



Certified Lab Instructor

Course Curriculum

2004

New York State Department of Health
Bureau of Emergency Medical Services
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Acknowledgments

In 1987, the New York State Department of Health (NYS DOH) Emergency Medical Services (EMS) Program appointed an ad-hoc committee to study issues related to EMS instructor education and address the lack of statewide standardization of instruction. From this review, several key points were realized:

- There is a need for consistency in EMS education.
- The lab instructor has more personal impact on students than the lead instructor due to the personal attention spent in small group activity in the lab setting, and students feel more comfortable asking questions in this less formal setting.
- Lab instructors need different skills for teaching than the lead instructor.
- No State was specifically addressing EMS instructor training as it related to certification.

As a result of this committee's investigation, NYS EMS developed two specific EMS instructor training programs and implemented certification of instructors. It was the original goal of the program to have a minimum of 80% of the lab sessions in an Emergency Medical Technician (EMT) course taught by certified instructors by 1993. Although this goal may be implemented at some future time, current requirements call for a minimum of 50% of the lab sessions to be taught by certified instructors.

This curriculum represents the first major revision of the CLI course since its inception. EMS training and education has continued to change, and has become more challenging as new techniques and practices have come into being. We expect the evolution of EMS to continue, with more challenges yet to face. With the continuation of Certified Lab Instructor (CLI) and Certified Instructor Coordinator (CIC) courses, the NYS DOH plans on keeping EMS training and education in New York at the pinnacle of EMS programs across the nation.

In recognition of the hard work, and extensive contributions to this curriculum, we would like to formally recognize those individuals who worked on the development of the original program, and those who undertook the review and creation of this revised curriculum.

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Suggested EMS Instructor Training Text:

“Teaching EMS: An Educator’s Guide to Improved EMS Instruction”

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TABLE OF CONTENTS

Acknowledgements	i
Suggested EMS Instructor Training Text	iii
TABLE OF CONTENTS	iv
Required prescreening practical exam to include	v
Module 1	7
Course Introduction and Overview	7
Teachers and Learners	11
Principles of Learning.....	14
Principles of Instruction.....	17
Principles of EMS Skill Instruction	19
Module 2	23
Psychomotor Instructional Strategies	23
Communications	25
Feedback and Evaluations	30
Candidate Rote Skill Demonstration	32
Module 3	33
Overview of EMT-B Course Modules and Psychomotor Objectives	33
Psychomotor Skill Teaching Tips.....	42
Using Scenarios in EMS Instruction.....	46
Group Scenario Building Exercise	50
Module 4	51
Moulage Techniques.....	51
Evaluating Student Performance	53
Candidate Skills Presentations.....	57
End of Course Wrap-up	58
Appendix A – Prescreening CLI Practical Exam Sheets	59
Appendix B – Channel / Modality List Suggestions	69
Appendix C – Optional Instructional Theory Module	70
Appendix D – Suggested Rote Skills for Presentation by CLI Students	73
Appendix E – Instructions and Supplies for Basic Moulage	75
Appendix F – Module 2 Skill Test Feedback Form	79
Appendix G – Sample Student Skill Tracking Sheet	80
Appendix H – Module 1 Class Tracking Form	83

CERTIFIED LAB INSTRUCTORS PRESCREENING SKILLS EXAMINATION

ADMINISTRATIVE PROCEDURES FOR CONDUCTING THE PRESCREENING SKILLS EXAMINATION

Purpose:

The Prescreening of Lab Instructor candidates has been required to ensure that there is a consistent quality of instruction available throughout the state. This mechanism is to be used in the selection of appropriate candidates for attendance at a Certified Lab Instructor course.

Materials:

The equipment needed to conduct the testing stations for the pre-screening examination is identified in Appendix A of this curriculum.

Planning:

A single prescreening examination may not provide a sufficient number of CLI candidates to meet the minimum number needed to conduct a CLI course. Consider scheduling two or more prescreening examinations over a period of several months. Once you have a list of eligible candidates, you will be able to determine the number of courses needed.

Publicity:

Advertising for the prescreening examination, you should ensure that Course Sponsors and prospective candidates receive sufficient notice. This will allow for the registration of a sufficient number of qualified candidates for the prescreening.

Candidate Preparation:

Candidates for the prescreening should be advised of the skill stations to be evaluated, eligibility requirements and procedures for registering for examination.

Candidate Pre-requisites:

Candidates must meet the CLI course entry requirements prior to being admitted to the prescreening examination.

Required prescreening practical exam to include:

Station 1 -

- Patient Assessment (either trauma or medical) as outlined in NYS Basic Practical Skills Administrative Manual

Station 2 -

- Bag-valve-mask usage on both a simulated trauma patient and on a simulated non-traumatic patient

Station 3 -

- Demonstration of 2 random skills from the following list:
 - ⊙ Demonstrate measurement and application of a correct size c-collar
 - ⊙ Demonstrate the correct insertion technique for an oropharyngeal airway in an infant.
 - ⊙ Demonstrate obtaining a pedal pulse and performing neurological checks on a foot
 - ⊙ Demonstrate one technique for immobilizing a painful deformed upper arm
 - ⊙ Demonstrate assisting with the administration of nitroglycerine and the ongoing assessment for the patient
 - ⊙ Demonstrate the Initial Assessment of a conscious patient with respiratory difficulty
 - ⊙ Demonstrate an abdominal assessment in the Detailed Physical Exam
 - ⊙ Demonstrate obtaining a carotid pulse

(Skill Sheets in Appendix A)

MODULE 1

I. Course Introduction and Overview

Course Objectives:

- Provide an overview of the CLI course.
- Describe the steps necessary to complete the requirements for certification as a CLI.
- Understand the modular setup of the EMT-B curriculum.
- Understand the role of the CLI in EMS instruction.
- Be able to discuss the different ways in which students learn, and be able to apply multiple techniques in instructing EMS lab skills to meet different student learning needs.
- Describe the principles of learning as they relate to EMS lab skills, and be able to apply these principles in teaching EMS lab skills.
- Discuss the importance of communication in learning, be able to communicate effectively with students, and be able to facilitate productive feedback sessions following EMS lab skill practice.
- Be able to design and run effective EMS lab skill scenarios.
- Be able to effectively apply basic moulage techniques in EMS lab skill scenarios.
- Be able to effectively evaluate student performance in EMS lab skills in the classroom, and on the NYS EMS Practical Skills Exam, and be able to differentiate the differences in these evaluations.
- Be able to successfully participate in EMS instruction as a Certified Lab Instructor.

Materials & Equipment Needed:

- Name tags
- Magic Markers
- CLI Course Curriculum (1 per student)
- Instructor Application (1 per student)

Presentation:

- A. Student welcome and faculty introductions
 - 1. Introduce yourself
 - 2. Introduce assisting Faculty
 - 3. If time permits, encouraging students to briefly introduce themselves to the class
 - a) Name, Course Sponsor, teaching experience

- B. Review administrative matters and site specific information
 - 1. Restroom locations
 - 2. Phones –
 - a) Cell phones and Pagers should be in vibrate mode only
 - 3. Emergency contact number at facility
 - 4. Smoking policy
 - 5. Emergency exits
 - 6. Break areas and services
 - 7. Other

- C. Review Schedule and Handout Materials
 - 1. Course sessions –
 - a) Attendance to entire course required
 - 2. Homework assignments and instructions on required presentations
 - 3. Student Materials
 - a) Student Manual
 - b) Applications
 - c) Other handouts
 - d) Course agenda

- D. Course Expectations:
 - 1. Why are you here?
 - a) Your motivations for participation
 - i. Intrinsic
 - (a) Develop better EMS providers
 - (b) Enjoy working with students
 - (c) Enjoy teaching
 - ii. Extrinsic
 - (a) Job requirement
 - 2. What you should do and expect from this course?
 - a) What will this course provide:
 - i. Develop and prepare you to teach skills to students
 - ii. Provide understanding of the philosophy behind the skills
 - 3. What students should expect from the instructor?
 - a) Respect
 - b) Guidance
 - c) Knowledge and skills
 - d) Assistance to succeed
 - e) Credibility
 - 4. What instructors should expect from students
 - a) Participation
 - b) Cooperation
 - c) Questions
 - d) Opportunity to share your experiences from field experience

- E. Review of CLI Course Goals and Objectives
1. Understand the modular setup of the EMT-B curriculum.
 2. Understand the role of the CLI in EMS instruction.
 3. Be able to discuss the different ways in which students learn, and be able to apply multiple techniques in instructing EMS lab skills to meet different student learning needs.
 4. Describe the principles of learning as they relate to EMS lab skills, and be able to apply these principles in teaching EMS lab skills.
 5. Discuss the importance of communication in learning, be able to communicate effectively with students, and be able to facilitate productive feedback sessions following EMS lab skill practice.
 6. Be able to design and run effective EMS lab skill scenarios.
 7. Be able to effectively apply basic moulage techniques in EMS lab skill scenarios.
 8. Be able to effectively evaluate student performance in EMS lab skills in the classroom, and on the NYS EMS Practical Skills Exam, and be able to differentiate the differences in these evaluations.
 9. Be able to successfully participate in EMS instruction as a Certified Lab Instructor.
- F. What happens after this course? – How to become a Certified Lab Instructor
1. Review criteria for certification of lab instructor candidates
 - a) Attend and successfully complete the CLI course
 - b) Serve a teaching internship under the supervision of a CIC in either an EMT or Advanced EMT course.
 - i. The internship must meet the objectives outlined in the training program and the current Bureau of EMS Policy Statement.
 - c) Submit the following items to the Bureau of EMS Area Office within 18 months of CLI course completion:
 - i. The CLI Internship Completion Report (DOH-3378) completed by your supervising CIC.
 - ii. A favorable Lab Instructor Audit Report (DOH-2423) conducted by your supervising CIC.
 - iii. A favorable Lab Instructor Audit Report (DOH-2423) conducted by a CLI or another CIC. The second audit must be from someone other than the Supervising CIC
 - iv. A letter of recommendation from the Regional EMS Council Training Committee, if one exists.
 - d) The DOH Area Office EMS Representative will review the completed packet. Keep copies of everything you submit.
 - e) The packet will be forwarded to DOH BEMS Central Office for final review and certification.
 - f) Upon final approval, a certificate (suitable for framing) will be issued and mailed to the instructor.
 - g) Certification length is three (3) years.

Note: Your CLI certification is only valid in conjunction with a valid NYSEMT card.

2. Maintaining CLI requirements

Review CLI recertification requirements

- a) Hold current certification as a NYS EMT or AEMT.
- b) Must have achieved an 85% or greater on the NYS EMT or AEMT written certification examination within the past three years. Candidates who wish to teach advanced skills must also score at least an 85% on the advanced portion of the exam. You must be certified at or above the level you wish to teach. Those who have recertified their EMT/AEMT through the Pilot EMS Recertification Program must take a NYS EMS written examination for a “instructor score” if they have not done so in the past three years.
- c) Must be currently active and providing pre-hospital care with an EMS agency within New York State for at least two of the last three years.
- d) Must have served as lab faculty for at least one course within the past three years.
- e) Attend at least one 6 hour NYS Instructor Update Course within the past three years.
- f) Complete and return the “Application for Instructor Recertification” (DOH-3508) to DOH BEMS Central Office. The forms will be mailed to you four to six months prior to your CLI expiration date.

II. *Teachers and Learners*

OBJECTIVES:

At the completion of this module, the student will be able to:

Explain the role of the instructor.

Describe the learning channels/modalities that an instructor can use.

PRESENTATION:

A. What is the role of the Instructor:

(Elicit a definition of the many general tasks the instructor has.)

B. (Summarize with at least the following:)

1. To facilitate the STUDENTS's acquisition of knowledge, skills, and decision making processes inherent in the curriculum.

a) What is missing from this definition?

i. The INSTRUCTOR must be responsive to the needs of the students.

ii. Understand their motivation for being there.

iii. The recognition that it is the instructor's role to ensure that the learning is achieved and not to simply "cover" the topic.

iv. The instructor hasn't taught it if the students haven't learned it.

2. STUDENTS AREN'T THERE FOR THE INSTRUCTOR –

a) They are there because of what the instructor will provide them.

b) The instructor must do what can reasonably be done to ensure that students learn.

c) Students have the same responsibility as the instructor.

d) Knowledge and skills cannot be poured into student's brain and hands.

3. It can't be "It's my way or the highway!" or "I talk, you listen and learn."

C. What learning channels/modalities are open to the instructor?

1. By what methods will you as an instructor provide the skills and knowledge.

2. Elicit how we gather information.

3. This is really just a sensitization to our sensory organs.

D. Learning Channels (Input devices)

1. Visual – What we see

2. Auditory – What we hear

3. Tactile – What we touch

4. Kinesthetic – What we learn from moving and doing

5. Smell – What we remember from specific odors

6. Taste – What we remember from specific tastes

a) Hopefully not often used in EMS training!

7. Proprioception – (Pro – Pry – O – ception)

- a) Proprioception is the sense of knowing where body parts are in space without other senses. You can close your eyes and touch your nose or clap your hand, scratch your ear, and touch your right foot to your left knee.

E. Which channel/modality is best used?

**ACTIVITY –
Memory Game -Activity Instructions:**

Students are provided five lists of ten items each, that they must remember and write down after each list is presented. This will indicate how much they can recall.

(Suggested lists in Appendix B).

Each list is presented in a different manner using a different sense or combination of senses. Have students self-grade their responses.

Determine how many students got all 10, 7-9, 4-6, or 3 or fewer correct from each list. How many students got the number correct on all five lists? Did all students find success the same way?

F. Activity Wrap-up

1. What did this Activity do?

Conclusions from the exercise should include:

- a) The group should be able to tell the instructor that students learn in a variety of ways and that within any group of students there is likely to be students who learn differently from each other.
- b) Students should be able to conclude that it becomes the instructor's RESPONSIBILITY to provide instruction in a manner that will be useful to all students.
- c) Because STUDENTS learn in a variety of different ways, the INSTRUCTOR must provide instruction in a format that can be assimilated by all students.

G. **ACTIVITY – Instructional Devices**

Instructions:

Pair students and ask them to develop a written list of 4 items that answer the question “What instructional DEVICES (not techniques) are available to help us teach in a lab setting?”

Provide 2 – 5 minutes of quiet work to accomplish this.

Combine the pairs to create groups of 4 that will combine the lists of unique items and further contribute until a list of 10 is created.

Provide another 2 – 5 minutes of quiet work to accomplish this.

Finally, if time and student numbers permit, combine the groups to form working groups of 8 that will combine their lists and supplement the lists to make a final list of 15 unique items.

(See Appendix C – Optional module on Instructional Theory for more information on factors impacting learners).

H. Module Summary

We have reviewed the following:

The role of the instructor and their importance in ensuring that learning is achieved and not to simply “covering” the topic.

The “learning channels” / Input devices that help us gather information and learn.

Discussed various ways of getting the message across.

Discovered that people learn differently.

