New York State
Department of Health

Bureau of Emergency Medical Services

BLS
Practical Skills Examination Administrative Manual

Certified First Responder
and
Emergency Medical Technician

2017

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 Certified First Responders (CFR) and Emergency Medical Technician (EMT) 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 along with the Practical Skills Examination Testing sheets is available on our web site at http://www.health.ny.gov/professionals/ems/index.htm under Education. Updates to these documents are also placed on the web site. 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.

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INTRODUCTION

The New York State (NYS) Department of Health (DOH) Bureau of Emergency Medical Services (BEMS) released a revised version of the National Education Standards for Emergency Medical Technician and Certified First Responder Curriculum in 2012. This manual reflects the revised standards and outlines the PSE, which will be used for the testing of all Basic Emergency Medical Technicians (EMT) and Certified First Responders (CFR). 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 course learning objectives. This examination must be administered to all original and refresher candidates. ***This document contains specific scenarios necessary for exam administration. All scenarios are confidential in nature and may not be used for training purposes during courses.***

Course Sponsors, Certified Instructor Coordinators, and their Practical Skills Exam Coordinators, must 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 and approved by BEMS***. These include but 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. **EMTs\CFRs 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 two (2) 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 two sessions. The course schedule submitted to DOH with the Course Application must accurately reflect the dates of the examination. There can not be more than 48 hours separating the two sessions. The results of the first session can not 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 CFR or EMT. 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. 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! There is an equipment list for each skill station, which delineates what the NYS Bureau of EMS program considers to be standard ambulance equipment acceptable for use during the practical examination. 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

EMT - The following skills are identified as being the minimum number of performance items that must be included in every practical EMT-B examination.

EMT Mandatory Skills:

Station 1: Patient Assessment Management - Trauma
Station 2: Patient Assessment Management - Medical
Station 3: Cardiac Arrest Management\AED
Station 4: Bag-Valve-Mask Apneic Patient

EMT Random Skills Stations 5 and 6:

Station 5A: Upper Airway Adjuncts and Suction
Station 5B: Supplemental Oxygen Administration
Station 5C: Bleeding Control/Shock Management
Station 6A: Long Bone Injury Immobilization
Station 6B: Joint Injury Immobilization
Station 6C: Traction Splint Immobilization

The EMT student must successfully pass all six stations – **mandatory stations #1 through #4 and one random skill from station #5 and #6.** All sections of the random skills must be setup and available for testing. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he/she arrives at the testing station and blindly chooses a card.

CFR – The following skills are identified as being the minimum number of performance items that must be included in every CFR practical examination.

CFR Mandatory Skills:

Station 1: Patient Assessment Management - Trauma
Station 2: Patient Assessment Management - Medical
Station 3: Cardiac Arrest Management\AED
Station 4: Bag-Valve-Mask Apneic Patient

CFR Random Skills:

Station 5A: Upper Airway Adjuncts and Suction
Station 5B: Supplemental Oxygen Administration
Station 5C: Bleeding Control/Shock Management

The CFR student must successfully pass **all** 5 stations – **mandatory stations #1 through #4 and one random skill from station #5.** The mandatory and random skill stations consist of both skill-based and scenario-based testing. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he/she arrives at the testing station. All random skills stations must be set up and available for testing.

These skills reflect performance items that are directly related to the loss of life or limb. Therefore, the major focus of the examination is on airway, breathing and circulation.
The evaluation instruments provided in this User's Guide were developed to meet the following criteria:

1. Each task on the evaluation instrument must be scored as a separate task.
2. All items critical to patient\limb outcome must be identified on the skill sheet.
3. Sequencing of tasks in some instances must be considered critical behavior.
4. Overall, competency must be achieved as defined in this manual.

"Challenge" Practical Skills Examinations

Challenge Practical Examinations are available at all levels of recertification. The challenge exam is given at the beginning of the refresher course and must consist of all stations, which would normally be tested for that level of certification. The same pass/fail criteria must be followed for the challenge exam as any other PSE. Students must attend all practical exam stations and are not allowed to "waive" any stations. If the student does not successfully complete a station, then he/she must retest those stations at the Final Practical Examination held at the end of the course. The "challenge" exam is considered to be a Final PSE.

TESTING\RETESTING POLICIES

EMT\CFR

EMT\CFR candidates, who fail **two (2) or less skill stations** on the practical exam, may be retested on those skills. **Three (3) or more failed stations** constitutes a failure of the practical examination and the candidate must complete a refresher course before being retested.

- Those failing two (2) stations or fewer are eligible to take two (2) retests. The *first retest* must occur on the same day as the initial exam. Failure of a same-day retest entitles the student to a second retest of those skills failed.

- The *second retest* **must** be conducted on **another date** and the candidate must be provided with **documented remedial instruction** before the second retest**.** Failure of the *second retest* constitutes a failure of the examination and a refresher course must be completed prior to any retesting.

- Retests must be administered by a different examiner.

A candidate is allowed to test a single station a maximum of three (3) times before he\she must complete a refresher course.

When planning courses, a specific date and time for retesting must be planned and noted on the course schedule. **All stations of the practical examination must be passed before admission to the NYS DOH Bureau of EMS written certification examination.**

USING EXAMINATION GRADING SHEETS FOR TEACHING PURPOSES

Certified Instructor Coordinators (CICs) and sponsors are discouraged from distributing the final practical exam skills evaluation sheets at the first class session. However, the **skills evaluation sheets must be distributed at least one week before the practical exam**. The EMT\CFR student manual will have "lab skills" practice sheets intended to focus teaching and practice on the critical skill performances. These sheets tend to encourage more than the absolute "minimum required" to pass. It is the intention that this will result in "over-teaching" and "over-learning" of the essential skills.

The lab sheets are designed to reflect current "state of the art" performance from both a State and National perspective. **The practical examination must not hold any surprises for the candidate!**

PRACTICAL EXAMINATION COORDINATOR

Each examination must be conducted by a practical skills examination coordinator (PSEC). The exam coordinator ***MUST*** be a New York State certified EMT or higher 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. Examination Stations

The candidate will be tested individually in each station and will be expected to direct the actions of any assistants who may be present in the station. The candidate should pass or fail the examination based solely on his\her actions and decisions.

The following is a list of the stations and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed.

	CFR and EMT Mandatory Skills to be Tested	Maximum Time Limit
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	10 min
Station 3:	Cardiac Arrest Management/AED	15 min
Station 4:	Bag-Valve-Mask Apneic Patient	5 min
	CFR and EMT Random Skills	
Station 5A:	Upper Airway Adjuncts and Suction	5 min
Station 5B:	Supplemental Oxygen Administration	5 min
Station 5C:	Bleeding Control/Shock Management	5 min
	EMT Random Skills Stations	
Station 6A:	Long Bone Injury Immobilization	10 min
Station 6B:	Joint Injury Immobilization	10 min
Station 6C:	Traction Splint Immobilization	10 min

The random skill station must be conducted so that the candidate is completely unaware of the skill to be tested until he\she enters the skill station and blindly chooses a card. A method of accomplishing this is to list the random skills individually on separate cards. As the candidate enters, he\she will draw a card. The skill that is listed on the card is the skill to be tested. All random skills stations must be set up and available for testing.

B. 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 and the inability to hear other candidates testing. 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. The facility must have appropriate heating, cooling and other requirements as found in the ***Classroom and Exam Location Standards*** manual.

C. 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 CFRs\EMTs, teaching or formal evaluation of pre-hospital care.

Examiners must not wear any sort of uniform or insignia, which identifies their EMS affiliations, officer status, or level of training. Exam faculty should be dressed in “plain clothes”. **Every effort must be made to maintain an air of neutrality throughout the testing process.**

D. 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.

E. 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.

F. 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.

G. 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.

H. 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 than12 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).

I. 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.

J. 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.

K. 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 EMT/CFR 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.

General Instructions to the Candidate

Sample Orientation Script

This standardized orientation script is an example of the type of script which should be read to the candidates before they are sent to the examination stations. The script is normally read by the examination coordinator, who should maintain a friendly and professional attitude.

GENERAL INSTRUCTIONS TO CANDIDATE
(TO BE READ TO CANDIDATES)

Welcome to the EMT\CFR-Basic Practical Examination. My name is _____, I am the practical skills examination coordinator for this practical skills examination. This practical examination is the first part of the certification process to become a NYS Certified EMT\CFR. After successfully completing this examination process and receiving subsequent certification you will have proven to yourself and the medical community that you have achieved the level of competency assuring that the public receives quality pre-hospital care. The following is a list of the skills being evaluated and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed.

