

ARKANSAS DEPARTMENT OF HEALTH
SECTION OF EMERGENCY MEDICAL SERVICES

Psychomotor Skills Exam Evaluator Manual



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Important Information for Exam Coordinators

Thank you for your interest in hosting an Emergency Medical Technician (EMT) psychomotor examination. We are pleased to provide you with this copy of the ARKANSAS's Emergency Medical Technician Psychomotor Examination Users Guide. This comprehensive manual details the suggested aspects of coordinating an EMT psychomotor examination and is designed to assist you in planning for all related aspects of the examination. Additional information concerning EMS licensure for EMTs is located at www.healthy.arkansas.gov/ems. This material consists of skills presented in a scenario-type format to approximate the abilities of the Arkansas EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the National EMS Education Standards and Instructional Guidelines for the Emergency Medical Technician; the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current American Heart Association guidelines for Basic Life Support for Healthcare Providers (BLS) that are updated as necessary. The suggested process outlined is a formal verification of the candidate's "hands-on" abilities and knowledge, rather than a teaching, coaching, or remedial training session. Candidates should also be warned that they assume all risks and consequences of testing inappropriate skills if testing at a site where their name was not read as part of the official examination roster.

This manual describes all suggested aspects related to coordinating an EMT psychomotor examination. As an Examination Coordinator, you assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this licensure process is directly dependent upon your thorough familiarization with all of the material contained herein. We are committed to assist you to help ensure that all candidates who attend your examination site will be tested in a fair, consistent, objective, and impartial manner in accordance with all suggested policies and procedures of an Arkansas approved psychomotor examination.

Equipment

The Examination Coordinator is responsible for obtaining and setting-up the various skills on the day prior to the scheduled psychomotor examination if possible. If it is not possible to set-up all skills the day before the psychomotor examination, the Examination Coordinator must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed. An equipment list for the psychomotor examination is at the end of each skill essay in this manual to help with psychomotor examination coordination. Additionally,

each Skill Examiner will need a watch with a second hand, pen, copy of the respective “Essay to Skills Examiner,” and a supply of skill evaluation forms to document each candidate’s performance. A sufficient supply

of the EMT Psychomotor Report Form will also need to be available so that each candidate’s results may be tabulated and reported.

Facilities for the Psychomotor Examination

The Examination Coordinator is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination should provide the following;

1. Adequate space 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 examination.
4. Adequate and effective heating, cooling, ventilation, and lighting.
5. A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open.
6. Adequate restroom facilities, a drinking fountain and adequate parking with reasonable access to the examination site.
7. Adequate space for the Skill Examiners Orientation to the Psychomotor Examination, including any Simulated Patients. This space should visually and audibly **prohibit** observation by the candidates.
8. Adequate security of all examination materials during the examination.
9. Skills should be appropriately posted or marked. One set of signs and skill sheets are at the end of the manual.
10. A table and chair in each room for Skill Examiners. The Examination Coordinator may also want to provide each Skill Examiner with a clipboard and a pen to assist with documenting all performances. Each Skill Examiner should also have a copy of the appropriate essay and a sufficient supply of skill evaluation forms on which to document all performances.

11. A secure room adjacent to the skills with one or several large tables that will facilitate tabulation and reporting of the psychomotor examination results.

Personnel required to conduct an Arkansas Psychomotor Skills Exam

Please note that this applies to a maximum of 15 candidates. The training site must provide one complete testing station (State approved evaluator, assistants and equipment) for every 15 candidates.

Note: If more than 15 candidates are to be tested, you need to double the Psychomotor

Skills Stations

Patient Assessment (Medical and Trauma)

1. Two (2) trained Lay Evaluators or one (1) licensed EMS Instructor to evaluate Patient Assessment
2. Distribute appropriate instructions to Lay Evaluator for reference during the EMT Psychomotor Skills examination
3. Return and replace in manual at the end of evaluation.

Spinal Immobilization - Supine (Long Spine Board)

1. One (1) trained Lay Evaluators to evaluate Spinal Immobilization.
2. Distribute appropriate instructions to Lay Evaluator for reference during the EMT Psychomotor Skills examination
3. Return and replace in manual at the end of evaluation.

Random Skill (One of the following chosen at random by student)

(Long Bone, Traction, Bleeding Control, BVM, Cardiac AED, Joint Immobilization or Traction)

1. One (1) licensed EMS Instructor, one (1) Lay Evaluator with Their BLS Instructor card, or two (2) Lay Evaluators to evaluate Random Skill.
2. Distribute appropriate instructions to Lay Evaluator for reference during the EMT Psychomotor Skills examination
3. Return and replace in manual at the end of evaluation.

EMT Assistants

Two (2) persons must be selected to serve as the EMT Assistant for the Spinal Immobilization (Supine Patient) and Random EMT Skills. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates testing. EMT 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 EMT Assistants for the psychomotor examination. If you combine the Spinal Immobilization (Supine Patient) and Random EMT Skills into one skill to reduce the number of staff, the flow of the exam will be significantly reduced.

Selection of Simulated Patients

Four (4) persons should be selected to serve as Simulated Patients for the psychomotor examination. 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 Skills. 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 EMS-related personnel and we suggest using certified EMS professionals as a minimum for all Simulated Patients. If the patient is familiar with EMS procedures, he/she 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 symptoms 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.

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.

Please be aware of Simulated Patient fatigue throughout the examination. If large numbers of candidates are anticipated, you may also want to consider securing additional Simulated Patients for the examination even if skills have not been duplicated. For the comfort of the Simulated Patient a mat may be used on hard floors.

Running an Efficient Psychomotor Examination

The psychomotor examination consists of four skills (PA Trauma and Medical, Long spine board plus one Random Skill). Each skill is designed to approximate the out-of-hospital setting by presenting realistic situations that the 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.