III. Principles of Learning

OBJECTIVES:

- Describe the motivations students have to learn.
- Describe factors that affect retention and forgetting.
- Describe the affect modeling has on learning.
- Describe the methods of evaluation and feedback to adjust the learning process.
- Describe the various instructional formats available for teaching.
- Describe the qualities of a good lab instructor.

PRESENTATION:

A. Anticipatory Set

The opportunity for the learner's mind to ask itself, "What do I already know about this objective?" – Setting the stage for learning

1. Helps the student focus on what is to be learned
2. Relates to the objective
3. Relates to past experiences
4. Involves the learner
5. Prepare proper frame of mind

B. Motivation

1. Motivated students are better learners
2. Intrinsic vs. Extrinsic Motivation
 - a) Why are they taking the class?
 - i. Job requirement
 - ii. Desire to serve their community
 - iii. Like helping people
 - iv. Will get a raise if they pass course
 3. Influenced by personal:
 - a) Level of Concern
 - i. Concern for learning
 - ii. "Someone needs to do this". -Desire to be helpful
 - b) Feeling-Tone – is the quality of pleasantness or unpleasantness that we experience whenever we see, hear, touch, smell, taste, or think. Feeling-tone can also be somewhere in between "neutral".
 - i. Plus
 - (a) Mannequin chest raises
 - ii. Minus
 - (a) BVM squeaks when you squeeze
 - iii. Neutral
 - (a) Instructor hands out a student an application
 - c) Knowledge of Results (feedback)
 - i. Specific –
 - (a) Details – What did I do right or wrong?
 - ii. Immediate –
 - (a) It's fresh in my mind what should I do?

- d) Success
 - iii. Sense of achievement
 - iv. Self worth
 - v. Reward

- C. Retention vs. Forgetting
 - 1. Preservation of learning that makes recall and recognition possible and re-learning easier
 - 2. Meaning
 - a) The more meaningful, the better the learning - reduces rote memorization.
 - b) How does it relate to past experiences
 - c) Usefulness – “can I use it?” - solves immediate problem.
 - d) Relevant
 - 3. Practice
 - a) Distributed vs. Mass Practice - not too much at once.
 - b) Three 3-hour sessions is better than one 9-hour session.
 - c) Forces retrieval.
 - 4. Over learning
 - a) going over material even after the student thinks s/he has learned it adequately.
 - b) 20% helps retention.
 - 5. Degree of Original Learning
 - a) How well did s/he learn the material the first time.
 - 6. Feeling Tone
 - a) Better feeling tone = better retention
 - 7. Vividness
 - a) Interesting & vivid
 - b) Use of mnemonics
 - 8. Mnemonics
 - a) Examples -

- D. Transfer – What you already know (blackboard effect)
 - 1. Old learning can assist or interfere with new learning.
 - 2. Remember going from the pre-1986 curriculum to the Expanded primary and/or then to the new Trauma and Medical patient assessment.
 - 3. Similarity
 - a) The more similar the old learning is to the new, the greater the transfer.
 - 4. Association
 - a) The more closely associated the better the transfer.
 - i. ie. Same type skills
 - 5. Degree of Original Learning
 - a) How well did they know the material?

E. Active Participation

- b) **Consistent** engagement of all minds, of all learners, in all of the lesson, all of the time.
- c) How can we do this?

E. Modeling

1. Students need to see a correct performance.
2. Actions speak louder than words.
3. Criteria that makes the performance correct must be known to the learner before or during the learning.

F. Monitor and Adjust – Evaluation and Feedback

1. Proactive –
 - a) Instructors must observe what is occurring
2. Elicit and observe behavior from all students – get them all involved
3. Interpret observations and act on them
4. Re-teach if necessary

G. Bloom’s Taxonomy – Levels of Knowledge, application and problem solving.

1. Knowledge - Recalling common bits of information about a subject.
2. Comprehension - Understanding the facts you’ve uncovered & showing that you know the meaning of those facts.
3. Application - Ability to use your knowledge to solve problems or make use of information in a new or unusual manner.
4. Analysis - Select information, examine it, break it apart and try to learn what makes it work, why it is so, why something happens, what makes something so special.
5. Synthesis - Use the things you already know to think creatively and respond in new ways, or come up with different ideas or methods.
6. Evaluation - Ability to assess the value of your information and make judgments. Be able to make a decision to accept or reject your facts.

H. Closure – Putting it all together

1. By the learner
2. Active Participation
3. Relevant to the objective
4. Opportunity to Monitor and Adjust

IV. Principles of Instruction

OBJECTIVES:

Identify Instructor qualities.

Identify student expectations of an Instructor.

Identify instructional formats available.

Review introduction to skills instructions.

A. Introduction

1. The lab instructor is one of the most important people in the instructional team.
2. They work with the student in the smaller work group (6:1 ratio) and get to know the student and their abilities.
3. Lab Instructor represents the instructional values of the Course Sponsor and Certified Instructor Coordinator.

B. ACTIVITY – Give each student 2 minutes to write down 4 instructor qualities that they feel are essential to being a good instructor. Have each student present their list, and record so that all students can view these (flip chart or similar). Review any of the following that students have not identified, and ask the students to discuss the importance of each.

1. Knows the subject well
2. Has material organized
3. Evaluates learning
4. Ensures class participation
5. Reinforces behavior
6. Believes in the subject
7. Has positive regard for students
8. Properly attired
9. Appropriate language and voice
10. Maintains eye contact
11. Avoids sarcasm and arguments
12. Is punctual and reliable
13. Learns the names of the students
14. Avoids killer expressions, fills, & mannerisms
15. Is concerned for student safety
16. Is patient
17. Displays a professional attitude
18. Does not read to the class
19. Initiates discussion
20. Avoids ethical conflict

C. Activity Summary –

Basic Instructor Qualities should include:

1. Superior knowledge regarding the skill
2. Experience to draw from
3. Is prepared to conduct the lab session

4. Role model for student, performing skills expertly
5. Understands the principles behind the skills, not just the techniques
6. Can adapt to new challenges and situations presented by students
7. Continuously analyzing student performance
8. Can communicate effectively:
 - a) Can talk at their level
 - b) Is not on an “ego trip”
 - c) Knows when to talk and when to listen
 - d) Can recognize student fatigue and when to “call it quits”.
 - e) Can “read” the students by being aware of their body language and expressions

D. Instructional formats available to the Instructor

1. Lecture (Should stress not to use this style in Lab setting)
2. Demonstration
3. Contrived Experiences (simulations/role plays)
4. Clinical Experiences (hospital/clinics/field/ride along)
5. Cooperative Learning (Students teaching students)
6. Questioning (rhetorical, and information gathering)
7. Combinations

E. Concentrating on the Skills of the course

1. Introduction
 - a) Was the skill introduced or demonstrated as part of the appropriate lecture presentation?
 - b) Do students understand the when to use and why use this skill?
2. What additional teaching aids I need?
 - a) Mannequins
 - b) Manufacturer’s Instructions
 - c) Skills practice sheets from Student Manual
3. When should I create learning situations?
 - a) Is it the appropriate time for simulations and scenarios?
4. Evaluation and Feedback
 - a) Verbal correction and praise
 - b) Documented performance

F. Summary

We have reviewed:
Qualities of an instructor
Student expectations of an instructor
Instructional formats available
Skills instruction

V. *Principles of EMS Skill Instruction*

OBJECTIVES: Describe the typical considerations when conducting a lab session.

PRESENTATION:

- A. Students must understand the purpose of any skill they are taught.
 - 1. Indications for use
 - 2. Contraindications for use
 - 3. Safety considerations for use

- B. Principles vs. Techniques
 - 1. Principles
 - a) Are the basis of conduct or operation.
 - b) Basic laws, axioms or doctrines that guide us.
 - c) How and why things work.
 - 2. Techniques
 - a) Are the procedures and methods used to achieve a desired result
 - 3. Principles behind needing a fire don't change – Warmth, cooking, signaling, etc. Techniques to start one vary greatly, from flint and steel to a BIC lighter.
 - 4. Techniques may come and go, but the principles seldom change
Once mastered, principles allow us to improvise and adapt to changing situations.

- C. Skills must be introduced in a logical order
 - 1. Introduction of cervical collars before KED
 - 2. All sub-skills must be introduced before larger combined skill is introduced

- D. Discuss the importance of knowing all the sub-skills for each skill.
 - 1. Each skill is made up of separate pieces that make up the entire skill.
 - 2. A student will not be successful in the skill if they cannot perform the sub-skills necessary.

E. **ACTIVITY** – Break the class into groups of 4 to 6. Allow 2-5 minutes for each group to list all the sub-skills that are needed to teach splinting of a radial bone painful swollen deformity (fracture). Have each group report their list, and record the master list for all to see (flip chart, etc.)

Summary of Activity

On a whiteboard or flip chart, create a master list of all the various steps and sub-skills that are offered by the students.

F. Other things to consider as a skills instructor

1. Where is this session in the Course and in the Student's learning experience?
 - a) Demonstration only
 - i. No student hands-on
 - ii. First exposure to a skill or device after the class lecture
 - b) Equipment introduction
 - i. Limited hands-on – Just getting the feel of the equipment
 - (a) Defibrillator, Assembling Oxygen cylinder and regulator/flowmeter, etc.
 - c) Rote skills development
 - i. Non-scenario based, directed and observed practice
 - ii. "Practice-practice-practice"
 - iii. Continue to assemble and use equipment or practice skill without other distractions.
 - d) Skills integration (Scenario based)
 - i. Provides the most realistic use of the equipment and skills in a simulated setting.

2. Physical aspects of the classroom
 - a) Can practice here?
 - i. Lighting
 - ii. Floor space
 - iii. Obstructions
 - b) Distractions
 - i. Noise
 - ii. Movement
 - iii. Other activities

G. Where do we start? - Introducing the Equipment

1. Safety first!
 - a) Observe students closely as they work with the equipment
 - b) Immediately stop any error and correct
2. Appropriate to level being taught
3. Does the equipment appropriately represent that commonly used by EMS agencies?
4. Is there enough equipment for group practice.
5. Follow the manufacturers instructions for use
6. Working properly
 - a) Batteries charged?
 - b) Straps included?
 - c) Tubing available?
 - d) Oxygen available when needed?

H. Instructor Demonstrations

1. Can everyone see all aspects of the skill?
 - a) Make sure the students can see what you are doing.
2. When demonstrating a skill, it must be performed flawlessly
 - a) Follow the steps

- b) Students will copy exactly (including any mistakes you make)
- I. Whole – part – whole method
- 1. Describe what you are going to do, highlight principles
 - 2. Demonstrate the entire skill start to finish, without any pause or explanation
 - 3. Demonstrate the skill one step at a time, giving any necessary explanations
 - a) (what that step involves and why it is done)
 - b) Remember the activity where we listed all the sub skills needed to present a specific skill
 - 4. Demonstrate the skill a third time, again without interruption
- J. Layout of skill station
- 1. must be in a safe location
 - 2. free from distractions and traffic
 - 3. must be controlled by instructor
 - 4. instructor must be positioned to be able to see student performance
- K. Rote Skill Development
- 1. Give full directions at first
 - 2. Gradually remove your direction and assistance each successive time the skill is performed
 - 3. Immediately stop critical errors
 - a) First time – give specific correction instructions
 - b) Gradually work toward students identifying their own mistakes
 - 4. Immediately stop if unsafe
- L. Skill Integration – Placing the skill within the overall “scene”
- 1. Make sure students are ready – that they are competent in the rote skills needed first
 - 2. Must allow students to make mistakes – can’t keep stopping them (except for critical errors)
 - 3. Use of scenarios will be covered in-depth in **Module 3 Part III**
- M. Conducting a skill session – common steps
- 1. Explain objective of skill
 - 2. Explain principles of skill
 - 3. Explain when to use the skill
 - 4. Demonstrate the entire skill (must be done flawlessly)
 - 5. Demonstrate the skill part by part
 - 6. Demonstrate the entire skill again
(steps 3 - 5 can be done by using a video of these steps to assist with consistency if desired)
 - 7. Have student prepare equipment to do the skill
 - 8. Have student verbalize steps in the skill and what they will do step by step (correct if needed before going on)
 - 9. Have the student actually perform the skill

10. Have the student verbally review the steps they did
11. Give student corrective feedback on their performance
12. Repeat steps 6- 10 until the student can demonstrate minimum competency of the skill on more than one non-sequential occasion

N. Competency Level of Student

1. Student must perform skills at a minimum competency level, before moving to next skill.
2. Opportunities to improve the competency level of the student need to be provided throughout the course.

O. Using Scenarios as a tool

1. Only use after Partial skills and Total skills are accomplished by student
2. Explain the purpose of the scenario as being a combination of skill practice, with the cognitive practice of developing the ability to judge if a particular skill needs to be performed.
3. More involved scenarios are also used to integrate multiple skills and to allow students to judge the applicability of any skill on a simulated patient.

P. Summary

1. Practice the individual parts of a skill
2. Assemble the parts into the whole skill
3. Ensure they understand when to do the skill
 - a) Indications
 - b) Contraindications
4. Use the skill in context of the scene
5. Practice, Practice, Practice
6. End with using the skill in a realistic scenario
7. What about the other instructional formats we spoke of?
 - a) Clinical
 - b) Cooperative – Using selected Refresher students (skilled) to teach new student
 - c) Questioning – should always be part of the instructors tools
 - d) Combinations

MODULE 2

I. Psychomotor Instructional Strategies

OBJECTIVES:

Define Psychomotor Skills.

Identify the dimensions for psychomotor skills.

Identify methods of practice and demonstration.

Describe phases of learning curve.

Describe the role of mental practice.

PRESENTATION:

A. Psychomotor definition

1. Psycho –Refers to the student’s base of cognitive knowledge and analytical ability.
 - a) Has the background knowledge to understand the principles
 - b) Understands the principles.
 - c) Understands the rationales.
 - d) Can perceive when the patient is in trouble and needs the skill(s).
 - e) Understands the sequences of various techniques.
2. Motor –Are physical skills that can be coordinated and make the body move in an effective manner.
 - a) Has a “kinesthetic” sense – Can sense body position and make corrective changes
 - b) Has balance, flexibility to move and a good sense of timing
 - c) Has the strength and endurance to carry out the skill.

B. Psychomotor skills need can be associated into two dimensions

1. Fine vs. Gross
 - a) Gross motor skills – involve the large muscles and often involve the entire body (example – lifting and moving a patient)
 - b) Fine motor skills – involve limited and precise movements usually of small muscles or muscle groups (example – placing the mask on a BVM)
2. Continuous vs. Discrete
 - a) Continuous motor skill – requires the operator to continuously make adjustment or corrections during the application of the skill in response to stimulus encountered during the performance of the skill (example – using a BVM, having to re-adjust the airway, seal, depth of bag squeeze, etc.)
 - b) Discrete motor skill – a specific motor skill performed in response to a particular stimulus. Quick reaction time is often needed in discrete motor skill (example: applying the break pedal on the ambulance when a car pulls out in front of you).

