BLS

PSYCHOMOTOR EXAM

USER’S GUIDE

January 1, 2013

COPYRIGHT:
This guide has been modified by the Idaho Bureau of Emergency Medical Services & Preparedness with permission from the National Registry of Emergency Medical Technicians. Only non-commercial reproduction of this material for educational purposes or the advancement of medical science is permitted. No part of this document may be reproduced, stored in a retrieval system, or transmitted, in any form, electronic, mechanical, photocopying, recording, or by any other means whatsoever. Violators will be subject to prosecution and other actions.
Table of Contents
Introduction for the Exam Coordinator ................................................................. 4
Exam Coordinator Responsibilities ........................................................................... 5
Exam Coordinator’s Timeline .................................................................................. 6
Requesting to Host the Psychomotor Exam ......................................................... 6
Optional Module Testing .......................................................................................... 7
Requesting Multiple Exam Levels .......................................................................... 7
Requesting to Test at a Psychomotor Exam Site ................................................... 7
Equipment ............................................................................................................... 8
Facilities for the Psychomotor Exam ...................................................................... 8
Staffing for the EMR or EMT Psychomotor Exam .................................................. 9
Retest Considerations ............................................................................................ 10
Skill Examiners ....................................................................................................... 10
  Responsibilities .................................................................................................... 10
  Qualifications ...................................................................................................... 11
EMR Examiner Qualifications .................................................................................. 12
  Patient Assessment/Management – Trauma, Bleeding Control/Shock Management ........................................................................ 12
  Patient Assessment/Management – Medical ....................................................... 12
  Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient .............................................. 12
Cardiac Arrest Management/AED ........................................................................... 12
EMT Skill Examiner Qualifications ....................................................................... 13
  Patient Assessment/Management – Trauma ......................................................... 13
  Patient Assessment/Management – Medical ....................................................... 13
  Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient .............................................. 13
Cardiac Arrest Management/AED ........................................................................... 13
Spinal Immobilization and Random EMT Skills .................................................... 13
Assistants ............................................................................................................... 14
Simulated Patients for the Psychomotor Exam ....................................................... 14
Candidate Hall Monitor .......................................................................................... 15
Dispatcher/Traffic Controller .................................................................................. 15
Exam Coordinator .................................................................................................. 16
The Bureau Exam Administrator ........................................................................... 16
<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>16</td>
</tr>
<tr>
<td>Running an Efficient Psychomotor Exam</td>
<td>16</td>
</tr>
<tr>
<td>EMR and EMT Psychomotor Exam Skills</td>
<td>17</td>
</tr>
<tr>
<td>EMR Psychomotor Exam Results and Retest Policy</td>
<td>17</td>
</tr>
<tr>
<td>EMT Psychomotor Exam Results and Retest Policy</td>
<td>21</td>
</tr>
<tr>
<td>Psychomotor Exam Accommodations</td>
<td>25</td>
</tr>
<tr>
<td>Quality Assurance Committee Procedure</td>
<td>25</td>
</tr>
<tr>
<td>ESSAYS TO SKILL EXAMINERS</td>
<td>27</td>
</tr>
<tr>
<td>EMR Patient Assessment/Management – Trauma, Bleeding Control/Shock Management</td>
<td>28</td>
</tr>
<tr>
<td>EMT Patient Assessment/Management – Trauma</td>
<td>34</td>
</tr>
<tr>
<td>Patient Assessment/Management – Medical</td>
<td>40</td>
</tr>
<tr>
<td>Oxygen Administration by Non-Rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient</td>
<td>47</td>
</tr>
<tr>
<td>Cardiac Arrest Management/AED</td>
<td>53</td>
</tr>
<tr>
<td>Spinal Immobilization (Supine Patient)</td>
<td>57</td>
</tr>
<tr>
<td>Spinal Immobilization (Seated Patient)</td>
<td>61</td>
</tr>
<tr>
<td>Bleeding Control/Shock Management</td>
<td>65</td>
</tr>
<tr>
<td>Long Bone Immobilization</td>
<td>69</td>
</tr>
<tr>
<td>Joint Immobilization</td>
<td>72</td>
</tr>
<tr>
<td>Appendix A: Signs for Skill Stations</td>
<td>75</td>
</tr>
<tr>
<td>Appendix B: Equipment Lists</td>
<td>85</td>
</tr>
<tr>
<td>EMR Patient Assessment/Management – Trauma/BWS</td>
<td>86</td>
</tr>
<tr>
<td>EMT Patient Assessment/Management – Trauma</td>
<td>86</td>
</tr>
<tr>
<td>Patient Assessment/Management – Medical</td>
<td>86</td>
</tr>
<tr>
<td>Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient</td>
<td>87</td>
</tr>
<tr>
<td>Cardiac Arrest Management/AED</td>
<td>87</td>
</tr>
<tr>
<td>Spinal Immobilization (Supine and Seated Patient)</td>
<td>88</td>
</tr>
<tr>
<td>Bleeding Control/Shock Management</td>
<td>88</td>
</tr>
<tr>
<td>Long Bone Immobilization</td>
<td>88</td>
</tr>
<tr>
<td>Joint Immobilization</td>
<td>88</td>
</tr>
<tr>
<td>Appendix C: Psychomotor Exam Report Form</td>
<td>89</td>
</tr>
</tbody>
</table>
Introduction for the Exam Coordinator

Dear Exam Coordinator:

Thank you for your interest in hosting an Idaho Bureau of Emergency Medical Services & Preparedness, hereafter referred to as the Bureau, approved Basic Life Support (BLS) Psychomotor Exam. We are pleased to provide you with this copy of the BLS Psychomotor Exam User’s Guide. This comprehensive manual details the required components of coordinating an Emergency Medical Responder (EMR) and/or Emergency Medical Technician (EMT) psychomotor exam and is designed to assist you in planning for all related aspects. Conducting an exam according to the standards described in the guide will allow successful candidates to apply for national certification through the National Registry of Emergency Medical Technicians (NREMT) or Idaho EMS licensure through the Bureau, providing all additional requirements are met. Additional information concerning national EMS certification for EMRs and EMTs is located at www.nremt.org. Additional information concerning Idaho licensure for EMRs and EMTs is located at www.IdahoEMS.org.

This guide has been adapted from the EMR and EMT Psychomotor Examination Standards as developed and reviewed by the NREMT Standards & Exam Committee and approved by the NREMT Board of Directors in November 2010 for implementation, effective September 2011. The Bureau has reviewed and adopted the NREMT materials with revisions to accommodate state regulations and local exam delivery resources.

The Idaho EMS psychomotor exam outlined in this guide contains six (6) skills in four (4) stations at the EMR level and seven (7) skills in six (6) stations at the EMT level. When taking these psychomotor exams, all candidates must be tested over the skills outlined. Each candidate who seeks Idaho licensure as an EMR or EMT must have successfully completed the measurable elements for each of the skills identified in this guide. Extensive work has been accomplished in revising the psychomotor exams to coincide with implementation of the 2011 Idaho EMS Curriculum (IEC) for EMRs and EMTs.
Exam Coordinator Responsibilities

The Exam Coordinator is responsible for arranging and conducting the exam. This includes planning, staffing, implementation, quality control and validation of the psychomotor exam process in conjunction with the Bureau.

Upon approval by the Bureau, the Exam Coordinator is responsible for:

- conducting exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Exam Coordinator must help ensure that each Skill Examiner conducts himself/herself in a similar manner throughout the exam.

- coordinating the exam with the Bureau Exam Administrator to oversee administration of the psychomotor exam.

- notifying all Skill Examiners, Simulated Patients and the Bureau immediately if the exam is postponed or canceled.

- ensuring that the facilities for the psychomotor exams meet acceptable educational and Bureau standards.

- selecting qualified Skill Examiners. Please see Skill Examiner Qualifications located within this document.

- selecting appropriate individuals of average adult height and weight to serve as Simulated Patients. Simulated Patients must be adults or adolescents who are greater than sixteen (16) years of age. Candidates who are registered to take the exam may not serve as patients or assistants for any skill. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s), may be used as the Simulated Patient.

- obtaining required equipment for each skill and ensuring that it is clean, functional, and operational. The published equipment list is the only equipment that will be allowed in each station (Appendix B).

- overseeing timely flow of all candidates through the skills stations.

- ensuring excessive "hall talk" between candidates or discussing specific exam scenarios/material does not occur throughout the exam.

- maintaining and enforcing a high standard of professional conduct between exam staff and candidates.

The Exam Coordinator must be present at the site during the exam. The Exam Coordinator may not serve as a Skill Examiner during the exam. If the Exam Coordinator is not able to be present at the exam due to unforeseen circumstances, she/he must assign a competent, informed, and
capable person to coordinate all exam activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of the Exam Coordinator throughout the exam.

Exam Coordinator’s Timeline

The following timeline has been developed to assist the Exam Coordinator with planning the exam:

**TIMELINE FOR COORDINATING A PSYCHOMOTOR EXAM**

<table>
<thead>
<tr>
<th>Time Frame Prior to Exam</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 8 weeks</td>
<td>☐ Complete the Host Site Psychomotor Exam Application and submit it to the Bureau.</td>
</tr>
</tbody>
</table>
| 3 to 4 weeks minimum     | ☐ Secure commitment from the Bureau to administer the psychomotor exam.  
                            ☐ Secure facilities to host psychomotor exam. |
| 2 weeks                  | ☐ Expect to receive initial contact from the Bureau Exam Administrator that will be assigned to administer your exam. If not, call him/her to reconfirm availability. |
| 1 week                   | ☐ Secure commitments from all Skill Examiners, Assistants, and Simulated Patients. Be sure to plan on 1 or 2 extra Skill Examiners in case of unexpected emergencies on exam day.  
                            ☐ Gather all equipment and supplies.  
                            ☐ Re-confirm facilities will be available for the psychomotor exam as previously planned.  
                            ☐ Send a reminder (letter or email) to all Skill Examiners, Assistants, and Simulated Patients. Expect to receive contact from the Bureau Exam Administrator to confirm exam location(s), time(s), and exam material needs based on the number of candidates expected to test. If not, call him/her to verify that she/he will show-up “at the right place at the right time with the right stuff” for the exam. |
| 1 day                    | ☐ Set-up all skills if possible. |

Requesting to Host the Psychomotor Exam

A request to host a psychomotor exam must be made to the Bureau in accordance with this guide. An application must be received from an approved requesting agency or institution sixty (60) days in advance. A Host Site Psychomotor Exam Application can be downloaded from our website at [www.IdahoEMS.org](http://www.IdahoEMS.org) in the Education section. Also located in this section of our website is a current exam schedule. The exam schedule should be reviewed prior to applying for your exam to determine if there may be an open opportunity for your candidates to test at an already approved site and to determine if the date you intend to request has already been approved for another applicant. The Bureau can generally schedule exams any day of the week; however, we are unable to accommodate any exams within the week of a state holiday and may not be able to provide exam administrators for multiple exams on the same day. Multiple exam requests for the same day will be considered on a case-by-case basis.
After downloading an application from the website, please return it to the Bureau by e-mail (preferred) to EMSCourses@dhw.idaho.gov, by fax to (208) 334-4015 or by mail to the Idaho Bureau of EMS & Preparedness, PO Box 83720, Boise, ID 83720. While we will accept applications from any qualified exam host, we prefer you consider exam options for your students, and other students in the host area, and combine exams whenever possible. The EMS Bureau Exams Specialist can assist you with this process. Once the exam has been approved, a letter will be sent from the Bureau confirming your date and time.