It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates. It is best to schedule the Skill Examiners Orientation (including all Simulated Patients) one-half (½) to one (1) hour before scheduling candidates to arrive at the examination 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 examination; and time to individually address any areas in question before actual evaluation of any candidate begins. **If this is the first EMT psychomotor examination you have coordinated, we strongly advise permitting one (1) full hour for the Skill Examiners Orientation before requiring candidates to arrive at the examination site.**

After the Skill Examiners have been oriented, the State EMS Official or approved agent should meet with all candidates registered for the examination and provide the candidates with an orientation to the psychomotor examination. All candidates should complete any additional required paperwork before beginning the examination. The candidate orientation process to the psychomotor examination should take approximately twenty (20) to thirty (30) minutes

At this point, actual evaluation of the candidates can begin. We have found that a 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 examination-related information, and provides the Examination Coordinator with immediate feedback on the progress of the examination at any time. You will be visiting all skills as the psychomotor examination begins to ensure fairness, consistency, and adherence to all requirements for the examinations. You will observe the interaction between all Skill Examiners and candidates during actual evaluation to help ensure the evaluations are in accordance with the examination criteria. You should ensure that candidates do not discuss specific examination information throughout the examination. Coordinator is responsible for prohibiting 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; this should be dealt with immediately.

Candidates perhaps understand the flow through the psychomotor if it is explained that the psychomotor examination will be conducted like a mass casualty incident exercise. There is a staging area in which all candidates should wait. A single Staging Officer is responsible for directing all candidates to treat various patients. Each skill 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. By using a completed copy of the examination reservation list (see Appendix A), the Staging Officer can check-off and keep a running tally of skills completed by each candidate. Several break cards should also be available to control the number of candidates on break at any given time.

Administration of the Psychomotor Examination

The Coordinator should initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to the approved examination criteria.

The Coordinator should observe each Skill Examiner during an actual evaluation of a candidate to detect errors in Skill Examiner "objectivity" while observing and recording the candidate's performance in accordance with approved examination criteria. If any errors are detected, the coordinator should then thoroughly brief the Skill Examiner as to what constitutes "objectivity". Coordinator should continue observing the Skill Examiner to ensure that the problem has been corrected. This process is to ensure that all Skill Examiners are conducting their skills in accordance with approved policy and procedure before the results can be scored and same-day retests are offered.

Instructor/Coordinator should critically review all skill evaluation forms the Skill Examiner has completed up until that point. The State EMS Official or approved agent should be especially cautious for:

- Any areas on the form that the Skill Examiner left blank.
- Comments written by the Skill Examiner do not support the points awarded or deducted.
- Areas of confusion or contradiction.
- Total score is incorrect

If there are any errors or omissions, the Instructor/coordinator should discuss these findings with the Skill Examiner for explanation, clarification, and correction. If it is determined that the Skill Examiner made any errors in scoring, the Skill Examiner should make any necessary corrections to the evaluation form and initial any changes he/she makes. The Instructor/coordinator should observe him/her for the next evaluation until the situation has been corrected before moving on to check the next skill. Reviewing the completed documentation will help provide many clues to any difficulty the Skill Examiner may have. Therefore, it is best to leave all completed skill evaluation forms in the room until the instructor/coordinator has managed to visit every Skill Examiner and review his/her documentation and conduct.

The "Essay to the Skill Examiners" was developed to work in conjunction with the skill evaluation form. Often times confusing documentation and alterations in the delivery of the skill is the direct result of not thoroughly reading the essay. Make sure that the Skill Examiner's

documentation, points awarded, and “Critical Criteria” support rather than contradict each other. There are hundreds of harmful actions that could occur which relate to relatively few “Critical Criteria” statements. Has the Skills Examiner deducted any points that may relate to potentially harmful care but not checked and documented the related “Critical Criteria” statement? If so, you should question the Skills

Examiner to provide clarification and direct the Skills Examiner to make any necessary corrections to the skill evaluation form. The better the Skill Examiner knows the information in the essay, the better he/she will be prepared to answer questions and provide clarification. As a general rule, the answer to the vast majority of questions that arise during the psychomotor skill can be found in the respective essay.

General Responsibilities

The State EMS Official or approved agent is responsible for the following to help ensure a smooth-flowing examination:

The State EMS Official or approved agent, Examination Coordinator, Skill Examiners, and all other staff must conduct all aspects of the examination in a courteous and professional manner at all times.

The State EMS Official or approved agent is responsible for showing up **promptly** and beginning the examination at the scheduled time without causing delay.

The State EMS Official or approved agent must ensure that all candidates complete the psychomotor examination in the same standardized format. Administration of any part of the examination in any manner different than other candidates constitutes an examination accommodation. All Basic Level examinations are administered by the State EMS Office or approved agents. Candidates need to contact the State EMS Office for information about requesting accommodations. **You are not authorized to make any determination for accommodations at the examination site.** You must notify the State EMS Office immediately if any such requests are received at the examination site.

The State EMS Official or approved agent must inspect all facilities for the psychomotor examination to ensure their adequacy. All facilities must be in compliance with those outlined under the “Facilities for the Psychomotor Examination” section of this manual.

The State EMS Official or approved agent is responsible for controlling and overseeing administration of the psychomotor examination.

The State EMS Official or approved agent is responsible for appropriately dealing with cases of dishonesty or any other irregular occurrences during administration of the psychomotor examinations.

The State EMS Official or approved agent is responsible for calling the roll of all registered candidates for the psychomotor examinations and appropriately recording the candidate’s attendance

The State EMS Official or approved agent is responsible for overseeing and controlling all related aspects of psychomotor examination administration.

The State EMS Official or approved agent is responsible for orienting all candidates to the psychomotor examination by reading all printed instructions

The State EMS Official or approved agent is responsible for assuring identity of all candidates for the psychomotor examination with an official form of photo identification (government-issued identification, such as a driver's license).

The State EMS Official or approved agent is responsible for orienting all Skill examiners to the psychomotor examination by reading all printed instructions.

The State EMS Official or approved agent must ensure that all Skill Examiners and other staff conduct themselves in a professional manner throughout the examination.

The State EMS Official or approved agent must initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to state-approved criteria.

The State EMS Official or approved agent oversees administration of the complaint procedure and acts as a member of the Grievance Committee.