C. Total skill vs. Partial skill (Whole –Part - Whole)

Faculty Note: If course is conducted as full days, use this as a review of the skills teaching process.

1. Total skill – is the entire procedure from beginning to end (Example – spinal immobilization of a supine patient)
2. Partial skill – is a sub-skill that becomes a component in the total skill (Example – application of a cervical collar, log rolling a patient, adjusting a patient on a long board,

3. strapping a patient to a long board, and using head blocks on a patient are all partial skills of the total skill of immobilizing a supine patient)
4. For any skill to be performed skillfully and accurately, practice of the total skill is essential to allow the learner to see how “everything fits together”
 - a) partial skills practiced first
 - b) total skill practiced next
 - c) total skill integrated with other skills to identify priority of skills

D. Learning curve

1. The initial phase is the “discovery” phase – Initial growth is rapid and the student progress is quite obvious.
2. Next level is a plateau and there seems to be little progress. Sometimes boredom, fatigue and frustration set in and it’s important to take a break. This usually precedes a new growth phase.
3. Additional practice at a later time or after a break usually results in new growth.
4. Next period is “latency” and students may make small errors and lose overall motivation. The instructor needs to persevere and “coach” the students.
 - a) It’s often necessary to let students make mistakes at this point.
 - b) People tend to develop “good judgement” from having had poor judgement. To know it was poor, the instructor must be there to point it out and guide them.
5. Mastery – is being able to perform a skill as though it is a reflex! They can do it with poise and confidence 100% of the time. It requires practice-practice-practice!

E. Student performance

1. Actual performance of the skill by students is essential.
2. Due to forgetting and mixing of new information with old information already stored in the student’s brain, over-learning is also required.
3. Students must be able to repeat minimum competency performance of skills multiple times, not just once.

F. EMT-B program goal is to prepare providers to deal with the situations they will encounter.

1. Unfortunately, we are usually only able to develop minimum competency in skills in the time frame of most courses.

G. Role of mental practice

1. Many studies have demonstrated the role of mental practice of skills just prior to having the student actually perform the skill during practice of partial skills, and total skills.
 - a) A mental “walk through” of the steps and performance of the skill.
2. Have the student assemble and prepare the equipment needed to perform the skill.
3. Have the student verbalize the steps in the performance of the skill, explaining what they are going to do.
4. If necessary, correct the student before they perform the skill.
5. Have the student actually perform the skill.
6. Have the student verbally review what they did in performing the skill.
7. Give corrective feedback on the performance of the skill.

II. Communications

(see Notes View in PowerPoint Presentation for more information)

A. Communication

1. It's the process of transmitting ones thoughts, wishes or desires to another.
Communication is the essence of teaching!
 - a) It implies the acknowledgement of the receiver. Not all communication is received.
 - b) Speaking AT someone is not necessarily communicating.
 - c) Psychologists say that only about 10% of our feelings are conveyed by words.
Our *voice tone* and *fluctuation* convey about 30% of our feelings.
Our *body language* conveys about 50% of our feelings.
 - d) Teaching requires a maximum of 2-way communication between the instructors and students.
 - e) Many questions which are frequently asked, are posed to instructors while working in small group settings.
 - f) The instructor must have effective communication skills.

B. Communication Activities

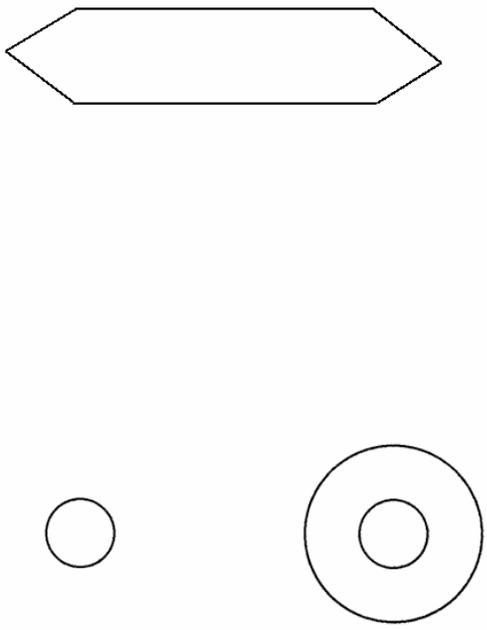
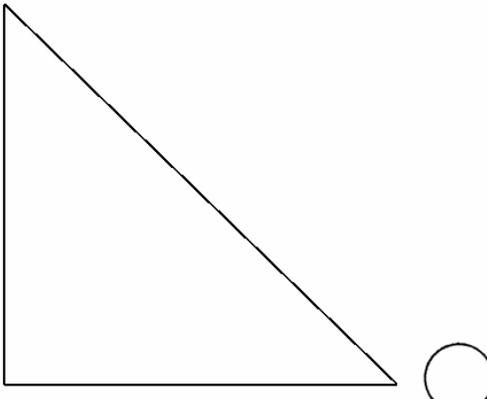
1. **ACTIVITY** – Select a “volunteer” from the class. Privately show this student the design that s/he must have the students in the class construct. The volunteer is directed to have the other students draw on their blank papers so that their papers look exactly like the original. The original may not be shown to the students. This volunteer must sit at the front of the class, facing away from the class. No eye contact can be made. The volunteer may not answer questions, the class may not ask questions or react in any way. The class is directed to follow the directions of the volunteer and NOT to copy what others around them may be doing. Remind the volunteer to speak loud and clear and to allow time for the students to complete his/her directions. Allow this activity to run 5-10 minutes, and then stop and discuss.

The design for this exercise is on the next page.

2. Activity Summary

- a) Thank and applaud the volunteer's efforts.
- b) Remind all participants that they all had exactly the same directions.
- c) If appropriate remark “There was almost no direction that the volunteer gave that was not correctly interpreted by someone else in the class yet many did not interpret the directions identically.”
- d) Ask the students to identify strengths in the directions.
- e) Perhaps one or two weakness or areas that were vague or easily misinterpreted.
- f) Ask the volunteer,
 - i) “What would have made your task easier?”

- (1) Usually it will be identified that showing the picture would have helped (refer back to input channels and multiple intelligences).
- (2) Also, the ability to interact, answer questions, and clarify is identified as a potentially helpful tool.

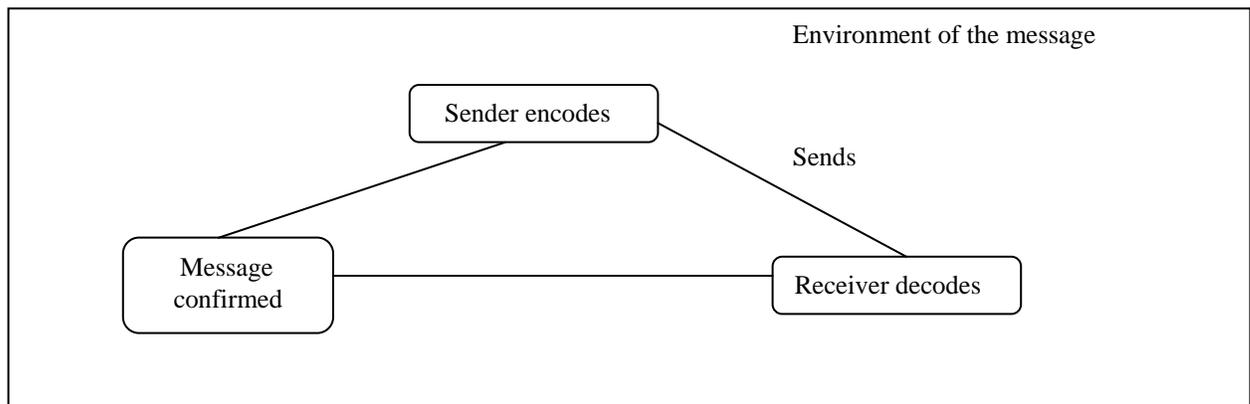
	
<p style="text-align: center;">Write the letters to YOUR NAME</p>	<p style="text-align: center;">1 2 3 4 5 6 7 8</p> <p style="text-align: center;">SYN</p>

C. Non-Verbal Communication

1. The teacher communicates his/her feeling and attitudes even without speaking by:
 - a) Eye contact
 - b) Movement
 - c) Body Posture
 - d) Gestures
 - e) Attire
2. Regardless of the words used, the non-verbal clues that a person displays, may cause a “mixing of the signals”. (Effective instructors are good “models” of the desired behavior)

D. Verbal Communication

1. To achieve mutual understanding, both listening and speaking are required.
2. The model for communication is the feedback loop diagram. It is useful to understanding the process:



3. Some people have great difficulty with communication because they approach it with a “winner vs. losers” perspective.
4. Listening is a crucial element in the process of communication. *Listen for success!*
 - a) Get in their shoes (empathize). Avoid shutting down or evaluating them during their message.
 - b) Pay 100% attention. Be attentive and patient. Don’t interrupt! Stop what you are doing.
 - c) Use their name and then restate or paraphrase their message back to them, as you understand it.
5. Avoid making a judgement until you have heard the entire message and you have paraphrased it back to ensure you understand it.
6. Remember:
 - Great minds can hold and understand divergent points of view.*
 - Great minds can disagree with someone without becoming disagreeable.*
7. Be aware of non-verbal communications clues!

E. Why communications fail.

1. One or both people are not listening to the message.
2. Someone has a winner vs. loser approach to communication.
3. One person perceives his/her psychological size or importance to be larger.
 - a) Person “B” perceives self as being smaller or less important than person “A”.
 - b) Sometimes “B” is afraid to ask “A” to explain or clarify.



- c) Sometimes “B” is the instructor and “A” has a very large ego and feels that “B’s” message is unimportant.
- d) Sometimes “A’s” are real bullies and throw their weight around.
- e) Beware of this concept of “psychological” size and attempt to reduce it by communicating with students on an equal basis.

F. View the Video – “Who’s On First” (Time: 5 Min)

G. Video Summary

1. What led to the misunderstanding?
2. Why did the lack of communications occur?
3. What skills could have been used to overcome the misunderstanding?

III. Feedback and Evaluations

OBJECTIVES:

List feedback techniques.

Describe feedback techniques for skill sessions.

Describe other considerations when giving feedback.

PRESENTATION:

A. ASSESSMENT & FEEDBACK TECHNIQUES

1. Tests & Quizzes (Cognitive and Affective)
2. Questioning (All domains)
3. Student Demonstrations (All domains)
4. Active Participation (All domains)

B. Feedback Technique for Skill Session

Describe the points of the feedback model:

1. Ask the participant how they feel.
 - a) This is to allow for a venting of emotions so the participant will be more receptive to positive suggestions.
2. Have the participant review the objective(s) of the scenario.
3. Ask the participant to describe what they did step by step in a factual accounting.
 - a) This may bring to light that the participant's perception of what they actually did differs from those watching the performance.
4. Ask the participant what they learned and what they might do differently next time.
 - a) This allows the participant to review the learning that took place and allows them to self correct any behavior or performance prior to anyone else making any suggestions.
 - b) This helps the participant to develop both problem solving skills, and also helps create a positive learning environment.
5. If the participant performed something wrong, ask the participant why they performed the way they did, without saying it was wrong.
6. Give the participant positive behavioral suggestions for their next performance without passing judgment statements on them.
 - a) This can be handled well by phrasing statements as questions.
 - b) Example – “Would you consider applying a cervical collar before extricating the patient the next time you are faced with a situation similar to this?”
7. Keep feedback limited to the performance of the student as measured against the objective(s), not against any specific technique you may favor.

C. Other considerations

1. Be careful and be prepared to control overly critical participants.
2. Protect student self-esteem.
 - a) Do your best to protect their self esteem and keep their ego's intact.
 - i. Sometimes they are overly critical of themselves and at times their actions don't warrant it.
 - b) remember there are often many right ways to do things (principles vs. techniques).
3. Focus on the process
 - a) They need to have specifics about where they went wrong and what phase was well done.
 - b) Some skills are process some are product oriented.
 - c) Vague feedback only creates more confusion.
 - i. Pinpoint any perceived error and work the logic of any change with them.
4. Try to end on a positive note
 - a) Try to have them walk away without a bruised ego.
 - b) Bruised egos and damaged pride results in defensiveness and poor learning later.
 - c) If the simulation did not go well, point out what was learned by doing it.
5. Control the feedback.
 - a) Ask the group to recap what they did and what could have been done differently.
 - b) Let them point out their errors and discuss them. Be careful and be prepared to control overly critical team members.

IV. Candidate Rote Skill Demonstration

(Suggested list in Appendix D)

Prior to the course the candidate should be given a pre-assignment of a rote skill demonstration from the following list. Candidates should be broken into groups of 4 to 6 and allowed to present their 5-minute skill presentation. One Regional Faculty member should be present with each group to review the presentation and facilitate the feedback session. Using the guidelines discussed in Module 2, Candidates should receive controlled feedback on their presentations from their partner candidates as well as the Regional Faculty Member.

The Feedback should be controlled using the feedback system taught in Module 2:

- A. Ask the candidate how they feel about their presentation.
- B. Ask the candidate to list the learning objective(s) they were covering.
- C. Ask the candidate to describe using only facts what they did to prepare and deliver the presentation.
- D. Ask the candidate what they might do differently the next time.
- E. Ask partner candidates what they might suggest to improve the presentation next time. Stress that only positive statements can be used.
- F. Add any positive suggestions you might have.

The candidate presentations should be chosen from the following list of topics:

(Note: Since the candidates will be broken up into smaller groups, multiple candidates may be given the same topic)

- Measuring and applying a cervical collar
- Log rolling a patient with spinal injuries
- Assess blood pressure by auscultation
- Assess blood pressure by palpation
- Assess pulses (Carotid, Radial, Pedal, Popliteal)
- Assess pupils
- Assess lung sounds
- Measure and insert nasopharyngeal airway
- Measure and insert oropharyngeal airway
- Assemble an oxygen regulator
- Application of a sling and swath
- Application of an ankle hitch
- Assemble and test a suction unit
- Application of a non-rebreather mask
- Application of a nasal cannula
- Assess motor and sensory function of an extremity
- Dress and bandage a wound

MODULE 3

I. Overview of EMT-B Course Modules and Psychomotor Objectives

OBJECTIVE: To be able to list the eight modules of the NYS EMT-B curriculum, and describe the general content of each module.

PRESENTATION:

- A. The skills contained and presented in the EMT – Basic curriculum are at the core of the skills contained in both the Certified First Responder and are used as the foundation for the Advanced EMT courses. A CLI must be capable of providing proper instruction and evaluation of students since they are setting the stage for patient care.