	CFR and EMT Mandatory Skills to be Tested	Maximum Time Limit
Station 1:	Patient Assessment Management - Trauma	10 min
Station 2:	Patient Assessment Management - Medical	10 min
Station 3:	Cardiac Arrest Management/AED	15 min
Station 4:	Bag-Valve-Mask Apneic Patient	5 min
	CFR and EMT Random Skills	
Station 5A:	Upper Airway Adjuncts and Suction	5 min
Station 5B:	Supplemental Oxygen Administration	5 min
Station 5C:	Bleeding Control/Shock Management	5 min
	EMT Random Skills Stations	
Station 6A:	Long Bone Injury Immobilization	10 min
Station 6B:	Joint Injury Immobilization	10 min
Station 6C:	Traction Splint Immobilization	10 min

I will now read the roster, for attendance purposes, before we begin the orientation. Please identify yourself when your name is called.

The skill station examiners utilized today were selected because of their expertise in the particular skill station. Skill station examiners are observers and recorders of your expected appropriate actions. They record your performance in relationship to the criteria listed on the evaluation instrument.

The skill station examiner will call you into the station when it is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his\her next station. You must wait outside the testing area until the station is open and you are called. You are not permitted to take any books, pamphlets, brochures or other study material into the station. You are not permitted to make any copies or recordings of any station. The skill station examiner will greet you as you enter the skill station.

The examiner will ask your name. Please assist him\her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud **"Instructions to the Candidate"** exactly as printed on the instructions provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

Please pay close attention. The instructions correspond to dispatch information you might receive on a similar emergency call and give you valuable information on what will be expected of you during the skill station. The skill station examiner will offer to repeat the instructions and will ask you if the instructions were understood. Do not ask for additional information not contained within the instructions. The skill station examiner is not permitted to give this information.

Candidates sometimes complain that skill station examiners are abrupt, cold or appear unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. We have instructed the skill station examiners not to indicate to you in any way a judgement regarding your performance in the skill station. Do not interpret any of the examiners remarks as an indication of your overall performance. Please recognize the skill station examiner's attitude as professional and objective, and simply perform the skills to the best of your ability.

Each skill station is supplied with several types of equipment for your selection. You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all the equipment.

As you progress through the practical examination, each skill station examiner will be observing and recording your performance. Do not let his\her documentation practices influence your performance in the station. There is no correlation between the volume of his\her documentation and the quality of your performance. You are **strongly** encouraged to explain the things you are doing during your performance in the station. This helps insure that the examiner is aware of each task being performed. You are expected to actually complete each skill. Tasks **not** performed are considered to be **not** completed.

Each station has an overall time limit; the examiner will inform you of this during the reading of the instructions. When you reach the time limit, the skill station examiner will inform you to stop your performance. However, if you complete the station before the allotted time, inform the examiner that you are finished. You may be asked to remove equipment from the patient before leaving the skill station.

You are **not** permitted to discuss any specific details of any station with each other at any time. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

EMT\CFR Testing\Retest Policy

EMT\CFR candidates, who fail **two (2) or less skill stations** on the practical exam, may be retested on those skills. **Three (3) or more failed stations** constitutes a failure of the practical examination and the candidate must complete a refresher course prior to being retested.

- Those failing two (2) stations or fewer are eligible to take two (2) retests. The *first retest* must occur on the same day as the initial exam. Failure of a same-day retest entitles the student to a second retest of those skills failed.

- The *second retest* **must** be conducted on **another date** and the candidate must be provided with **remedial instruction.** Failure of the *second retest* constitutes a failure of the examination and a refresher course must be completed before any retesting.

- Retests must be administered by a different examiner.

- When a station is failed, the candidate must retest the same station in its entirety.

A candidate is allowed to test a single skill a maximum of three (3) times before he\she must complete a refresher course.

The results of the practical examination are reported as a pass\fail of the skill station. You will receive a detailed critique of your performance upon completion of all practical skills stations. Please remember that today's examination is a formal evaluation process and was not designed to assist with teaching or learning. The purpose of this examination is to verify achievement of the minimal competencies after the educational component has been completed.

If you feel you have a complaint concerning the practical skills examination, a formal complaint procedure does exist. You must initiate any complaint with me (the Practical Skills Examination Coordinator) today. **Complaints will not be valid after today and will not be accepted if they are issued AFTER you learn of your results or leave this site.** You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation that can be documented, in which you feel an unfair evaluation of your abilities occurred, may be considered discriminatory.
2. There was an equipment problem or malfunction in your station.

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. You must submit the complaint in writing within 24 hours of my notification. The examination coordinator, CIC and the medical director will review your concerns if we are unable to resolve the issue by the conclusion of the practical skills examination. If your complaint is not finalized to your satisfaction, you may appeal the decision to the NYS DOH Bureau of EMS Area Office.

I am here today to assure that fair, objective, and impartial evaluations occur in accordance with the guidelines set-forth by the NYS Department of Health Bureau of EMS. If you have any concerns, notify me immediately to discuss your concerns. I will be visiting all skill stations throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or **before** I inform you of your results, your complaints will **not** be accepted.

The skill station examiner does not know or play a role in the establishment of a candidates overall final pass\fail criteria, but is merely an observer and recorder of your actions in the skill station. This is an examination experience, not a teaching or learning experience.

Does anyone have any questions concerning the practical examination at this time?

Points to Remember

1. Follow instructions from the staff.
2. During the examination, move only to areas directed by the staff.
3. Give your name as you arrive at each station.
4. Recording devices, personal data assistants (PDAs), pagers, cellular telephones or other personal communication devices are not allowed in the station.
5. Listen carefully as the testing scenario is explained at each station.
6. Ask questions if the instructions are not clear.
7. During the examination, do not talk about the examination with anyone other than the skill station examiner, programmed patient and, when applicable, to the EMT\CFR assistant.
8. Be aware of the time limit, but do not sacrifice quality in performance for speed.
9. Equipment will be provided. Select and use only equipment, which is necessary to care for your patient adequately.

It is mandatory that these instructions be read aloud or given in writing to all candidates. It is recommended, but not mandated that you have the candidate sign the below that they fully understand the instructions. A copy of this signature should be placed in the student's file at the Course Sponsorship.

I _____ have read and fully understand the General
(print candidate's name)
Instructions for the Final Practical Skills Examination for which I am about to take. I also understand that if I have any questions about these instructions, that I must ask the Practical Skills Examination Coordinator before the start of the Final Practical Skills Examination.

_____ _____/_____/_____
Candidate's Signature Date

Instructions to the Examiners

PRACTICAL EXAMINATION ORIENTATION TO SKILL STATION EXAMINERS

Good (morning, afternoon, evening). My name is _____. I am the _____ for this practical examination. I would like to thank you for serving as a skill station examiner. All data relative to a candidate's performance is based upon your **objective** recordings and observations. You were chosen as an examiner today because of your expertise in the assigned station and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The skill evaluation instruments you are using today have been designed to assist you in objectively evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore, you are **not** permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must **not** discuss any specific performance with anyone other than myself. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form if you have any questions at all, until we have discussed the performance.

You should act in a professional manner at all times, paying particular attention to the manner in which you address candidates. You must be consistent, fair and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful of the manner in which you address candidates, as many will interpret your remarks as some indication of their performance. You should develop a dialogue with candidates throughout their performance and should ask questions for clarification purposes. These questions should not be leading but should be asked when additional clarification is required. For example, if a candidate states "I would now apply high flow oxygen," your appropriate response might be; "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the FiO_2 delivered by the device, contraindications to the use of the device or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states "I would do a quick assessment of the legs," you must respond by asking the candidate to actually perform the assessment as he\she would in a field situation.

You must pay 100% attention to the candidate's actions. Eating, smoking, or conversation with other people distracts you from being able to observe the candidate's actions. Be aware of your own fatigue. If necessary, take a break after informing me. **You must carefully analyze each performance and award points based on whether it accomplished the objectives rather than looking for your personal techniques.**

We suggest you introduce yourself to each candidate as you call them into the station. No candidate, at any time, is permitted to remain in the testing area while waiting for his\her next station. Take a few moments to clearly print the candidate's first and last name on the evaluation form as well as your name, the date and scenario number. We suggest you use a black ballpoint pen and follow good medical-legal documentation practices when completing these forms. You should read aloud the "Instructions to the Candidate" exactly as printed at the end of your essays. You may not add or detract from these instructions but may repeat any portion as requested. Give the candidate time to ask any questions and inform them of all time limits. You are not allowed to answer questions about treatment or instruct candidates in any way. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate brings his\her own equipment, be sure it has been authorized by the exam coordinator and CIC and that you are familiar with its use before evaluating the candidate. Be sure the test area is kept private and there are ***no unauthorized observers.***

When the candidate is ready, read the scenario\patient situation provided in your station instructions. This usually orients them to the mechanism of injury or otherwise prepares the candidate.

As the candidate begins the performance, document the time started on the evaluation instrument. As the candidate progresses through the station, fill out the evaluation form in the following manner:

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

All evaluation instruments must be filled out in a manner, which prohibits the candidate from directly observing the points you award or the comments you may note. Do not become distracted by searching for the specific statements on the evaluation instrument when you should be observing the candidate's performance. Ideally you should be familiar with these instruments, but if not, simply turn the instrument over and concisely record the entire performance on the backside. After the candidate finishes the performance, complete the front side of the evaluation instrument in accordance with the documented performance. Please remember, the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.