Optional Module Testing

Candidates who have completed Optional Module training in floor skills, which are testable at a higher level, will complete the exam for those skills at an approved site for the floor level. Candidates are allowed to retest Optional Module skills one time at the original test site, if available. Candidates may attempt to complete Optional Module testing at any approved test site for that skill.

Requesting Multiple Exam Levels

The Bureau supports and sets requirements for BLS exams for EMR and EMT. The National Registry of EMTs supports and sets requirements for ALS exams for AEMT and Paramedic.

EMR candidates may be included with EMT candidates as a combined exam, utilizing the same resources and evaluators, if all evaluators are at the EMT or higher level or if duplicate stations are set up for each level. When EMR candidates are also testing Optional Modules that are a testable floor skill at the EMT level, they will be examined at the EMT level.

BLS and ALS candidates may be combined at an exam site when the resources for each level of exam are available and the following conditions have been considered to ensure candidates at both levels obtain fair and consistent evaluations:

1. The exam site must meet all the requirements for both BLS and ALS level exams.

2. The exam site provides testing areas of adequate size and resources given the number of candidates testing within each level; or, the exam site tests the two levels at different times on the same day using the same resources. (Note: This may limit the ability to provide same-day retests due to time constraints.)

3. Two exam administrators may need to be present, one BLS and one ALS, for simultaneous exam delivery depending on the facility layout and number of candidates.

4. A minimum of ten candidates at the BLS and ten candidates at the ALS level are testing.

5. If same-day retests are being offered at the exam site, replacement evaluators are available with the appropriate credentials for all stations.

Requesting to Test at a Psychomotor Exam Site

All candidates must submit an application to test for any psychomotor exam. The application MUST be submitted by the candidate to the Bureau ten (10) days in advance. The application to test can be
found on the EMS website at www.IdahoEMS.org in the Education section. Instructions are located on the form to assist in getting the application to the Bureau.

If a candidate has not applied and is not listed on the final exam roster provided by the Bureau Exam Administrator before the candidate’s arrival at a testing site, the candidate may be dismissed from the exam site. In any case, the Bureau will not be responsible for any candidate who does not complete the appropriate portion(s) of the exam. The candidate bears full responsibility for completing all appropriate portions of the exam.

**Equipment**

The Exam Coordinator is responsible for obtaining and setting-up the various skills prior to the scheduled psychomotor exam. If it is not possible to set-up all skills the day before the psychomotor exam, the Exam Coordinator must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed. An equipment list for each station is available with the evaluator essays in this manual to help with psychomotor exam coordination (Appendix B). Additionally, each Skill Examiner will need a watch with a second hand and a pen. A sufficient supply of the EMR and/or EMT psychomotor skill sheets will be provided by the Bureau Exam Administrator the day of the exam.

**Facilities for the Psychomotor Exam**

The Exam Coordinator is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor exam. Each facility utilized for the psychomotor exam should provide:

1. Adequate space to offer a minimum of 100 square feet for each of the skills. Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to-and exit from-all skills should not disturb other candidates who are testing.

2. A comfortable testing environment free of undue noise and distraction.

3. Ample gathering space for candidates during the candidate orientation to the psychomotor exam.

4. Adequate and effective heating, cooling, ventilation, and lighting.

5. A waiting area near the skill stations for candidates to assemble while waiting for a skill station to open.

6. Adequate restroom facilities, a drinking fountain and adequate parking with reasonable access to the exam site.

7. Adequate space for the Skill Examiner Orientation to the Psychomotor Exam, including space for any Simulated Patients and Assistants. This space should visually and audibly prohibit observation by the candidates.

8. Adequate security of all exam materials during the exam.
9. Skill stations should be appropriately posted or marked. One set of signs to post at each skill station is provided in Appendix A of this guide.

10. A table and chair in each room for Skill Examiners. The Exam Coordinator may also want to provide each Skill Examiner with a clipboard and a pen to assist with documenting all performances. The Bureau Exam Administrator will provide each Skill Examiner with a copy of the appropriate essay and a sufficient supply of skill evaluation forms on which to document all performances.

11. A secure room near the skill stations with at least one large table that will facilitate tabulation and reporting of the psychomotor exam results.

**Staffing for the EMR or EMT Psychomotor Exam**

An exam for twenty (20) candidates requires the minimum staffing and resources to open one of each required station to complete the exam within five (5) to six (6) hours, excluding retests. If all skills are duplicated, the psychomotor exam should be completed in half the projected time or twice the number of candidates can be expected to complete the exam in the same amount of time.

<table>
<thead>
<tr>
<th>EMR SKILL</th>
<th>Skill Examiner</th>
<th>Simulated Patients/Assistants</th>
<th>Average # of Candidates Evaluated per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Assessment/Management – Trauma</td>
<td>1</td>
<td>1</td>
<td>3 to 4</td>
</tr>
<tr>
<td>2. Bleeding Control/Shock Management</td>
<td>1</td>
<td>1</td>
<td>3 to 4</td>
</tr>
<tr>
<td>3. Patient Assessment/Management – Medical</td>
<td>1</td>
<td>1</td>
<td>3 to 4</td>
</tr>
<tr>
<td>4. Oxygen Administration by Non-rebreather Mask</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. BVM Ventilation of an Apneic Adult Patient</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6. Cardiac Arrest Management/AED</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td><strong>OVERALL FLOW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>3 to 4 per HOUR</td>
<td></td>
</tr>
</tbody>
</table>
EMT SKILLS

<table>
<thead>
<tr>
<th>Skill Examiner</th>
<th>EMT Assistant</th>
<th>Simulated Patient</th>
<th>Average # of Candidates Evaluated per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Assessment/Management – Trauma</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2. Patient Assessment/Management – Medical</td>
<td>1</td>
<td>1</td>
<td>3 to 4</td>
</tr>
<tr>
<td>3. Oxygen Administration by Non-rebreather Mask</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>4. BVM Ventilation of an Apneic Adult Patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cardiac Arrest Management/AED</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>6. Spinal Immobilization (Supine Patient)</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>7. Random EMT Skills</td>
<td>1</td>
<td>1</td>
<td>4 to 5</td>
</tr>
</tbody>
</table>

**RETEST CONSIDERATIONS**

The time and availability of resources will be considered at each exam to determine if retests are available. Retesting skills is an option and not a requirement for any BLS exams.

If duplicate skill stations are not setup where candidates can retest in the alternate station, you should allow 30 minutes minimum to reset skill stations with a new evaluator, assistant and/or patient for each skill to be retested.

**SKILL EXAMINERS**

**Responsibilities**

Your responsibilities include:

- conducting exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- objectively observing and recording each candidate’s performance.
• providing consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

• recording, totaling, and documenting all performances as required on all skill evaluation forms.

• thoroughly reading the specific essay for the assigned skill before actual evaluation begins.

• checking all equipment, props, and moulage prior to and during the exam.

• briefing the Simulated Patient for the assigned skill.

• maintaining the security of all issued exam material during the exam and ensuring the return of all material to the Bureau.

Qualifications

Skill Examiners may be recruited from the local EMS community. You should only consider people who are currently certified or licensed to perform the skill you wish them to evaluate. In addition, pay careful attention to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Examiner towards a particular person or group of candidates. **In no case should a primary instructor serve as a Skill Examiner for any of his/her own students.** Casual instructor staff may be utilized if necessary so long as they are not biased and do not evaluate any skill for which they served as the primary instructor. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates’ class may not serve as the Patient Assessment/Management – Trauma Skill Examiner, but can be utilized to evaluate another skill so long as you feel she/he is not biased and is qualified to perform the skill to be evaluated.

Every effort should be made to select Skill Examiners who are fair, consistent, objective, respectful, reliable, and impartial in their conduct and evaluations. Skill Examiners should be selected based upon their expertise and understanding that there is more than one acceptable way to perform all skills. The Exam Coordinator should work to obtain Skill Examiners who are not acquainted with the candidates, if possible. All Skill Examiners are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the exam and his/her skill, and for maintaining strict security of all exam-related items throughout the exam.

The selected exam team should represent a combination of out-of-hospital care providers but may also include nurses, physicians or other appropriately trained allied health personnel. All Skill Examiners should have experience in working with EMRs or EMTs, or either teaching or formal evaluation of psychomotor skills. The Skill Examiner should possess local credibility in the field of out-of-hospital care. We encourage recruitment of currently Nationally Registered EMRs or EMTs to serve as Skill Examiners as they are already familiar with the exam process and possess a previously demonstrated expertise in the skill. If Nationally Registered EMRs or EMTs are not available to staff all skills, you should select suitable personnel as outlined.
Examples and guidelines for qualifications of each Skill Examiner are explained below. The Bureau should be consulted if you are unable to locate persons that satisfy the qualifications for Skill Examiners. The Bureau Exam Administrator has the authority to dismiss any Skill Examiner for due cause at any point during the psychomotor exam.

**EMR Examiner Qualifications**

*Patient Assessment/Management – Trauma, Bleeding Control/Shock Management*

The Patient Assessment/Management – Trauma Skill Examiner can be a licensed or Nationally Registered EMR or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a trauma patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR level. The Skill Examiner should have previously completed a focused trauma care course, such as PHTLS, ITLS, or ATLS.

*Patient Assessment/Management – Medical*

The Patient Assessment/Management – Medical Skill Examiner can be a licensed or Nationally Registered EMR or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a medical patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR level and previously completed a focused medical care course, such as EMPACT.

*Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient*

The Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient Skill Examiner can be a licensed or Nationally Registered EMR or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the various types of common airway adjuncts, oxygen delivery systems, and out-of-hospital care protocols for immediate ventilation of an apneic adult patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR level and be licensed to perform bag-valve-mask ventilation and operate various oxygen adjuncts and equipment to administer supplemental oxygen.

*Cardiac Arrest Management/AED*

The Cardiac Arrest Management/AED Skills Examiner can be a licensed or Nationally Registered EMR or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the out-of-hospital care protocols for management of an adult patient in cardiac arrest may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMR level and be certified to perform CPR and use an AED. The Skills Examiner should hold current credentials equivalent to the American Heart Association’s BLS Instructor for Healthcare Providers.
EMT Skill Examiner Qualifications

Patient Assessment/Management – Trauma

The Patient Assessment/Management – Trauma Skill Examiner can be a licensed or Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a trauma patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level. The Skill Examiner should have previously completed a focused trauma care course, such as PHTLS, ITLS, or ATLS.

Patient Assessment/Management – Medical

The Patient Assessment/Management – Medical Skill Examiner can be a licensed or Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a medical patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and previously completed a focused medical care course, such as EMPACT.

Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient

The Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient Skill Examiner can be a licensed or Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the various types of common airway adjuncts, oxygen delivery systems, and out-of-hospital care protocols for immediate ventilation of an apneic adult patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be licensed to perform bag-valve-mask ventilation and operate various oxygen adjuncts and equipment to administer supplemental oxygen.

Cardiac Arrest Management/AED

The Cardiac Arrest Management/AED Skills Examiner can be a licensed or Nationally Registered EMT or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the out-of-hospital care protocols for management of an adult patient in cardiac arrest may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be certified to perform CPR and use an AED. The Skills Examiner should hold current credentials equivalent to the American Heart Association’s BLS Instructor for Healthcare Providers.

Spinal Immobilization and Random EMT Skills

The Spinal Immobilization Skills Examiner and the Random EMT Skills Examiner must be a licensed or Nationally Registered EMT who is licensed to perform the following skills in the out-of-hospital setting:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)

3. Bleeding Control/Shock Management

4. Long Bone Immobilization

5. Joint Immobilization

A reputable, impartial EMT Instructor who thoroughly understands the principles and various acceptable practices of completing the above-listed skills is recommended to serve as a Skill Examiner for the Spinal Immobilization Skill and the Random EMT Skill.

**Assistants**

Two (2) persons must be selected to serve as the assistant for the Spinal Immobilization and Random EMT skills. These selected individuals must be EMS personnel who are trained and credentialed to the EMT 2011 curricula to perform the skill being tested and will serve as the trained partners for all candidates testing. Assistants cannot be a relative of any candidate or be biased towards any candidate being examined. Candidates may not be tested in pairs to eliminate the necessity of selecting Assistants for the psychomotor exam.

**Simulated Patients for the Psychomotor Exam**

Two (2) persons should be selected to serve as Simulated Patients for the EMR psychomotor exam. One person will be assigned to the Patient Assessment/Management – Trauma skill; the second will be assigned to the Patient Assessment/Management – Medical skill. If any of these skills are duplicated, you will need one (1) additional Simulated Patient for each additional skill.

Four (4) persons should be selected to serve as Simulated Patients for the EMT psychomotor exam. One person will be assigned to the Patient Assessment/Management – Trauma skill; the second will be assigned to the Patient Assessment/Management – Medical skill; the third will be assigned to the Spinal Immobilization (Supine Patient) skill; and the fourth will serve as the patient for the Random EMT Skill. If any of these skills are duplicated, you will need one (1) additional Simulated Patient for each additional skill.

A high-fidelity simulation manikin capable of responding as a real patient, given the approved scenario(s), may be used as the Simulated Patient in the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills.

All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. Small children may not serve as patients in any skill. The equipment provided for the skills should appropriately fit the respective Simulated Patient. In the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills, the Simulated Patients should be instructed to wear appropriate undergarments (shorts or swimsuit) and cut-away clothing should be provided. If prepared cut-away clothing is not available (Velcro® sewn into the seams of pants and shirt), one set of clothing should be cut along the seams and taped closed for each candidate. It is not necessary to have enough clothing for each candidate to actually cut away a fresh set of clothes.
If the patient is familiar with EMS procedures, she/he can assist the Skill Examiner when reviewing the candidate's performance and can verify completion of a procedure or treatment. The Simulated Patient should also be familiar with the typical presentation of signs and symptoms of which the usual patient would complain, given the testing scenario utilized. The Simulated Patient should be capable of being programmed to effectively act out the role of a real patient in a similar out-of-hospital situation, such as simulating sonorous respirations, withdrawing to painful stimuli, moaning to palpation over injuries, and so on. Keep in mind that the more realistic the Simulated Patient presents, the fairer the evaluation process.

Please be aware of Simulated Patient fatigue and discomfort throughout the exam. If necessary, be prepared to provide breaks to relieve your Simulated Patient, and for their comfort, a mat may be used on hard floors. To deliver a consistent psychomotor exam, Simulated Patient(s) should remain in their skill for the duration of the skill.

**Candidate Hall Monitor**

The Candidate Hall Monitor, the Exam Coordinator and/or his/her designee should ensure that candidates do not discuss specific exam information throughout the exam. The Exam Coordinator or his/her designee is responsible for reporting any discussions that may have occurred between candidates. If these discussions are believed to have resulted in an unfair advantage or inequality among the candidates, it should be communicated immediately to the Bureau Exam Administrator.

**Dispatcher/Traffic Controller**

A “Dispatcher” or “Traffic Controller” will be assigned to ensure each candidate completes their assigned exam. The grid and pass card (hall pass) system is perhaps the easiest and most effective method of controlling the timely flow of all candidates through the skills. This system helps minimize excessive noise (which may affect skill performances), requires all candidates to assemble in one waiting area between skills, controls the candidates from discussing specific exam-related information, and provides the Exam Coordinator and the Bureau Exam Administrator with immediate feedback on the progress of the exam at any time. The Bureau Exam Administrator will be visiting all skills throughout the psychomotor exam to ensure fairness, consistency, and adherence to all requirements for the exams, and will observe the interaction between Skill Examiners and candidates during actual evaluations to help ensure the evaluations are completed in accordance with the exam criteria.

There is a staging area in which all candidates should wait. A single Traffic Controller is responsible for directing candidates to each skill. Each skill station that is set up that day should have a pass card (hall pass) assigned to it. The card should identify the name of the skill and location (room number). The candidate is dispatched and handed a pass card (hall pass) to permit him/her to test that skill. As soon as the patient is treated, the candidate should report back to the staging area, turn in the pass card, and wait to be dispatched before reporting to the next skill. Several break and restroom cards should also be available to control the number of candidates on break or in the restroom at any given time.

Psychomotor exam study materials, including those within this document, are permitted in the staging area only.
**Exam Coordinator**

The Exam Coordinator, in conjunction with the Bureau Exam Administrator, is responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor exam at the scheduled time or you will add unnecessary stress to the candidates. It is best to schedule the Skill Examiner Orientation (including all Simulated Patients and Assistants) one (1) hour before scheduling candidates to arrive at the exam site. This should permit ample opportunity for orientation of all examiners; time for each examiner to thoroughly read the specific skill essay, instructions, and review the specific skill evaluation form; briefing and moulaging of the Simulated Patients; checking all equipment for the exam; and time for the Bureau Exam Administrator to individually address any areas in question before actual evaluation of any candidate begins.

**The Bureau Exam Administrator**

The Bureau Exam Administrator will do a walkthrough of all stations to ensure that each skill examiner has the opportunity to ask questions and to confirm all necessary equipment is available and functioning properly. Once this and the Candidate Orientation to the Psychomotor Examination is done, actual evaluation of the candidates can begin.

**Budget**

The funds required to conduct a psychomotor exam will vary. The exact cost will depend on the availability of volunteers to staff the exam and the degree of other community support, such as donations of facilities, supplies, etc. To help control costs, you may want to consider borrowing equipment from local EMS agencies, medical facilities, local equipment suppliers, manufacturer representatives, and so on.

**Running an Efficient Psychomotor Exam**

Each skill is designed to approximate the out-of-hospital setting by presenting realistic situations that the EMR or EMT can expect to see. Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

The following is a list of the skills to be completed and the maximum time limits permissible for each skill:

<table>
<thead>
<tr>
<th>EMR Stations</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment/Management – Trauma and Bleeding Control/Shock Management</td>
<td>12 minutes</td>
</tr>
<tr>
<td>Patient Assessment/Management – Medical</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Cardiac Arrest Management/AED</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>
### EMT Stations

<table>
<thead>
<tr>
<th>Patient Assessment/Management – Trauma</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Assessment/Management – Medical</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiac Arrest Management/AED</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spinal Immobilization (Supine Patient)</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One Random EMT Skill:</th>
<th>MAXIMUM TIME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Bone Immobilization</td>
<td>Ranges from 5 – 10 minutes</td>
</tr>
<tr>
<td>Joint Immobilization</td>
<td></td>
</tr>
<tr>
<td>Bleeding Control/Shock Management</td>
<td></td>
</tr>
<tr>
<td>Spinal Immobilization - Seated</td>
<td></td>
</tr>
</tbody>
</table>

After the Skill Examiners have been oriented, the Bureau Exam Administrator will meet with all candidates registered for the exam and provide the candidates with an orientation to the psychomotor exam. All candidates should complete any additional required paperwork before beginning the exam. The candidate orientation process to the psychomotor exam should take approximately twenty (20) to thirty (30) minutes.

## EMR and EMT Psychomotor Exam Skills

The Bureau-approved psychomotor exam consists of skills presented in a scenario-type format to approximate the abilities of the EMR or EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the 2011 Idaho EMS Curriculum and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The psychomotor exam has been designed to serve as a formal verification of the candidate's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance will not be discussed with any candidate, unlike the discussions which should occur in the educational process during the learning phase.

The candidate is cautioned that all forms are designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved EMR or EMT program and are not designed as "teaching" forms. To fully understand the whys, hows and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate should refer to the appropriate skill evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training and practice over the entire skill with the educational institution is strongly encouraged. Once skill mastery has been achieved in this fashion, the candidate should be prepared for graduation from the program and completion of the psychomotor exam.

### EMR Psychomotor Exam Results and Retest Policy

EMR candidates are required to complete six (6) skills, as described below, when taking a full attempt of the psychomotor exam. EMR candidates are eligible for up to **three (3) full attempts** of the psychomotor exam. New graduates from an EMR course seeking initial Idaho EMS licensure
have two (2) years from their date of course completion to successfully complete all components of
the Idaho licensure process and/or NREMT certification (cognitive and psychomotor exams).
Grading of the psychomotor exam is on a Pass/Retest/Fail basis:

1. Candidates must successfully complete all components of the standardized certification exam
   in a twelve (12) month period within twenty-four (24) months of completing an EMS training
course.

2. Candidates are eligible to retest three (3) or less skills when taking a full attempt.

3. Idaho EMS licensure candidates are eligible for up to two (2) retest attempts of the three (3)
   or less skills failed.

4. If offered at the first full attempt exam site, only one (1) retest attempt of each failed skill
   may be completed on the same day. Retests must be completed in an all-or-none fashion. The
   candidate must retest the specific skill(s) failed. The Bureau cannot score or report
   incomplete psychomotor exam attempts. Candidates are not permitted to complete only a
   portion of the skills that need retested. The Bureau does not mandate or guarantee same-day
   retest opportunities at any psychomotor exam site.

5. If a retest attempt is not taken at the full attempt site, the candidate is allowed to complete the
   remaining two (2) retest attempts at a subsequent site and must retest all failed skills.

6. Failure of any skill on the second retest attempt (3rd attempt for that station) constitutes
   complete failure of the entire psychomotor exam.

7. Failure of four (4) or more skills constitutes a complete failure of the entire psychomotor
   exam.

8. An EMR candidate is allowed three (3) full attempts to pass the exam, after which the initial
   EMR course must be successfully completed again before another three (3) attempts are
   allowed.