The EMT – Basic course is minimally divided into the following:

Lecture Hours:

Practical Skills Hours:

Clinical Hours:

Testing & Evaluation Hours:

The following is a listing of the eight module areas contained in the NYS EMT-B curriculum. A brief description of each module will be covered:

1. Module 1 Preparatory

- Lesson 1-1 Introduction to Emergency Medical Care
- Lesson 1-2 Well-being of the EMT-Basic
- Lesson 1-3 Medical/Legal and Ethical Issues
- Lesson 1-4 The Human Body
- Lesson 1-5 Baseline Vital Signs and SAMPLE History
- Lesson 1-6 Lifting and Moving Patients
- Lesson 1-7 Evaluation: Module 1

2. Module 2 Airway

- Lesson 2-1 Airway
- Lesson 2-2 Airway Practical Skills
- Lesson 2-3 Evaluation: Module 2

3. CPR Module

- CPR - 1 CPR (using AHA/ARC/NSC standards)
- CPR – 2 Practical Lab
- CPR – 3 Evaluation: CPR

4. Module 3 Patient Assessment

- Lesson 3-1 Scene Size-Up
- Lesson 3-2 Initial Assessment
- Lesson 3-3 Focused History and Physical Exam - Trauma

- Lesson 3-4 Focused History and Physical Exam - Medical
- Lesson 3-5 Detailed Physical Exam
- Lesson 3-6 On-Going Assessment
- Lesson 3-7 Communications
- Lesson 3-8 Documentation
- Lesson 3-9 Practical Skill Lab
- Lesson 3-10 Evaluation: Module 3

5. Module 4 Medical/Behavioral and Obstetrics/Gynecology

- Lesson 4-1 General Pharmacology
- Lesson 4-2 Respiratory Emergencies
- Lesson 4-3 Cardiac Emergencies
- Lesson 4-4 Diabetic Emergencies/Altered Mental Status
- Lesson 4-5 Allergies
- Lesson 4-6 Poisoning and Overdose
- Lesson 4-7 Environmental Emergencies
- Lesson 4-8 Behavioral Emergencies
- Lesson 4-9 Obstetrics and Gynecology
- Lesson 4-10 Practical Skills Lab
- Lesson 4-11 Evaluation: Module 4

6. Module 5 Trauma

- Lesson 5-1 Bleeding and Shock
- Lesson 5-2 Soft Tissue Injury
- Lesson 5-3 Musculoskeletal Care
- Lesson 5-4 Injuries to the Head, Neck and Spine
- Lesson 5-5 Practical Skills Lab
- Lesson 5-6 Evaluation: Module 5

7. Module 6 Infants and Children

- Lesson 6-1 Infants and Children
- Lesson 6-2 Practical Skills Lab
- Lesson 6-3 Evaluation: Module 6

8. Module 7 Ambulance Operations

- Lesson 7-1 Ambulance Operations
- Lesson 7-2 Gaining Access
- Lesson 7-3 Brief Overview
- Lesson 7-4 Evaluation: Module 7

B. Changes to the EMT – Basic Curriculum

1. Previous EMT courses were structured and scheduled to provide an ever-increasing base of knowledge and skills that helped the student develop as they progressed through the course.
 - a) Early in the course you taught CPR, which may have been the first time a student had to learn and perform skills.
 - b) This helped develop basic assessment skills and allowed the student to become comfortable with skills and working with other students.
 - c) This also provided an opportunity to evaluate and identify students who may have difficulty later in the course with doing skills.
2. The current EMT-Basic course uses individual modules of instruction, which could be considered independent from each other.
 - a) This puts a student immediately into skill development from the start of the course.
 - b) For example: The second session of Module 1 immediately puts the student into a situation requiring the use of Personal Protective Equipment, Decontamination of equipment and reporting documentation.
 - c) This puts the responsibility on the CLI to ensure that skills are properly taught and practiced from the onset of the course.
 - d) There may not be another opportunity to practice or review the skills until much later in the course schedule.

1. MODULE 1 - PREPARATORY*Lesson 1-1*

No psychomotor objectives

Lesson 1-2 (PPE, Vehicle and Equipment Decontamination, Standard Precautions, PCR Documentation)

1-2.18 Given a scenario with potential infectious exposure, the EMT-B will use appropriate personal protective equipment. At the end of the scenario, the EMT-B will properly remove and discard the garments.

1-2.19 Given the above scenario, the EMT-B will complete disinfection/cleaning and all reporting documentation.

Lesson 1-3

No psychomotor objectives

Lesson 1-4

No psychomotor objectives

Lesson 1-5 (Vital Signs)

1-5.32 Demonstrate the skills involved in the assessment of breathing.

1-5.33 Demonstrate the skills associated with obtaining a pulse

- 1-5.34 Demonstrate the skills associated with assessing the skin color, temperature, condition and capillary refill in infants and children
- 1-5.35 Demonstrate the skills associated with assessing the pupils.
- 1-5.36 Demonstrate the skills associated with obtaining a blood pressure.
- 1-5.37 Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene.

Lesson 1-6 (Patient Lifting & Moving)

- 1-6.14 Working in small groups, prepare each of the following devices for use, transfer a patient to the device, properly position the patient on the device, move the device to the ambulance and load the patient into the ambulance:
 - Wheeled ambulance stretcher
 - Portable ambulance stretcher
 - Stair chair
 - Scoop stretcher
 - Long spine board
 - Basket stretcher
 - Flexible stretcher
- 1-6.15 Working with a partner, the EMT-B will demonstrate techniques for the transfer of a patient from an ambulance stretcher to a hospital stretcher.
- 1-6.16 Working in small groups, demonstrate the techniques for:
 - Emergency moves
 - Urgent moves
 - Non urgent moves

2. MODULE 2 - AIRWAY

Lesson 2-1 (Airway Management, Ventilation, Suction, Oxygen Equipment)

- 2-1.25 Demonstrate the steps in performing the head –tilt chin-lift.
- 2-1.26 Demonstrate the steps in performing the jaw thrust.
- 2-1.27 Demonstrate the techniques of suctioning.
- 2-1.28 Demonstrate the steps in providing mouth-to-mouth artificial ventilation with body substance isolation (barrier shield).
- 2-1.29 Demonstrate how to use a pocket mask to artificially ventilate a patient.
- 2-1.30 Demonstrate the assembly of a bag-valve-mask unit.
- 2-1.31 Demonstrate the steps in performing the skill of ventilating a patient with a bag-valve-mask for one and two rescuers.
- 2-1.32 Demonstrate the steps in performing the skill of artificially ventilating a Patient with a bag-valve-mask while using the jaw thrust.
- 2-1.33 Demonstrate artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device.
- 2-1.34 Demonstrate how to artificially ventilate a patient with a stoma.
- 2-1.35 Demonstrate how to insert an oropharyngeal airway.

- 2-1.36 Demonstrate how to insert a nasopharyngeal airway.
- 2-1.37 Demonstrate the correct operation of oxygen tanks and regulators/flowmeters.
- 2-1.38 Demonstrate the use of a non-rebreather face mask and state the flow requirements for its use.
- 2-1.39 Demonstrate the use of a nasal cannula and state the flow requirements needed for its use.
- 2-1.40 Demonstrate how to artificially ventilate the infant and child patient.
- 2-1.41 Demonstrate oxygen administration for the infant and child patient.

3. CPR MODULE

Lesson 1 (CPR Skills)

- CPR-1.27 Demonstrate the proper technique of chest compressions on an adult.
- CPR-1.28 Demonstrate the proper technique of chest compressions on a child.
- CPR-1.29 Demonstrate the proper technique of chest compressions on an infant.
- CPR-1.30 Demonstrate the steps of adult one rescuer CPR.
- CPR-1.31 Demonstrate the steps of adult two rescuer CPR.
- CPR-1.32 Demonstrate child CPR.
- CPR-1.33 Demonstrate infant CPR.

4. MODULE 3 - PATIENT ASSESSMENT

Lesson 3-1 (Scene Size up)

- 3-1.10 Observe various scenarios and identify potential hazards.

Lesson 3-2 (Assessment Skills)

- 3-2.26 Demonstrate the techniques for assessing mental status.
- 3-2.27 Demonstrate the techniques for assessing the airway.
- 3-2.28 Demonstrate the techniques for assessing if the patient is breathing.
- 3-2.29 Demonstrate the techniques for assessing if the patient has a pulse.
- 3-2.30 Demonstrate the techniques for assessing the patient for external bleeding.
- 3-2.31 Demonstrate the technique for assessing the patient's skin color, temperature, condition, and capillary refill (infants and children only).
- 3-2.32 Demonstrate the ability to prioritize patients.

Lesson 3-3

- 3-3.11 Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury.

Lesson 3-4

- 3-4.6 Demonstrate the patient assessment skills that should be used to assess a patient who is responsive with no known history.
- 3-4.7 Demonstrate the patient assessment skills that should be used to assess a patient who is unresponsive or has an altered level of consciousness.

Lesson 3-5

- 3-5.6 Demonstrate the skills involved in performing a detailed physical exam

Lesson 3-6

3-5.6 Demonstrate the skills involved in performing an ongoing assessment.

Lesson 3-7

3-7.11 Perform a simulated, organized, concise radio transmission.

3-7.12 Perform an organized, concise patient report that would be given to the staff at a receiving facility.

3-4.13 Perform a brief, organized report that would be given to an ALS provider arriving at an incident scene at which the EMT-B was already providing care.

Lesson 3-8

3-4.13 Complete a Prehospital care report.

5. MODULE 4 - MEDICAL/BEHAVIORAL/OBSTETRICS & GYNECOLOGY*Lesson 4-1*

4-1.7 Demonstrate general steps for assisting patient with self-administration of medications

4-1.8 Read the labels and inspect each type of medication.

Lesson 4-2

4-2.11 Demonstrate the emergency medical care for breathing difficulty.

4-2.12 Perform the steps in facilitating the use of an inhaler.

Lesson 4-3

4-3.37 Demonstrate the assessment and emergency medical care for a patient experiencing chest pain/discomfort.

4-3.38 Demonstrate the application and operation of an AED.

4-3.39 Demonstrate the operator maintenance of an AED.

4-3.40 Demonstrate completing a Prehospital care report (PCR) for patients in cardiac arrest when an AED is connected to the patient.

4-3.41 Perform the steps in facilitating the use of nitroglycerin for chest pain or discomfort.

4-3.42 Demonstrate the assessment and documentation of patient response to nitroglycerin.

4-3.43 Practice completing a PCR for patients with cardiac emergencies.

4-3.44 Demonstrate the assessment and emergency medical care of a patient with signs and symptoms of a Cerebrovascular Accident (Stroke).

Lesson 4-4

4-4.13 Demonstrate the steps in the emergency medical care for the patient taking diabetic medication and with an altered mental status and a history of diabetes.

4-4.14 Demonstrate the steps in the administration of oral glucose.

4-4.15 Demonstrate the assessment and documentation of patient response to oral glucose.

4-4.16 Demonstrate how to complete a PCR for patients with diabetic emergencies.

Lesson 4-5

4-5.9 Demonstrate the emergency medical care of the patient experiencing an allergic reaction.

4-5.10 Demonstrate the use of an epinephrine auto-injector.

- 4-5.11 Demonstrate the assessment and documentation of patient response to an epinephrine injection.
- 4-5.12 Demonstrate proper disposal of equipment.
- 4-5.13 Demonstrate completing a PCR for patients with allergic emergencies.

Lesson 4-6

- 4-6.12 Demonstrate the steps in the emergency medical care for the patient with possible overdose.
- 4-6.13 Demonstrate the steps in the emergency medical care for the patient with suspected poisoning.
- 4-6.14 Perform the necessary steps required to provide a patient with activated charcoal.
- 4-6.15 Perform the necessary steps required to provide a patient with Syrup of Ipecac.
- 4-6.16 Demonstrate the assessment and documentation of patient response.
- 4-6.17 Demonstrate proper disposal of the equipment for the administration of Activated charcoal.
- 4-6.18 Demonstrate completing a PCR for patients with poisoning/overdose emergency.

Lesson 4-7

- 4-7.10 Demonstrate the assessment and emergency medical care of a patient with exposure to cold.
- 4-7.11 Demonstrate the assessment and emergency medical care of a patient with exposure to heat.
- 4-7.12 Demonstrate the assessment and emergency medical care of a near drowning patient.
- 4-7.13 Demonstrate completing a PCR for patients with environmental emergencies.

Lesson 4-8

- 4-8.10 Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency.
- 4-8.11 Demonstrate various techniques to safely restrain a patient with a behavioral emergency.

Lesson 4-9

- 4-9.20 Demonstrate the steps to assist in the normal cephalic delivery.
- 4-9.21 Demonstrate necessary care procedures of the fetus as the head appears.
- 4-9.22 Demonstrate infant neonatal procedures.
- 4-9.23 Demonstrate post delivery care of the infant.
- 4-9.24 Demonstrate how and when to cut the umbilical cord.
- 4-9.25 Attend to the steps in the delivery of the placenta.
- 4-9.26 Demonstrate the post delivery care of the mother.
- 4-9.27 Demonstrate the procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation.
- 4-9.28 Demonstrate the emergency medical care of the mother with excessive vaginal bleeding.
- 4-9.29 Demonstrate completing a PCR for patients with obstetrical/gynecological emergencies.

6. MODULE 5 - TRAUMA*Lesson 5-1*

- 5-1.15 Demonstrate direct pressure as a method of emergency medical care of external bleeding.
- 5-1.16 Demonstrate the use of diffuse pressure as a method of emergency medical care of external bleeding.
- 5-1.17 Demonstrate the use of pressure points and tourniquets as a method of emergency medical care of external bleeding.
- 5-1.18 Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding.
- 5-1.19 Demonstrate the care of the patient exhibiting signs and symptoms of shock (hypoperfusion).
- 5-1.20 Demonstrate completing a PCR for a patient with bleeding and or shock (hypoperfusion).

Lesson 5-2

- 5.2.34 Demonstrate the steps in the emergency medical care of closed soft tissue injuries.
- 5.2.35 Demonstrate the steps in the emergency medical care of open soft tissue injuries.
- 5-2.36 Demonstrate the steps in the emergency medical care of a patient with an open chest wound.
- 5-2.37 Demonstrate the steps in the emergency medical care of a patient with an open abdominal wound.
- 5-2.38 Demonstrate the steps in the emergency medical care of a patient with an impaled object.
- 5-2.39 Demonstrate the steps in the emergency medical care of a patient with an amputation.
- 5-2.40 Demonstrate the steps in the emergency medical care of an amputated part
- 5-2.41 Demonstrate the steps in the emergency medical care of a patient with superficial burns.
- 5-2.42 Demonstrate the steps in the emergency medical care of a patient with partial thickness burns.
- 5-2.43 Demonstrate the steps in the emergency medical care of a patient with full thickness burns.
- 5-2.44 Demonstrate the steps in the emergency medical care of a patient with a chemical burn.
- 5-2.45 Demonstrate completing a PCR for patients with soft tissue injuries.

Lesson 5-3

- 5-3.12 Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity.
- 5-3.13 Demonstrate completing a PCR for patients with musculoskeletal injuries.

Lesson 5-4

- 5-4.39 Demonstrate the opening the airway of a patient with a suspected spinal cord injury.
- 5-4.40 Demonstrate the evaluation of a responsive patient with a suspected spinal cord injury.
- 5-4.41 Demonstrate the stabilization of the cervical spine.
- 5-4.42 Demonstrate the four person log roll for a patient with a suspected spinal cord injury.
- 5-4.43 Demonstrate how to log roll a patient with a suspected spinal cord injury using two people.
- 5-4.44 Demonstrate the securing a patient to a long spine board.
- 5-4.45 Demonstrate using the short board immobilization technique.
- 5-4.46 Demonstrate the procedure for rapid extrication.