You must observe and enforce all time limits for the stations. When the time limit has been reached, stop the candidate's performance promptly and direct the candidate to move on to his\her next station, making sure that no candidate takes any notes or recordings of the station. If the candidate is in the middle of a step when the time limit is reached, permit him\her to complete only that step. The candidate should not be allowed to start another step. Don't be a "stopwatch watcher" and try not to add one or several additional minutes to the station. You should then place a zero in the "Points Awarded" column for any steps, which were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the evaluation form. Next, review all "Critical Criteria" statements printed on the evaluation form and check any that apply to the performance you just observed. **You must factually document, on the reverse side of the evaluation form, your rationale for not checking any "Critical Criteria" statement**. Do not be vague or contradictory and do not simply rewrite the statement, which you have checked. Factually document the candidate's actions which caused you to check any of these statements. You may also wish to document, in the same way, each step of the skill in which zero points were awarded. Be sure to sign the evaluation instrument in the appropriate space, document the exact time the candidate finished the station, and then prepare the station for the next candidate.

You are responsible for the security of all evaluation material throughout the day and must return all material to me before you leave this examination site. If you need to take a break, please inform me and secure all evaluation instruments, which were issued to you.

After you receive your materials for today's examination, you may proceed to your station and check the props, equipment and moulage to assure the skill station is prepared for the first candidate. You should orient any victims and assistants over their roles in today's examination. The victims should act as a similar patient would in a field situation and the assistants should perform as trained EMS professionals. Please emphasize the importance of their consistent and professional performance throughout today's examination. You **must** read through the essay and instructions, brief your assistants and simulated patients and review the evaluation instrument before evaluating any candidate. You should have been provided with copies of the scoring forms and station materials before today so that you could prepare for your role. Please wait until I have inspected your station and answered any of your specific questions before evaluating your first candidate.

Are there any questions?

It is mandatory that these instructions be read aloud or given in writing to all examiners. It is recommended, but not mandated that you have the examiner sign below that they fully understand the instructions. A copy of this signature should be placed in the PSE file at the Course Sponsorship.

I _____ have read and fully understand the
(print examiner name)
Instructions to the examiner for the Final Practical Skills Examination for which I am about to administer. I also understand that if I have any questions about these instructions, that I must ask the Practical Skills Examination Coordinator before the start of the Final Practical Skills. Examination.

_____ _____/_____/_____
Examiner's Signature Date

EQUIPMENT LIST

All equipment at the skills stations **must** be equipment which the candidates have used during the course and/or are familiar with.

Patient Assessment/Management (Trauma and Medical)

Examination gloves
Pen Light
Blood pressure cuff
Stethoscope**
Moulage kit (if possible)
Tear-away or paper scrubs (if possible)

Cardiac Arrest Management/AED

Examination gloves
CPR mannequin
Automated external defibrillator
Bag-valve-mask device
Pocket mask or demand valve
Oropharyngeal airway
Oxygen tank, regulator and flowmeter
Oxygen connecting tubing

Bag-Valve-Mask Apneic Patient With Pulse

Examination gloves
Oropharyngeal airways (various sizes)
Bag-Valve-Mask device
Oxygen tank, regulator and flowmeter
Oxygen connecting tubing
Ventilation mannequin (capable of recording by light or graph is preferred)

Random Skill Stations (Optional Skills for CFR)

Examination gloves
Eye goggles
Ventilation mannequin (capable of recording by light or graph is preferred)
Oxygen tank, regulator and flowmeter
Oxygen connecting tubing
Nasal Cannula
Non-rebreather mask with reservoir
Pocket mask with one-way valve and oxygen inlet
Oropharyngeal airways (various sizes)
Nasopharyngeal airways (various sizes)
Airway lubricant
Tongue blades
Intubation mannequin (must be anatomically accurate)
Traction splint and associated equipment**
Sling and swathe**
Rigid splinting material (various sizes and must include short, medium & long boards) **
Field dressings and bandages

** Not required for CFR PSE

Individual Station Instructions

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
PATIENT ASSESSMENT\MANAGEMENT
TRAUMA

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

This skill station requires the presence of a simulated trauma victim. The victim should be briefed on his\her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive\dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

The victim will present with a minimum of an airway, breathing, circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established, it remains the same for all candidates being tested. This will ensure consistency of the examination process for all candidates.

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

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

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a pre-hospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition.

The scenario format of a multi-trauma assessment\management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that can not be adequately portrayed with the use of moulage. This information should be given to the candidate **when the area of the patient is exposed or assessed**.

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

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

INSTRUCTIONS TO THE SIMULATED TRAUMA VICTIM

The following should be reviewed by the skill station examiner with the person serving as the victim.

Note: In order to ensure a fair examination environment for each candidate, the simulated victim should be an adult of average height and weight. The use of children is discouraged in this station.

When serving as a victim for the scenario today, make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of respiratory distress acted out by you and the degree of presentation of pain at injury sites must be consistent for all candidates. As the candidate progresses with the examination be aware of any period in which he\she touches a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate lightly touches the area, do not respond. Only respond according to the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after he\she leaves the room.

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

INSTRUCTIONS TO THE CANDIDATE
PATIENT ASSESSMENT\MANAGEMENT
TRAUMA

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should verbalize everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (15) fifteen minutes to complete this skill station. Do you have any questions?

TRAUMA SCENARIOS

The following is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be used to reduce the possibility of future classes knowing the scenario before entering the station. If the scenario is changed, the following guidelines must be used.

1. A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to perform a rapid trauma assessment.
2. There must be a minimum of an airway, breathing and circulatory problem.
3. There must be an additional associated soft tissue or musculoskeletal injury.
4. Vital signs must be given for the initial check and one re-check.
5. All additional scenarios **must** be documented on the Scenario Form provided by the BEMS prior to the start of the PSE. This form must be kept on file with the PSE Coordinator's files at the Course Sponsor. ***A notation must be made on the candidates PSE testing sheet as to which number scenario was used***.

****
****

TRAUMA SITUATION #1 - PATIENT ASSESSMENT\MANAGEMENT

Mechanism of Injury. You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

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

1. unresponsive
2. left side flail chest
3. decreased breath sounds, left side
4. cool, clammy skin; no distal pulses
5. distended abdomen
6. pupils equal
7. neck veins flat
8. pelvis stable
9. open injury of the left femur with capillary bleeding

Vital Signs. . . . . 1. Initial Vital Signs - B/P 72/60, P 140, RR 28

2. Upon recheck - if appropriate treatment: B/P 86/74, P 120, RR 22

3. Upon recheck - of inappropriate treatment: B/P 64/48, P 150, RR 44

Scenario No._____ Date:_____

Trauma Scenario Form

Course #

Mechanism of Injury: _____

_____

_____

_____

_____

Injuries: _____

_____

_____

_____

_____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Vital Signs:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

Additional Information _____

_____

_____

_____

_____

_____

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
PATIENT ASSESSMENT\MANAGEMENT
MEDICAL

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

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

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

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

For the purpose of this station, there should be only one patient, no additional help is available and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios.

The point for "Interventions" should be awarded based on the candidate’s ability to verbalize appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions should be awarded if the candidate verbalizes administration of oxygen to the patient.

When assessing the signs and symptoms of the patient, the candidate must gather the appropriate information by asking the questions listed on the skill sheet. The number of questions required to be asked differs based on the scenario and the chief complaint. The point for **"Signs and Symptoms (Assess history of present illness)"** is awarded based on the following criteria:

Respiratory	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Cardiac	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Altered Mental Status	6 or more questions asked, award one point. 5 or less questions asked, award no point.
Allergic Reaction	4 or more questions asked, award one point. 3 or less questions asked, award no point.
Poisoning\Overdose	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Environmental Emergency	4 or more questions asked, award one point. 3 or less questions asked, award no point.
Obstetrics	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Behavioral	4 or more questions asked, award one point. 3 or less questions asked, award no point.

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

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

NOTE: The number of the scenario, which the candidate is evaluated on, **must** be placed on the candidates PSE testing sheet.

NOTE: All additional scenarios **must** be documented on the Scenario Form provided by the BEMS prior to the start of the PSE. This form must be kept on file with the PSE Coordinator's files at the Course Sponsor. ***A notation must be made on the candidates PSE testing sheet as to which number scenario was used***.

INSTRUCTIONS TO THE SIMULATED MEDICAL PATIENT

The following should be reviewed by the skill station examiner with the person serving as patient.

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

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

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

INSTRUCTIONS TO THE CANDIDATE
PATIENT ASSESSMENT\MANAGEMENT
MEDICAL

This station is designed to test your ability to perform a patient assessment of a patient with a chief complaint of a medical nature and “voice” treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient’s clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (15) fifteen minutes to complete this skill station. Do you have any questions?