EMR candidates for Idaho EMS licensure MUST demonstrate an acceptable level of
competency in the following six (6) skills in four (4) stations:

1. **Patient Assessment/Management – Trauma and Bleeding Control/Shock Management**

   All candidates will be required to perform a hands-on, head-to-toe physical assessment and
   voice treatment of a moulaged simulated patient or high-fidelity simulation manikin for a
given scenario. The scenario will also integrate a significant extremity bleed which will
require the hands on treatment for bleeding control and shock management.

   This skill includes:

   a. Scene Size-up
   b. Primary Survey/Resuscitation
   c. History Taking/Secondary Assessment
   d. Reassessment
e. Hands-on assessment
f. Voice-treat all injuries except extremity bleeding, which will require the candidate to appropriately treat the bleed with equipment supplied in the room.

2. **Patient Assessment/Management – Medical**

All candidates will be required to perform a hands-on, head-to-toe physical assessment and voice treatment of a moorage, simulated patient or high-fidelity simulation manikin for a given scenario.

This skill includes:

a. Scene Size-up  
b. Primary Survey/Resuscitation  
c. History Taking/Secondary Assessment  
d. Reassessment

3. **Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient**

All candidates will be required to assemble a regulator to a portable oxygen tank and administer oxygen by non-rebreather mask to an adult patient who is short of breath. All candidates will be required to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. They are required to manually open an airway, suction the mouth and oropharynx, insert an oropharyngeal airway, and ventilate a manikin with a bag-valve-mask device.

4. **Cardiac Arrest Management/AED**

All candidates will be required to integrate CPR skills, perform 2 minutes of 1-person adult CPR, as well as attach and use an AED (including shock delivery) given a scenario of an adult patient found in cardiac arrest.

**Optional Modules Testing**

EMR candidates who are testing on skills identified as optional modules in the EMSPC allowable skills table will be required to test on those skills according to the standards in place for EMT candidates. Note: These skills are not included in the psychomotor exam pass fail criteria used for certification.
EMERGENCY MEDICAL RESPONDER PSYCHOMOTOR TESTING ATTEMPTS

The following chart was designed to assist in tracking the EMR candidate through the psychomotor exam process:

### FIRST FULL ATTEMPT (PSYCHOMOTOR TAKE # 1A): Test six (6) skills

**Pass:** Pass all six (6) skills:
Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam.

<table>
<thead>
<tr>
<th>Retest: Fail three (3) or less skills:</th>
<th>First Retest from First Full Attempt (Psychomotor Take #1R1)</th>
<th>Second Retest from First Full Attempt (Psychomotor Take #1R2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
<td>Test the three (3) or less skills failed on Take #1A:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pass valid for 12 months</td>
<td>Test the skill(s) failed on Take #1R1:</td>
</tr>
<tr>
<td></td>
<td>- Retest</td>
<td>- Pass valid for 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fail</td>
</tr>
</tbody>
</table>

**Fail:** Fail four (4) or more skills or fail any skill on a second retest attempt from Take #1R2.

### SECOND FULL ATTEMPT (PSYCHOMOTOR TAKE # 2A): Test six (6) skills

**Pass:** Pass all six (6) skills:
Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam.

<table>
<thead>
<tr>
<th>Retest: Fail three (3) or less skills:</th>
<th>First Retest from Second Full Attempt (Psychomotor Take #2R1)</th>
<th>Second Retest from Second Full Attempt (Psychomotor Take #2R2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
<td>Test the three (3) or less skills failed on Take #2A:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pass valid for 12 months</td>
<td>Test the skill(s) failed on Take #2R1:</td>
</tr>
<tr>
<td></td>
<td>- Retest</td>
<td>- Pass valid for 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fail</td>
</tr>
</tbody>
</table>

**Fail:** Fail four (4) or more skills or fail any skill on a second retest attempt from Take #2R2.

### THIRD FULL ATTEMPT (PSYCHOMOTOR TAKE # 3A): Test six (6) skills

**Pass:** Pass all six (6) skills:
Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam

<table>
<thead>
<tr>
<th>Retest: Fail three (3) or less skills:</th>
<th>First Retest from Second Full Attempt (Psychomotor Take #2R1)</th>
<th>Second Retest from Second Full Attempt (Psychomotor Take #3R2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
<td>Test the three (3) or less skills failed on Take #3A:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pass valid for 12 months</td>
<td>Test the skill(s) failed on Take #3R1:</td>
</tr>
<tr>
<td></td>
<td>- Retest</td>
<td>- Pass valid for 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fail</td>
</tr>
</tbody>
</table>

**Fail:** Fail four (4) or more skills or fail any skill on a second retest attempt from Take #3R2.

Candidate must complete a new, state-approved Emergency Medical Responder Training Program.
EMT Psychomotor Exam Results and Retest Policy

EMT candidates are required to complete seven (7) skills as described below when taking a full attempt of the psychomotor exam. Candidates are eligible for up to three (3) full attempts of the psychomotor exam. New graduates from an EMT course seeking initial Idaho EMS licensure or NREMT certification have two (2) years from their date of course completion to successfully complete all components of the Idaho licensure process and/or NREMT certification (cognitive and psychomotor exams). Grading of the psychomotor exam is on a Pass/Retest/Fail basis:

1. Candidates must successfully complete all components of the standardized certification exam in a twelve (12) month period within twenty-four (24) months of completing an EMS training course.

2. EMT candidates are eligible to retest three (3) or less skills when taking a full attempt.

3. The Bureau does not mandate or guarantee same-day retest opportunities at any psychomotor exam site. If offered, only one (1) retest attempt may be completed on the same day as the full exam. Retests must be completed in an all-or-none fashion. The candidate must retest the specific skill(s) failed. The Bureau cannot score or report incomplete psychomotor exam attempts. Candidates are not permitted to complete only a portion of the skills that need retested.

4. If a retest attempt is not taken at the full attempt site, the candidate is allowed up to two (2) retest attempts at a subsequent site and must retest all failed skills.

5. Failure of any skill on the second retest attempt constitutes complete failure of the entire psychomotor exam.

6. EMT candidates who fail four (4) or more skills have failed the entire psychomotor exam.

7. An EMT candidate is allowed three (3) full attempts to pass the exam, after which 24 hours of remedial education must be successfully completed before another three (3) attempts are allowed.

EMT candidates for Idaho EMS licensure MUST demonstrate an acceptable level of competency in the following seven (7) skills in six (6) stations:

1. **Patient Assessment/Management – Trauma**

   All candidates will be required to perform a hands-on, head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high-fidelity simulation manikin for a given scenario.

   This skill includes:

   a. Scene Size-up
   b. Primary Survey/Resuscitation
   c. History Taking/Secondary Assessment
   d. Reassessment
2. **Patient Assessment/Management – Medical**

All candidates will be required to perform a hands-on, head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high-fidelity simulation manikin for a given scenario.

This skill includes:

a. Scene Size-up  
b. Primary Survey/Resuscitation  
c. History Taking/Secondary Assessment  
d. Reassessment

3. **Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient**

All candidates will be required to assemble a regulator to a portable oxygen tank and administer oxygen by non-rebreather mask to an adult patient who is short of breath. All candidates will be required to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. They are required to manually open an airway, suction the mouth and oropharynx, insert an oropharyngeal airway, and ventilate a manikin with a bag-valve-mask device.

4. **Cardiac Arrest Management/AED**

All candidates will be required to integrate CPR skills, perform 2 minutes of 1-person adult CPR, as well as attach and use an AED (including shock delivery) given a scenario of an adult patient found in cardiac arrest where no bystanders are present.

5. **Spinal Immobilization (Supine Patient)**

All candidates will be required to immobilize an adult patient who is found supine with a suspected unstable spine injury using a long spine immobilization device. An EMT Assistant will be provided and the candidate is responsible for the direction and subsequent actions of the EMT Assistant.

6. **Random EMT Skills**

All candidates will be evaluated over one (1) of the following EMT skills chosen at random. An EMT Assistant will be provided and the candidate is responsible for the direction and subsequent actions of the EMT Assistant:

a. **Spinal Immobilization (Seated Patient)** - Candidates will be required to immobilize an adult patient who is found seated with a suspected unstable spine injury using a short spine immobilization device. An EMT Assistant will be provided and the candidate is responsible for the direction and subsequent actions of the EMT Assistant.

b. **Bleeding Control/Shock Management** – Candidates will be required to assess and treat an extremity bleed that is uncontrolled by direct pressure.
c. Long Bone Immobilization – Candidates will be required to assess, stabilize and splint a long-bone extremity fracture. An EMT Assistant will be provided and the candidate is responsible for the direction and subsequent actions of the EMT Assistant.

d. Joint Immobilization – Candidates will be required to assess, stabilize and splint a joint dislocation. An EMT Assistant will be provided and the candidate is responsible for the direction and subsequent actions of the EMT Assistant.

Optional Modules Testing

EMT candidates who are testing on skills identified as optional modules in the EMSPC allowable skills table will be required to test on those skills according to the standards in place for AEMT candidates. Note: These skills are not included in the psychomotor exam pass fail criteria used for certification.
The following chart was designed to assist in tracking the EMT candidate through the psychomotor exam process:

<table>
<thead>
<tr>
<th>First Full Attempt (Psychomotor Take #1A):</th>
<th>Test seven (7) skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass:</strong> Pass all seven (7) skills:</td>
<td>Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>Retest:</strong> Fail three (3) or less skills:</td>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>First Retest from First Full Attempt (Psychomotor Take #1R1):</strong></td>
<td>Test the three (3) or less skills failed on Take #1A: -Pass valid for 12 months -Retest</td>
</tr>
<tr>
<td><strong>Second Retest from First Full Attempt (Psychomotor Take #1R2):</strong></td>
<td>Test the skill(s) failed on Take #1R1: -Pass valid for 12 months -Fail</td>
</tr>
<tr>
<td><strong>Fail:</strong> Fall four (4) or more skills or fail any skill on a second retest attempt from Take #1R2.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Full Attempt (Psychomotor Take #2A):</th>
<th>Test seven (7) skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass:</strong> Pass all seven (7) skills:</td>
<td>Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>Retest:</strong> Fail three (3) or less skills:</td>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>First Retest from Second Full Attempt (Psychomotor Take #2R1):</strong></td>
<td>Test the three (3) or less skills failed on Take #2A: -Pass valid for 12 months -Retest</td>
</tr>
<tr>
<td><strong>Second Retest from Second Full Attempt (Psychomotor Take #2R2):</strong></td>
<td>Test the skill(s) failed on Take #2R1: -Pass valid for 12 months -Fail</td>
</tr>
<tr>
<td><strong>Fail:</strong> Fall four (4) or more skills or fail any skill on a second retest attempt from Take #2R2.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Full Attempt (Psychomotor Take #3A):</th>
<th>Test seven (7) skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass:</strong> Pass all seven (7) skills:</td>
<td>Passed psychomotor results remain valid for up to twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>Retest:</strong> Fail three (3) or less skills:</td>
<td>Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than two (2) years from course completion and/or twelve (12) months from the date of the exam.</td>
</tr>
<tr>
<td><strong>First Retest from Second Full Attempt (Psychomotor Take #3R1):</strong></td>
<td>Test the three (3) or less skills failed on Take #3A: -Pass valid for 12 months -Retest</td>
</tr>
<tr>
<td><strong>Second Retest from Second Full Attempt (Psychomotor Take #3R2):</strong></td>
<td>Test the skill(s) failed on Take #3R1: -Pass valid for 12 months -Fail</td>
</tr>
<tr>
<td><strong>Fail:</strong> Fall four (4) or more skills or fail any skill on a second retest attempt from Take #2R2. Candidate must complete 24 hours of remedial education.</td>
<td></td>
</tr>
</tbody>
</table>

© 2013 by the Idaho Bureau of Emergency Medical Services & Preparedness
Psychomotor Exam Accommodations

All candidates must complete the psychomotor exam in the same standardized format. The presentation of any skill may not be altered to accommodate a candidate’s request without first obtaining approval from the Bureau. The Bureau Exam Administrator is not authorized to individually make any determination for accommodation of the psychomotor exam. For example, it is not appropriate to move the Simulated Patient in the Patient Assessment/Management – Trauma skill from the floor to an exam table at the candidate’s request because the candidate is physically unable to bend down and assess a patient found lying on the floor. The psychomotor exam is intended to present simulated patients with realistic situations that approximate the candidate’s ability to function in the out-of-hospital environment. The Bureau Exam Administrator and all Skill Examiners must remain vigilant for any situation that may alter the normal presentation of any skill other than that which is intended throughout the psychomotor exam. When in doubt, contact the Bureau Exam Administrator for assistance.