- 5-4.47 Demonstrate the preferred methods for stabilization of a helmet.
- 5-4.48 Demonstrate the helmet removal techniques.
- 5-4.49 Demonstrate an alternate method for stabilization of a helmet.
- 5-4.50 Demonstrate completing a PCR for patients with head and spinal injuries.

7. MODULE 6 - INFANTS AND CHILDREN

Lesson 6-1

Demonstrate how open the airway of the pediatric patient.

- 6-1.32 Demonstrate the techniques of foreign body airway obstruction removal in the infant.
- 6-1.33 Demonstrate the techniques of foreign body airway obstruction removal in the child.
- 6-1.34 Demonstrate the assessment of the infant and child.
- 6-1.35 Demonstrate how to assess a newborn.
- 6-1.36 Demonstrate how to warm, dry, suction and stimulate the newborn.
- 6-1.37 Demonstrate how to provide blow by oxygen to the newborn.
- 6-1.38 Demonstrate how to provide assisted ventilations to the newborn.
- 6-1.39 Demonstrate how to perform chest compressions on the newborn.
- 6-1.40 Demonstrate the sizing technique for the selection of infant and child bag-valve-masks and oxygen delivery devices.
- 6-1.41 Demonstrate bag-valve-mask artificial ventilations for the infant.
- 6-1.42 Demonstrate bag-valve-mask artificial ventilations for the child.
- 6-1.43 Demonstrate oxygen delivery for the infant and child.
- 6-1.44 Demonstrate suctioning techniques for the infant and child.
- 6-1.45 Demonstrate how to provide manual stabilization of the head and cervical spine.
- 6-1.46 Demonstrate how to open the airway of the pediatric patient with a suspected spinal injury.
- 6-1.47 Demonstrate how to properly size and apply a cervical collar to the pediatric patient.
- 6-1.48 Demonstrate the modifications for spinal immobilization for the infant and child.

8. MODULE 7 - AMBULANCE OPERATIONS

Lesson 7-1

No psychomotor skills identified.

Lesson 7-2

- 7-2.9 Demonstrate the steps used to remove a patient with a suspected spinal injury from a vehicle.

Lesson 7-3

- 7-3.9 Given a scenario of a mass casualty incident, perform triage.

- 9. Certified Lab Instructors must understand each of these psychomotor objectives in order to teach them.
 - 1. Skills are objective based
 - 2. Must have measurable criteria to evaluate student performance
 - 3. Students must understand what is expected of them

II. Psychomotor Skill Teaching Tips

OBJECTIVES:

This section has been prepared to assist the CLI in teaching specific psychomotor skills.

PRESENTATION:

When teaching a psychomotor skill, the first task is to identify the level at which the skill is expected to be performed. The following Objectives Legend is used for the EMT-B psychomotor skills:

- 1 = Cognitive (Knowledge) Level
- 2 = Psychomotor (Application) Level
- 3 = Affective (Problem Solving) Level

ACTIVITY - The first skill tip exercise is based on “SKILL: PULSE LOCATION”
For each of the following, demonstrate how the teaching tip can be used in teaching the specific psychomotor skill.
Read the objective
Discuss how the level at which the skill is to be performed can be identified
Discuss how the tip can be applied in a skill setting
Demonstrate the tip being used
(NOTE: It is not necessary to demonstrate each skill in the course, only those listed here.)

Alternate Suggested Activity

Give students 5 minutes to list individually the skills steps and knowledge needed to accomplish an objective that is read to them.

The instructor will list on a flip chart or board all the steps offered by the students.

The instructor should not attempt to arrange the steps in a logical order of application.

Instructor will review each step and identify whether it is a C, P, or A.

The student will then suggest the appropriate order for performing the skill.

- A. Read Objective 1-5.33: “Demonstrate the skills associated with obtaining a pulse.”
- B. Discuss how to determine what level this skill is to be performed at:
 - 1. Cognitive (Knowledge)
 - a) Although students are expected to be able to recall bits of information in performing this skill, there is a higher expectation.
 - b) Some of the bits of information they need to know including:
 - i. Pulse locations
 - ii. Principles of taking a pulse
 - (a) Baring the area to take a pulse
 - (b) Using fingertips to put pressure on artery
 - (c) Not completely compress the artery
 - (d) Counting for 15 seconds and multiplying by 4, unless irregular or unusually slow
 - iii. Normal pulse ranges

- iv. Descriptions for pulse qualities and their meanings
 - (a) Weak – not able to be felt well, may be difficult to feel
 - (b) Strong – able to be felt with ease, very little pressure applied to feel
 - 2. Affective (Application)
 - a) Students are expected to not only know the bits of information but also understand the information or facts they uncover
 - i. Pulse = 40
 - b) They must demonstrate that they know the meaning of those facts
 - i. Pulse = 40 is too slow
 - 3. For this objective, students are not expected to perform at a higher level. They should not need to get into problem solving, analyzing how placing their fingers against the artery causes pulse waves to be felt, or any other higher level synthesis or evaluation.
- C. Using the example listed, go through the teaching tips for pulse locations, and discuss how the listed information can be used in the skill setting. (The comments in the parenthesis are for discussion and are not listed in the skill teaching tips.)
- 1. COMMON STEPS:
 - a) have patient remove clothing from area where pulse is to be taken (May seem like common sense, but brand new students may not know).
 - b) note strength and regularity of pulse (Strength and regularity assist in overall quality assessment, and can give clues to cardiac output).
 - c) if pulse is regular, take for 15 seconds and multiply by 4. (Sufficient for rate determination, and saves a little time. If not sure, take for 1 minute).
 - d) if pulse irregular, take for one full minute (If only take for 15 seconds, may be grossly inaccurate).
 - 2. DETERMINE CAROTID PULSE:
 - a) locate the larynx (Adams apple is more commonly known by new students) at the front of the neck.
 - b) slide two fingers back toward the ear on the same side you are on (Why not reach across? Because of tendency to completely compress artery).
 - c) locate groove between larynx and the neck muscle (landmark).
 - d) use light pressure, check only one side at a time (Too much pressure can not only cut off pulse, but risk dislodging plaque. Only check one side at a time so as not to cut off flow to brain).
 - e) count for 15 seconds and multiply times 4, if irregular count for one minute (Review).
 - 3. DETERMINE BRACHIAL PULSE:
 - a) locate artery on inside of arm in groove between the muscles, at mid point of arm (landmark).
 - b) count for 15 sec. multiply times 4, if irregular count for one minute (Review).
- D. The same examples can be used for the remainder of the pulse points as well.

E. ACTIVITY - The second skill tip exercise is based on “SKILL: PATIENT ASSESSMENT MANAGEMENT – INITIAL ASSESSMENT”

Read the following objectives, Identify them as being included in the process of Initial Assessment:

- a) Observe various scenarios and identify potential hazards.
- b) Demonstrate the techniques for assessing mental status.
- c) Demonstrate the techniques for assessing the airway.
- d) Demonstrate the techniques for assessing if the patient is breathing.
- e) Demonstrate the techniques for assessing if the patient has a pulse.
- f) Demonstrate the techniques for assessing the patient for external bleeding.
- g) Demonstrate the technique for assessing the patient’s skin color, temperature, condition, and capillary refill (infants and children only).
- h) Demonstrate the ability to prioritize patients.

1. Discuss the expected level of performance for the first of these objectives.
 - a) Observe various scenarios and identify potential hazards. (This would initially seem to be an Application level objective, but looking further into it, it is actually an Evaluation level objective. What we are looking for in our students is the ability to look at each situation as a new situation, identify items which may or may not have been previously identified as a hazard, decide if the hazard outweighs the risks, and to continually reevaluate the hazards and impacts on the scene).
2. Discuss how the teaching tips for “Scene Size- Up” can be applied in a lab setting:
 - a) BSI Precautions (Do you make your students wear them every time in lab)
 - b) Use gloves, mask, gown, eye protection as needed (Have a number of scenarios in class that require students to determine the level of protection they need)
 - c) Scene Safety (Reinforce this is a concept, not a checklist)
 - d) Insure scene is safe before you enter, is it safe for your patients, is it safe for bystanders? (Have scenarios with hazards that might impact each of these and make sure to discuss them with your students)
 - e) Observe for unsafe environment such as fire, gas, Hazardous Materials, crime scene. Unstable surfaces (Present photos, videos, or other images of various scenes and have students identify hazards. Make sure to have a listing of the hazards you have identified for discussion)
 - f) Mechanism of Injury or Nature of Illness (Using scene images, discuss the potential MOI/NOI for each)
 - g) Determine from patient, family, bystanders or observing the scene (Practice having the students roll-play bystanders or family in scenarios. Make sure they are programmed)
 - h) Determine Number of Patients if Trauma (Have photos of different types of situations of multiple patient scenes from a simple accident with 2 or 3 patients, to major incidents with multiple patients. Discuss the role of triage on every call)
 - i) Request Additional Resources if Needed (Have students identify additional resources they might need in various scenarios you run in the lab)

- j) Stabilize Spine if MOI / NOI indicate (Discuss with students during scenarios if a simulated patient has this need, and have the student explain why or why not)
3. Have the CLI candidates identify the level of expected performance for each of the other objectives from the initial assessment example:
 - a) Demonstrate the techniques for assessing mental status. (Comprehension)
 - b) Demonstrate the techniques for assessing the airway. (Evaluation)
 - c) Demonstrate the techniques for assessing if the patient is breathing. (Analysis)
 - d) Demonstrate the techniques for assessing if the patient has a pulse. (Comprehension)
 - e) Demonstrate the techniques for assessing the patient for external bleeding. (Comprehension)
 - f) Demonstrate the technique for assessing the patient's skin color, temperature, condition, and capillary refill, infants and children only. (Comprehension)
 4. Demonstrate the ability to prioritize patients. (Evaluation)

III. Using Scenarios in EMS Instruction

OBJECTIVES:

Discuss the use of role-playing and simulations.

Describe scenario planning.

List the steps for running a scenario.

Describe methods for evaluating a scenario.

A. Role Playing and Simulations

1. Introduction

- a) Role playing and patient simulations should begin after the students have mastered the skills of the course. Before this point, they don't have the knowledge and skill base to have a worthwhile experience.

2. Why Use Scenarios?

- a) One of the best ways for the instructor to integrate cognitive knowledge with practical skills.
- b) As close to the "real-life" experience as possible in a classroom environment.

3. Scenarios -

- a) Add a sense of realism to the course
- b) Give students an idea of the pressures faced in "real world" EMS
- c) Promote interaction and bonding between students
- d) Provide instructors with the opportunity to evaluate how well the students have grasped and integrated both didactic and skill objectives

4. Scenarios must be:

- a) Do-able - Not complicated or tricky
- b) Realistic - Use some real calls as your basis
- c) "Win"-able - The intent is not to create a stressful event, it's to create experiences where the student can make mistakes, learn, and develop better judgment
- d) Simple - Usually good programming and simple make-up will do
- e) At the appropriate level for the students - Know where the students are "at" and what needs to be practiced
- f) Used consistently and frequently
- g) Planned in advance

5. Scenario Planning

- a) What type of scenario is appropriate at this point?
 - i. Determine the skill to be evaluated
 - ii. The illness or injury that would require the use of this skill
 - iii. The mechanism of injury or circumstances of the illness
- b) Use a planning sheet to plot out your scenario
- c) State specific objectives

6. Detailing your scenario on a Planning Sheet (Appendix D)
 - a) List the objective for the specific scenario (is this a partial or full skill; part of a scene or complete scene start to finish?)
 - b) List the equipment needed, including clothing - tear away scrubs or old clothes that can be cut allow the student to expose the patient appropriately.
 - c) List the role-player setup
 - i. Give moulage instructions
 - ii. State patient instructions
 - iii. State “Bystander” and “Family” instructions
 - iv. List patient & bystander/family cues, and actions to be taken on those cues (such as a particular response to a particular treatment, or patient response if appropriate treatment is not given)
 - d) List the scene description
 - i. Describe the call, including any environmental factors affecting the call
 - ii. List any pertinent findings
 - (1) Scene size-up
 - (2) Focused history
 - (3) Physical exam
 - (4) Baseline and follow-up vitals (If specific vitals are needed, otherwise use the patients own)
 - (5) Give follow-up vitals (if needed) and patient response if care is appropriate/inappropriate
 - iii. State crew instructions including start & end point (e.g. “you have already completed an initial assessment finding, you will provide treatment up to the point you call for transport.”)
 - e) State the expected results including treatments & protocols which should be followed
 - f) List potential variables you can think of, with the reasoning behind the variable (such as on a trouble breathing scenario, a student using a BVM instead of NRBM)
 - g) Leave space for unexpected results – learn from them
7. Programming your Patient
 - a) Programmed patient situations should contain three elements
 - i. Believable acting and appropriate medical responses
 - ii. Accurately designed injuries
 - iii. Realistic environmental setting
 - b) Your programmed patient must be able to:
 - c) Portray the injured/ill patient’s reactions and responses realistically
 - d) Convince him or herself that s/he is, in fact, injured or ill - Play the role as they would in real life
 - e) React with the type of distress the injury or illness causes
 - f) Use appropriate general responses, such as agitation, confusion, unconsciousness, etc.
 - g) Your programmed patient must be able to:
 - i. Play his/her role with an air of professionalism (avoid giggling, etc.)
 - ii. Mentally set the scene

- iii. Respond appropriately to many varied questions such as:
 - (1) Where were you and what were you doing when this occurred?
 - (2) Have you seen a doctor recently & for what?
 - (3) Does anything make you feel worse, better?
 - (4) What is your past medical history, medications, allergies?
 - h) Your programmed patient must be able to:
 - i. Act and respond appropriately if the care is appropriate or inappropriate (e.g. React with relief if traction is applied to a fractured femur)
 - ii. Have increased shortness of breath if high concentration oxygen is not given for his respiratory distress
 - iii. Give answers and be consistent
 - iv. Respond appropriately to rescuers rough handling, rudeness, etc.
8. Running Your Scenario
- a) Weigh the team evenly
 - b) Balance out more timid students with more aggressive ones, but allow opportunities for slower students to get some practice being team leader
 - c) Give clear directions about your expectations and what their expectations should be
 - i. What is covered in the scenario
 - ii. When it starts and ends
 - iii. What each team members role is, and what role the CLI will take
 - iv. etc.
 - d) What should be simulated and shouldn't be
 - e) What your role will be and what information they can expect from you
 - f) Allow students to play the game with as few "time outs" as possible
 - i. Stopping them frequently to correct them cheats them of the experience they would gain by letting the situation run its course
 - ii. Remember the coach cannot play the game for them
 - g) It's ok to shout directions from the bench at times to prevent them from faking aspects of patient care such as ventilation techniques, lung sounds, taking vital signs, etc.
9. Evaluating Your Scenario
- a) General Considerations
 - i. During the scenario, pay attention and take notes
 - ii. What is the team leader doing and how is the team functioning
 - iii. Thorough notes in chronological order (Use an evaluation tool)
 - (a) Should be simple to use
 - (b) Can be separate or incorporated into scenario planning sheet
 - iv. Keep the discussion positive
 - v. Do your best to protect student's self-esteem and keep egos intact
 - vi. Remember that there are often many right ways to do things (Principles vs. Techniques)

b) Step by Step

- i. Review the scenario's objective(s).
- ii. Ask the group to recap what they did and what could be done differently.
- iii. Ask the students (crew) to explain how they used the information you gave them to make their management decisions.
- iv. Let them point out their errors and discuss them. Be careful and be prepared to control overly critical team members.
- v. Elicit information from all participants, including patients.
- vi. Discuss the case.
 - (1) Point out the critical steps of care.
 - (2) Provide them with a chronological perspective of what happened and positive feedback. Point out what should have been done differently.
 - (3) Focus on the process – They need to have specifics about where they went wrong and where they went right!
 - (4) Answer questions.
 - (5) Expand on any parts left incomplete.
 - (6) Be attentive and respond to participants questions, ideas, concerns, feelings of inadequacy, etc.
- vii. End on a positive note
 - (1) Bruised egos and damaged pride results in defensiveness and poor learning later.
 - (2) If the simulation did not go well, point out what was learned by doing it.
 - (3) Allow them to do it again, if time permits.
 - (4) Allows students to experience and appreciate improved efficiency in case management.
 - (5) Gives a sense that “I really learned something today.”