RESPIRATORY

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

INITIAL ASSESSMENT

Chief Complaint:	"I'm having a hard time breathing and I need to go to the hospital."
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent.
Breathing:	28 and deep, through pursed lips.
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	"I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days."
Provokes:	"Whenever I go up or down steps, it gets really bad."
Quality:	"I don't have any pain, I'm just worried because it is so hard to breath. I can't seem to catch my breath."
Radiate:	"I don't have any pain."
Severity:	"I can't stop coughing. I think I'm dying."
Time:	"I woke up about three hours ago. I haven't been able to breath right since then."
Interventions:	"I turned up the flow of my oxygen about an hour ago."
Allergies:	Penicillin and bee stings.
Medications:	Oxygen and a hand held inhaler.
Past Medical History:	Treated for emphysema for the past 10 years.
Last Meal:	"I ate breakfast this morning."
Events Leading to Illness:	"I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed."
Focused physical examination:	Auscultate breath sounds.
Vitals:	RR 28, P 120, BP 140/88.

Scenario No._____ Date:_____

RESPIRATORY SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset: _____

Provokes: _____

Quality: _____

Radiate: _____

Severity: _____

Time: _____

Interventions: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

CARDIAC

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

INITIAL ASSESSMENT

Chief Complaint:	"My chest really hurts. I have angina but this pain is worse than any I have ever felt before."
Apparent Life Threats:	Cardiac compromise.
sLevel of Responsiveness:	Awake and alert.
Airway:	Patent.
Breathing:	24 and shallow.
Circulation:	No bleeding, pulse 124 and weak, skin cool and clammy.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	"The pain woke me up from my afternoon nap."
Provokes:	"It hurts really bad and nothing I do makes the pain go away."
Quality:	"It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath."
Radiate:	"My shoulders and jaws started hurting about ten minutes before you got here, but the worst pain is in the middle of my chest. That's why I called you."
Severity:	"This is the worst pain I have ever felt. I can't stand it."
Time:	"I've had this pain for about an hour, but it seems like days."
Interventions:	"I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?"
Allergies:	None.
Medications:	Nitroglycerin.
Past Medical History:	Diagnosed with angina two years ago.
Last Meal:	"I had soup and a sandwich about three hours ago."
Events Leading to Illness:	"I was just sleeping when the pain woke me up."
Focused physical examination:	Assesses baseline vital signs.
Vitals:	R 24, P 124, BP 144/92.

Scenario No._____ Date:_____

CARDIAC SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset: _____

Provokes: _____

Quality: _____

Radiate: _____

Severity: _____

Time: _____

Interventions: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

ALTERED MENTAL STATUS

When you arrive on the scene you are met by a 37 year old male who says his wife is a diabetic and isn't acting normal.

INITIAL ASSESSMENT

Chief Complaint:	"My wife just isn't acting right. I can't get her to stay awake. She only opens her eyes then goes right back to sleep."
Apparent Life Threat:	Depressed central nervous system, respiratory compromise.
Level of Responsiveness:	Opens eyes in response to being shaken.
Airway:	Patent.
Breathing:	14 and shallow.
Circulation:	120 and weak.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Description of Episode:	"My wife took her insulin this morning like any other morning but she has had the flu and has been vomiting."
Onset:	"It happened so quickly. She was just talking to me and then she just went to sleep. I haven't really been able to wake her up since."
Duration:	"She' been this way for about 15 minutes now. I called you right away. I was really scared."
Associated symptoms:	"The only thing that I can think of is that she was vomiting last night and this morning."
Evidence of trauma:	"She didn't fall. She was just sitting on the couch and fell asleep. I haven't tried to move her."
Interventions:	I haven't done anything but call you guys. I know she took her insulin this morning."
Seizures:	None.
Fever:	Low grade fever.
Allergies:	Penicillin.
Medications:	Insulin.
Past Medical History:	Insulin dependent diabetic since 21 years of age.
Last Meal:	"My wife ate breakfast this morning."
Events Leading to Illness:	"My wife has had the flu and been vomiting for the past 24 hours."
Focused physical examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 14, P 120, BP 110/72.

Scenario No._____ Date:_____

ALTERED MENTAL STATUS SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Description of episode: _____

Onset: _____

Duration: _____

Associated Symptoms: _____

Evidence of Trauma: _____

Interventions: _____

Seizures or Fever: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

ALLERGIC REACTION

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

INITIAL ASSESSMENT

Chief Complaint:	"I'm having an allergic reaction to those cookies I ate."
Apparent Life Threats:	Respiratory and circulatory compromise.
Level of Responsiveness:	Awake, very anxious and restless.
Airway:	Patent.
Breathing:	26, wheezing and deep.
Circulation:	No bleeding, pulse 120 and weak, cold and clammy skin.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of allergies:	"Yes. I'm allergic to peanuts."
When ingested:	"I ate cookies about 20 minutes ago and began itching all over about five minutes later."
How much ingested:	"I only ate two cookies"
Effects:	"I'm having trouble breathing and I feel lightheaded and dizzy."
Progression:	"My wheezing is worse. Now I'm sweating really bad."
Interventions:	"I have my epi-pen upstairs but I'm afraid to stick myself."
Allergies:	Peanuts and penicillin.
Medications:	None.
Past Medical History:	"I had to spend two days in the hospital the last time this happened."
Last Meal:	"The last thing I ate were those cookies."
Events Leading to Illness:	"None, except I ate those cookies."
Focused physical examination:	Not indicated (award point).
Vitals:	RR 26, P 120, BP 90/60.

Scenario No._____ Date:_____

ALLERGIC REACTION SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of Allergies: _____

What Exposed to: _____

How were you Exposed: _____

Effects: _____

Progression: _____

Interventions: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

POISONING/OVERDOSE

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

INITIAL ASSESSMENT

Chief Complaint:	"I think my baby has swallowed some of my sleeping pills. Please don't let her die!"
Apparent Life Threats:	Depressed central nervous system and respiratory compromise.
Level of Responsiveness:	Responds slowly to verbal commands.
Airway:	Patent.
Breathing:	18 and deep.
Circulation:	120 and strong.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance:	"My baby took my sleeping pills. I don't know what kind they are. They just help me sleep at night."
When ingested:	"I think she must have got them about an hour ago when I was in the shower. Her older sister was supposed to be watching her."
How much ingested:	"My prescription was almost empty. There couldn't have been more than four or five pills left. Now they're all gone. Please do something."
Effects:	"She just isn't acting like herself. She's usually running around and getting into everything."
Progressions:	"She just seems to get sleepier and sleepier by the minute."
Interventions:	"I didn't know what to do, so I just called you. Can't you do something for her."
Allergies:	None.
Medications:	None.
Past Medical History:	None.
Last Meal:	"She ate breakfast this morning."
Events Leading to Illness:	"She just swallowed the pills."
Focused physical examination:	Completes a rapid trauma assessment to rule out trauma.
Vitals:	RR 18, P 120, BP 90/64.

Scenario No._____ Date:_____

POISONING/OVERDOSE SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance: _____

When Ingested/Exposed: _____

How much Ingested: _____

Over what time period: _____

Interventions: _____

Estimated Weight: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

ENVIRONMENTAL EMERGENCIES

You arrive on the scene as rescuers are pulling a 16 year old female from an ice covered creek. The teenager has been moved out of the creek onto dry land, is completely soaked and appears drowsy.

INITIAL ASSESSMENT

Chief Complaint:	"I saw something in the water below the ice. When I tried to get it out, the ice broke."
Apparent Life Threats:	Generalized hypothermia.
Level of Responsiveness:	Responsive, but slow to speak.
Airway:	Patent.
Breathing:	26 and shallow.
Circulation:	No bleeding; pulse 110 and strong; pale, wet skin still covered in wet clothing.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Source:	"I fell in the creek when the ice broke. I tried to get out but the current was to strong. Thank God you came."
Environment:	"The water was up to my neck. I could stand up, but I couldn't get out of the water."
Duration:	"I think I was in the water for ten minutes before they pulled me out. It felt like an hour."
Loss of consciousness:	"I feel sick, but I never passed out."
Effects:	Lowered body temperature, slow speech patterns, "I can't stop shivering."
Allergies:	None.
Medications:	None.
Past Medical History:	None.
Last Meal:	"I ate lunch at school three hours ago."
Events Leading to Illness:	"I thought the ice would hold me."
Focused physical examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 26, P 110 and strong, BP 120/80.

Scenario No._____ Date:_____

ENVIRONMENTAL EMERGENCY SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Source: _____

Environment: _____

Duration: _____

Loss of Consciousness: _____

Effects General or Local: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

OBSTETRICS

You arrive on the scene where a 26-year-old female is laying on the couch saying, "The baby is coming and the pain is killing me!"