Quality Assurance Committee Procedure

The Quality Assurance Committee is responsible for the following:

1. Review and rendering of official and final decisions for all candidate complaints.

2. Review and rendering of official and final decisions in cases where a specific performance, treatment protocol, or other situations arise in which the Bureau needs assistance to objectively make a final determination.

The Quality Assurance Committee will only consist of an uninvolved evaluator, Exam Coordinator, and the Bureau Exam Administrator. Likewise, an uninvolved, unbiased person should replace any involved and potentially biased party before the Quality Assurance Committee can begin deliberations. The Bureau Exam Administrator serves as the Chairperson of the Quality Assurance Committee. No Quality Assurance Committee meeting can be held unless all members are present.

After the Bureau Exam Administrator receives a complaint that may be valid, she/he should provide the candidate with the Psychomotor Exam Complaint Form. The candidate will then be permitted adequate time to complete the form for submission to the Committee. The Bureau Exam Administrator should only permit the candidate to file a complaint based upon discrimination or equipment malfunction. Under no circumstances should the Bureau Exam Administrator inform the candidate or anyone else of the candidate’s pass/fail status. Please ask the candidate to remain at the exam site to await the decision of the Committee or if any further questions develop.

The Bureau Exam Administrator should investigate the candidate's concerns and may individually rule on nullifying results without deliberation of the Quality Assurance Committee only if the complaint centers around equipment malfunction.

The guidelines for the Quality Assurance Committee include:

1. The Bureau Exam Administrator should inform the Exam Coordinator when a formal
complaint has been initiated.

2. The Bureau Exam Administrator should notify the involved Skill Examiner that a complaint has been filed and she/he should remain on-site to be interviewed by the Quality Assurance Committee if necessary.

3. The Exam Coordinator should secure a room for the Committee's deliberations.

4. The Committee will meet at a convenient time so as to not delay the remainder of the exam.

5. The Bureau Exam Administrator should acquire the skill evaluation form(s) from the skill(s) in question. Only skills that have been addressed by the candidate in the written complaint should be reviewed.

6. The Bureau Exam Administrator should read the complaint aloud exactly as written. The Committee should then come to consensus as to the validity of the complaint. The Committee should determine the necessity to interview the Skill Examiner and/or the candidate. If interviews of both parties are required, they should be conducted separately.

7. A majority vote rules as the official decision of the Quality Assurance Committee and each member of the committee has one vote. After all facts have been gathered and disclosed, the Quality Assurance Committee should vote to determine one of the following outcomes:
   a. To nullify the results of the skill(s) in question regardless of the score, and repeat the skill(s).
   b. The complaint is not valid after consideration of the facts and all results in question stand as reported.

8. **THE RESULTS OF ANY SKILL, EITHER PASS OR FAIL, CANNOT BE CHANGED BY THE BUREAU EXAM ADMINISTRATOR, QUALITY ASSURANCE COMMITTEE, OR ANY OTHER INDIVIDUAL. THE ONLY OUTCOMES ARE OUTLINED IN "7a" AND "7b" ABOVE.**

9. Any candidate whose results have been nullified should be examined again by a different Skill Examiner.

10. The Quality Assurance Committee should complete the Quality Assurance Committee Report for submission to the Bureau.
ESSAYS TO SKILL EXAMINERS
EMR Patient Assessment/Management – Trauma, Bleeding Control/Shock Management

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multi-systems trauma. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation skill sheet and voice-treat all injuries except an extremity bleed that is not controlled with direct pressure. The evaluator will complete two (2) evaluation skill sheets on each candidate in this station.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

As you welcome a candidate into the room and read the “Instructions to the Psychomotor Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to...
overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and the scenario information are read, the time limit starts when the candidate turns around and begins to approach the Simulated Patient.

Candidates are required to perform a scene size-up just as she/he would in a field setting. When asked about the safety of the scene, you must indicate that the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step “Determines the scene/situation is safe” and the related “Critical Criteria” statement must be checked and documented as required. Because of the limitations of moulage and the ability of the Simulated Patient, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated 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 Simulated Patient's face, you must ask what she/he is checking to precisely determine if she/he was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, “You see frothy blood bubbling from that wound and you hear noises coming from the wound site.” You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, “The injury you just exposed is a sucking chest wound.”

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments she/he has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step “Takes vital signs” has been placed in the “Primary Survey/Resuscitation” section of the skill sheet. This should not be construed as the only place that vital signs may be assessed; it is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multi-system trauma patient. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route and an accurate BP should be obtained by sphygmomanometer during reassessment transport of the Simulated Patient.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a physiological miracle by improving the Simulated Patient too much at too early a step. If, on the other hand, no treatments or inappropriate treatments are rendered, you should supply clinical
information representing a deteriorating patient. However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.

Because all treatments are voiced, a candidate may forget what she/he has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, “You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?” This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the Bureau Exam Administrator for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the “Secondary Assessment” when appropriate within the sequence of the “Primary Survey/Resuscitation.” For example, it is acceptable for the candidate who, after appropriately opening and evaluating the Simulated Patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar and buttocks area into the “Primary Survey/Resuscitation” sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the “Primary Survey/Resuscitation”. These areas have been denoted by ** on the skill evaluation form in the “Secondary Assessment” section. However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step “Considers stabilization of the spine”, mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions arise later.

Upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that both simulated partners are available during transport. You should stop the candidate promptly when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when she/he completes the skill. If the candidate has not voiced
transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. You should program the high-fidelity simulation manikin or live simulated patient according to the scenario provided by the Bureau.

Be sure to program your Simulated Patient or high-fidelity simulation manikin to respond as a real patient would, given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age, and of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. All Simulated Patients should wear shorts or a swimsuit, as she/he will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the exam by providing for more fair and accurate evaluation of the candidates. Please be conscientious of your Simulated Patient’s fatigue throughout the exam. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the exam from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the exam. For the comfort of the Simulated Patient, a mat may be used on hard floors.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today’s exam. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as would a real patient of a similar multi-trauma situation. The Skill Examiner will help you understand your appropriate responses for today’s scenario. For example, the level of respiratory distress that you should act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the exam. As each candidate progresses through the skill, please be aware of any time that she/he touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a Simulated Patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as she/he moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless she/he orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate’s performance after she/he leaves the room.
When you need to leave the exam room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the exam. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

**Equipment List**

Do not open this skill for testing until the Bureau Exam Administrator has provided you with an approved trauma scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the exam:

- Exam gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.
Welcome to the Patient Assessment/Management - Trauma skill station. In this skill, you will have twelve (12) minutes to perform your assessment, treat a significant extremity bleed and voice-treat all other conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following a demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

Skill Examiner now reads “Mechanism of Injury” from prepared scenario and begins 12 minute time limit.
EMT Patient Assessment/Management – Trauma

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multi-systems trauma. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation skill sheet. However, all interventions should be verbalized instead of physically performed.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

As you welcome a candidate into the room and read the “Instructions to the Psychomotor Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that
screens the Simulated Patient from view also works well. After all instructions and the scenario information are read, the time limit starts when the candidate turns around and begins to approach the Simulated Patient.

Candidates are required to perform a scene size-up just as she/he would in a field setting. When asked about the safety of the scene, you must indicate that the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step “Determines the scene/situation is safe” and the related “Critical Criteria” statement must be checked and documented as required. Because of the limitations of moulage and the ability of the Simulated Patient, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated 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 Simulated Patient's face, you must ask what she/he is checking to precisely determine if she/he was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments she/he has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs that are provided with the scenario should serve as a baseline for acceptable changes in the Simulated Patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step “Takes vital signs” has been placed in the “Primary Survey/Resuscitation” section of the skill sheet. This should not be construed as the only place that vital signs may be assessed; it is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multi-system trauma patient. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route and an accurate BP should be obtained by sphygmomanometer during reassessment transport of the Simulated Patient.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a physiological miracle by improving the Simulated Patient too much at too early a step. If, on the other hand, no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.
Because all treatments are voiced, a candidate may forget what she/he has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, “You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?” This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the Bureau Exam Administrator for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the “Secondary Assessment” when appropriate within the sequence of the “Primary Survey/Resuscitation”. For example, it is acceptable for the candidate who, after appropriately opening and evaluating the Simulated Patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar and buttocks area into the "Primary Survey/Resuscitation" sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Survey/Resuscitation." These areas have been denoted by ** on the skill evaluation form in the “Secondary Assessment” section. However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step “Considers stabilization of the spine”, mark the appropriate statement under “Critical Criteria” and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions arise later.

Upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that both simulated partners are available during transport. You should stop the candidate promptly when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when she/he completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under “Critical Criteria” on the evaluation form and document this omission.
You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. You should program the high-fidelity simulation manikin or live simulated patient according to the scenario provided by the Bureau.

Be sure to program your Simulated Patient or high-fidelity simulation manikin to respond as a real patient would, given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately, given the scenario just as a real patient would. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. The person prepared Simulated Patient should not change for the duration of the exam without authorization of the EMS Bureau Exam Administrator. The use of very small children as Simulated Patients is not permitted in this skill. All Simulated Patients should wear shorts or a swimsuit, as she/he will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the exam by providing for more fair and accurate evaluation of the candidates. Please be conscientious of your Simulated Patient’s fatigue throughout the exam. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the exam from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the exam. For the comfort of the Simulated Patient, a mat may be used on hard floors.

