (1)]

-A 6-month-old child who was just removed from a burning house. The patient has deep superficial and full thickness burns to the arms and chest. The patient is tachycardic with other signs of inadequate perfusion. Your partner has secured an airway and your standing orders require fluid to be administered through an intraosseous IV catheter at a rate of 20 mL/kg. The child weighs 15 pounds.

-An 8-month-old child who has had diarrhea and decreased fluid intake for the past two days. There are signs of circulatory compromise, and your standing orders require fluid to be administered through an intraosseous IV catheter at a rate of 20 mL/kg. The child weighs 20 pounds.

Patient Assessment
Supraglottic Airway Device

Exam Resources:

☐Station equipment requirements
☐Station Examiner Instructions
☐Simulated Patient/Victim Instructions
☐Station Student Instructions
☐Station Scenario Requirements/Info
☐Station Skill Sheets

Supraglottic Airway

Recommended Equipment List:

- Personal protective equipment
- Adult intubation manikin
- Secondary airway confirmation device
- Syringe of appropriate size for the supraglottic device, if applicable
- Supraglottic airway device
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Stethoscope
- Lubricant
- Tape or commercial airway securing device
- Tongue depressor
- Towel or other appropriate padding

****Any Additional Items as Needed/Wanted****

Skill Examiners Instructions

Supraglottic Airway Device

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

• Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.

• Limit conversation with candidates to instructions and answering exam-related questions.

• Do not behave in a way that is discriminatory or perceived as harassment, and immediately report all instances of discrimination or harassment to the Exam Administrator.

• Maintain control of your scenario.

  o Familiarize yourself with the details of the scenario.

  o Brief simulated patients and assistants.

  o Make sure all equipment is functional.

• Be sure that all exam materials always remain in a secure place.

• Return all exam materials to the Exam Administrator.

  o Include all notes taken by the candidate.

• Thoroughly document justification for the candidate's score, especially if any Critical Criteria are identified.

• Do not give verbal or physical cues to the candidate to indicate their performance at your station. Remain neutral and objective in your conduct.

Skill Examiner Key Points

• Candidates are expected to choose equipment and medications based on current evidence-based guidelines and the national/state scope of practice for the level for which the candidate is testing.

• The chronological order in which a candidate performs each step for a skill is only important if performing steps out of order would cause harm.

• Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the Exam Administrator.

• Report all equipment failures immediately to the Exam Administrator, and promptly replace defective equipment.

Skill Examiner Key Points

• This skill may be conducted at the same station as the Pediatric Respiratory Compromise skill station. Equipment for both skills must be available if they are to be performed at the same station.

• The adult manikin must be on the floor for this skill.

• One “attempt” is the insertion of the supraglottic airway device to its indicated depth.

• Ensure that you are familiar with the device on which the candidate will be tested.

Candidate Instructions
Supraglottic Airway Device

These progressive skills are designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. No trauma is involved, and spinal precautions are unnecessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers and adjuncts to placement of a supraglottic airway device of your choosing.

You will have three attempts to successfully place the supraglottic airway device. You must ventilate the manikin for at least 30 seconds with each adjunct and procedure utilized. I will serve as your trained assistant and will be interacting with you throughout these skills. I will correctly carry out your orders upon your direction.

Do you have any questions?

Please take a few moments to check your equipment and prepare whatever you feel is necessary.

[After two minutes or sooner if the candidate acknowledges that they are prepared, the skill examiner continues reading the following:]

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

Patient Assessment

Pediatric Respiratory Compromise

Exam Resources:

☐Station equipment requirements

☐Station Examiner Instructions

☐Simulated Patient/Victim Instructions

☐Station Student Instructions

☐Station Scenario Requirements/Info

☐Station Skill Sheets

Pediatric Respiratory Compromise
Recommended Equipment List

- Personal protective equipment
- Airway manikin (infant)
- Secondary airway confirmation device
- Bag-valve-mask device with reservoir (infant)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (infant)
- Selection of nasopharyngeal airways (infant)
- Stethoscope
- Tongue depressor
- Towel or other appropriate padding

****Any Additional Items as Needed/Wanted****

Skill Examiners Instructions

Pediatric Respiratory Compromise

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

• Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.