INITIAL ASSESSMENT

Chief Complaint:	"I'm nine months pregnant and the baby is coming soon."
Apparent Life Threats:	None.
Level of Responsiveness:	Awake and alert.
Airway:	Patent.
Breathing:	Panting, rapid breathing during contractions.
Circulation:	No bleeding, pulse 120, skin is pale.
Transport Decision:	Unknown.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Are you pregnant:	See chief complaint (award point if mentioned in general impression).
How long pregnant:	See chief complaint (award point if mentioned in general impression).
Pain or contractions:	"My pain is every 2-3 minutes and it lasts 2-3 minutes."
Bleeding or discharge:	None.
Do you feel the need to push:	"Yes, every time the pain begins."
Crowning:	Present (award point if identified in focused physical exam).
Allergies:	None.
Medications:	None.
Past Medical History:	"This is my third baby."
Last Meal:	"I ate breakfast today."
Events Leading to Illness:	"The contractions started a few hours ago and have not stopped."
Focused physical examination:	Assess for crowning, bleeding and discharge.
Vitals:	RR 40 during contractions, P 120, BP 140/80.

Scenario No._____ Date:_____

OBSTETRICS SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Are you Pregnant: _____

How Long Pregnant: _____

Pain or Contractions: _____

Bleeding or Discharge: _____

Has Water Broken: _____

Feel the need to push: _____

Last Menstrual Period: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

BEHAVIORAL

You arrive on the scene where you find a 45 year old male in the custody of the police. He is unable to stand and smells of beer. He appears to be dirty and you notice numerous rips and tears in his clothes.

INITIAL ASSESSMENT

Chief Complaint:	"Nothing is wrong with me except these cops won't leave me alone. I only drank two beers."
Apparent Life Threats:	None.
Level of Responsiveness:	Responds slowly with slurred speech to verbal questions.
Airway:	Patent.
Breathing:	16 and effortless.
Circulation:	No bleeding, pulse 100, warm skin and red nose.
Transport Decision:	Delayed.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

How do you feel:	"I'm a little sick, otherwise, I just want to go to sleep."
Suicidal tendencies:	"No, I ain't going to kill myself."
Threat to others:	"Hey man, I ain't never hurt anyone in my life."
Is there a medical problem:	"My wife says I'm an alcoholic, but what does she know?"
Interventions:	"Yeah, I took three aspirins because I know I'm going to have one heck of a headache in the morning."
Allergies:	None.
Medications:	None.
Past Medical History:	"I've been in the hospital four times with those DTs."
Last Meal:	"Man, I haven't eaten since yesterday."
Events Leading to Illness:	"I don't care what these cops say, I didn't fall down. I was just taking a nap before going home."
Focused physical examination:	Complete a rapid assessment to rule out trauma.
Vitals:	RR 16, P 100, BP 90/60.

Scenario No._____ Date:_____

BEHAVIORAL SCENARIO FORM

Course #

_____

_____

_____

_____

INITIAL ASSESSMENT

Chief Complaint: _____

Apparent Life Threats: _____

Level of Responsiveness: _____

Airway: _____

Breathing: _____

Circulation: _____

Transport Decision: _____

FOCUSED HISTORY AND PHYSICAL EXAMINATION

How do you Feel: _____

Any Suicidal Tendencies: _____

Threat to Self or Others: _____

Any Medical Problem: _____

Interventions: _____

Signs/Symptoms: _____

Allergies: _____

Medications: _____

Past Pertinent History: _____

Last oral intake: _____

Event leading up to: _____

Focused physical examination: _____

Vitals:

1. Initial Vital Signs: R =_____ P = _____ BP = _____/_____
2. First Recheck: R =_____ P = _____ BP = _____/_____
3. Second Recheck R =_____ P = _____ BP = _____/_____

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
CARDIAC ARREST MANAGEMENT/AED

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, and patient\scene management skills. This includes the integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in a basic life support scenario. The candidate will arrive at the scene and encounter a cardiac arrest situation with CPR being performed by a first responder. The candidate will be required to immediately apply an automated external defibrillator and deliver appropriate shocks.

The skill sheet is divided into four distinct segments: **Assessment, Transition, Integration, and Transportation**.

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

-How long has the victim been in arrest?
-How long has CPR been in progress?

Although gathering a history on the cardiac arrest event is an assessment item, it should not be construed that it overrides the need for resuscitation. The current standards for CPR should be adhered to at all times during this station. The candidate must assess for the presence of a spontaneous pulse and be informed, by you, that there is no spontaneous pulse. The candidate must direct the resumption of CPR by the assistant EMT or the first responder while he\she prepares the defibrillator for use. The candidate must, within one minute of arrival at the patient's side, apply the automated external defibrillator to the mannequin and initiate the first shock.

TRANSITION: In this segment the candidate must direct the EMT assistant and the first responder to initiate two (2) rescuer CPR. Also during this segment, the candidate must prepare the airway and ventilation adjuncts to be used in the integration segment. The candidate should attempt to gather additional information from bystanders about the events leading to the cardiac arrest. When asked questions about the event, you should indicate that bystanders did not see the victim collapse and are unaware of any associated medical problems.

INTEGRATION: In this segment the candidate must integrate the use of an oropharyngeal airway and a ventilation adjunct into the CPR scenario that is already in progress. The candidate voices that he\she would measure and insert the oropharyngeal airway. He\she then must ventilate or direct the ventilation of the patient using adjunctive equipment. Interruption of CPR should not exceed 30 seconds for measuring and placing the airway. The candidate may choose to use a pocket mask, flow restricted oxygen powered ventilation device or a bag-valve mask device to ventilate the patient.

You should not indicate displeasure with the candidate's choice of ventilatory adjunct since this station is testing the candidate's ability to integrate adjunctive equipment into a cardiac arrest scene and not local protocols or variations in equipment. Regardless of the device chosen, it is essential that the candidate connect it to supplemental high percentage oxygen. After establishing ventilation using the adjunctive equipment, the candidate must perform ventilations for two rescuer CPR with the aid of the EMT assistant performing compressions for a minimum of one minute.

TRANSPORTATION: In this segment the candidate is required to verbalize moving the patient onto a long spine board or onto a CPR board\spine board and an ambulance cot.

The supplies\equipment needed for this station include an automated external defibrillator, a bag-valve-mask, a pocket mask or a demand valve, supplemental oxygen set up, and oxygen connection tubing.

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

Due to the extra individuals involved in this skill station, it is essential that you observe the actions of the candidate at all times. Do not be distracted by the actions of the first responder or the EMT assistant because they should do only as instructed by the candidate. As you observe the candidate ventilating the patient, remember that the ability to ventilate the patient with adequate volumes of air is not being evaluated. Adequate ventilation of a mannequin is evaluated in the "Bag Valve Mask Apneic Patient with Pulse". However, you may make notations on the Evaluation Form of problems or errors, which do not meet the pass/fail criteria for this station. You are evaluating scene\situation control, integration skills, and decision-making ability.

INSTRUCTIONS TO THE CANDIDATE
CARDIAC ARREST MANAGEMENT

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient\scene management skills. There will be an EMT assistant in this station. The EMT assistant will only do as you instruct him\her. As you arrive on the scene you will encounter a patient in cardiac arrest. A first responder will be present performing single rescuer CPR. You must immediately establish control of the scene and begin resuscitation of the patient with an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room. You have (15) fifteen minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
BAG-VALVE-MASK-APNEIC PATIEN WITH PULSE

This station is designed to test the candidate's ability to effectively initiate and continue ventilation of an apneic patient using a bag-valve-mask device. The station was developed to simulate a realistic situation that an EMT might face in the field. The candidate will enter the station and find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The candidate must immediately open the patient's airway and initiate ventilation using a bag-valve-mask. After establishing a patent airway and ventilating the patient for 30 seconds or longer, the candidate must integrate supplemental high flow oxygen into the procedure. ***If the candidate chooses to set up high flow oxygen prior to establishing a patent airway and ventilation, he\she has failed to immediately ventilate an apneic patient.***

When ventilating, the candidate must provide a minimum of 700 ml volume per breath, but no more than 1000 ml. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support. Unless you are using a mannequin with a recorder to determine the exact volume per breath, you must estimate the volume according to the amount of chest rise on the mannequin.

This station requires a mannequin that is capable of being ventilated with volumes of 400 ml or more. It must also have the capability of registering successful lung inflations of 400 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above. An intubation mannequin (head only mannequin) is **NOT** acceptable. Additionally this station requires a bag-valve-mask device and oxygen connecting tubing. The supplemental oxygen system ***MUST*** be functional.

As the candidate enters the station, they are required to immediately open the patient's airway and ventilate the patient using a bag-valve-mask device. If the candidate begins ventilation using a mouth-to-mouth technique, you should advise the candidate that he is required to use a bag-valve-mask device for all ventilation in this station. After the candidate completes the initial 30 seconds of ventilation, you should advise him that the patient is being ventilated properly and he should integrate high flow oxygen at this point in the procedure.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 400 ml - 600 ml per breath. If you observe one or less ventilation error in 30 seconds you should award one (1) point. No point should be awarded if you observe two or more ventilation errors in 30 seconds. After successfully demonstrating single rescuer use of a bag-valve-mask you will inform the candidate that a second rescuer is present. The second rescuer will be instructed to ventilate the patient while the candidate controls the mask and the airway.