**Information for the Simulated Patient**

Thank you for serving as the Simulated Patient at today’s exam. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as would a real patient of a similar multi-trauma situation. The Skill Examiner will help you understand your appropriate responses for today’s scenario. For example, the level of respiratory distress that you should act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the exam. As each candidate progresses through the skill, please be aware of any time that she/he touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a Simulated Patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as she/he moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless she/he orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate’s performance after she/he leaves the room.
When you need to leave the exam room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moorage injuries. A blanket will be provided for you to keep warm throughout the exam. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until the Bureau Exam Administrator has provided you with an approved trauma scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the exam:

- Exam gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and voice-treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following a demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

[Skill Examiner now reads “Mechanism of Injury” from prepared scenario and begins 10 minute time limit.]
Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient or a high-fidelity simulation manikin, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the candidate’s questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.
This skill requires the presence of a live, programmed, Simulated Patient or a high-fidelity simulation manikin. The scenario that you develop must contain enough information for the candidate to form a general impression of the Simulated Patient’s condition. Additionally, the Simulated Patient should remain awake and able to communicate with the candidate throughout the scenario. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the exam. You should ensure the Simulated Patient reads the “Information for the Simulated Patient” provided at the end of this essay. The person prepared for the Simulated Patient should not change for the duration of the exam without authorization of the EMS Bureau Exam Administrator. You should also role-play the scenario with him/her prior to evaluating the first candidate to ensure familiarization with the approved scenario for today’s exam. Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based upon your expertise and understanding of the patient’s condition.

**Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the Simulated Patient (BP, P and R) using a stethoscope and a blood pressure cuff.**

Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. Depending on the simulated patient, they should be within normal limits. If the candidate reports vital signs outside of normal limits, the evaluator should confirm the vitals after the candidate has left the skill station. Points should be granted if the reported vitals are within the following ranges of the actual vitals:

- Blood pressure: ± 10 mmHg
- Pulse: ± 10 beats per minute
- Respiratory rate: ± 5 breaths per minute

After the candidate measures the actual vital signs of the Simulated Patient, you may need to inform the candidate of the adjusted vital signs based upon the approved testing scenario for the exam.

As you welcome a candidate into the room and read the “Instructions to the Psychomotor Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information are read, the time limit starts when the candidate turns around and begins to approach the Simulated Patient.

Candidates are required to evaluate the scene just as she/he would in a field setting. When asked about the safety of the scene, you should indicate that the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step “Determines the scene/situation is safe” and the related “Critical Criteria” statement should be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you should establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the candidate to explain his/her actions. For example, if the candidate stares at
the Simulated Patient’s face, you should ask what she/he is checking to precisely determine if she/he was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged, but would be immediately evident in a real patient (sucking chest wound, paradoxically moving chest, etc.) should be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses should not be leading, but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, “You see pink, frothy sputum coming from the patient’s mouth as she/he coughs.” You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but may be difficult to moulage. An unacceptable response would be merely stating, “The patient is experiencing heart failure.”

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient’s condition in accordance with the treatments she/he has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the Simulated Patient’s vital signs based upon the candidate’s treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided.

You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a physiological miracle by improving the Simulated Patient too much at too early a step. If, on the other hand, no treatments or inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. However, do not deteriorate the Simulated Patient to the point where she/he can no longer communicate with the candidate.

Two (2) simulated EMS assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what she/he has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the back of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, “Please assess this Simulated Patient as you would a real patient in the out-of-hospital setting.” This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the candidate’s directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the Bureau Exam Administrator for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, after completing the “Primary Survey/Resuscitation” and determining that the patient does not require immediate and rapid transport, the steps listed in the “History Taking/Secondary Assessment” section may be completed in any number of acceptable sequences. If the mechanism of injury suggests potential spinal compromise, immediate and continuous cervical spine precautions should be taken. If not, deduct the point for the step, “Considers stabilization of spine”, mark the appropriate statement under "Critical Criteria" and document your rationale as required.
We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate’s assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the “Primary Survey/Resuscitation”, the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the candidate who chooses to immediately transport the critical patient to continue his/her “Secondary Assessment” while awaiting arrival of the EMS vehicle. Be sure to remind the candidate that both simulated partners are also available. You should stop the candidate promptly after she/he completes a verbal report to an arriving EMS unit or when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when she/he completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today may also be used as the Simulated Patient. You should program the high-fidelity simulation manikin or live simulated patient with the following parameters in mind:

- There must be a clearly defined nature of the illness. The patient or a bystander should be able to communicate relevant information to the candidate when asked.

- The patient’s chief complaint must be clearly related to the nature of the illness.

- The history of the present illness, past medical history, and physical findings in the affected body systems must be related to the chief complaint and nature of the illness.

- Vital signs should be prepared that represent the usual findings in a patient with these pathologies.

Be sure to program your Simulated Patient or high-fidelity simulation manikin to respond as a real patient would, given all conditions listed in the scenario that you have prepared. Also, make sure the Simulated Patient acts, moves, and responds appropriately, given the scenario just as a real patient would. You may need to confirm a portion of the candidate’s performance with the Simulated Patient to help ensure a thorough and complete evaluation. All Simulated Patients should be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients should also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient should also be wearing shorts or a swimsuit, as she/he will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated
Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the patient’s skin is moist. Remember, realistic and accurate moulage improves the quality of the exam by providing a more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today’s exam. In this exam, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc., which you act out should be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would. The Skill Examiner will help you understand your appropriate responses for today’s scenario.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately, given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today’s scenario before any candidate enters your room for testing. The Skill Examiner will be role-playing several practice sessions with you to help you become comfortable with your roles today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Examiner will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. It is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so she/he may assess various areas of your body. For example, if the candidate asks you to sit up so she/he may assess your back, please sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate’s performance after she/he leaves the room.

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

Equipment List

Do not open this skill for testing until the Bureau has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment should also be available and you should ensure that it is working adequately throughout the exam:

- Exam gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scratch paper and pencil/pen
- Scissors
- Blanket
- Tape (for outer garments)
This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and voice-treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, should be obtained from the Simulated Patient just as you would in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

[Skill Examiner now reads “Entry Information” from approved scenario and begins 15 minute time limit.]
Oxygen Administration by Non-Rebreather Mask

and

Bag-Valve-Mask Ventilation of an Apneic Adult Patient

Essay to the Skill Examiners

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

Oxygen Administration by Non-rebreather Mask

This skill is designed to test the candidate’s ability to correctly assemble the equipment needed to administer supplemental oxygen in the out-of-hospital setting. A two (2) minute time period is provided for the candidate to check and prepare any equipment she/he feels necessary before the actual timed evaluation begins. The candidate will then have five (5) minutes to assemble the oxygen delivery system and deliver an acceptable oxygen flow rate to a patient using a non-rebreather mask.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

When the actual timed evaluation begins, the candidate 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 or regulator leaks as well as assuring a tight mask.
seal to the patient’s face. If any leak is found and not corrected, you should deduct the point, check the related “Critical Criteria” and document the actions. You should do the same if the candidate cannot correctly assemble the regulator to the oxygen tank or operate the regulator and delivery device in a safe and acceptable manner.

Oxygen flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills verification of oxygen administration by non-rebreather mask, oxygen flow rates of at least 10 liters per minute are acceptable. Once the oxygen flow rate has been set, you should direct the candidate to stop his/her performance and end the skill.

The equipment needed for these skills is listed below. The oxygen tank must be fully pressurized for this skill (air or oxygen) and the regulator/flow meter must be functional. The Simulated Patient may be a live person or a manikin. However, the manikin must be anatomically complete and include ears, nose and mouth.

**Bag-Valve-Mask Ventilation of an Apneic Adult Patient**

In this skill, the candidate will have five (5) minutes to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The patient is found supine and unresponsive on the floor. The adult manikin must be placed and left on the floor for this skill. If any candidate insists on moving the patient to a different location, you should immediately dismiss the candidate and notify the Bureau Exam Administrator. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment she/he feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately assess the patient’s responsiveness and breathing for at least 5 seconds but no more than 10 seconds, in accordance with 2010 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should then inform the candidate that the patient is unresponsive and there are no signs of breathing. After requesting additional EMS assistance, the candidate should check for a carotid pulse for at least 5 seconds, but no more than 10 seconds. You should then inform the candidate that a weak carotid pulse of 60 beats per minute is present.

The candidate should next open the patient's airway and assess for breathing. Immediately you should inform the candidate that she/he observes secretions and vomitus in the patient’s mouth. The candidate should attach the rigid suction catheter to the suction unit and operate the equipment correctly to suction the patient’s mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each candidate’s ability to suction a patient properly. If the suctioning attempt is prolonged and/or excessive, you should check the related “Critical Criteria” and document the exact amount of time the candidate suctioned the patient. After suctioning is complete, you should then inform the candidate that the mouth and oropharynx are clear. Candidate must complete this step within 30 seconds of taking body substance isolation precautions.

The candidate should then initiate ventilation using a bag-valve-mask device unattached to supplemental oxygen. A candidate may choose to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient. The point for this step is explained on the skill evaluation form (denoted by **). It is acceptable to insert an
oropharyngeal airway prior to ventilating the patient with either room air or supplemental oxygen. You must inform the candidate that no gag reflex is present when she/he inserts the oropharyngeal airway.

After the candidate begins ventilation, you must inform the candidate that ventilation is being performed without difficulty. It is acceptable to re-check the pulse at this point while ventilations continue. The candidate should also call for integration of supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. You should now take over BVM ventilation while the candidate gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the exam. To assist in containing costs of the psychomotor exam, and empty oxygen tank used may be used for this skill. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

After supplemental oxygen has been attached, the candidate must oxygenate the patient by ventilating at a rate of 10 – 12 ventilations/minute with adequate volumes of oxygen-enriched air. Ventilation rates in excess of 12/minute have been shown to be detrimental to patient outcomes. It is important to time the candidate for at least one (1) full minute to confirm the proper ventilation rate. It is also required that an oxygen reservoir (or collector) be attached. Should the candidate connect the oxygen without such a reservoir or in such a way as to bypass its function, she/he will have failed to provide a high percentage (at least 85 percent) of supplemental oxygen. You must mark the related statement under “Critical Criteria” and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. For the purposes of this evaluation form, a proper volume is defined as ventilation that causes visible chest rise. Be sure to ask the candidate, “How would you know if you are delivering appropriate volumes with each ventilation?” Be sure to document any incorrect responses and check any related “Critical Criteria” statements. After the candidate ventilates the patient with supplemental oxygen for at least one (1) minute, you should stop the candidate’s performance.