• Limit conversation with candidates to instructions and answering exam-related questions.

• Avoid social conversation with candidates or commenting about a candidate's performance.

• Maintain control of your scenario.

  o Familiarize yourself with the details of the scenario.

  o Brief simulated patients and assistants.

  o Make sure all equipment is functional.

• Be sure that all exam materials always remain in a secure place.

• Return all exam materials to the Exam Administrator.

  o Include all notes taken by the candidate.

• Thoroughly document justification for the candidate's score, especially if any Critical Criteria are identified.

• Do not give verbal or physical cues to the candidate of their performance. Remain neutral and objective in your conduct.

Skill Examiner Key Points

• Candidates are expected to choose equipment and medications based on current evidence-based guidelines and the national/state scope of practice.

• Candidates are expected to perform the skill as would a competent entry-level provider.

• The chronological order in which a candidate performs each step in a skill is only important if clinically relevant.

• Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the Exam Administrator.

• Report all equipment failures immediately to the Exam Administrator, and promptly replace defective equipment.

• For the purposes of this skill, spinal precautions are not necessary.

• If any history or assessment information is missing from the documentation provided, use your expertise to provide appropriate answers to any of the candidate's history and assessment questions.

• Ensure that the details of the patient history and assessment remain consistent for each candidate.

• Reasonable equipment substitutions may be made to reduce the cost of deploying this skill station. Substitutions should be discussed with the Exam Administrator.

Candidate Instructions

Pediatric Respiratory Compromise

These progressive skills are designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to a 1-year-old child in respiratory distress. No other associated injuries are present. This is a non-trauma situation and cervical precautions are not necessary. You must perform all assessments and interventions that you feel are necessary. If you choose to ventilate the manikin with a bag-valve-mask device, you must do so for at least one minute. I will serve as your trained assistant and will be interacting with you throughout these skills. I will correctly carryout your orders upon your direction.

Do you have any questions?

Currently, please take two minutes to check your equipment and prepare whatever you feel is necessary. Let me know when you're ready.

[After two minutes or sooner if the candidate acknowledges they are prepared, the Skill Examiner continues reading the following:]

You respond to a residence for a sick child who is having difficulty breathing. The scene is safe, and no hemorrhage or other immediate problem is found. As you enter the residence, you see a 1-year-old male sitting on his mother's lap.

Patient Assessment

Cardiac Arrest Management / AED

Exam Resources:

☐Station equipment requirements

☐Station Examiner Instructions

☐Simulated Patient/Victim Instructions

☐Station Student Instructions

☐Station Scenario Requirements/Info

☐Station Skill Sheets

Cardiac Arrest Scenarios

Recommended Equipment List:

- Examination Gloves
- Stethoscope
- Full Body CPR Mannequin
- Automated External Defibrillator (Training Use)
- Bag-Valve-Mask Device (Adult and Pediatric)
- Oropharyngeal Airways (Various Sizes)
- Portable Suction
- Rigid Tip Suction Catheter
- Backboard or CPR board
- Ambulance Cot
- Bag-Valve-Mask device
- Supraglottic Airway Device
- Secondary Airway Confirmation Device
- Commercial Airway Securing Device (or Tape)
- Oxygen Tank, Regulator and Flowmeter
- Oxygen Connecting Tubing
- Alcohol Prep Wipes or Similar Substitute
- Padding (i.e., Towel, Cloths)
- Patient Securing Straps
- Rolled Gauze or Cravats
- Tape
- Eye Goggles/Safety Glasses
- Co-Flex/Co-Ban Bandage
- Nasopharyngeal Airways (Various Sizes)
- Airway Lubricant
- Pulse Oximetry

****Any Additional Items as Needed/Wanted****

Skills Examiner Instructions

Cardiac Arrest Management/ AED

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, and patient/scene management skills. This includes integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in an Intermediate Life Support (ILS) scenario. The candidate will arrive at the scene and encounter a cardiac arrest situation. The candidate will be required to immediately start chest compressions and apply an automated external defibrillator and deliver appropriate shocks.