INSTRUCTIONS TO THE CANDIDATE
BAG-VALVE-MASK-APNEIC PATIENT WITH PULSE

This station is designed to test your ability to ventilate a patient using a bag-valve-mask. As you enter the station you will find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient management required is airway management and ventilatory support. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes. I will then inform you that a second rescuer has arrived and will instruct you that you must control the airway and the mask seal while the second rescuer provides ventilation. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
SPLINTING SKILLS

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as **three separate skills.** Each candidate will be required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

IMMOBILIZATION SKILL - LONG BONE

The candidate is tested on his\her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the focused assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, tibia, or fibula.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is **not** permitted and these splints should not be available for use.

The candidate is required to "secure entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone injuries of the upper extremity may be secured by tying the extremity to the torso after a splint is applied. Long bone injuries of the lower extremity may be secured by placing the victim properly on a long spine board or applying a rigid long board splint between the victim’s legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. The palm should never be flattened. The wrist should be dorsiflexed about 20 to 30 degrees and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions to be avoided are gross plantar flexion and gross plantar extension. No points should be awarded if these positions are used.

IMMOBILIZATION SKILLS - JOINT INJURY

The candidate is tested on his\her ability to properly immobilize a shoulder injury using a sling and swathe. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment a shoulder injury is detected. The victim will present with the upper arm positioned at his side while supporting the lower arm at a 90-degree angle across his\her chest with the uninjured hand. For this station, the injured arm should not be positioned away from the body, behind the body, or any position that could not be immobilized by a simple sling and swathe.

The candidate will be required to treat only the specific, isolated shoulder injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available at this station is a sling and swathe. Any other splint, including a long spine board, is not permitted at this station.

It should be noted that the use of a long spine board is an acceptable method of splinting this injury since a long spine board will effectively splint every bone in the body. If the candidate elects to avoid individual splinting and responds that he\she will use a long spine board, the examiner should respond, "that is an acceptable procedure, however, in this station you are being tested on your ability to apply a simple sling and swathe to immobilize the injury." The examiner should reset\restart the time clock after this explanation.

IMMOBILIZATION SKILLS - TRACTION SPLINT

The candidate is tested on his\her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that a scene size-up and initial assessment has been completed and that during a focused assessment a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be found laying supine with both legs fully extended. The femur deformity should be an isolated injury with no complicating factors that would concern or distract the candidate.

The candidate will be required to treat only the specific, isolated femur injury. Initial and ongoing assessment of the patient's airway breathing and central circulation are not required at this testing station. **The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process.**

There should be various types of traction splints at this testing station--specifically traction splints commonly used in the local EMS system, a bipolar traction splint, and a unipolar traction splint. Carefully note the comments listed on the evaluation form for unipolar versus bipolar splint application.

One controversy encountered in using traction splints is when to apply manual traction. When using a bipolar (Hare) traction splint, elevation of the injured leg is required; therefore manual in-line traction must be applied prior to elevating the leg for splint insertion. While using the bipolar splint, manual traction may be applied immediately upon detection of a mid-shaft femur injury before application of the ankle hitch. An alternate method while using a bipolar traction splint is to support the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to insert the splint. These variations in applying manual traction while using a bipolar device are equally acceptable and should be awarded points accordingly. The two methods described for applying manual traction while using a bipolar traction splint are also acceptable when using a unipolar traction device.

Additionally, the application of certain unipolar (Sagar or Kendricks) traction splints do not require the application of manual traction since elevation of the leg is not required. With these devices, the deformed site is supported without manual traction until the device is in place and mechanical traction is applied. In this instance, the candidate should receive the point for "applied and maintained manual traction."

This skill requires that an assistant EMT be present during testing. Candidates are to be tested individually. All assisting EMTs should be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - LONG BONE

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - JOINT INJURY

This station is designed to test your ability to properly immobilize a non-complicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a shoulder injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - TRACTION SPLINTING

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.
The equipment and supplies needed at this station include field dressings and bandages, a blanket, an oxygen delivery system, and a non-rebreather mask.

The scenario provided in this essay is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be utilized in order to reduce the possibility of a candidate knowing the scenario before entering the test. If the scenario is to be changed, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues the victim must present signs and symptoms of hypoperfusion.

It is essential that once a scenario is established for a specific test, it remain the same for all candidates being tested on that date. This will ensure consistency of the examination process for all candidates tested.

Due to the scenario format of this station, you are required to prompt the candidate at various times during the exam. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the candidate that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again inform him\her that the wound continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should inform him\her that the bleeding is controlled. Once the bleeding is controlled, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example: cool clammy skin, restlessness, BP 110/80, P 118, R 30).

Controversy exists in the national EMS community concerning the removal of dressings by EMTs when controlling hemorrhage. This station does not require the EMT to remove any dressing once applied. If the candidate chooses to remove the initial dressing to apply direct finger tip pressure, you should award the point for "**applies an additional dressing to the wound**" since this is an acceptable alternative method to control bleeding when the application of an initial pressure dressing fails to stop the flow of blood.

This skill station requires the presence of a simulated victim. The victim may be an appropriate mannequin or a live person. If used, the mannequin must be a hard shell and anatomically accurate.

INSTRUCTIONS TO THE CANDIDATE
BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

SCENARIO (sample)
BLEEDING CONTROL/SHOCK MANAGEMENT

You respond to a stabbing and find a 25-year-old male victim. Upon examination you find a two (2) inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. His airway is open and he is breathing adequately. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
UPPER AIRWAY ADJUNCTS AND SUCTION

This station is designed to test the candidate's ability to properly measure and insert an oropharyngeal airway, a nasopharyngeal airway and properly suction a patient's airway. This station is comprised of **three separate skills**. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well as suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e. - 90-degree rotation, 180-degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head, however it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, you should advise the candidate that the patient is gagging. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, you should direct him\her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally, the candidate should be instructed to insert a nasopharyngeal airway into the mannequin.

INSTRUCTIONS TO THE CANDIDATE
UPPER AIRWAY ADJUNCTS AND SUCTION

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal and a nasopharyngeal airway as well as suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is being ventilated, mouth-to-barrier, by a first responder. Upon entering the skill station, the candidate will be required to connect the mask to oxygen and ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation with high concentration of oxygen.

When ventilating the patient, the candidate must provide a minimum of 800 ml volume per breath. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin that is capable of being ventilated with volumes of 800 ml or more. It must also have the capability of registering successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above. An intubation mannequin is **NOT** acceptable. Additionally, this station requires a ventilator mask with a one-way valve and oxygen connecting tubing. The supplemental oxygen system should be functional.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time, you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one ventilation error or less in 30 seconds (volume only) you should award one (1) point. No points should be awarded if you observe two or more ventilation errors in 30 seconds.

INSTRUCTIONS TO THE CANDIDATE
MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

This station is designed to test your ability to ventilate a patient with supplemental oxygen using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-barrier device ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
SUPPLEMENTAL OXYGEN ADMINISTRATION

This station is designed to test the candidate's ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. The candidate will be required to assemble the oxygen delivery system, administer correct oxygen liter flow to a

patient using a non-rebreather mask. The candidate will be informed that the patient does not tolerate a non-rebreather mask and will be instructed to administer oxygen using a nasal cannula. The candidate will be required to discontinue oxygen therapy including relieving all pressure from the oxygen tank regulator.

As the candidate enters the station he will be instructed to assemble the oxygen delivery system and administer oxygen to the simulated patient using a non-rebreather mask. During this procedure, the candidate must check for tank\regulator leaks. If a leak is found and not corrected, you should subtract one point for this step. If a leak is found but is corrected, there should be no points deducted.

Oxygen liter flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills test, liter flow rates of greater than 12 liters\minute for the non-rebreather and less than six (6) liters\minute for the nasal cannula are acceptable.

After the candidate has applied the non-rebreather mask to the patient and established an oxygen liter flow, you must inform the candidate that the patient can not tolerate the mask and instruct him to continue oxygen administration using a nasal cannula. Once the oxygen flow rate has been adjusted for the nasal cannula, instruct the candidate to discontinue oxygen administration.

The equipment needed at this station includes an oxygen tank, a regulator with a flow meter, a non-rebreather mask, and a nasal cannula. The oxygen tank at this station must be fully pressurized (air or oxygen). The simulated patient for this station may be a live person or a mannequin. If a mannequin is used, it must have anatomically correct ears, nose and mouth.