Throughout this skill, the candidate should take or verbalize appropriate body substance isolation precautions. At a minimum, exam gloves must be provided as part of the equipment available in the room. Masks, gowns, and eyewear may be added to the equipment for these skills but are not required for evaluation purposes in order to help contain costs of the psychomotor exam. If the candidate does not protect himself/herself with at least gloves before touching the patient or attempts direct mouth-to-mouth ventilation without a barrier, appropriate body substance isolation precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria” and document the candidate's actions as required.
Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the exam. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, etc.) before accepting a candidate for evaluation:

- Exam gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator:
  - One must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask.
  - A second empty oxygen cylinder may be used to test bag-valve-mask ventilation of an apneic adult patient.
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing
- Various supplemental oxygen delivery devices (adult nasal cannula, adult non-rebreather mask with reservoir, etc.)
- Stethoscope
- Tongue blade
INSTRUCTIONS TO THE CANDIDATE FOR OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

A 45 year old male is short of breath. His lips are cyanotic and he is confused. You have five (5) minutes to administer oxygen by non-rebreather mask.
This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

**You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized.** I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe and no hemorrhage or other immediate problem is found. You have five (5) minutes to complete this skill.
Cardiac Arrest Management/AED

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This station is designed to test the candidate’s ability to effectively manage an unwitnessed out-of-hospital cardiac arrest by integrating scene management skills, CPR skills, and usage of an AED. The candidate arrives on scene to find an apneic and pulseless adult patient who is lying on the floor. The manikin must be placed and left on the floor for this skill. This is an unwitnessed cardiac arrest scenario and no bystander CPR has been initiated. After performing 5 cycles of 1-rescuer adult CPR, the candidate is required to utilize an AED as she/he would at the scene of an actual cardiac arrest. The scenario ends after the first shock is administered and CPR is resumed.

After arriving on the scene, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should then assess the patient for signs of breathing. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations, the candidate should next assess the carotid pulse. This pulse check must take at least five (5) but no more than ten (10) seconds. As soon as pulselessness is verified, the candidate should immediately begin chest compressions. The candidate should request additional EMS assistance after determining that the patient is in cardiac arrest and CPR has been initiated. All actions performed must be in accordance with the current American Heart Association (AHA) Guidelines for CPR and Emergency Cardiovascular Care. Any candidate who elects to perform any other intervention or assessment
causing delay in chest compressions has not properly managed the situation. You should check the related “Critical Criteria” and document the delay.

Each candidate is required to perform 2 minutes of 1-rescuer CPR. Because high-quality CPR has been shown to improve patient outcomes from out-of-hospital cardiac arrest, you should watch closely as the candidate performs CPR to assure adherence to the current recommendations:

- Adequate compression depth and rate
- Allowing the chest to recoil completely
- Correct compression-to-ventilation ratio
- Adequate volumes for each breath to cause visible chest rise
- No interruptions of more than 10 seconds at any point

After 5 cycles or 2 minutes of 1-rescuer CPR, the candidate should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the candidate should verbally direct the second rescuer who has arrived on scene to resume chest compressions. The candidate should then retrieve the AED, power it on, follow all prompts and attach it to the manikin. Even though an AED trainer should be used in this skill, safety should still be an important consideration. The candidate should make sure that no one is touching the patient while the AED analyzes the rhythm. The AED should then announce, “Shock advised” or some other similar command. Each candidate is required to operate the AED correctly so that it delivers one shock for verification purposes. As soon as the shock has been delivered, the candidate should direct a rescuer to immediately resume chest compressions. At that point, the scenario should end and the candidate should be directed to stop. Be sure to follow all appropriate disinfecting procedures before permitting the next candidate to use the manikin and complete the skill.

Please realize the Cardiac Arrest Management/AED Skill is device-dependent to a degree. Therefore, give each candidate time for familiarization with the equipment in the room before any evaluation begins. You may need to point out specific operational features of the AED, but are not permitted to discuss patient treatment protocols or algorithms with any candidate. Candidates are also permitted to bring their own equipment to the psychomotor exam. If any enter your skill carrying their own AED, be sure that the Bureau Exam Administrator has approved it for testing and you are familiar with its appropriate operation before evaluating the candidate with the device. You should also be certain that the device will safely interface with the manikin. The manikin must be placed on the floor in this skill. It is not permissible to move the manikin to a table, bed, etc. This presentation most closely approximates the usual EMS response to out-of-hospital cardiac arrest and will help standardize delivery of the psychomotor exam. If any candidate insists on moving the manikin to a location other than the floor, you should immediately request assistance from the Bureau Exam Administrator.

### Equipment List

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. The manikin must be placed and left on the floor for this skill. Live shocks must be delivered if possible. If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as
best as possible. The following equipment must also be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies
This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient’s response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

[After an appropriate time period or when the candidate informs you she/he is familiar with the equipment, the Skill Examiner continues reading the following:]

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor. There are no bystanders present.
Spinal Immobilization (Supine Patient)

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate the candidate’s ability to immediately protect and immobilize the Simulated Patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. The Simulated Patient will present lying on his/her back, arms straight down at his/her side, and feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone or other unusual positions. The presenting position of the Simulated Patient must be identical for all candidates.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

The candidate will be required to treat the specific, isolated problem of a suspected unstable spine. Primary and secondary assessments of airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate fails to check any of these functions in any extremity, a zero must be awarded for this step in the “Points Awarded” column.
There are various long spine immobilization devices utilized in the EMS community. The evaluation form was designed to be generic so it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available for this skill, specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher. The candidate may choose to bring a device with which she/he is familiar. The Bureau must approve this device and you must be familiar with its proper use before evaluation of the candidate begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well she/he immobilizes and protects the Simulated Patient's spine, not on what immobilization device is used.

The candidate must, with the help of an EMT Assistant and the Skill Examiner, move the Simulated Patient from the ground onto the long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device (i.e. logroll, straddle slide, etc.). You should not advocate one method over the others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT Assistant should control the head and cervical spine while the candidate and evaluator move the Simulated Patient upon direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

This skill requires that an assistant EMT be present during the evaluation. Candidates are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT 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 Patient.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of children as Simulated Patients is not permitted in this skill. The Simulated Patient should be briefed on his/her role in this skill. You may use comments from the Simulated Patient about spinal movement in the scoring process as long as she/he is certified at the level of EMT or higher.

**Equipment List**

Do not open this skill station for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Long spine immobilization device (long board, etc.)
• Head immobilizer (commercial or improvised)
• Cervical collar (appropriate size)
• Patient securing straps (6-8 with compatible buckles/fasteners)
• Blankets
• Padding (towels, cloths, etc.)
• Tape
This skill is designed to evaluate your ability to provide spinal immobilization to a supine patient using a long spine immobilization device. You arrive on the scene with an EMT Assistant. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient’s vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a long spine immobilization device. When moving the Simulated Patient to the device, you should use the help of the assistant EMT and me. The assistant EMT should control the head and cervical spine of the Simulated Patient while you and I move the Simulated Patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?
Spinal Immobilization (Seated Patient)

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate will be required to appropriately apply any acceptable half-spine immobilization device on a seated patient and verbalize movement of the Simulated Patient to a long backboard.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

The candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. A live Simulated Patient who is an adult or adolescent who is at least sixteen (16) years of age is required in this skill. The Simulated Patient must be of average adult height and weight. The use of children as Simulated Patients is not permitted in this skill. The Simulated Patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The Simulated Patient will not
present slumped forward or with the head held in any grossly abnormal position. The position of the Simulated Patient must be identical for all candidates.

The primary survey as well as the reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate has immobilized the seated patient, simply ask him/her to verbally explain all key steps she/he would complete while moving the Simulated Patient to the long backboard. The candidate may check motor, sensory, and circulatory functions at anytime during the procedure without a loss of points. However, if she/he fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the "Points Awarded" column for this step. The related “Critical Criteria” statement would also need to be checked and documented as required.

You should have various half-spine immobilization devices collected in the testing room that represent those devices utilized in the local EMS system (KED, XP-1, OSS, half spine board, Kansas board, etc.) or other accepted devices. It is required that at least one (1) rigid wooden or plastic half-spine board and one (1) commercial vest-type immobilization device with all other associated immobilization equipment provided by the manufacturer be available in this room. You are responsible to check that all equipment listed is present and in proper working order (not too frayed or worn, all buckles and straps are present, etc.). The candidate may choose to bring a device with which she/he is familiar and the Bureau must approve these devices. You must also be familiar with the proper use of these devices before any evaluation of the candidate can occur. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation skill sheet was designed to be generic in order to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. Manufacturer instructions should describe the order in which the straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to generically verify a candidate's competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the candidate’s technique and a reasonable standard of judgment should guide you when determining if the device was appropriately secured to the torso before the head was placed in the device. You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or inappropriately fastened to the Simulated Patient.

A trained EMT Assistant will be present in the skill station to assist the candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for the actions that she/he directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT Assistant would in the field. No unnecessary movement of the Simulated Patient's head will be tolerated, nor is it meant to be a part of this exam.
However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual, neutral, in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the Simulated Patient. The candidate should also verbally describe how she/he would move and secure the Simulated Patient to the long backboard.

The Simulated Patient should be briefed on his/her role in this skill and act as a calm patient would if this were a real situation. You may question the Simulated Patient about spinal movement and overall care in assisting with the evaluation process after the candidate completes his/her performance and exits the room.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) assistant EMT is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

* It is required that the skill include one (1) plain wooden or plastic half board with tape, straps, blankets, and cravats as well as one (1) common vest-type device (complete). Additional styles and brands of devices and equipment may be included as a local option.
This skill is designed to evaluate your ability to provide spinal immobilization to a sitting patient using a half-spine immobilization device. You arrive on the scene of an auto crash with an EMT Assistant. The scene is safe and there is only one (1) patient. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant. Transferring and immobilizing the Simulated Patient to the long backboard should be described verbally. You have ten (10) minutes to complete this skill. Do you have any questions?
Bleeding Control/Shock Management

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and recording each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate the candidate’s ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill 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 arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of children as Simulated Patients is not permitted in this skill. The Simulated Patient will present with an arterial bleed from a severe laceration of the extremity. Simple moulage may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each
interval as the Simulated Patient’s condition changes. It is essential, due to the purpose of this skill that the Simulated Patient’s condition does not deteriorate to a point where CPR would need to be initiated; this skill is not designed to evaluate CPR skills.

The scenario provided in this essay is an example of an acceptable scenario for this skill. It is not intended to be the only possible scenario for this skill. Variations of the scenario are possible and should be utilized in order to reduce the possibility of candidates knowing the scenario before entering this skill. If the scenario is changed for the exam, 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 Simulated Patient must present signs and symptoms of hypoperfusion.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related “Critical Criteria” statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/80, P 118, R 30).

**Equipment List**

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.
This skill is designed to evaluate your ability to control hemorrhage. This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the Simulated Patient’s condition. You will be required to manage the Simulated Patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

Scenario:

You respond to a stabbing and find a 25-year-old (male/female) patient. Upon examination, you find a two (2) inch stab wound to the inside of the right arm at the antecubital fossa. Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. (His/Her) airway is open and (she/he) is breathing adequately. Do you have any questions?
Long Bone Immobilization

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary survey. The Simulated Patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity (specifically a suspected fracture of the radius, ulna, tibia, or fibula). You should alternate injury sites throughout today’s exam.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient’s airway, breathing, and central circulation do not need to be tested during this skill. The candidate will be required to check motor, sensory, and circulatory functions 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 should not be available for use.
The candidate is required to secure the entire injured extremity after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard 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 one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° 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 that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

**Equipment List**

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant EMT is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape
This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the ________________ (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient’s airway, breathing, and central circulation is not necessary in this skill. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?
Joint Immobilization

Essay to the Skill Examiner

Thank you for serving as a Skill Examiner at today’s exam. Before you read the specific essay for the skill you should review these general responsibilities as a Skill Examiner:

- Conduct exam-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the Simulated Patient conducts himself/herself in a similar manner throughout the exam.

