

# Advanced Life Support

## Practical Skills Examination Manual





## **PREFACE**

The State EMS Code (10NYCRR-800) requires that candidates for initial certification and recertification pass a New York State Practical Skills Examination (PSE), prior to admission to the New York State written certification examination. All New York State Advanced EMT, Critical Care, and Paramedic courses are required to conduct the PSE at least 5 days prior to the NYS written examination, but not prior to the candidates completing all course requirements for successful completion of the certification course.

This guide is available on our web site at <http://www.health.state.ny.us/nysdoh/ems/main.htm> under Education. We encourage the CIC and Practical Skills Examination Coordinators to check our web site prior to the start of each course and Practical Skills Examination to assure they have the most recent versions of the documents. Updates to these documents are also placed on the web site.



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## INTRODUCTION

The purpose of the practical examination is to assess basic entry level skill competency prior to being admitted to the written certification examinations. While this examination tests some selected skills, EMS instructors must develop candidate proficiency in **all** of the skills contained in the education standards and course learning objectives. This examination must be administered to all original and refresher candidates.

Course Sponsors, Certified Instructor Coordinators, and their Practical Skills Exam Coordinators, should review this manual, become familiar with and abide by all of the administrative policies and procedures as well as any policy statements or regulations published by the NYS DOH BEMS.

## PREREQUISITES FOR ADMISSION

In order to be admitted to the practical examination, ***students must successfully complete all course requirements to the satisfaction of the course sponsor and as specified in the course policies and procedures.*** These include but are not limited to:

- Acceptable attendance in the course
- Minimum grade requirements
- Completed clinical training (emergency department and/or field observation)
- Successful completion of CPR testing according to current AHA\ARC\NSC standards for Professional Rescuers\*

\*CPR courses for the physically challenged, are NOT an acceptable substitute for demonstration of CPR competency. **Students must be able to actually demonstrate acceptable CPR knowledge and skills according to the written exams and performance evaluations.**

## CERTIFICATION EXAM AND RETEST SEQUENCE

The NYS-EMS practical examination **must precede the NYS-EMS written examination.** The practical examination and scheduled retest date should precede the NYS-EMS written examination by at least five (5) days.

**The Final Practical Skills examination can not be broken up in to more than three (3) separate sessions.** It is preferred to have the entire Practical Skills Examination administered in one session. However, if there are too many candidates and/or the facility can not accommodate conducting the entire examination within one session, the examination can be administered over three sessions. The course schedule submitted to DOH with the Course Application must accurately reflect the dates of this examination. There can not be more than 48 hours separating the three sessions. The results of the first two sessions cannot be given to the candidates until they have completed the “entire” examination.

## AMERICANS WITH DISABILITIES ACT

For the NYS Final Practical Skills Examination, the Department does not permit testing accommodations, but will consider the use of certain aids by the candidate. Candidates with an identified disability may be permitted to use certain aids, which they would be responsible to provide and reasonably be able to bring to the patient’s side in actual practice. The only types of aids, which are permitted, are those which do not alter the essential functions of a certified

provider. For example the use of prescription or reading glasses, hearing aids and personal stethoscopes have been permitted since they serve as an aid to the provider. In contrast, a Braille sphygmomanometer would not be permitted since sight is considered an essential function of the certified EMS provider. Any aid must have been made available throughout the course in order to be utilized during the practical skills examination. If you have questions or need further assistance with ADA issues, please contact the NYS Bureau of EMS Central Office at (518) 402-0996.

## USE OF PERSONAL EQUIPMENT

Candidates may use their own pocket mask and stethoscopes for the practical examination. Candidates may not bring or use equipment for the examination unless it is equipment used during the course or special arrangements have been made with the CIC and PSE Coordinator. This must be done in advance of the exam date! No electronic recording devices, one way or two-way communication devices are allowed at the site of the practical skills examination. Any questions regarding the appropriateness of a piece of equipment for training and testing should be directed to the NYS Bureau of EMS Central Office Education Unit at (518) 402-0996.