The State EMS Official or approved agent is responsible for dealing with instances of any irregular behavior during the examination, such as threats made towards any staff (including all personnel who are assisting with administration of the EMT psychomotor examination), the use of unprofessional (foul) language, or any other irregular behavior that may occur in connection with the administration of the examination that is not consistent with the normal expected behavior for EMS professionals.

The State EMS Official or approved agent determines the need for and possibility of administering a same-day retest and all associated logistics in conjunction with the Examination Coordinator.

The State EMS Official or approved agent may add and enter the total points on forms that were not tallied by the Skill Examiner as long as points for all steps have been recorded by the Skill Examiner. The State EMS Official or approved agent must determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill.

The State EMS Official or approved agent must contact the Skill Examiner for explanation, clarification, and correction when the examiner has left any areas of the form blank, if comments written by the Skill Examiner do not support the points awarded or deducted, or any other areas of confusion or contradiction exist. If it is determined that the examiner made any errors in scoring, the Skill Examiner must make any necessary corrections to the evaluation form and initial any changes he/she makes.

If at any point the State EMS Official or approved agent is uncomfortable with the objectivity of any Skill Examiner, the State EMS Official or approved agent must again observe the Skill Examiner until you are satisfied that the skill is being conducted within ARKANSAS guidelines.

The State EMS Official or approved agent must transcribe all results onto the EMT Psychomotor Examination Report Form based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest.

The State EMS Official or approved agent is not permitted to change a score. The only permissible action by anyone in relationship to final scores is nullification following the procedure outlined in the Grievance Procedure or at the discretion of the Section of EMS.

If candidates are being informed of their unofficial psychomotor examination results at the site, the State EMS Official or approved agent must privately inform each candidate individually of his/her psychomotor examination results.

The State EMS Official or approved agent may only show the candidate the completed EMT Psychomotor Examination Report Form and must in no way inform the candidate of any specific reason(s) for failure.

EMT Psychomotor Examination Skills

All skills have been developed in accordance with the current EMS Education Standards 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 examination 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 should not be discussed with any candidate.

The candidate is cautioned that all forms were designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved Emergency Medical Technician program and were not designed as "teaching" forms. To fully understand the whys, how's 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 examination.

Emergency Medical Technician candidates should demonstrate an acceptable level of competency in the following skills:

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 modulated 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 modulated simulated patient or high fidelity simulation manikin for a given scenario. This skill includes:

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

3. Spinal Immobilization (Supine Patient)

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

4. 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 also responsible for the direction and subsequent actions of the EMT Assistant:

- a. Spinal Immobilization (Seated Patient)
- b. Bleeding Control/Shock Management
- c. Long Bone Immobilization
- d. Joint Immobilization
- e. BVM Ventilation of Apneic Adult Patient
- f. Cardiac Arrest Management/AED
- g. Traction Splint

EMT Psychomotor Examination Results

ARKANSAS candidates are required to complete four (4) skills as described above when taking a full attempt of the psychomotor examination. Candidates are eligible for up to **two (2) full attempts** of the psychomotor examination, provided all other “Entry Requirements” of Arkansas

are met. New graduates from an EMT course seeking initial Arkansas licensure have no more than two (2) years from their date of course completion to successfully complete all components of the Arkansas licensure process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis:

1. Passed Arkansas examination results are valid for up to twelve (12) months from the date of the examination, provided all other “Entry Requirements” of Arkansas are met.
2. Arkansas candidates are eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than twelve (12) months from the date of the examination, provided all other Arkansas “Entry Requirements” are met.
3. If offered, only one (1) retest attempt 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. Arkansas cannot score or report incomplete psychomotor examination attempts. Candidates are not permitted to complete only a portion of the skills that need retested. **Arkansas does not mandate or guarantee same-day retest opportunities at any Arkansas psychomotor examination site.**
4. Failure of any skill on the second retest attempt (practical #3) constitutes complete failure of the entire psychomotor examination.
5. Arkansas candidates who fail the entire psychomotor examination must submit official documentation of remedial education to the State EMS Office before attempting the entire psychomotor examination (all skills) on their next full attempt of the psychomotor examination, provided all other “Entry Requirements” of Arkansas are met. This official documentation must be signed by the EMT Training Program Director or Instructor which verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills.

Please note that the State EMS Office reserve the right to nullify and invalidate scores from any Arkansas psychomotor examination that does not meet acceptable criteria for validation of equivalent psychomotor competencies outlined herein.

Psychomotor Examination Accommodations

All candidates must complete the psychomotor examination 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 State EMS Office. The State EMS Official or approved agent is not authorized to individually make any determination for accommodation of the psychomotor examination. For example, it is not appropriate to move the Simulated Patient in the Patient Assessment/Management – Trauma skill from the floor to an examination 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 examination is intended to present simulated patients with realistic

situations that approximate the candidate's ability to function in the out-of-hospital environment. The State EMS Official or approved agent 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 examination. When in doubt, contact the State EMS Office for assistance.

Late Arrivals

Situations such as inclement weather conditions or ambulance runs are typical examples in which the candidate may be granted permission to begin the psychomotor examination late. If admitted into the examination, candidates arriving late must be afforded the opportunity to complete all of the psychomotor examination he/she needs. **No candidate may be permitted to complete only a portion of the psychomotor examination he/she needs.** If you can ensure the candidate will be able to complete all portions of the psychomotor examination he/she needs, you must orient the candidate to the psychomotor examination in the usual manner before permitting him/her to start the examination. If the facility cannot ensure that the candidate will be able to complete all portions of the psychomotor he/she needs, the candidate must be dismissed from the psychomotor examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

Interruption of the Psychomotor Examination

Once the examination has started, if a candidate withdraws from the examination for any reason prior to completion, collect the candidate's skill evaluation materials in the usual manner and report any results completed up until that point (**If a candidate states he/she wishes to withdraw from the exam after completion of any skill (s). Inform the candidate that his/her withdrawal constitutes a fail of entire psychomotor exam.**) You should write a note of explanation on the candidate's report form in the section for "Comments" below your signature.