10. Some Don't Discussions

- a) Don't allow negative emotions, frustrations, and expressions of failure.
- b) Don't monopolize group discussion – allow for flow of information from all participants.
- c) Don't lose track of time.
- d) Don't neglect POSITIVE feedback.
- e) Don't get side-tracked on issues that are not important.

11. Summary

- a) Repeat key aspects of issues raised by participants.
- b) Summarize by reviewing:
 - i. Key discussion points
 - ii. What went well
 - iii. What could be improved
- c) Bring into focus unresolved issues
- d) End on a positive note

III. Group Scenario Building Exercise

- A. **ACTIVITY** – Break the students into groups of 5 or 6. Assign each group to develop a scenario designed to allow students to integrate a minimum of three Total skills. Each group should prepare a scenario planning sheet for the scenario. Allow 15 minutes for planning.

Pick two groups to present their scenario plan.

Have the students from the other group(s) give suggestions on how the scenario could be improved.

MODULE 4

I. Moulage Techniques

OBJECTIVES:

Define Moulage.

State the Purpose.

Describe moulage techniques.

List item for moulage kit.

Demonstrate moulage techniques.

1. Moulage definitions
 - a) Moulage is a French word that means “to make a mold”
 - b) Your injuries and scenarios should look like they are from a “mold” of the real thing
 - c) The goal of moulage is to create realism in an artificial situation through
 - i. Make-up
 - ii. Props and Stage settings
 - iii. Patient and bystander programming
 - iv. Provides visual clues
2. Moulage kits
 - a) Many resources are available - From very expensive kits with professional makeup and plastic injuries to simple homemade versions
 - b) It is quite simple and inexpensive to make up your own moulage kit
 - c) Look in costume stores, and in general department stores at Halloween time
 - d) Review basic moulage kit (see Appendix E)
4. Simulated Injuries and Moulage Techniques
 - a) Whatever type of moulage kit you use, you must practice your moulage techniques before attempting to use them in an educational setting
 - b) Portray the medical situation in as realistic a manner as possible
 - c) Make the patient and injuries look real at close quarters instead of the clown-like appearance necessary for theatrical (stage) performance
 - d) Make the injuries accurate in
 - i. Placement
 - ii. Consistency with mechanism of injury
 - iii. Associated injuries (Contusions, abrasions, etc.)
5. Demonstrate the following moulage:
 - a) contusion
 - b) abrasion
 - c) laceration
 - d) cyanosis

- e) shock
6. Demonstrate the following moulage:
- a) open fracture
 - b) burn
7. Review the moulage hints (Appendix E)

II. Evaluating Student Performance

(see Notes View in PowerPoint Presentation for more information)

OBJECTIVES:

Describe evaluating student performance in a lab session.

Describe evaluating student performance in a practical exam.

Describe common errors in the evaluation process.

A. Evaluating Student Performance in the Classroom Lab

1. Evaluate against the objective(s)
2. Try to be objective
 - a) Using a scale such as:
 - i. Not able to perform skill
 - ii. Not able to complete skill
 - iii. Able to complete skill only with direct instruction
 - iv. Able to complete skill only with assistance
 - v. Able to complete skill without assistance, but at a level less than minimum competency (such as too much time, or rough handling, etc.)
 - vi. Able to complete skill without assistance at a minimum competency level
 - vii. Able to complete skill without assistance above minimum competency level
 - b) Center on performance
3. Use a form for tracking progress
 - a) Skill Test Feedback Form (Appendix F)
 - b) Student Skill Tracking Sheet (Appendix G)
 - c) Class Tracking Form (Appendix H)
4. Corrective feedback is appropriate and necessary for student progression
5. Written skill feedback on specific principles or errors may be helpful for specific types of students

B. Evaluating Student Performance in the NYS EMS Practical Skills Exam (PSE)

1. Objectives
 - a) Define the purpose of the NYS EMS PSE
 - b) List the role of each member of the exam team
 - c) Define Evaluation in Terms Applicable to NYS EMS PSE
 - d) Define the role and responsibilities of the PSE evaluator
 - e) Describe the steps involved in conducting the evaluation

- f) Document candidates performance in measurable terms
- g) Describe six common errors made by PSE evaluators

Module 4

- h) List the critical tasks / performance for each of the PSE stations

2. Purpose of the PSE

- a) Test a candidates rote skill
- b) Observation of Performance
- c) Minimum Level of Competency
- d) Testing - NOT Teaching

3. PSE Administration

- a) Course Sponsor - overall responsibility for coordination
- b) PSE Coordinator - logistics (with Sponsor), and “...ensuring the examination is conducted according to NYS EMS standards...”
- c) PSE Evaluator - observes performance and records candidates actions (also referred to as a PSE Examiner)
- d) Victims and Helpers - required as part of several stations to allow candidate to demonstrate skill. Helpers must be EMTs. PSE Evaluators should not expect victims to be CFRs or EMTs

4. Definitions

- a) Evaluation - Accurate Appraisal of Value
- b) Examine - To Inspect or Scrutinize With Care; Investigate Critically
 - i. To Be A “Camcorder” – astute observer
 - ii. To Observe Candidates Performance & Record Against Minimum Critical Tasks or Performance Criteria

5. PSE Evaluator Role & Responsibilities

- a) Observe & Record Candidate Performance
- b) Professional at All Times
- c) Be On Time
- d) Professional Image
- e) Conversations / Jokes
- f) Actions
- g) Ethical

6. Conducting the Evaluation

- a) Greeting Candidate
- b) Instructions to the Candidate
- c) Chance to Check Equipment, Clarify Expectations
- d) Scenarios
- e) Attention to Performance
 - i. Position
 - ii. Proximity

- iii. Attention to student

Module 4

- f) Ending the Evaluation

7. Scoring & Documentation

- a) Exam Sheets are ONLY A TOOL!!!
- b) Principles / Protocols / Instructions / Local Practice
- c) Document Reasons for NOT Awarding Points!
- d) Equipment Failure is NOT an Acceptable Reason for Candidate Failure
- e) Unacceptable Documentation
 - i. Could Have Used a Better Device / System / Technique
 - ii. Rude to Patient
 - iii. Poor Skills
 - iv. Barely Passed
- f) Poor Documentation
 - i. Didn't Do
 - ii. Not Secure
 - iii. Took Too Long - or - Went Over Time
- g) Better Documentation
 - i. After Checking Airway, Went Directly to Circulation. Breathing Was Not Accessed Until Detailed Physical Exam.
 - ii. KED Slipped Appx. 8" Up Torso After Candidate Finished. Chest Straps Had Appx. 2" of Play.
 - iii. Candidate Completed to Here (Marked on Sheet) In Allotted Time. Candidate Took an Additional 6 Minutes to Complete Tasks.

8. Common Errors

- a) Preconceptions
 - i. One instructor's students are better than another's
 - ii. Students from a particular agency do better (or worse) than others
 - iii. Student's not using techniques you like or are familiar with
- b) Keeping It In the Middle (rating everyone the same)
- c) Rating One Candidate Against Another
- d) Specificity (requiring one technique to pass)
- e) Guessing (not being sure yourself of a technique that a student used)
- f) Bias

9. Critical Tasks / Performance

- a) Minimum Criteria to Rate Performance
- b) Principle Based
- c) Multiple Techniques
- d) Hard to "Evaluate" Without Bias

10. Conclusions

- a) There Is No Such Thing As An “Objective” Evaluation
- b) Performance is Recordable, Regardless of Techniques Used

- c) Great Performers All Use Different Techniques

11. ACTIVITY – Practical Skills Evaluation Practice

One Regional Faculty member will perform a NYS EMS PSE “Short Spinal Immobilization Device” as if they were an EMT-B candidate being tested. (A video of an exam can also be used if available). CLI students will each play the part of evaluator (make sure each can see the performance, it may be necessary to break into groups if class size dictates). After the completion of the station, compare the evaluations done by each CLI candidate and discuss the outcome.

III. Candidate Skills Presentations

Prior to the course the candidate should be pre-assigned the topic for their final skill presentation. Candidates should be broken into groups of 5 or 6, to present the skill as assigned. One Regional Faculty member is needed for each group to observe the presentation, and record performance on the CLI Candidate Presentation Sheet. Each student should receive a copy of their individual presentation sheet.

The candidate presentation should be chosen from the following list of topics:
(Note: Since the candidates will be broken up into smaller groups, multiple candidates may be assigned the same topic)

- Application of a short spine board
- Application of a long spine board
- Standing Take Down
- Helmet removal
- Bleeding control/shock management
- Oxygen tank assembly
- Suction
- Application of a traction splint
- Oral/nasal airways
- AED
- Immobilization of a long bone injury
- Immobilization of a joint injury

IV. End of Course Wrap-up

- A. Next Steps to Certification
- B. Review criteria for certification of lab instructor candidates
 - 1. Attend and successfully complete the CLI course.
 - 2. Serve a teaching internship under the supervision of a CIC in either an EMT or Advanced EMT course. The internship must meet the objectives outlined in the training program and the current Bureau of EMS Policy Statement.
 - 3. Submit the following items to the Bureau of EMS Area Office within 18 months of CLI course completion:
 - 4. The CLI Internship Completion Report (DOH-3378) from the supervising CIC.
 - 5. A favorable Lab Instructor Audit Report (DOH-2423) conducted by the supervising CIC.
 - 6. A favorable Lab Instructor Audit Report (DOH-2423) conducted by a CLI or another CIC. The second audit must be from someone other than the supervising CIC.
 - 7. A letter of recommendation from the Regional EMS Council Training Committee, if one exists.
- C. Review Certified Instructor Coordinator entrance requirements:
 - 1. Must have achieved at least an 85% on the most recent NYS EMS written certification exam (if an AEMT, must have received at least 85% on EMT-B portion and at least 85% on AEMT portion)
 - 2. Must be a current NYS EMS CLI
 - 3. Must have participated as a CLI in at least one EMT or AEMT course within the three years immediately preceding entrance into CIC course
 - 4. Must have sponsorship from a Course Sponsor Administrator attesting:
 - a) that they have reviewed the job functions of a CIC with the candidate
 - b) that they feel the candidate is capable of completing the CIC course and certification requirements
 - c) that the Sponsor will provide the opportunity for the candidate to complete the internship within 18 months of completion of the CIC course
- D. Congratulate students on completing the course.
- E. Have students fill out end of course evaluations.

Appendix A – Prescreening CLI Practical Exam Sheets

For the Patient Assessment (trauma or medical) and BVM usage on a non-traumatic patient – use the sheets provided in the BLS PSE Administrative Manual.

For the demonstration of the BVM on a traumatic patient and for the random skills listed, use the sheets on the following pages.

**BAG-VALVE-MASK
APNEIC TRAUMA
PATIENT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
<i>Takes spinal stabilization</i>	C			
Opens the airway	1			
Directs assistant to inserts an airway adjunct	1			
Directs assistant to selects appropriately sized mask	1			
With assistant, creates a proper mask-to-face seal	1			
<i>Maintains mask seal and spinal stabilization</i>	C			
Directs assistant to ventilate the patient while the candidate controls the mask, airway, and spinal stabilization	1			
<i>Assures ventilation of the patient at no less than 800 ml volume (The examiner must witness for at least 30 seconds)</i>	C			
<i>Candidate directs ventilation of the patient prior to connecting supplemental oxygen</i>	C			
Directs assistant to connects reservoir and oxygen	1			
<i>Directs assistant to adjust liter flow to 15 liters/minute or greater</i>	C			
<i>Reopens the airway maintaining spinal stabilization</i>	C			
Creates a proper mask-to-face seal	1			
<i>Maintains mask seal and spinal stabilization</i>	C			
Directs assistants to resume ventilation at proper volume per breath (The examiner must witness for at least 60 seconds)	1			
<i>Did not allow interruption of ventilation for more than 20 seconds</i>	C			
<i>Allows for adequate exhalation</i>	C			
<i>Patient ventilated without spinal compromise</i>	C			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.