## REQUIRED TESTING STATIONS

The AEMT and Paramedic practical skills examinations are based on the National Registry of Emergency Medical Technicians Psychomotor Examination. The station grading sheets are to be downloaded from the National Registry web site at: [www.nremt.org](http://www.nremt.org). At the time this document was published, the grading sheets are found under National EMS Certification Examinations and Psychomotor Exam.

PSE Coordinators and CICs will follow the National Registry Advanced Level Examination Coordinator Manual for AEMT and Paramedic examinations. However, the pass fail criteria and retesting for NYS will be as follows:

- **AEMT** - Maximum number of stations a candidate can fail, but still retest will equal 4. Candidates will be allowed up to a total of 2 retest opportunities. If the candidate does not pass all stations by the completion of the second retest, it will be considered a failure of the Final Practical Skills Examination. The candidate will not be eligible to take the NYS Written Certification Examination and must either complete a refresher course or original course.
- **Paramedic** – Maximum number of stations a candidate can fail, but still retest will equal 5. Candidates will be allowed up to a total of 2 retest opportunities. If the candidate does not pass all stations by the completion of the second retest, it will be considered a failure of the Final Practical Skills Examination. The candidate will not be eligible to take the NYS Written Certification Examination and must complete either a refresher course or original course.
- **Critical Care** – This PSE will follow the current NYS testing policies and requirements as outlined previously. Maximum number of stations a candidate can fail, but still retest will equal 5. Candidates will be allowed up to a total of 2 retest opportunities. If the candidate does not pass all stations by the completion of the second retest, it will be considered a failure of the Final Practical Skills Examination. The candidate will not be eligible to take the NYS Written Certification Examination and must either complete a refresher course or original course.

## PRACTICAL EXAMINATION COORDINATOR

Each examination must be conducted by a practical skills examination coordinator (PSEC). The exam coordinator ***MUST*** be New York State certified at the same level or higher than the level the examination will be testing and ***MUST*** be a New York State CLI or CIC. The exam coordinator should preferably be a person not associated with the course being tested. ***The CIC of record for the course being tested cannot act as practical skills examination coordinator.*** The exam coordinator assumes the primary responsibility of ensuring the examination is conducted according to NYS standards, and with the course sponsor, handles logistical considerations.

It is also the role of the exam coordinator to review grading sheets and to clarify all comments and grades affixed by the examiners. **The exam coordinator may not change the grades of the examiners!**

The exam coordinator is responsible for:

1. Working with the course sponsor to secure a suitable location for the exam.
2. Inviting and scheduling qualified examiners.
3. Obtaining all equipment and setting up the testing stations. The equipment must work!
4. Scheduling candidates for the exam.
5. Determining candidate flow through stations.
6. Orienting all examiners by reading the instructions to them and reviewing exam criteria.
7. Orienting all candidates by reading the instructions to them.
8. Observing all station examiners to ensure compliance to exam procedures.
9. Collecting of all completed test sheets and collation of sheets into individual candidate packets.
10. Reviewing all test sheets for accuracy in grading and documentation.
11. Debriefing all examiners to discuss problems, suggestions etc.
12. Manage any and all student complaints dealing with the practical exam.
13. Notification of NYS Bureau of EMS Central Office of any unresolved issues or complaints.
14. Posting exam grades or notifying students of results in a **confidential and timely** manner.
15. Clean up and securing of the exam site.
16. Completing the necessary practical examination forms.





# ORGANIZING THE EXAMINATION



## A. Selection of a Test Facility

An exam site must be selected which allows for a candidate holding area and separate rooms or areas for each station. It is important that the test stations are set up in such a way to prevent candidates from observing the patient management problems prior to the time of their testing. The individual stations should be within the same area to facilitate candidate flow. More than one station per room is not permissible unless there is some provision for room dividers, which allow for privacy. The facility should have a waiting area large enough to accommodate the number of candidates scheduled to attempt the examination. The waiting area should have chairs or benches, access to restrooms and water fountains as well as adequate storage space for examination supplies. Arrangements for meals and other breaks for staff members and candidates is an additional consideration. Equipment necessary for each station must be gathered and set up according to the station instruction sheets in this guide. This should be done at least one hour before the arrival of the candidates.