The current American Red Cross and American Heart Association CPR courses instruct students in the techniques of CPR; however, they do not instruct the student in the use of integration of adjunctive equipment, including AED, or how to prepare the patient for transportation as he/she will be required to do in an actual field situation. Since this station tests the candidate's ability to integrate CPR skills into cardiac arrest scene management, it is required that before entering this station the candidate present documentation of successful completion (card or certificate) of a current CPR course. The course must meet, or exceed, the criteria set forth in the American Heart Association's Basic Life Support Course "Basic Life Support for Health Care providers" or the American Red Cross equivalent.

The skill sheet is divided into three (3) distinct segments: Assessment, Transition, and Integration.

Assessment:

In this segment the candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the cardiac arrest. When gathering the history the candidate should ask, at minimum, the following questions:

- Was this a witnessed arrest?
- How long has the patient been down?

Although gathering history on the cardiac arrest event is an assessment item, it should not be construed that it overrides the need for resuscitation. The current standards for CPR should be always adhered to during this station. The candidate must assess for the presence of a spontaneous pulse and be informed, by you, that there is no spontaneous pulse. The candidate must also assess breathing and be informed, by you, there are gasping or agonal respirations. The candidate must request additional EMS response and immediately begin at least two (2) minutes of CPR. You should inform the candidate that there is "no pulse" on any pulse checks.

Transition:

In this segment the candidate must direct the EMT assistant to perform CPR. Also, during this segment, the candidate must prepare the AED for use. The candidate should reassess the patient.

Integration:

In this segment the candidate must integrate the proper use of an AED. Stops CPR and ensures all individuals are clear of the patient during rhythm analysis. Ensures that all individuals are clear of the patient and delivers a shock from AED. Ensures CPR is immediately resumed. You should inform the candidate that there is “no pulse” on any pulse checks. The candidate needs to deliver at least one (1) shock sequence.

Note: The candidate may choose to bring his/her own equipment to use in this station.

This skill station requires the presence of an EMT assistant (the examiner may act as the EMT assistant) and a defibrillation mannequin. Candidates are to be tested individually with the EMT assistant acting as an assistant who provides no input in the application of skills or equipment. The EMT assistant should be told not to speak but to follow the commands of the candidate. Errors of omission or commission by the assistant cannot result in failure of the candidate unless they were improperly instructed by the candidate.

Due to the extra individuals involved in this skill station, it is essential that you always observe the actions of the candidate. Do not be distracted by the actions of the EMT assistant because they should do only as instructed by the candidate. You are evaluating scene/situation control, integration skills, and decision-making ability.

Candidate Instructions:
Cardiac Arrest Management/AED

This station is designed to test your ability to manage a prehospital cardiac arrest by integrating CPR skills, defibrillation, and patient/scene management skills. There will be an EMT assistant in this station. The EMT assistant will only do as you instruct them. As you arrive on the scene you will encounter a patient in cardiac arrest. You must immediately establish control of the scene and begin resuscitation of the patient with an automated external defibrillator. At the appropriate time, the patient's airway must be controlled, and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have fifteen (15) minutes to complete this skill.

Do you have any questions?

AEMT Psychomotor Exam

Complaint Response Form

Candidate: _____

Education Program: _____

Date: _____

Skill: _____

Examiner: _____ Phone #: _____

After reviewing the facts as presented, the official decision is as follows:

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

_____ All results in question stand as reported after consideration of the information available at this time.

We the undersigned have reviewed the candidate's complaint based upon all the information available at this time.

The candidate was informed of this decision by:

_____

Signature of Medical Director

_____

Signature of Education Program Director

As the complainant, I have been informed of the official and final decision.

Candidate Signature: _____

Date: _____