INSTRUCTIONS TO THE CANDIDATE
SUPPLEMENTAL OXYGEN ADMINISTRATION

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient can not tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

Appendix

A

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT Final Practical Skills Examination Summary Sheet

Course No: | | | | | | |

Certified Instructor Coordinator:

Signature: _____

Practical Skills Exam Coordinator:

Signature: _____

Practical Exam Date

Month Day Year

Course Location:

Station																																									Final Results	
Evaluator																																											
Student's Name			1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest					
P = Pass F = Fail	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	Pass	Fail
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DOH-2733 (2/97)

Station																																							Final Results	
Evaluator																																								
Student's Name			1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest				1st Retest		2nd Retest			
P = Pass F = Fail	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	**Pass**	**Fail**
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DOH-2733 (2/97)

NYS Department of Health
Bureau of EMS

Final PSE Student Results

Course Sponsor:_____ Course Number:_____

PSE Location Address:_____

Student NYS ID Number:_____Student's Name:_____

Date of PSE:_____/_____/_____ Certification Level Tested: CFR EMT – B
(Circle Appropriate Level)

Station Number	Pass	Fail
Final PSE Results		

PSE Coordinator:_____
(Signature)

CIC:_____
(Signature)

Appendix

B

STATION
1
CFR/EMT

PATIENT ASSESSMENT - MEDICAL

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to perform a patient assessment of a patient with a chief complaint of a medical problem and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should verbalize everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR and EMT Practical Examination

STATION 1

PATIENT ASSESSMENT MEDICAL

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

			Points: Possible	Awarded	Comments
SCENE SIZE-UP	**Takes, or verbalizes, body substance isolation precautions**		**C**		
	Determines the scene is safe		**C**		
	Determines the mechanism of injury / nature of illness		1		
	Determines the number of patients		1		
	Requests additional help if necessary		1		
	Considers stabilization of spine		1		
PRIMARY ASSESSMENT	Verbalizes general impression of the patient		1		
	Determines responsiveness/level of consciousness (AVPU)		1		
	Determines chief complaint/apparent life threats		1		
	Airway and Breathing	**Assess and maintains airway**	**C**		
		Initiates appropriate oxygen therapy	**C**		
		Assures adequate ventilation	**C**		
		Manages life threats to airway/breathing	**C**		
	Circulation	**Assesses/controls major bleeding**	**C**		
		Assesses pulse	**C**		
		Assesses skin (color, temperature, and condition)	**C**		
	Assesses airway, breathing & circulation prior to physical exam		**C**		
	Identifies priority patient/updates responding EMS units with brief report		**C**		
HISTORY SECONDARY ASSESSMENT	Obtain baseline vital signs	Pulse Rate (1) & Quality (1) (+/- 10) [1]	3		
		Respirations Rate (1) & Quality (1) (+/- 4) [1]	3		
		Blood Pressure Systolic (1) (+/- 10) Diastolic (1) (+/- 10)	2		
		Skin (color [1], temperature [1] & condition [1])	3		
	Onset (1), Provocation (1), Quality (1), Radiation (1), Severity (1), Time (1)		6		
	Allergies (1), Medications (1), Pertinent Past History (1), Last oral intake (1), Events(1)		5		
	Assesses appropriate body system	Cardiovascular, Pulmonary, Neurological, Musculoskeletal, Integumentary, GI/GU, Reproductive, Psychological/Social	C		
	States general impression		1		
	Verbalizes appropriate interventions and treatment		1		
	REASSESSMENT	States when will do reassessment/how often	1		
	Appropriately verbalizes report to arriving ambulance crew		1		
	Candidate completed station within 10 minute time limit		**C**		
	Note: *Candidate must complete all critical criteria and receive at least 23 points to pass this station.*		**33**		

STATION
2
CFR/EMT

PATIENT ASSESSMENT - TRAUMA

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should verbalize everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT
Practical Examination

STATION 2

PATIENT ASSESSMENT TRAUMA

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

			Points:	Comments
SCENE SIZE-UP	**Takes, or verbalizes, body substance isolation precautions**		**C**	
	Determines the scene is safe		**C**	
	Determines the mechanism of injury / nature of illness		1	
	Determines the number of patients		1	
	Requests additional help if necessary		1	
	Considers stabilization of spine		**C**	
PRIMARY ASSESSMENT	Verbalizes general impression of the patient		1	
	Determines responsiveness/level of consciousness (AVPU)		1	
	Determines chief complaint/apparent life threats		1	
	Airway and Breathing	**Assess and maintains airway**	**C**	
		Initiates appropriate oxygen therapy	**C**	
		Assures adequate ventilation	**C**	
		Manages life threats to airway/breathing	**C**	
	Circulation	**Assesses/controls major bleeding**	**C**	
		Assesses pulse	**C**	
		Assesses skin (color, temperature, and condition)	**C**	
	Assesses airway, breathing & circulation prior to physical exam		**C**	
	Identifies priority patient/updates responding EMS units with brief Report		**C**	
HISTORY SECONDARY ASSESSMENT	History	Attempts to obtain SAMPLE	1	
	Head	Inspect mouth and nose	1	
		Inspect & palpate scalp, ears and facial area	1	
		Assesses eyes	1	
	Neck	Palpates trachea for position	1	
		Checks jugular veins	1	
		Palpates cervical spine	1	
	Chest	Inspects chest (1) and Palpates chest (1)	2	
		Auscultates chest – Left side (1), Right side (1)	2	
	Abdomen/Pelvis	Inspects (1) & palpates (1) abdomen	2	
		Assesses pelvis	1	
		Verbalizes assessment of genitalia/perineum	1	
	Lower Extremities	Inspects (1) palpates (1) motor/sensory/pulses (1) ea leg	6	
	Upper Extremities	Inspects (1) palpates (1) motor/sensory/pulses (1) ea arm	6	
	Posterior	Inspects (1) palpates (1) thorax	2	
	Posterior	Inspects (1) palpates (1) lumbar and buttocks	2	
	Vital Signs	Pulse Rate (1) & Quality (1) (+/- 10) [1]	3	
		Respirations Rate (1) & Quality (1) (+/- 4) [1]	3	
		Blood Pressure Systolic (1) (+/- 10) Diastolic (1) (+/- 10)	2	
		Skin (color [1], temperature [1] & condition [1])	3	
	Manages secondary injuries and wounds appropriately		1	
	Verbalizes appropriate interventions and treatment		1	
	REASSESSMENT	States when will do reassessment/how often	1	
	Appropriately verbalizes report to arriving ambulance crew		1	
	Candidate completed station within 10 minute time limit		**C**	
			52	

Note: ***Candidate must complete all critical criteria. Total to pass: 37***

STATION
3
CFR/EMT

CARDIAC ARREST MANAGEMENT
AED

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to manage a prehospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an EMT assistant in this station. The EMT assistant will only do as you instruct. As you arrive on the scene you find a patient on the floor. You must immediately establish control of the scene and care of the patient. At the appropriate time, the patient's airway must be controlled and you must ventilate ***or*** direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room. You have 15 minutes to complete this skill station. Do you have any questions?

NOTES

STATION 3

CARDIAC ARREST MANAGEMENT AED

Pass_____
Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

	Points:	Possible	Awarded	Comments
ASSESSMENT & INITIAL TREATMENT	**Takes or verbalizes, body substance isolation precautions**	**C**		
	Appropriately assess patient and confirms no pulse	1		
	Directs rescuer to begin single rescuer CPR	1		
	Assures adequate CPR **and** adequate (visible) chest rise during ventilations	1		
	Properly attaches AED pads in the correct locations	1		
	Turns on AED	1		
	Directs rescuer to stop CPR	1		
	Ensures all individuals are clear of the patient	**C**		
	Initiates analysis of the patient's rhythm	1		
	Delivers one (1) shock	**C**		
INTEGRATION	**TRANSITION** Immediately begins 2 rescuer CPR without performing a pulse check (candidate must be performing ventilations)(continues for 2 full minutes)	1		
	Assures adequate CPR **and** adequate (visible) chest rise during ventilations	1		
	Verbalizes insertion of a simple airway adjunct (oral/nasal airway)	1		
	Assures high concentration of oxygen is delivered to the patient	1		
	Assures CPR continues without unnecessary/prolonged interruption during the 2 minutes	1		
	Directs rescuer to stop CPR	1		
	Ensures all individuals are clear of the patient	**C**		
	Initiates analysis of the patient's rhythm	1		
	Delivers one (1) shock	**C**		
	Immediately begins 2 rescuer CPR without performing a pulse check (candidate should be performing ventilations)			
	Verbalizes transportation of patient	1		
	Candidate did not initiate first shock within 90 seconds of arrival	**C**		
	Candidate did not initiate/resume CPR at appropriate times	**C**		
	Candidate operated the AED improperly or unsafely	**C**		
	Stops compressions to attach AED	**C**		
	Candidate failed to assure appropriate compression-to-ventilation ratios	**C**		
	Candidate completed station within 15 minute time limit	**C**		
	Note: ***Candidate must complete all critical criteria and receive at least 11 points to pass this station.***	**15**		

COMMENTS:

STATION
4
CFR/EMT

BAG-VALVE-MASK
APNEIC WITH PULSE

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to ventilate a patient using a bag-valve-mask. As you enter the station you will find an apneic patient with a palpable carotid pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient management required is airway management and ventilatory support. You must initially ventilate the patient for a minimum of 30 seconds prior to connecting to a supplementary oxygen source. You will be evaluated on the appropriateness of ventilatory volumes. I will then inform you that a second rescuer has arrived and will instruct you that you must control the airway and the mask seal while the second rescuer provides ventilations. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT
Practical Examination