## B. Selection of the Examination Staff

One of the major considerations in the selection of examination staff members is their enthusiasm and interest in the examination. The examination procedure is demanding and time-consuming. Therefore, without full cooperation from the staff members, it will be difficult to conduct the repeated evaluations necessary for a large group of candidates.

Whenever possible, form a core group or regular examination personnel. This will help promote teamwork and consistency among the examination staff. It has been our experience that the more frequently a group works together, the more smoothly and effectively the examination runs. Probably not all core examination personnel will be available for every examination session. Therefore, there should be backup members who can participate from time to time as relief personnel. These people should be fully aware of their responsibilities as skill station examiners and asked periodically to relieve regular staff members.

Skill station examiners should be recruited from the local EMS community. You must only consider individuals who are currently certified to perform the skill you wish them to evaluate. Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions, which could bias the potential skill examiner towards a particular individual or group of individuals. **In no instance can a primary instructor serve as a skill station examiner.** Casual members of the instructor staff may be utilized, if necessary, provided there is no evidence of bias and they do not evaluate any skills for which they served as the primary instructor.

Every effort should be made to select examiners who are fair, consistent, objective, respectful, reliable and impartial in conducting an evaluation. Examiners should be selected based on their expertise in the skill to be evaluated. Examiners must understand that there is more than one acceptable way to perform a skill and should not indicate a bias that precludes acceptable methods. Examiners who are strongly opinionated and are looking only for performance of their favorite techniques must be avoided. Examiners must be closely monitored to ensure they evaluate using the testing criteria provided by the NYS Bureau of EMS rather than their own agendas. Every effort should be made to use NYS Certified Lab Instructors as examiners, provided they do not have a vested interest in the students to be tested. You should work to obtain skill station examiners who are not acquainted with the candidate if possible. All examiners should have experience working with ALS providers, teaching or formal evaluation of pre-hospital care.

Examiners should not wear any sort of uniform or insignia, which identifies their EMS affiliations or level of training. **Every effort must be made to maintain an air of neutrality throughout the testing process.**

### **C. Preparation of Examiners**

Prior to the exam date, **examiners must be provided with copies of the station instructions, pertinent NYS treatment protocols, and the skills evaluation sheets they will use to evaluate the students.** They should be scheduled to be present at least one hour prior to the exam. Eating, smoking, conversation or other activities, which may divert the examiner's attention away from the candidate, must be avoided.

### **D. Responsibilities of the Examination Staff**

While it is not essential to have a physician medical director in attendance at all examination sessions, it is highly desirable. The skills to be tested and the acceptable levels of performance should always be determined with physician medical director input.

The examination coordinator is responsible for the overall planning, implementation, quality control and validation of the examination process.

Skill station examiners observe candidate performance and complete skill evaluation instruments. With input from programmed patients, they also make an initial evaluation of a candidate's performance.

Assistants should be knowledgeable in the skill that they are assisting with. They are required to perform as trained EMS professionals would in an actual field situation. They should follow the direction of the CFR\EMT candidate and may not coach the candidate relative to the performance of any skill.

The programmed patient's performance is also extremely important. The individuals selected must be mature enough to comprehend the gravity of their role and have an attention span long enough to complete the task. **It is imperative that the programmed patients not change or increase the difficulty of the skill(s) being tested because of inattention to detail or misbehavior.** The instructions for the particular station must be reviewed by the skill station examiner with the person serving as the patient. A lack of uniformity in performance by a programmed patient may cause a variance in the candidate's ability to identify and treat an injury correctly. In addition, an informed programmed patient frequently is able to evaluate certain aspects of a candidate's proficiency not readily observed by the examiner.