Despite the Examination Coordinator's best planning, an interruption outside of anyone's control may disturb a candidate who is taking the psychomotor examination. An excessive interruption in a room where a candidate is attempting to complete a skill is an example of an interruption that could affect the candidate's concentration. In this circumstance, the State EMS Official or approved agent should use his/her best judgment and nullify the result if necessary if you believe the interruption adversely impacted the candidate's performance.

Fire Alarms

Perhaps the most severe form of interruption during the psychomotor examination can occur when the fire alarm sounds for a fire drill or the electricity goes off in the building. Should this occur, the State EMS Official or approved agent, Skill Examiners, and Examination Coordinator must secure all examination materials until you are able to re-enter the building or power is restored. If necessary, you should nullify results for candidates testing in skills when the interruption occurred and permit him/her to restart and complete that skill on his/her initial attempt after order is restored in the examination site. These are general guidelines for dealing with the rare interruptions of psychomotor examinations. Should you ever be confronted with such a situation, use your best judgment in consultation with the Exam Coordinator. Your decisions should be

based on ensuring that all candidates were able to complete the psychomotor examination in the same standardized format as all other candidates. Do not make any decision that could potentially jeopardize the health and safety of anyone involved with the examination!

Use of Prohibited Materials

Candidates are not permitted to use notes of any type that were brought into the examination and they are not permitted to take any study materials into any skill when testing. Candidates must not copy any material from the examination or make recordings of the examination at any time or in any way. The use of calculators, pagers, cellular telephones, personal digital assistants, or any other mechanical or electronic communication device is strictly prohibited throughout the psychomotor examination.

If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate may be dismissed from the examination process by the State EMS Official or approved agent.

If you suspect any candidate of committing any of the above actions, the State EMS Official or approved agent must prepare a written report, paying particular attention to the following criteria:

Identify each suspected candidate by name, identification number, and level of examination.

Identify any other candidate(s) who are also suspected of being involved. Place his/her name(s), identification number(s), and level of examination(s) in the report. Please explain the degree to which the additional candidate(s) was/were cooperating in the misconduct.

Identify the names, addresses, and phone numbers of all Skill Examiners, Simulated Patients, Examination Coordinator, and any other person who also observed the incident.

All completed reports must be submitted to the State EMS Official or approved agent before leaving the site. Each person submitting the report must sign the report.

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, warn the candidate that he/she will be dismissed if the behavior persists.

If any candidate is suspected of giving information about any skill he/she has previously tested the State EMS Official or approved agent must;

1. Immediately suspend administration of the psychomotor examination to all candidates at that site.
2. Interview any candidate suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.

3. Attempt to obtain all copies of such notes or recordings for inspection.

After all materials have been retrieved, all interviews completed, and the State EMS Official or approved agent is reasonably satisfied that all candidates involved have been dismissed, administration of the psychomotor examination may resume at the discretion of the State EMS Office.

Candidates Suspected of Dishonest Action

A written report must be submitted in all suspected cases of dishonesty in the psychomotor examination by the State EMS Official or approved agent in addition to any proctor(s), the Examination Coordinator, and all other personnel who witnessed the occurrence. The report must include the following in the report

- Name, address, and phone number of the person who witnessed the occurrence
- Purpose/function at the examination site
- A summary of all facts concerning the situation

Prior to returning completed examination materials, the State EMS Official or approved agent must clearly mark the EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report.

Dismissal from the Psychomotor Examination

Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a candidate for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a candidate and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or physical reprisal. Prior to making a decision for dismissal, you must consult the Section of EMS Office. You may decide to dismiss when warranted, but you should use your best judgment in handling the situation.

Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward ARKANSAS Office staff or agents; used unprofessional (foul) language when interacting with the State EMS Office staff or agents; attempted to take or took any ARKANSAS examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are sure of a violation, immediately collect all of the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Return all examination materials, indicating on the EMT Psychomotor Examination Report Form that the candidate's results have been subject to misconduct as documented in your incident report.

Reporting Psychomotor Examination Results

The psychomotor examination skill evaluation forms should be totaled by the Skill Examiner. The State EMS Official or approved agent may total the points on forms that have not been added-up as long as the points for each individual step have been entered. The State EMS Official or approved agent should determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill. The State EMS Official or approved agent should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been gained. If the Skill Examiner has left any areas of the form blank, if comments written by the Skill Examiner do not support the points awarded or deducted, or any other areas of confusion exist, the State EMS Official or approved agent should contact the Skill Examiner for a full explanation and clarification. After discussion, if it is determined that the Skill Examiner made any error in scoring, the Skill Examiner should make any necessary adjustments to the evaluation form and initial any changes. If the objectivity of the Skill Examiner is questioned, the State EMS Official or approved agent should again observe the Skill Examiner until he/she again verifies that the skill is being conducted within Section of EMS guidelines.

The State EMS Official or approved agent should transcribe all results onto the EMT Psychomotor Examination Report Form. This may be accomplished at the examination site or following the examination at the discretion of the State EMS Official or approved agent based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the State EMS Official or approved agent in accordance with State EMS Office recommendations (12 months).

The most efficient way to score psychomotor examination results is to lay out the EMT Psychomotor Examination Report Forms in alphabetical order on the tabletop in the secure room. As the individual skill evaluation forms are collected, the State EMS Official or approved agent distributes the sheets by placing them on top of the appropriate candidate's psychomotor report form. As soon as the results are transcribed, the individual skill evaluation form is placed underneath the EMT Psychomotor Examination Report Form. Then as more sheets are collected, the individual skill evaluation forms are placed on top of the appropriate candidate's EMT Psychomotor Examination Report Form. In this way, the only results that must be transcribed are those that are lying on top of the EMT Psychomotor Examination Report Form. This also eliminates the need to constantly shuffle through forms that have already been scored and transcribed.