Total to pass 6 Total 8

COMMENTS:

**MEASUREMENT &
APPLICATION of
EXTRICATION COLLAR**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes, or verbalizes, body substance isolation precautions</i>	C			
<i>Directs assistant to place and maintain head in the neutral in-line position</i>	C			
Reassesses motor, sensory and circulatory function in each extremity	1			
Measures patient for extrication collar	1			
Matches measurement to appropriate extrication collar	1			
Tightens collar & secures in place	1			
<i>Appropriate size collar applied to the patient</i>	C			
Reassesses motor, sensory and circulatory function in each extremity	1			
<i>Patient was not manipulated or moved excessively, to cause potential spinal compromise</i>	C			
<i>Upon completion of application, head is in the neutral position</i>	C			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.
Total to pass 3 Total 5

COMMENTS:

**OPA INSERTION IN
AN INFANT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes, or verbalizes, body substance isolation precautions</i>	C			
Selects appropriately sized airway	1			
Measures airway	1			
<i>Uses tongue-blade to lift tongue</i>	C			
Inserts airway without pushing the tongue posteriorly	1			
Note: The examiner must advise the candidate that the patient is gagging and becoming conscious				
Removes the oropharyngeal airway	1			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 4

COMMENTS:

**PEDAL PULSE &
NEURO CHECKS ON
A FOOT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
Places tips of two or more fingers on pulse point	1			
Compresses pulse without completely occluding blood flow	1			
Counts pulse for 15 seconds and multiples x 4	1			
<i>Reports pulse rate within 10 BPM</i>	C			
Reports pulse quality	1			
<i>Determines movement in foot</i>	C			
<i>Determines sensation in foot</i>	C			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 4

COMMENTS:

**UPPER ARM
IMMOBILIZATION**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes, or verbalizes, body substance isolation precautions</i>	C			
Directs application of manual stabilization of the injury	1			
<i>Assesses motor, sensory and circulatory function in the injured extremity</i>	C			
Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"				
Measures the splint	1			
Applies the splint	1			
<i>Immobilizes the joint above the injury site</i>	C			
<i>Immobilizes the joint below the injury site</i>	C			
Secures the entire injured extremity	1			
Immobilizes the hand/foot in the position of function	1			
<i>Reassesses motor, sensory and circulatory function in the injured extremity</i>	C			
Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"				
<i>Candidate did not grossly move the injured extremity</i>	C			
<i>Candidate must complete station within 10 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.
Total to pass 4 Total 5

COMMENTS:

**NITROGLYCERIN
ADMINISTRATION**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
<i>Confirms patient exhibits signs/symptoms of chest pain</i>	C			
<i>Confirms nitroglycerine is prescribed for patient</i>	C			
Confirms standing order for assisted administration	1			
<i>Establishes patient's BP greater than 120mmHg systolic</i>	C			
<i>Determines no contraindications are present</i>	C			
Checks expiration date	1			
Checks medication name	1			
Questions patient about last administration and effects	1			
<i>Directs patient on administration route</i>	C			
Assists patient with administration	1			
Records administration time	1			
<i>Recheck BP within 2 minutes</i>	C			
Questions patient about effects of this administration	1			
Repeats QRS in OPQRST questioning	1			
Records effects of administration	1			
Verbalizes repeat administration up to maximum dose q 3-5 minutes	1			
<i>Candidate must complete the station within the 10 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 7 points to pass this station.

Total to pass 7 Total 10

COMMENTS:

**INITIAL ASSESSMENT
ACUTE RESPIRATORY
DIFFICULTY**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
Verbalizes general impression of the patient	1			
Determines responsiveness/level of consciousness (AVPU)	1			
Determines chief complaint/apparent life threats	1			
Airway and breathing				
<i>Assesses and maintains airway</i>	C			
<i>Initiates appropriate oxygen therapy</i>	C			
<i>Assures adequate ventilation</i>	C			
Circulation				
<i>Assesses/controls major bleeding</i>	C			
<i>Assesses pulse</i>	C			
<i>Assesses skin (color, temperature and condition)</i>	C			
<i>Assesses airway breathing & circulation prior to focused history/physical exam</i>	C			
<i>Identifies priority patients/makes transport decision</i>	C			
<i>Candidate must complete the station within the 2 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 3

COMMENTS:

**DETAILED PHYSICAL
EXAM - ABDOMEN**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
Exposes abdomen	1			
<i>Visually inspects abdomen for signs of injury</i>	C			
<i>Palpates entire abdomen</i>	C			
Reports abdomen quality	1			
<i>Calls for treatment of all injuries identified according to NYS Protocol</i>	C			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 2 points to pass this station.

Total to pass 2 Total 2

COMMENTS:

**CAROTID PULSE
CHECK**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
<i>Takes or verbalizes BSI</i>	C			
Places tips of two or more fingers on pulse point	1			
<i>Compresses pulse without completely occluding blood flow</i>	C			
Counts pulse for 15 seconds and multiples x 4	1			
<i>Reports pulse rate within 10 BPM</i>	C			
Reports pulse quality	1			
Checks pulse on same side as candidate is positioned	1			
<i>Does NOT check both sides at the same time</i>	C			
<i>Candidate must complete the station within the 5 minute time limit</i>	C			

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 4

COMMENTS:

ACTIVITY –

Memory Game -Activity Instructions:

Students are provided five lists of ten items each, that they must remember and write down after each list is presented. This will indicate how much they can recall.

(Suggested lists in Appendix B).

Each list is presented in a different manner using a different sense or combination of senses. Have students self-grade their responses.

Determine how many students got all 10, 7-9, 4-6, or 3 or fewer correct from each list. How many students got the number correct on all five lists? Did all students find success the same way?

These lists are taken from the supporting Powerpoint presentations:

- A. (Read only) Animals: Rabbit, Dog, Cat, Kangaroo, Zebra, Donkey, Ant, Frog, Penguin, Fox
- B. (Plain Text displayed for 30 sec – no note taking allowed) Resistor Colors: Black, Brown, Red, Orange, Yellow, Green, Blue, Violet, Gray, White
- C. (Read and display plain text)
- D. (Powerpoint show) Kitchen Ware: Apple divider, Baking pan, Bundt cake pan, Flour sifter, Fry pan, Meat cleaver, Mixing bowl, Pasta machine, Steamer, Tomato knife
- E. (Using string – have students tie) Types of knots: Overhand, Overhand Bow, Figure Eight, Granny, Sheet Bend, Square, Double Overhand, Surgeons, Half Hitch, Clove Hitch

1. What makes students learn differently?

a) Hemisphericity

Different activities and processes seem to be located or centered in the left or right

i. hemisphere of the brain.

ii. Activities centered in the left hemisphere:

- (1) auditory association
- (2) language
- (3) listening
- (4) reading
- (5) handwriting
- (6) talking
- (7) following directions
- (8) locating details and facts
- (9) analyzing
- (10) sequencing
- (11) temporal

iii. Activities centered in the right hemisphere:

- (1) spatial relations
- (2) shapes/patterns
- (3) music
- (4) color sensitivity
- (5) artistic expression
- (6) feelings/emotions
- (7) vision
- (8) singing
- (9) intuitive
- (10) holistic
- (11) fantasy

b) Multiple Intelligences

i. Spatial Intelligence

- (1) is the capacity to perceive the visual-spatial world accurately (e.g., guide, hunter, scout) and to perform transformations upon those perceptions.
- (2) Students with spatial intelligence have the ability to keenly perceive:
 - (a) colors;
 - (b) lines;
 - (c) shapes and forms;
 - (d) space;
- (3) the relationships that exist among these elements.
- (4) Students with spatial intelligence also have the ability to:
 - (a) visualize
 - (b) graphically represent visual or spatial ideas
 - (c) understand one's position in a spatial matrix.

ii. Linguistic Intelligence

- (1) Linguistic Intelligence is the capacity to effectively employ words, either orally (e.g., politician, public speaker, storyteller, talk show host) or in writing (e.g., journalist, playwright, poet, editor).
- (2) Students with linguistic intelligence have the ability to manipulate:
 - (a) the structure or rules of language (e.g., punctuation for dramatic effect);
 - (b) the sounds of language (e.g., alliteration);
 - (c) the meanings of language (e.g., double entendre);
 - (d) the pragmatic dimensions of language
 - (e) using language to convince (rhetoric- using language to remember information)
 - (f) using language to explain (expatiation) - using language to talk about itself (metalanguage).

iii. Logical-Mathematical Intelligence

- (1) Logical-Mathematical Intelligence is the capacity to effectively employ numbers (e.g., mathematician, statistician, accountant) and to reason soundly (e.g. computer programmer, logician, scientist).
- (2) Students with logical-mathematical intelligence have the ability to perceive:
 - (a) logical patterns and relationships;
 - (b) statements and propositions (if-then, cause-effect);
 - (c) functions and complex processes; and related abstractions.

- iv. **Bodily-Kinesthetic Intelligence**
 - (1) Bodily-Kinesthetic Intelligence is the capacity to use your complete body in expressing ideas and feelings (e.g., actor, athlete, dancer, mime), including the facility to use your hand's to create or transform things (e.g., artistic painter, mechanic, sculptor, surgeon).
 - (2) Students with bodily-kinesthetic intelligence have these physical-based skills:
 - (a) coordination - harmonious functioning of muscles;
 - (b) balance;
 - (c) dexterity - grace in physical movement;
 - (d) muscle strength;
 - (e) flexibility;
 - (f) speed;
 - (g) sensitive touching.

- v. **Musical Intelligence**
 - (1) Musical Intelligence is the capacity with musical forms to perceive (e.g., music lover), discriminate and judge (e.g., music critic), transform (e.g., composer), and express (instrument player/performer).
 - (2) Students with musical intelligence have sensitivity to:
 - (a) rhythm,
 - (b) pitch,
 - (c) melody;
 - (d) the timbre or distinctive tone of a musical piece.

- vi. **Interpersonal Intelligence**
 - (1) Interpersonal Intelligence is the capacity to quickly grasp and evaluate the moods, intentions, motivations, and feelings of other people.
 - (2) Students with interpersonal intelligence have:
 - (a) sensitivity to facial expressions, gestures, and voice qualities;
 - (b) ability to discriminate among many personal cues and prioritize the degree of intensity of feelings behind these cues;
 - (c) expertise in responding effectively to these cues so as to assuage negative emotions or to inspire people to positive actions.

- vii. **Intrapersonal Intelligence**
 - (1) Intrapersonal Intelligence is the capacity to understand yourself and to subsequently act adaptively. Students with intrapersonal intelligence have:
 - (a) an honest, accurate, and comprehensive picture of themselves (e.g., their strengths & weaknesses);
 - (b) an awareness of their inner moods, motivations, and desires; self-discipline tendencies; and healthy self-esteem.

Appendix D – Suggested Rote Skills for Presentation by CLI Students

- A. Initial assessment of a trauma patient
- B. Technique for obtaining a blood pressure
- C. Focused physical exam and history for a cardiac patient
- D. On going assessment and proper documentation for a patient assisted with a bronchodilator inhaler
- E. Variations needed for securing an infant on a long board
- F. Log rolling a patient on to a long board and properly securing the patient
- G. Detailed physical exam on a trauma patient
- H. Demonstrating the features, testing and use of a BVM
- I. Technique for opening the airway of a trauma patient and inserting an airway adjunct
- J. Assessing a patients breathing and applying a non-rebreather mask
- K. Technique for assessing patient skin color, condition, temperature, and capillary refill in an infant or child
- L. Proper positioning for a non-trauma patient exhibiting signs and symptoms of hypoperfusion
- M. Administration of activated charcoal
- N. Techniques for donning and shedding BSI
- O. Management of a wrist injury
- P. Securing a patient with a helmet and shoulder pads to a backboard
- Q. Rapid assessment of a newborn
- R. Techniques for administering oxygen to an infant or small child

Appendix D – Scenario Planning Sheet

EMS Role Play Simulation on:

Objective of the Role Play:

List the objective here

Equipment Needed:

List equipment needed for scenario here

Role-player set-up:

Moulage -	List the moulage for the patient
Prompting (Patient) -	List the instructions for the patient to begin, and follow through the simulation.
Prompting (Bystander/ Family) -	List the instructions for the patient to begin, and follow through the simulation.
Cues -	List actions the patient should take based on particular events occurring, or not occurring.

Scene Description and Student Instructions:

Instructions to the Student, including starting and ending point.

Scene Description

Expected Results:

Type the expected results, including any protocol that should be followed.
--

Possible Variables:

List possible variable actions student could take.	List reasoning for possible variation.	List suggestion for corrective feedback.
--	--	--

Unexpected Results:

Use this space to record Unexpected results	
---	--

INSTRUCTIONS AND SUPPLIES FOR BASIC MOULAGE

Supplies for a Basic Moulage Kit

MAKE-UP INCLUDING:

Red Lip stick or red rouge
Liquid base make-up in various neutral shades
Eyeshadow in various shades including blue, purple, black (Grease pencils can be substituted for these but are generally more expensive)
Clown or Halloween make-up in white

COLD CREAM OR NOXEMA (For make-up removal)

CLEAR COLORED "PEEL-OFF" FACIAL MASK
MORTICIAN'S RECONSTRUCTION WAX
CHARCOAL POWDER OR CIGARETTES (Ashes)
ARTIFICIAL BLOOD (or RED FOOD COLORING)
GLYCERIN
SPRAY BOTTLE
TONGUE BLADES OR CRAFT STICKS
PIECE OF TIRE TREAD
DOG "BONE" BISCUITS (Or real beef bones - broken)
SPIRIT GUM ADHESIVE
OLD CLOTHING
ALCOHOL SWABS
APPLICATOR STICKS

MAKE-UP APPLICATORS

COTTON BALLS OR COTTON
FACIAL TISSUE IN PEACH, BEIGE, OR WHITE
PETROLEUM JELLY

PLASTIC DRINKING GLASSES (Or other clear plastic which can be broken apart and used to simulate broken glass)

VARIOUS THINGS WHICH CAN SIMULATE

IMPALED OBJECTS:

Knife handle
Pieces of wood
Pencil broken in half
Plastic fork with tines removed
Use your imagination!

CLEAR ADHESIVE TAPE

ALKA SELTZER TABLETS
EMPTY IV BAGS AND ADMINISTRATION SETS
DENTURE POWDER (Fasteeth) (And red food coloring for making blood clots)
KARO SYRUP (And food coloring for venous blood)

Some Basic Moulage Hints:

WOUNDS - *(Hint - Before applying make-up to the skin, put down a foundation of cold cream or Noxema - For much easier make-up removal)*

Lacerations - Prep the "patient's" skin with spirit gum adhesive - Allow to get "tacky". Remove embalming wax with tongue blade (ball about 1" round) and roll it in your hand for a short time 30 seconds to one minute. to make it more pliable. Then roll it into a cigar shape. Put a foundation of red color (not too dark) on the "patient's" skin in the area where you want the laceration. Place the wax over the reddened area. Make a "cut" in the wax with an applicator stick. Mold the areas around the cut down to the "patient's" skin so that it looks like a swollen area and not like a ball of wax! With lipstick or rouge, color the inside of the laceration red and use "clotted" and "venous" blood inside and outside the wound. You can also place dirt (charcoal powder or brown powdered eye make-up) in the wound.

Contusions - Place a base of darker flesh-colored foundation make-up on the area of the "wound". Then blend in purple, red, and blue make-up to simulate the appearance of a bruise.

Abrasions - Rub a foundation of red over the "patient's" skin surface. Over areas of the red place some darker flesh color and some white. The whole wound should have an irregular appearance. If you want, small crush stone, "dirt" (charcoal powder) brown powdered eye liner, etc. can be dusted into the wound to make it look like "road rash".

Burns - Color the area of the “burn” with red rouge or lip stick and blend into the “victim’s” skin. Cover part of this area with petroleum or K-Y jelly in small, irregular piles to simulate blisters. Then place *one* layer of a tissue over the gel and gently push it down until the tissue is just moistened with the gel. If you want to, some charcoal powder can be used to dust the burned area.

For more realism, burn (safely!) an old shirt in several places on the chest, back, and arms, have the “patient” wear the shirt, and place the burned areas under the holes in the shirt.

Sloughed Skin - You can simulate sloughed skin in burns, abrasions by first applying a foundation of red under the area where the wound will be. Cover the red with brown or black eye make-up and blend in somewhat. Then place some clear facial mask on the area and when it is dry, peel one side of it back. Under the peeled area, place a small amount of petroleum or K-Y jelly, some “venous” blood and some drops of blood around the wound so that it looks like a small amount of blood ran from the wound.