The victims should be instructed to wear old clothes which can be disposed of later or bring clothing as directed in the station instructions (patient assessment stations requires that the victim bring gym shorts or a swim suit). Tear-away or paper scrubs should be used if possible. They should be advised of their station assignments and arrive at least one hour prior to the exam to attend a briefing session and to be moulaged.

Attempts should be made to ensure that programmed patients are experienced CFRs\EMTs. The advantages of this approach are that prior patient contact enables the programmed patient to re-enact injuries more accurately and to evaluate appropriate or inappropriate behavior\technique by the candidate.

Make-up personnel are responsible for realistically simulating wounds. This realism has a great deal of influence on the candidate's actions during the examination. Virtually any type of wound can be realistically reproduced with make-up by using the right materials, common sense and a little practice.

## **E. Equipment**

Refer to the equipment list for supplies and equipment needed to prepare each of the examination stations. All equipment must be clean, in good working condition and meet all manufacture guidelines for maintenance and operation. Candidates must be provided with the same type of equipment they have had access to during their training course. The intent of the practical examination is **not** to assess their equipment problem solving abilities by providing them with unfamiliar equipment. Candidates may bring equipment to the exam site provided that:

1. Arrangements have been made with the CIC and exam coordinator, prior to the exam date.
2. It has been used throughout the course.
3. It is available for all candidates being tested.
4. Examiners are thoroughly familiar with the equipment.

Candidates must be tested with equipment they are thoroughly familiar with. **There must not be any obsolete equipment at the station to trick the candidate.**

Prior to starting the exam, each examiner must check their equipment to assure that it is in good working condition. Under **no** circumstances shall equipment failures or shortages result in the failure of a candidate.

Each examiner will need a watch and a supply of evaluation instruments to score each candidate's performance.

## **F. Examination Safety**

The safety of all people involved in the examination is of the utmost importance! The safety of all testing personnel and candidates must not be compromised!

- All equipment must be in good working condition.
- All safety principles applying to oxygen and compressed gasses must be followed, including cylinders, which have current hydrostatic test dates.

## **G. Scheduling of Candidates and Sample Schedule**

Generally speaking, it takes about 2 hours to test 12 candidates in all 6 stations of the practical examination. To minimize waiting time and test anxiety, candidates should be scheduled in-groups of no more than 12 to an exam period. Staggering the groups in this manner will decrease the number of people "hanging around" and improve exam security. If large numbers of students must be tested, it is highly recommended that double or even triple the number of stations be set up to minimize any backlog.

Time limits have been established for each station to ensure that all candidates are given the same time intervals and to maintain exam flow. At the end of the time limits, the candidate evaluation must stop. Tasks not demonstrated are considered not performed.

**PLEASE NOTE!** The following is a sample schedule and is only intended to be a guide. Other schedules may be utilized. Breaks and lunch should be factored into the exam schedule.

TIME	ACTIVITY
07:00-07:30	ALL exam personnel arrive, unload equipment and set up stations.
07:30-08:00	Read instructions to examiners, patients and assistants, review test criteria.
08:00-08:30	Candidates arrive, read instructions to them and explain exam flow.
08:30-10:30	Test first group of 12 (rotate through stations and observe testing).
10:30-11:00	Second group arrives, read instructions to them and explain exam flow.
11:00-13:00	Test second group.
13:00-13:30	Debrief all examiners and collect evaluation sheets.
13:30-14:00	Have examiners break down stations and pack equipment.
14:00-14:15	Collate evaluation sheets into individual packets.
14:15-14:45	Have examiners answer questions before they leave.
14:45-15:00	Affix exam grades to cover sheets.