Be sure the following information has been filled-in by each candidate on the EMT Psychomotor Examination Report Form:

- Examination Date (Month, Day, Year)
- Name
- Address
- Examination Site (Name of Facility, City, State)
- Retesting (Yes or No)
- Legal signature of the candidate and date
- Date (Month/Day/Year)

The State EMS Official or approved agent should be sure to transcribe the psychomotor results onto the EMT Psychomotor Examination Report Form. As you look at the form, you will see three (3) sets of “Pass/Fail” columns in which to transcribe all results (Full Exam; Retest #1, Retest #2). The State EMS Official or approved agent should be careful to fill-in the results for each skill in the appropriate set of columns based upon the candidate’s previous testing history. If unofficial psychomotor examination results are being reported that day, the possible outcomes for the various testing attempts are printed below each respective set of columns. The State EMS Official or approved agent should circle the appropriate outcome of the candidate’s attempt before reporting the unofficial results to the candidate. When reporting these unofficial results, the State EMS Official or approved agent should only show the candidate the completed EMT Psychomotor Examination Report Form and should in no way inform him/her of the specific reasons for failure.

If a same-day retest is administered, use the same EMT Psychomotor Examination Report Form that the candidate fill out during the orientation process rather than having him/her complete another form. The State EMS Official or approved agent should then transcribe the retest results into the next set of columns immediately to the right of where the first set of results was filled-in from that day.

Same Day Retest Considerations

The State EMS Official or approved agent, in conjunction with the Examination Coordinator, may decide to administer a psychomotor examination retest on the same day if permissible under local policies and procedures. The decision should be made as early as possible during the day of the examination. The following factors should be considered:

- Ability of the State EMS Official or approved agent to score all psychomotor results and tabulate retest needs

- Availability of qualified Skill Examiners to be reoriented to different skills. No candidate may be retested on the same day in any skill by the original Skill Examiner.

- Protection of all Skill Examiners and the Examination Coordinator. Unnecessary animosity and undue retribution should be avoided at all costs.

- Total number of candidates who need to retest on the psychomotor exam

- Consensus and ability of the Skill Examiners to stay the additional time to complete all retests

- Availability of the examination site to ensure completion of the retest and associated logistics

- Travel considerations of the State EMS Official or approved agent and Skill Examiners

Do not commit to administer a same-day retest until the final decision has been made, taking into account the factors outlined above. After the decision has been made to conduct a same-day retest, all candidates should be informed that a same-day retest will be made available. The State EMS Official or approved agent should inform all candidates that they will be entitled to only one (1) retest attempt at that test. No candidate is permitted to complete the entire EMT Psychomotor Examination again during a same-day retest attempt. The State EMS Official or approved agent should also remind all candidates that no complaint will be valid if it is issued after being informed of his/her results.

The following candidates **would be eligible** for a same-day retest if administered:
EMT candidates completing a full attempt who fail 3 or less skills
EMT candidates on Retest #1 attempt who fail any of the three (3) skills tested

The following candidates are **not eligible** for any same-day retesting:
EMT candidates on Retest #2 who fail any of the three (3) or less skills tested

The following candidates are **encouraged** not to retest:
EMT candidates completing a full attempt who fail four (4) skills

When all complaints have been fully deliberated, the State EMS Official or approved agent should privately and individually inform each candidate of his/her results and offer each eligible candidate the option for a same-day retest if one is being administered. Before informing the candidate of his/her results, the State EMS Official or approved agent should ask one last time, “Do you have any complaints concerning equipment malfunction or discrimination?” If not, the State EMS Official or approved agent should only show candidates the completed EMT Psychomotor Examination Report Form and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion.

Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled. It is the candidate's decision to complete a same-day retest. Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination on the next full attempt after officially documenting remedial training in all skills.

Remember that your retest must be within 12 months of your initial psychomotor examination to be accepted.

Informing candidates of the psychomotor examination results on the same day may create an antagonistic response from the candidates who have failed any portion. The State EMS Official or approved agent and the Examination Coordinator should be made aware of this possibility. If neither is prepared to uphold all evaluations of the Skill Examiners and the criteria for the psychomotor examination, or if candidates become boisterous, unruly, and hostile upon being informed of their results, no same-day retest should be offered. In this situation, it is best to dismiss all remaining personnel from the examination site without giving out any more results. Suspend any retesting if underway, inform all remaining candidates to expect their results by some other method. Collect and secure all examination materials, and dismiss all personnel from the examination site.

Completion of the Psychomotor Examination

The State EMS Official or approved agent will be very busy scoring results, informing candidates of his/her unofficial results, and coordinating any same-day retest as Skill Examiners begin to finish the psychomotor examination and turn-in examination materials. The State EMS Official or approved agent should develop the following habit for collecting psychomotor examination materials to help ensure that no secure materials will be lost:

1. As the Skill Examiner turns-in material, ask yourself, “Is there any secure scenario information this Skill Examiner should be turning-in?” Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical may have secure scenario information that needs to be collected before the Skill Examiner leaves the site.
2. If the Skill Examiner was issued secure scenario information, stop transcribing examination results and re-inventory all secure information the Skill Examiner is turning-in. Immediately file the secure information in a safe area.
3. Start three (3) separate piles of paperwork and file the remaining materials as follows:
 - a. Completed skill evaluation forms
 - b. “Blank” skill evaluation forms
 - c. Essays to the Skill Examiners
4. Briefly interview the Skill Examiner concerning any problems or areas of confusion that may have occurred before dismissing the Skill Examiner.
5. Continue transcribing results until the next Skill Examiner turns-in materials.

After all the results have been transcribed onto the EMT Psychomotor Examination Report Form, the State EMS Official or approved agent should pick up the report forms in alphabetical order and paper clip them to the completed roster. Do not staple anything to the EMT Psychomotor Examination Report Forms and do not interfile any other materials with them. Then the stacks of skill evaluation forms should be picked-up in alphabetical order and secured with a rubber band.

Section
2

End of Course Checklist

Please use the following form as a guide for returning all psychomotor examination materials.

End of Course Materials to Return

This form should be attached to the top of your paperwork. Please place the above materials in the order listed and initial each item acknowledging that those items are enclosed. This will facilitate prompt processing of your paperwork.