- Objectively observe and record each candidate’s performance.

- Provide consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the Bureau. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Record, total, and document all performances as required on all skill evaluation forms.

- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.

- Check all equipment, props, and moulage prior to and during the exam.

- Brief the Simulated Patient for the assigned skill.

- Maintain security of all issued exam material during the exam and ensure the return of all material to the Bureau.

This skill is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim and that a suspected shoulder injury is discovered during the secondary survey. The Simulated Patient will present with the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe.

As the evaluator, you are responsible for controlling access to the testing area. Only personnel authorized by the Bureau Exam Administrator are allowed in the testing station during the exam. No part of the exam may be electronically recorded or observed unless authorized.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient’s airway, breathing, and central circulation do not need to be tested during this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available in this skill is a sling and swathe. Any other splint, including a
long backboard, may not be used to complete this skill. If a candidate asks for a long backboard, simply inform the candidate that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the exam:

- Exam gloves
- Cravats (6) to be used as a sling and swathe
This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the ________________ (left, right) shoulder is discovered during the secondary survey. Continued assessment of the patient’s airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this skill.
Appendix A: Signs for Skill Stations
PATIENT ASSESSMENT/ MANAGEMENT – TRAUMA
PATIENT ASSESSMENT/MANAGEMENT – MEDICAL
OXYGEN ADMINISTRATION

BY

NON-REBREATHER

MASK

and

BAG-VALVE-MASK VENTILATION

OF AN APNEIC ADULT PATIENT
CARDIAC ARREST MANAGEMENT/AED
SPINAL IMMOBILIZATION (SUPINE PATIENT)
SPINAL IMMOBILIZATION
(SEATED PATIENT)
BLEEDING
CONTROL/SHOCK
MANAGEMENT
LONG BONE IMMobilization
JOINT IMMOBILIZATION
Appendix B: Equipment Lists
EMR Patient Assessment/Management – Trauma/BWS

☐ Exam gloves
☐ Moulage kit or similar substitute
☐ Outer garments to be cut away
☐ Penlight
☐ Blood pressure cuff
☐ Stethoscope
☐ Scissors
☐ Blanket
☐ Tape (for outer garments)
☐ A live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized, may also be used as the Simulated Patient.
☐ Field dressings (various sizes)
☐ Bandages (various sizes)
☐ Tourniquet (commercial or improvised)
☐ Oxygen cylinder with delivery system (tank may be empty)
☐ Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
☐ Gauze pads (2x2, 4x4, etc.)
☐ Kling, Kerlex, etc.

EMT Patient Assessment/Management – Trauma

☐ Exam gloves
☐ Moulage kit or similar substitute
☐ Outer garments to be cut away
☐ Penlight
☐ Blood pressure cuff
☐ Stethoscope
☐ Scissors
☐ Blanket
☐ Tape (for outer garments)
☐ A live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized, may also be used as the Simulated Patient.

Patient Assessment/Management – Medical

☐ Exam gloves
☐ Moulage kit or similar substitute
☐ Outer garments to be cut away
☐ Watch with second hand
☐ Penlight
☐ Blood pressure cuff
☐ Stethoscope
☐ Scissors
☐ Blanket
☐ Tape (for outer garments)
☐ A live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which she/he will be exposed. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized, may also be used as the Simulated Patient.

Oxygen Administration by Non-rebreather Mask and Bag-Valve-Mask Ventilation of an Apneic Adult Patient

☐ Exam gloves (may also add masks, gowns, and eyewear)
☐ Intubation manikin (adult)
☐ Bag-valve-mask device with reservoir (adult)
☐ Oxygen cylinder with regulator:
  ▪ One oxygen cylinder must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask.
  ▪ A second empty oxygen cylinder may be used to test BVM ventilation of an apneic adult patient.
☐ Oxygen connecting tubing
☐ Selection of oropharyngeal airways (adult)
☐ Selection of nasopharyngeal airways (adult)
☐ Suction device (electric or manual) with rigid catheter and appropriate suction tubing
☐ Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
☐ Stethoscope
☐ Tongue blade

Cardiac Arrest Management/AED

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. The manikin must be placed and left on the floor for this skill. Live shocks must be delivered if possible. If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as best as possible. The following equipment must also be available and you must ensure that it is working adequately throughout the exam:

☐ Exam gloves
☐ Mouth-to-barrier device (disposable)
☐ Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
☐ CPR manikin that can be defibrillated with an AED Trainer
☐ Appropriate disinfecting agent and related supplies
Spinal Immobilization (Supine and Seated Patient)

- Exam gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Half-spine immobilization device * (wooden or plastic)
- Vest-type immobilization device *
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Tape (2” or 3” adhesive)
- Blankets (2)

* It is required that the skill include one (1) plain wooden or plastic halfboard with tape, straps, blankets, and cravats as well as one (1) common vest-type device (complete). Additional styles and brands of devices and equipment may be included as a local option.

Bleeding Control/Shock Management

- Exam gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

Long Bone Immobilization

- Exam gloves
- Rigid Splint materials (various sizes)
- Rollar guaze
- Cravats (6)
- Tape

Joint Immobilization

- Exam gloves
- Cravats (6) to be used as a sling or swathe
Appendix C: Psychomotor Exam Report Form
**EMR SKILLS**

1. Patient Assessment/Management – Trauma
2. Bleeding Control/Shock Management
3. Patient Assessment/Management – Medical
4. Oxygen Administration by Non-rebreather Mask
5. BVM Ventilation of an Apneic Adult Patient
6. Cardiac Arrest Management/AED

**Optional Module Testing: Circle Those Tested**
- Spinal Immobilization: Supine or Seated
- Extremity Splinting: Long Bone or Joint

**YOUR OVERALL RESULTS TODAY ARE:**
- PASS
- RETEST
- FAIL

- You are eligible to retest if you fail three (3) or less skills when taking a full attempt.
- You cannot retest today if you fail four (4) or more skills when taking a full attempt.
- If you are eligible for retest, you must retest all skill(s) previously marked as failed.
- Only one (1) retest attempt can be completed at this exam today if one is offered.
- Failure of any skill on retest attempt #2 constitutes complete failure of the entire psychomotor exam.
- Failure of the entire psychomotor exam requires remedial training before attempting the entire psychomotor exam (all six [6] skills) on another date.
- Passed exam results are only valid for up to twelve (12) months from the date of the exam.

**SIGNATURE OF STATE EMS OFFICIAL:** __________________________

**COMMENTS:** ________________________________________________

__________________________________________________________________

__________________________________________________________________
CANDIDATE’S STATEMENT

By my signature, I affirm that I have completed an Idaho approved EMR course and have been oriented to the psychomotor exam by the Bureau Exam Administrator. I agree to fully abide by all policies of the Bureau of Emergency Medical Services & Preparedness and the National Registry of Emergency Medical Technicians (NREMT). I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today’s exam does not guarantee my eligibility for certification by the NREMT or subsequent state licensure.

I affirm that the psychomotor exam complaint process has been explained to me. I understand that I must contact the Bureau Exam Administrator immediately if I feel I have been discriminated against or if I have experienced any type of equipment malfunction in any skill. I further understand that my complaints will not be accepted if I do not file my complaints today before leaving this site and before I am informed of my psychomotor exam results. I understand that the Bureau will not explain any specific errors in my performance. All exam results are preliminary and unofficial until they have been formally processed by the Bureau.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this exam. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the Bureau and the NREMT in conjunction with all of my previously reported official psychomotor exam results. I also understand that making threats toward the Bureau Exam Administrator or any exam staff; the use of unprofessional (foul) language; or committing other types of irregular behavior may be sufficient cause to invalidate the results of the exam, to terminate participation in an ongoing exam, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today’s exam, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

SIGNATURE: ______________________________________ DATE: _______________
Exam Date: __________________  Exam Site: __________________________________________
Candidate Last Name: ______________________  First Name: ______________  Middle Initial: ___
Address: _____________________________________  State: __________  ZIP Code: ___________
City: _______________________________________

Are you only retesting three (3) or less skills today?

<table>
<thead>
<tr>
<th>EMT SKILLS</th>
<th>RESULTS OF FULL ATTEMPT</th>
<th>RESULTS OF RETEST #1</th>
<th>RESULTS OF RETEST #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Assessment/Management – Trauma</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>2. Patient Assessment/Management – Medical</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>3. Oxygen Administration by Non-rebreather Mask</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>4. BVM Ventilation of an Apneic Adult Patient</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>5. Cardiac Arrest Management/AED</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>6. Spinal Immobilization (Supine Patient)</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>7. Random EMT Skills: Test one (1) of the following:</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Spinal Immobilization (Seated Patient)</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Bleeding Control/Shock Management</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Long Bone Immobilization</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Joint Immobilization</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
</tbody>
</table>

YOUR OVERALL RESULTS TODAY ARE:

- PASS
- RETEST
- FAIL

- You are eligible to retest if you fail three (3) or less skills when taking a full attempt.
- You cannot retest today if you fail four (4) or more skills when taking a full attempt.
- If you are eligible for retest, you must retest all skill(s) previously marked as fail.
- Only one (1) retest attempt can be completed at this exam today if one is offered.
- Failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor exam.
- Failure of the entire psychomotor exam requires remedial training before attempting the entire psychomotor exam (all seven [7] skills) on another date.
- Passed exam results are only valid for up to twelve (12) months from the date of the exam.

SIGNATURE OF STATE EMS OFFICIAL: ________________________________________

COMMENTS: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

© 2013 by the Idaho Bureau of Emergency Medical Services & Preparedness
CANDIDATE’S STATEMENT

By my signature, I affirm that I have completed an Idaho approved EMT course and have been oriented to the psychomotor exam by the Bureau Exam Administrator. I agree to fully abide by all policies of the Bureau of Emergency Medical Services & Preparedness and the National Registry of Emergency Medical Technicians (NREMT). I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today’s exam does not guarantee my eligibility for certification by the NREMT or subsequent state licensure.

I affirm that the psychomotor exam complaint process has been explained to me. I understand that I must contact the Bureau Exam Administrator immediately if I feel I have been discriminated against or if I have experienced any type of equipment malfunction in any skill. I further understand that my complaints will not be accepted if I do not file my complaints today before leaving this site and before I am informed of my psychomotor exam results. I understand that the Bureau will not explain any specific errors in my performance. All exam results are preliminary and unofficial until they have been formally processed by the Bureau.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this exam. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the Bureau and the NREMT in conjunction with all of my previously reported official psychomotor exam results. I also understand that making threats toward the Bureau Exam Administrator or any exam staff; the use of unprofessional (foul) language; or committing other types of irregular behavior may be sufficient cause to invalidate the results of the exam, to terminate participation in an ongoing exam, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today’s exam, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

SIGNATURE: ____________________________________________  DATE: ________________