One effective method of facilitating flow through stations is to use “pass cards” and a station matrix. This is only one of many methods of exam management and involves the following:

1. Assemble all candidates into one holding area.
2. Have a proctor in the holding area.
3. Have a proctor fill in the candidate names on the matrix sheet.
4. Have one 3x5 card for each station. The name of the station must be written on each card; if double stations are needed, have 2 cards per station. Also, each card must be appropriately numbered.
5. Assign candidates. One at a time, to each station. Give them the corresponding station card and check their name off for the station completed on the matrix sheet.
6. When they complete the station, have them return to the proctor in the holding area and return the card.
7. The proctor now knows that the station is open and assigns the next candidate(s).

## **H. Orienting the Skill Station Examiners as a Group**

An important component in ensuring the examination operates smoothly is orienting the skill station examiners to their role and responsibilities during the examination process. In order to ensure the consistent performance of examiners throughout the day, the examiners should be assembled as a group prior to the start of the examination and instructed in the procedures of the examination according to a standardized orientation script.

## **I. Orienting the Candidates as a Group**

An important aspect of the examination is the initial meeting and orientation of the candidates. Once all candidates have been registered for the examination, they should be assembled as a group and instructed in the procedure of the examination according to a standard orientation script. During this period, the candidates should be given clear and complete directions as to what is expected of them during the examination. However, special effort should be made to put the candidates at ease. It is during this period that questions regarding the examinations should be solicited and answered.

During this orientation session, candidates should also be instructed that they will be required to

leave the testing area upon completion of their examination after reporting back and speaking with the exam coordinator. They are also not to discuss the examination with those candidates waiting to be tested.

## **J. Orienting the Individual**

Following the group orientation, candidates will wait for directions to report to a specific testing area. Prior to entering these areas, the candidates should be greeted by the examiner and read the "Instructions to the Candidate" as they appear at the end of each practical skills essay provided by the examination coordinator. To assure consistency and fairness, these instructions must be read to each candidate exactly as written.

Each candidate must then be questioned as to his\her understanding of the instructions and provided with clarification as required.

**Caution must be used** to avoid lengthy questions or attempts by the candidate to obtain answers to questions, which have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates.

# **EVALUATING THE CANDIDATE**





## **A. Examiner's Role**

It is stressed again that the examiners must be objective and fair in their scoring. In smaller communities, it may be extremely difficult to avoid the potential problem of EMT-Basic instructors examining their own students. This problem may be avoided if sponsors can join together to pool their resources and conduct the examinations.

## **B. Using the Skill Evaluation Instruments**

The evaluation process consists of the examiner at each station observing the candidate's performance and recording it on a standardized skill evaluation instrument. The examiner's role becomes that of an observer and recorder of events. Skill evaluation sheets have been developed for each skill station. Additionally, essays explaining each skill evaluation sheet have been developed to assist the skill station examiner with the appropriate use of the form.

Except to start or stop a candidate's performance, to deliver necessary cues (e.g., "The patient's blood pressure is 100/40; pulse is 120 and thready.") or to ask for clarification, the examiner should not speak to the candidate during his/her performance. Similarly, the examiner should not react, either positively or negatively, to anything the candidate says or does.

## **C. Programmed Patient's Role**

The programmed patient is responsible for an accurate and consistent portrayal as the victim in the scenario for the station. The programmed patient's comments concerning the candidate's performance should be noted on the reverse side of the performance skill sheet. These comments should be as brief and as objective as possible so they can be used in the final scoring of the candidate's performance.

## **D. Determining a Final Grade**

As mentioned earlier, the skill station examiners observe the candidate's performance and record the observations on the skill evaluation sheet, which are graded according to the pass/fail criteria.

In most cases, the pass/fail will be easily determined. If however, the pass/fail determination is not easily identified, the medical director, examination coordinator, CIC and the station examiner should review the situation as a committee before coming to a final decision. The programmed patient's comments, the examiner's comments and the documentation on the skill evaluation instrument should all be considered when determining the final grade.