End of course paperwork should include:

- _____ **Basic EMT Course Completion letter on training site letterhead.** Check the letter for appropriate signatures; Medical Director, Training Site Representative, Instructor(s), and official class roster of those that completed the course
- _____ **Section of EMS Psychomotor Skills Examination Roster** (All Applicable Fields must be completed)
- _____ **Psychomotor Skills Sheets for all students** (All Applicable Fields must be completed) Any item that is marked with a zero or any critical criteria that is identified must have detailed documentation made in the comments section of the form. Forms that are submitted without any documentation to these areas or if scoring points are left blank, those skill sheets will be considered incomplete and subject to nullification of those results for those students.
- _____ **Unofficial Psychomotor Skills Report Form** (All Applicable Fields must be completed and the appropriate Skill Stations that the Candidates tested and mark with either a “P” or “F”)
- _____ **Return psychomotor skills CEU form in via online process**
- _____ **Grievance Review Forms or Complaint Forms** (If Applicable)

Candidates are only allowed two (2) attempts on their initial test

These materials must be returned within 10 business days following the completion of the psychomotor exam. The Section recommends that you send the packet via UPS, FedEx or U.S. Postal service with a tracking policy in place.

Reminder: Packets returned incomplete may be returned to the instructor for correction and will delay your students’ issuance of their licensure cards.

Thank you for your cooperation with this process. Should you have any questions please feel free to call the Section at 501-661-2262.

Evaluator Orientation for Skills Exam

The State EMS Official or approved agent must read the following to all Skill Examiners and Simulated Patients exactly as written with no additions or adlibbing:

Good [morning, afternoon, evening]. My name is [State EMS Official or approved agent's name]. I will be responsible for administration of this examination. On behalf of the State EMS Office, I would like to thank you for serving as a Skill Examiner today. All data relative to a candidate's performance is based upon your **objective** recordings and observations. You were chosen as an examiner today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed to assist you in objectively evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching, or remedial training. Therefore, you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than me. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form in which you have a question until we have discussed the performance. If I'm busy with other duties, make notes of the performance, notify the examination coordinator to get my attention, and continue on with your evaluation of other candidates if possible.

Please act in a professional manner at all times, paying particular attention to the manner in which you address candidates. Arkansas does not discriminate or harass and it will not tolerate any type of discrimination or harassment by anyone involved with administration of the psychomotor examination. You must be consistent, fair, and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful of the manner in which you address candidates as many will interpret your remarks as some indication of his/her performance. You should develop a dialogue with candidates throughout his/her performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Do not ask for information that does not relate to the evaluation criteria in your skill. For example, if a candidate states, "I'd now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the percentage of oxygen delivered by the device, contraindications to the use of the device, or other knowledge-type information.

You may also have to stimulate a candidate to perform some action. If a candidate states, "I'd do

a quick assessment of the legs," you must interject and ask the candidate to actually perform the assessment as he/she would in a field situation.

We suggest you introduce yourself to each candidate as you call him/her into your room. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. As the candidate enters, be sure he/she did not bring any books, pamphlets, brochures, study materials, calipers, calculators, or any other electronic or mechanical devices. Take a few moments and clearly print the candidate's first and last name on the evaluation form as well as your name, the date, and scenario or set number if required. We suggest you use ink pens and follow good documentation practices when completing these forms. You should then read aloud the appropriate set of "Instructions to the Psychomotor Skills Candidate" exactly as printed at the end of your essays. Be sure to alternate the scenarios between candidates if required in your skill. You may not add to or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to ensure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate enters with any equipment, be sure I have inspected it and you are familiar with its appropriate use prior to evaluating the candidate.

When the candidate begins his/her performance, please document the actual time started (stop watch can be used if one uses the whole time, example: 00:00:00) on the appropriate space of the evaluation form. As the candidate progresses through the skill, fill out the evaluation form in the following manner:

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

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

Please observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the candidate's performance promptly, document the actual time the performance ended, and direct the candidate to move on to the next skill, making sure that no candidate takes any notes or recordings of the skill (notes on vital signs, scenario information, etc.). If the

candidate is in the middle of a step when the time limit is reached, permit him/her to complete only that step but not start another. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all "Critical Criteria" statements printed on the evaluation form and check all that apply to the performance you just observed. **For each of the "Critical Criteria" statements you check, please document your rationale on the reverse side of the evaluation form.** Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check the respective statements. **Document each step of the skill in which zero points were awarded in the same fashion.** Be sure to sign the form in the appropriate space and prepare the equipment and supplies to appear in the same fashion before accepting another candidate into your skill. Are there any questions at this time?

You are responsible for the security of all evaluation materials throughout the examination and must return all materials to me before you leave this site. If you need to take a break, inform the Examination Coordinator or me and secure all evaluation instruments that were issued to you. After you receive your materials, proceed to your skill and check the props, equipment, and moulage to ensure all equipment is available and functioning properly. Please take a moment to look around the room and remove any materials that may assist a candidate with the examination process (charts, posters, algorithms, training materials, etc.). You should orient any Simulated Patients over their roles today. The Simulated Patients should act as a similar patient would in a field situation. Please emphasize the importance of their consistent and professional performance throughout today's examination. **You must read through the essay and instructions, brief your Simulated Patients, program any high fidelity simulation manikins, and review the evaluation form prior to evaluating any candidate.**

Please wait until I have inspected your room and answered any of your specific questions before opening your skill. I will also be visiting all skills during the examination and will try to avoid interference as much as possible. Are there any questions before we dismiss?

The State EMS Official or approved agent distributes all psychomotor examination materials after reading them and dismisses all Skill Examiners and Simulated Patients to the skills stations.

Candidate Orientation for Skills Exam

The State EMS Official or approved agent must read the following to all Skill Examiners and Simulated Patients exactly as written with no additions or adlibbing:

Good [morning, afternoon, evening]. My name is [State EMS Official or approved agent's name]. I will be responsible for administration of this examination. The Examination Coordinator for this test is [Exam Coordinator's name]. On behalf of the Section of EMS, and [Name of Sponsoring Institution], I would like to welcome you here today. I would like to thank [Exam Coordinator] for arranging and securing the facilities and personnel assisting with today's examination. We extend our sincere wishes for your successful completion of this part of the licensure process as an EMT.