AMPUTATIONS

Fingers - The “patient’s” finger should be taped in a flexed position out of the way with clear adhesive tape. You can make an amputated finger (or part of a finger) by molding out of embalming wax. Use an artificial fingernail (“Lee Press-On Nails, etc.). Another method is to make a finger out of modeling clay, let it dry and paint it flesh color. (Or if you are restoring some old CPR manikins, why not save the arms off of them for use as amputated fingers and extremities.) The amputated ends should be colored red with rouge or lipstick and thickened blood.

Hand - Keep hands from your CPR manikins, which are being restored. If you look hard enough you will probably find an arm that is already torn off one of the old manikins! Tape the patient’s hand into a fist and color the end with rouge and thick blood. Active bleeding can be simulated by using an IV bag, filled with artificial blood (or water and red food coloring). Bury the end of the administration set into some reconstruction wax placed at the “stump”.

Arm - Tape the “patient’s” arm to his/her body under his/her shirt. At the shoulder place a wound to simulate the stump of an amputation. Allow the shirt sleeve to hang free. Bleeding can be simulated, as above, with an IV bag filled with artificial blood and attached administration set.

FRACTURES

Open - An open fracture can be simulated by placing small mound of reconstruction wax on the “patient’s” skin and embedding the broken end of a beef bone. Use blood and clots around the wound.

Open Comminuted - Open, comminuted fractures can be simulated by making a large laceration with clotted blood and embedding pieces of real bones or “dog bone” biscuits in the wound.

IMPALED OBJECTS -

Place a rather large ball of reconstruction wax onto the “patient’s” skin after covering the underlying skin with red rouge or lip stick. Before placing the wax, prep the skin with adhesive. Contour the sides of the wax ball down to the “patient’s” skin. Place the “impaled” object into the wax and place thickened “venous” blood around the wound to simulate a small amount of bleeding. Spread out the blood - do not apply it thickly.

Impaled objects cannot be long or heavy. They will not stand up in the wax. Use just the ends of whatever the object is that you are simulating. You can break an object in half and use half on one side and half on the other side of the body (such as through the hand).

Some suggestions for impaled objects are pencil broken in half through the hand, arrow broken in half through the thigh or side of the chest, pieces of wood, pieces of “glass” (broken clear plastic) the wooden or plastic end of a knife, etc. **MAKE SURE THAT THE FLAT END AND NOT A POINT OF THE OBJECT IS AGAINST THE PATIENT, OTHERWISE THEY MAY REALLY BE IMPALED!**

SUCKING CHEST WOUND -

Form a 1 1/2 inch round ball of wax and place on the “patient’s” chest after reddening the area and prepping with spirit gum adhesive. Contour the ends of the ball to the “patient’s” skin. Indent the middle of the wax mound with a pencil eraser. Allow some wax to remain between the skin and the bottom of the “hole”. Break an Alka Seltzer tablet in pieces and place some small pieces into the wound. Moisten with watery “blood” The tablet will fizz, simulating air mixing with blood from an open chest wound. The only thing you won’t be able to do is make it vary with respirations!!

SHOCK - Give the “patient” a pale appearance by coloring his/her skin with a *light* foundation of white. Blend it in thoroughly, so that the patient doesn’t look like he just graduated from clown school! A gray skin color can be achieved by blending white with a little black eye makeup.

The “patient” can be made diaphoretic by spraying him/her with a mixture of glycerin and water (mostly glycerin, little water) The glycerin will stay beaded up. Don’t use just water, it will evaporate too quickly.

INTERNAL (ABDOMINAL OR CHEST) TRAUMA -

Can be simulated by placing contusions on the abdomen or chest and making the “patient” shocky.

To simulate the patient who was run over by a car, roll a piece of tire tread in activated charcoal and roll it over the “patient’s” clothes covering the chest or abdomen. Place contusions on the skin in the same direction as the tire tread, make the patient “shocky” and coach him/her to have respiratory distress or abdominal “guarding” depending on the placement of the injury.

SOME ADDITIONAL HINTS REGARDING MOULAGE:

Active Bleeding - Can be simulated by filling an empty IV bag with artificial blood, embedding the end of the IV tubing into the wound with wax, and running the blood from the wound. Adjust the rate of bleeding by using the roller clamp of the administration blood.

A regular or macro administration set will allow greater amounts than a mini or micro drip set.

Arterial bleeding can be simulated by having the “patient” squeeze the bag in a pumping motion.

To prepare the ‘patient’s’ skin - If the “patient’s” skin is oily, clean off the area under which you wish to construct a wound by swabbing it with alcohol. Then apply Spirit gum adhesive. If it is a warm day or area in which you are working, applying antiperspirant to the area will help control sweating. Reconstruction wax will not stick to oily or sweaty surfaces.

Do your moulage in a cool area, if at all possible, and hold the “patients” after you have moulaged them in a cool area until you are ready to begin the drill. Wax will soften and wounds will come off (especially with no adhesive) if the “patient’s” skin is too warm or they perspire under the wound.

Cyanosis - Can be simulated by applying a bluish **tinge** to the lips, nail beds, and ear lobes. Make the face pale. Do not apply heavy blue color to the face; cyanosis does not mean “smurf”!!!

Make sure that victims are instructed how they should act during the drill. Tape vital signs to the victims with adhesive tape.

Keep a supply of old clothing on hand which can be torn, cut, etc. by the rescuers to make it a more realistic exercise. Be sure to instruct the rescuers that they may cut or tear clothing as needed. Hospital scrubs modified by cutting up the sides with velcro to hold them closed can also be used, but student’s should become “comfortable” with actually cutting clothing as needed, so old clothes are the ideal.

Appendix F – Module 2 Skill Test Feedback Form

Student _____

Date ___/___/___

- (1) Not able to perform skill
- (2) Not able to complete skill
- (3) Able to complete skill only with direct instruction
- (4) Able to complete skill only with assistance
- (5) Able to complete skill without assistance, but at a level less than minimum competency (such as too much time, or rough handling, etc.)
- (6) Able to complete skill without assistance at a minimum competency level
- (7) Able to complete skill without assistance above minimum competency level

head –tilt chin-lift.....	1	2	3	4	5	6	7
jaw thrust	1	2	3	4	5	6	7
suctioning.....	1	2	3	4	5	6	7
mouth-to-mouth with barrier shield.....	1	2	3	4	5	6	7
pocket mask	1	2	3	4	5	6	7
assembly of a bag-valve-mask	1	2	3	4	5	6	7
bag-valve-mask (solo)	1	2	3	4	5	6	7
bag-Valve-mask with assistant	1	2	3	4	5	6	7
bag-valve-mask using the jaw thrust.	1	2	3	4	5	6	7
flow restricted, oxygen-powered ventilation device.	1	2	3	4	5	6	7
ventilate a patient with a stoma.	1	2	3	4	5	6	7
insert an oropharyngeal airway.	1	2	3	4	5	6	7
insert a nasopharyngeal airway.	1	2	3	4	5	6	7
operation of oxygen tanks and regulators/flowmeters.	1	2	3	4	5	6	7
non-rebreather face mask.....	1	2	3	4	5	6	7
nasal cannula.....	1	2	3	4	5	6	7
artificially ventilate infant.....	1	2	3	4	5	6	7
artificially ventilate child.....	1	2	3	4	5	6	7
oxygen administration for the infant.....	1	2	3	4	5	6	7
oxygen administration for the child.....	1	2	3	4	5	6	7

Comments: _____

Lab Instructor _____

Appendix G – Sample Student Skill Tracking Sheet

Student _____

Course # _____

EMT Skills Check-sheet

Skill	Date Demonstrated	Instructor OK
Don & Remove PPE	_/_/____	_____
Disinfecting Equipment	_/_/____	_____
Assess Breathing (Unconscious)	_/_/____	_____
Assess Breathing (Conscious)	_/_/____	_____
Obtain Radial Pulse	_/_/____	_____
Obtain Brachial Pulse	_/_/____	_____
Obtain Lower Extremity Distal Pulse (any)	_/_/____	_____
Obtain Carotid Pulse (Adult)	_/_/____	_____
Assess Skin (Adult)	_/_/____	_____
Assess Skin (Child/Infant)	_/_/____	_____
Obtain BP (Adult)	_/_/____	_____
Obtain SAMPLE History	_/_/____	_____
Load/Unload wheeled stretcher patient	_/_/____	_____
Lift & move flat stretcher w/patient	_/_/____	_____
Lift & move chair stretcher w/patient	_/_/____	_____
Load, lift & move scoop stretcher	_/_/____	_____
Load, lift & move long spine board	_/_/____	_____
Load, lift & move stokes basket	_/_/____	_____
Transfer patient to hospital bed (Clinical)	_/_/____	_____
Demonstrate one emergency move	_/_/____	_____
Demonstrate ground lift move	_/_/____	_____
Demonstrate extremity lift move	_/_/____	_____
Demonstrate draw sheet move	_/_/____	_____
Demonstrate head-tilt chin-lift	_/_/____	_____
Demonstrate jaw thrust	_/_/____	_____
Demonstrate suctioning	_/_/____	_____
Demonstrate mouth-to-mouth w/barrier	_/_/____	_____
Demonstrate pocket mask	_/_/____	_____
Demonstrate BVM (solo)	_/_/____	_____
Demonstrate BVM (w/assistant)	_/_/____	_____
Demonstrate O2 powered PPD	_/_/____	_____
Demonstrate stoma ventilation	_/_/____	_____
Demonstrate insertion of OPA	_/_/____	_____
Demonstrate insertion of NPA	_/_/____	_____
Demonstrate O2 tank & regulator setup	_/_/____	_____
Demonstrate NRBM	_/_/____	_____
Demonstrate nasal cannula	_/_/____	_____
Demonstrate Adult CPR (solo)	_/_/____	_____
Demonstrate Adult CPR (w/assistant)	_/_/____	_____
Demonstrate Child CPR (solo)	_/_/____	_____
Demonstrate Child CPR (w/assistant)	_/_/____	_____
Demonstrate Infant CPR (solo)	_/_/____	_____
Demonstrate Infant CPR (w/assistant)	_/_/____	_____

Demonstrate Adult FBAO (conscious)	___/___/___	_____
Demonstrate Adult FBAO (unconscious)	___/___/___	_____
Demonstrate Child FBAO (unconscious)	___/___/___	_____
Demonstrate Infant FBAO (conscious)	___/___/___	_____
Demonstrate Infant FBAO (unconscious)	___/___/___	_____
Demonstrate Adult CPR w/BVM & OPA	___/___/___	_____
Demonstrate Child CPR w/BVM & OPA	___/___/___	_____
Demonstrate Infant CPR w/BVM & OPA	___/___/___	_____
Demonstrate Scene Size-up	___/___/___	_____
Demonstrate Initial Assessment (uncons.)	___/___/___	_____
Demonstrate Initial Assessment (cons.)	___/___/___	_____
Demonstrate Rapid Trauma Assessment	___/___/___	_____
Demonstrate Focused History & Physical	___/___/___	_____
Demonstrate Detailed Physical Exam	___/___/___	_____
Demonstrate On-going Assessment	___/___/___	_____
Demonstrate Radio Report	___/___/___	_____
Demonstrate ALS Arrival Report	___/___/___	_____
Complete a PCR	___/___/___	_____
Demonstrate Assisted Inhaler	___/___/___	_____
Demonstrate Nebulized Albuterol	___/___/___	_____
Demonstrate Assisted Nitroglycerine	___/___/___	_____
Demonstrate Oral Glucose Administration	___/___/___	_____
Demonstrate Epi Auto-injector Admin.	___/___/___	_____
Demonstrate Activated Charcoal Admin.	___/___/___	_____
Demonstrate Ipecac Administration	___/___/___	_____
Demonstrate AED Application & Use	___/___/___	_____
Demonstrate Stroke Scale Usage	___/___/___	_____
Demonstrate Heat/Cold Pack Placement	___/___/___	_____
Demonstrate Patient Restraint	___/___/___	_____
Demonstrate Emergency OB Delivery	___/___/___	_____
Demonstrate Bleeding Control (Extremity)	___/___/___	_____
Demonstrate Bleeding Control (Torso)	___/___/___	_____
Demonstrate Occlusive Dressing	___/___/___	_____
Demonstrate Amputation Management	___/___/___	_____
Demonstrate Burn Management	___/___/___	_____
Demonstrate Shock Management	___/___/___	_____
Demonstrate Impaled Object Control	___/___/___	_____
Demonstrate Simple Splinting (upper ext.)	___/___/___	_____
Demonstrate Simple Splinting (lower ext.)	___/___/___	_____
Demonstrate Traction Splinting	___/___/___	_____
Demonstrate Cervical Collar Application	___/___/___	_____
Demonstrate Long Board Immobilization	___/___/___	_____
Demonstrate Short Board Immobilization	___/___/___	_____
Demonstrate KED (classroom)	___/___/___	_____
Demonstrate KED (auto)	___/___/___	_____
Demonstrate Helmet & Pads Immobilization	___/___/___	_____

Demonstrate Helmet Removal	___/___/___	_____
Demonstrate Rapid Extrication (classroom)	___/___/___	_____
Demonstrate Rapid Extrication (auto)	___/___/___	_____
Demonstrate Rapid Takedown of the Standing Patient	___/___/___	_____
Demonstrate Triage	___/___/___	_____

Demonstrate Child OPA	___/___/___	_____
Demonstrate Child BVM	___/___/___	_____
Demonstrate Infant OPA	___/___/___	_____
Demonstrate Infant BVM	___/___/___	_____
Demonstrate Child Immobilization (board)	___/___/___	_____
Demonstrate Child Immobilization (KED)	___/___/___	_____
Demonstrate Rapid Extrication (car-seat)	___/___/___	_____
Demonstrate Car-seat Immobilization	___/___/___	_____

Final Lead-Position Scenarios (list):

_____	___/___/___	_____
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Comments:

_____	___/___/___	_____
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Comments:

_____	___/___/___	_____
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Comments:

CIC Verification of Completion:

Signed: _____ Date ___/___/___

Appendix H – Module 1 Class Tracking Form

Instructor to initial when student has successfully demonstrated skill:

Student #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Don & Remove PPE																					
Disinfecting Equipment																					
Assess Breathing (Unconscious)																					
Assess Breathing (Conscious)																					
Obtain Radial Pulse																					
Obtain Brachial Pulse																					
Obtain Lower Extremity																					
Distal Pulse (any)																					
Obtain Carotid Pulse (Adult)																					
Assess Skin (Adult)																					
Assess Skin (Child/Infant)																					
Obtain BP (Adult)																					
Obtain SAMPLE History																					
Load/Unload wheeled stretcher patient																					
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Load, lift & move stokes basket																					
Transfer patient to hospital bed (Clinical)																					
Demonstrate one emergency move																					
Demonstrate ground lift move																					
Demonstrate extremity lift move																					
Demonstrate draw sheet move																					