STATION 4

BAG-VALVE-MASK APNEIC WITH PULSE

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	**C**		
Opens the airway	1		
Inserts an airway adjunct	1		
Selects appropriately sized mask	1		
Creates a proper mask-to-face seal	1		
Delivers first ventilation within 30 seconds of opening the airway	1		
Ventilates patient at a rate of 10 – 12 breaths per minute (approximately once every 5 – 6 seconds), for no more than 30 – 45 seconds	1		
Connects reservoir and oxygen	1		
Adjusts liter flow to 15 liters per minute or greater	**C**		
The examiner indicates the arrival of a second EMT The second EMT is instructed to ventilate the patient while the candidate controls the mask and the airway	1		
Reopens the airway	1		
Creates a proper mask-to-face seal	1		
Instructs assistant to resume ventilations at an adequate volume to achieve visible chest rise.	1		
Instructs assistant to resume ventilations at a rate of 10 – 12 breaths per minute (approximately once every 5 – 6 seconds) (The examiner must witness for a minimum of 30 seconds)	1		
Ventilates patient at an adequate volume to achieve visible chest rise	**C**		
Did not Interrupt ventilations for more than 30 seconds at any time	**C**		
Candidate ventilated patient prior to connecting supplementary oxygen	**C**		
Adequate ventilation volumes (did not over or under ventilate)	**C**		
Allowed for adequate exhalation	**C**		
Candidate completed station within the 5 minute time limit	**C**		
Note: ***Candidate must complete all critical criteria and receive at least 9 points to pass this station.***	**12**		

COMMENTS:

STATION
5A
CFR/EMT

UPPER AIRWAY ADJUNCTS AND SUCTION

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal and nasopharyngeal airway as well as suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions.

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT Practical Examination

STATION 5A

UPPER AIRWAY ADJUNCTS & SUCTION

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

OROPHARYNGEAL AIRWAY

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	**C**		
Selects appropriately sized airway	1		
Measures airway	1		
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		

Suction

Points:	Possible	Awarded	Comments
Note: The examiner must advise the candidate to suction the patient's airway			
Turns on/prepares suction device	1		
Assures presence of mechanical suction	1		
Inserts the suction tip without suction	1		
Applies suction to the oropharynx/nasopharynx	1		
Candidate demonstrated acceptable suction technique	**C**		

NASOPHARYNGEAL AIRWAY

Points:	Possible	Awarded	Comments
Note: The examiner must advise the candidate to insert a nasopharyngeal airway			
Selects appropriately sized airway	1		
Measures airway	1		
Verbalizes lubrication of the nasal airway	1		
Fully inserts the airway with the bevel facing toward the septum	1		
Candidate did not insert any adjunct in a manner dangerous to the patient	**C**		
Candidate completed the station within the 5 minute time limit	**C**		
Note: ***Candidate must complete all critical criteria and receive at least 9 points to pass this station.***	**12**		

COMMENTS:

STATION
5B
CFR/EMT

SUPPLEMENTAL OXYGEN ADMINISTRATION

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the prehospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point, you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You have five (5) minutes to complete this station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT Practical Examination

STATION 5B

SUPPLEMENTAL OXYGEN ADMINISTRATION

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	**C**		
Assembles the regulator to the tank	1		
Opens the tank	1		
Checks for leaks	1		
Checks and verbalizes tank pressure	1		
Attaches non-rebreather mask to oxygen	1		
Prefills reservoir	**C**		
Adjusts liter flow to 12 liters per minute or greater	**C**		
Applies and adjusts the mask to the patient's face	1		
Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The examiner must instruct the candidate to remove the non-rebreather mask and apply a nasal cannula to the patient.			
Attaches nasal cannula to oxygen	1		
Adjusts liter flow to 6 liters per minute or less	**C**		
Applies nasal cannula to the patient	1		
Note: The examiner must advise the candidate to discontinue oxygen therapy.			
Removes nasal cannula from the patient	1		
Shuts off the regulator	1		
Relieves the pressure within the regulator	1		
Candidate assembles the tank and regulator without leaks	**C**		
Candidate completed the station within the 5 minute time limit	**C**		
Note: ***Candidate must complete all critical criteria and receive at least 8 points to pass this station.***	**11**		

COMMENTS:

STATION
5C
CFR/EMT

BLEEDING CONTROL/SHOCK MANAGEMENT

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to control hemorrhage. This is a scenario-based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies available in this room. You have 5 minutes to complete this skill station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

CFR/EMT Practical Examination

STATION 5C

BLEEDING CONTROL/ SHOCK MANAGEMENT

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	**C**		
Applies direct pressure to the wound	1		
Note: The examiner must now inform the candidate that the wound continues to bleed.			
Applies a pressure dressing to the wound	1		
Note: The examiner must now inform the candidate that the wound still continues to bleed.			
Applies a tourniquet	1		
Verbalizes how to know when tourniquet has been adequately tightened. (until bleeding has stopped)	1		
Note: The examiner must now inform the candidate that the bleeding is Controlled, but the patient is showing signs and symptoms indicative of hypoperfusion.			
Properly positions the patient	1		
Applies high concentration oxygen	**C**		
Initiates steps to prevent heat loss from the patient	1		
Indicates the need for immediate transportation	1		
Candidate failed to control hemorrhage appropriately	**C**		
Candidate applied a tourniquet before attempting other methods of bleeding control.	**C**		
Candidate did not complete the station within the 5 minute time limit	**C**		
Note: ***Candidate must complete all critical criteria and receive at least 6 points to pass this station.***	**7**		

COMMENTS:

STATION
6 A
EMT

IMMOBILIZATION SKILLS – LONG BONE

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have ten (10) minutes to complete this station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Emergency Medical Technician Practical Examination

STATION 6 A EMT

IMMOBILIZATION SKILLS LONG BONE INJURY

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
Measures splint	1		
Applies splint	1		
Immobilizes the joint above the injury site	C		
Immobilizes the joint below the injury site	C		
Secures the entire injured extremity	1		
Immobilizes the hand/foot in the position of function	1		
Reassess motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
Candidate did not grossly move the injured extremity	C		
Candidate completed station within 10 minute time limit	C		
Note: ***Candidate must complete all critical criteria and receive at least 4 points to pass this station.***	**5**		

COMMENTS:

STATION
6 B
EMT

IMMOBILIZATION SKILLS – JOINT INJURY

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to properly immobilize a non-complicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene size-up and initial assessment have been completed and during the focused assessment a shoulder injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have ten (10) minutes to complete this station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Emergency Medical Technician Practical Examination

STATION 6 B EMT

IMMOBILIZATION SKILLS JOINT INJURY

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the shoulder injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
Selects the proper splinting material	1		
Immobilizes the site of the injury	1		
Immobilizes the bone above the injured joint	C		
Immobilizes the bone below the injured joint	C		
Reassess motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
Joint is supported so that the joint does not bear distal weight	C		
Candidate completed station within 10 minute time limit	C		
Note: ***Candidate must complete all critical criteria and receive at least 2 points to pass this station.***	**3**		

COMMENTS:

STATION
6 C
EMT

IMMOBILIZATION SKILLS
TRACTION SPLINTING

INSTRUCTIONS TO THE CANDIDATE

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been completed and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have ten (10) minutes to complete this station. Do you have any questions?

NOTES

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Emergency Medical Technician Practical Examination

STATION 6 C EMT

IMMOBILIZATION SKILLS TRACTION SPLINTING

Pass_____

Fail _____

Please Print

Candidate _____

Examiner _____Initials_____

Date _____Start Time_____Stop Time_____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
Directs the application of manual traction	1		
Prepares / adjusts splint to the proper length	1		
Applies the splint to the injured leg	1		
Applies the proximal security device (e.g….ischial strap)	1		
Applies the distal securing device (e.g……ankle hitch)	1		
Applies mechanical traction	1		
Positions / secures the support straps	1		
Re-evaluates the proximal / distal security devices	1		
Candidate reassesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states "motor, sensory and circulatory functions are present and normal"			
NOTE: The examiner must ask the candidate how he/she would prepare the patient for transportation			
Verbalizes securing the torso to the long board to immobilize the hip	1		
Verbalizes securing the splint to the long board to prevent movement of the splint	1		
Traction is maintained throughout application of the splint	C		
The foot was not excessively rotated or extended after the splint was applied	C		
Secured the ischial strap before applying mechanical traction	C		
Final immobilization supported the femur and prevented rotation of the injured leg	C		
Applied mechanical traction before securing the leg to the splint	C		
Candidate completed station within 10 minute time limit	C		
Note: ***Candidate must complete all critical criteria and receive at least 8 points to pass this station.***	**11**		

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

COMMENTS:

Notes