I will now read the roster to confirm attendance before we begin the orientation. Please identify yourself when I call your name so that I may record your attendance on the official roster.

State EMS Official or approved agent now calls the roll and marks the roster for attendance (☑if present, "N/S" if no-show).

If I did not call your name, please identify yourself so that I can record your attendance today. I suggest that everyone check with me before leaving this site to compare the skills you think you need to complete with the official roster. It is your responsibility to complete all required skills. The Section of EMS and (name of training facility) are not responsible for your incomplete attempt of the psychomotor examination.

The instructions I am about to give pertain to the psychomotor examination. Please pay close attention as these instructions will not be repeated at a later time.

The Skill Examiners utilized today were selected because of their expertise in the assigned skill. The Skill Examiner is an observer and recorder of your actions. Each Skill Examiner documents your performance in relationship to criteria established by Arkansas Department of Health that adheres to the National EMS Education Standards, AHA Guidelines and the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention.

You will be routed from the staging area when a skill is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. When you get to the room, please knock on the door to let the Skill Examiner know that you are waiting to test. You

are not permitted to take any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices. Any notes you take must be left in the room when you complete the skill. **At this time, all pagers, cellular telephones, personal digital assistants, and similar electronic communication devices must be turned off and locked in your vehicle or other secure area for the duration of the examination.** If you attempt to use any communication device during the examination for any reason whatsoever, you will be immediately dismissed from the remainder of the examination.

As you enter the room, the Skill Examiner will greet you and ask for your first and last name. Please provide the proper spelling of your name so that your results may be reported accurately. The Skill Examiner will then read aloud the "Instructions to the Psychomotor Skills Candidate" exactly as printed on the instructions provided by the State EMS Office. This information is read to each of you in the same manner to ensure consistency and fairness. Please pay close attention to the instructions as they correspond to similar information you might receive on an EMS call and give you valuable information on what will be expected of you during your performance. The Skill Examiner will ask if you understand the instructions and will be happy to repeat any portion if necessary. Please do not ask the Skill Examiner to supply additional information not contained in the instructions as this is not permitted.

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

As you progress through the psychomotor examination, each Skill Examiner will be observing and documenting your performance. Do not let their documentation practices influence your performance. There is no correlation between the volume of their documentation and the quality of your performance. We encourage you to explain the things you are doing within the scope of the time limit. The Skill Examiner may also ask questions for clarification purposes. Simply answer any questions and do not assume they are meant to provide feedback on the quality of your performance.

If the skill has an overall time limit, the examiner will inform you of this during the instructions. When you reach the time limit, the Skill Examiner will direct you to stop your performance. However, if you complete the skill before your allotted time, inform the Skill Examiner that you have finished your performance. As you leave, please remember that you are not permitted to make any copies or recordings of this examination at any time.

Candidates sometimes complain that Skill Examiners are abrupt, cold, or appear unfriendly. No one is here to add to the stress and anxiety you already feel. It is important for you to understand that the Skill Examiners have been instructed to avoid any casual conversation with you. This is necessary to help ensure fair and equal treatment of all candidates throughout the exam. Please recognize this behavior as professional and simply perform the skills to the best of your ability. We have instructed the Skill Examiners not to indicate to you in any way your performance in any skill. Please do not interpret any remarks as an indication of your overall performance and do not seek out the evaluator to ask questions after you have completed the skill.

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

Your official psychomotor results will be reported as pass/fail of each skill by the State EMS Official or approved agent. If you make any errors in your performance, the State EMS Official or approved agent will not explain any specific errors in any performance. The purpose of licensure is to verify achievement of minimal competencies for safe and effective practice. Providing a specific analysis of errors in your performance was the responsibility of the educational program during the learning process and not the licensure process. If you are unsuccessful in any skill today, we recommend that you contact your educational institution for remedial training before attempting to retest. Please remember today's examination is a formal verification process and was not designed to assist with teaching or learning. The Skill Examiners have not played any role in the establishment of pass/fail criteria, but merely observe and document your performance in each skill.

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

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

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. The Quality Assurance Committee comprised of the Physician Medical Director, the Examination Coordinator, and the State EMS Official or approved agent will review your concerns and make a final determination of your complaint.

I am here today to ensure that fair, objective, and impartial evaluations occur in accordance with Arkansas approved policy. If you have any concerns, please notify me immediately to discuss your concerns. I will be visiting all skills throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be accepted.

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

The State EMS Official or approved agent should now distribute the EMT Psychomotor Examination Report Form and instruct the candidates to legibly fill-in the following information:

- Please print the following information legibly on the EMT Psychomotor Skills
- Report Form:
- Training Site Name
- Examination Date (Month, Day, Year)
- Instructor Name
- Examination Site (City, Facility)
- Student Name
- Course Number
- Current Mailing Address
- Are you only retesting three (3) or less skills today?

Notice the skills listed in the chart. If you are taking the entire psychomotor examination today, be sure to complete all (4) skills that are listed. If you are retesting three (3) or less skills today, be sure to check with me before starting your psychomotor examination. **Remember that your retest must be within 12 months of your initial psychomotor examination (all four [4] skills) to be accepted. Whatever the case, it is your responsibility to complete all appropriate skills.**

If you are taking the entire psychomotor examination today, you can fail and be eligible to retest just the skills failed. Remember that examination results are only valid for twelve (12) months from the date of the examination. If you are eligible for retesting, you have two (2) retest attempts to pass the failed skill(s) within that twelve (12) month period. Note that you only need to retest the specific skill(s) failed. For example, if you are here for your first attempt of the psychomotor examination and fail you only need to retest the failed skills. If we conduct a same-day retest today, you must retest all skills that need retested or none at all. We cannot score or report incomplete psychomotor examination attempts. The State EMS Office does not mandate or guarantee same-day retest opportunities at any EMT Psychomotor Examination site. Please note that all results are preliminary and unofficial until they have been formally processed by the Section of EMS (this reminds candidates who the responsible agency is that will be reporting official psychomotor examination results to National Registry).