## **E. Reporting Examination Results to the Candidate**

The examination coordinator is responsible for reporting the practical examination results to the individual candidate. **At no time should the skill station examiner, CIC or the Practical Skills Examination Coordinator notify the candidate of practical examination results prior to the completion of the entire practical examination.** Notifying candidates of failing performances prior to completion of the entire practical may have an *adverse affect* on their performance in subsequent stations. The results of the practical examination should be reported as a pass/fail of the skill station. Upon completion of all skill stations, the examination coordinator will review the results with the candidate.

It is recommended that candidates also be notified in writing of their examination results, and as with all documentation, kept in the training programs file.

## **F. Programming the Patient**

Patient programming involves two essential elements: acting and medical input regarding the type of injury, type of pain, general reaction and what should and should not be accomplished by the candidate.

Once the programmed patient has received the medical information on the type of injury or illness, he/she should concentrate on how he/she personally reacts to pain. The programmed patient should work with the skills evaluator until he/she has fully developed the proper reactions and responses. The skills evaluator should always use lay terms in programming the patient, and the patient should always respond in lay terms to any questions from the candidate. After the patient has been fully "programmed", it is essential that he/she stay in character, regardless of what goes on around him/her.

Input from the programmed patient with respect to the way candidates handle him/her is important in the scoring process. This should be strongly emphasized to the programmed patient.

## **G. Moulage**

Make-up of simulated patients is important if it is expected that the candidates identify wounds readily. Although theatrical moulage is ideal, commercially available moulage kits are acceptable in alerting the candidate to the presence of injuries on the simulated patient.

Regardless of the quality of moulage, examiners must communicate with the candidate concerning information on wound presence and appearance. Candidates will need to distinguish between venous and arterial bleeding, paradoxical chest movement, obstruction of the airway and any other injury that a programmed patient cannot realistically simulate. If candidates complain about the quality of the moulage, the examination coordinator should objectively re-examine the quality of the moulage. If the quality of the moulage is deemed to be marginal and does not accurately represent the wound, the examination coordinator should instruct the skill station examiner to alert candidates to the exact nature of the injury.

The skill station examiner should do this only after the candidate has assessed the area of the wound as would be done in an actual field situation.

### BLS Practical Skills Examination

	Station 1	Station 2	Station 3	Station 4	Station 4			Station 6		
					5-A	5-B	5-C	6-A	6-B	6-C
	Trauma	Medical	Cardiac	BVM	Airway	Oxygen	Bleeding	Long Bone	Joint	Traction
	Assessment	Assessment	Arrest		Adjuncts	Admin.	Control	Immob.	Injury	Splint
CFR	X	X	X	X	X*	X*	X*			
EMT	X	X	X	X	X*	X*	X*	X*	X*	X*
AEMT			X				X	X*	X*	X*
CC	NO CHANGES - SEE CURRENT CRITICAL CARE PSE MANUAL									
Paramedic			X	X	X*	X*	X*	X*	X*	X*

### ALS Practical Skills Examination

	ALS Medical	ALS Trauma	Ventilatory Management		Cardiac Arrest Management		IV & Medications		Pediatric Skills		Oral Station		Out of Hospital	
	Assessment	Assessment	Adult	Supraglottic Airway	Dynamic	Static	IV Therapy	IV Bolus	Ventilatory Management	IO	Resp. Comp.	Oral A	Oral B	Scenario
AEMT	X	X	X	X			X	X		X	X			
CC	NO CHANGES - SEE CURRENT CRITICAL CARE PSE MANUAL													
Paramedic	X	X			X	X						X	X	X
<b>Minimum Score to Pass</b>														
	34	30	19	14	17	9	16	9	12	17	14	11	11	

X\* Candidate Blindly Chooses One Upon Entering Testing Area

X Station Sheets  
X NYS Station Sheets

#### Maximum Number of Stations That Candidate Can Fail and Still Retest Once

CFR	2
EMT	2
AEMT	3
CC	5
Paramedic	4

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