Lastly, be sure to read the “Candidates Statement” on the back side of the form carefully before signing your legal signature and filling-in today’s date. Please note that unprofessional behavior, such as the use of foul language, making threats, or other types of irregular behavior will not be tolerated and could lead to immediate dismissal and other appropriate actions.

Please come up to turn-in your completed EMT Psychomotor Examination Report Form. **I will need to see some form of identification, such as your driver’s license, as you turn-in these forms.** This would also be a good time to confirm the skills you "think" you need to complete with me before we begin the examination. Please remember to turn off all of your electronic communication devices and lock them in your vehicle or other secure area before we start this examination.

NOTE: The State EMS Official or approved agent should collect all EMT Psychomotor Examination Report Forms at this time and verify the candidate's identity with an official form of photo identification (government issued identification such as a driver's license). If an imposter is discovered, document the occurrence as outlined under the "False Identification" section. Photocopies of any ID are *not* official and should *not* be accepted. If a candidate has no acceptable form of ID and the Examination Coordinator or any other person in an official capacity at the examination site cannot verify his/her true identity, the State EMS Official or approved agent should immediately dismiss the candidate from the psychomotor examination.

False Identification

Following collection of the EMT Psychomotor Examination Report Form after orienting all candidates to the psychomotor examination, if it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the State EMS Official or approved agent must immediately attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to fully indicate that the candidate identified on the EMT Psychomotor Examination Report Form did not actually complete the psychomotor examination. The State EMS Official or approved agent must also dismiss the impersonator from the examination site. A report must be filed to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the true identity of the impersonator if it can be determined.

Photocopies of any ID are not official and will not be accepted. If a candidate has no acceptable form of ID and the Examination Coordinator, Physician Medical Director, or any other person in an official capacity at the examination site cannot verify his/her true identity, the State EMS Official or approved agent must immediately dismiss the candidate from the psychomotor examination

Forms to in assist in preparing for the skills examination

(Name) (Date)

Patient Assessment
Trauma _____ Examiner _____

Patient Assessment
Medical _____ Examiner _____

Spinal Immobilization
LSB _____ Examiner _____

Random Skill (Do only one)
Traction Splint _____ KED _____
Joint Immobilization _____ BVM _____
Bleeding Wounds and Shock _____
Long Bone Splint _____
Cardiac AED _____ Examiner _____

This sheet is for your information. Present it to the examiner in each station.

(Name) (Date)

Patient Assessment
Trauma _____ Examiner _____

Patient Assessment
Medical _____ Examiner _____

Spinal Immobilization
LSB _____ Examiner _____

Random Skill (Do only one)
Traction Splint _____ KED _____
Joint Immobilization _____ BVM _____
Bleeding Wounds and Shock _____
Long Bone Splint _____
Cardiac AED _____ Examiner _____

This sheet is for your information. Present it to the examiner in each station.

(Name) (Date)

Patient Assessment
Trauma _____ Examiner _____

Patient Assessment
Medical _____ Examiner _____

Spinal Immobilization
LSB _____ Examiner _____

Random Skill (Do only one)
Traction Splint _____ KED _____
Joint Immobilization _____ BVM _____
Bleeding Wounds and Shock _____
Long Bone Splint _____
Cardiac AED _____ Examiner _____

This sheet is for your information. Present it to the examiner in each station.

(Name) (Date)

Patient Assessment
Trauma _____ Examiner _____

Patient Assessment
Medical _____ Examiner _____

Spinal Immobilization
LSB _____ Examiner _____

Random Skill (Do only one)
Traction Splint _____ KED _____
Joint Immobilization _____ BVM _____
Bleeding Wounds and Shock _____
Long Bone Splint _____
Cardiac AED _____ Examiner _____

This sheet is for your information. Present it to the examiner in each station.

Sample Routing slips for expediting student flow

EMS Educational Survey

<https://www.surveymonkey.com/s/EMSCourse2012>

Course ID

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EMS Educational Survey

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Course ID

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Section
6

Psychomotor Skills Sheet Error Examples

Date should be the date of the exam (MM/DD/YY), Times should be easy to understand and have an accurate start and end time with the exact time that O2 was administered. Ex. Start 8:00 O2 time 8:03 End 8:10

Name should be easy to read, including first and last name



Emergency Medical Technician Psychomotor Examination
Patient Assessment/Management – Medical



Candidate: John Smith Examiner: [Signature]
Date: 23 Start Time: 8 AM O2 Time: < 2 mi End Time: 8:09

Takes or Verbalizes appropriate body substance isolation	1	1
SCENE SIZE UP		
Determines the scene is safe	1	1
Determines the mechanism of injury/nature of illness	1	0
Determines the number of patients	1	1
Requests additional EMS assistance if necessary	1	0
Considers stabilization of the spine	1	1
PRIMARY SURVEY/RESUSCITATION		
Verbalized general impression of the patient	1	1
Determines responsiveness/Level of Consciousness	1	1
Determines chief complaint/apparent life-threats	1	1
Airway		
<input checked="" type="checkbox"/> Opens and assesses airway	1	1
Breathing		
<input checked="" type="checkbox"/> Assesses adequate ventilation <input checked="" type="checkbox"/> Initiates appropriate Oxygen Therapy	2	2
Circulation		
<input checked="" type="checkbox"/> Checks pulse <input checked="" type="checkbox"/> Assesses skin (either color, temp, or condition)	3	3
<input checked="" type="checkbox"/> Assesses for and controls bleeding	1	1
Identifies patient priority and makes treatment/transport decision.	1	1
HISTORY TAKING		
History of the present illness	6	6
<input checked="" type="checkbox"/> Onset <input checked="" type="checkbox"/> Provocation <input type="checkbox"/> Quality <input type="checkbox"/> Radiation <input type="checkbox"/> Severity <input checked="" type="checkbox"/> Time	6	3
<input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST	2	0
Past Medical history	5	5
<input type="checkbox"/> Allergies <input type="checkbox"/> Past Pertinent History <input type="checkbox"/> Events leading to present illness <input type="checkbox"/> Medication <input type="checkbox"/> Last oral intake	5	5
SECONDARY ASSESSMENT		
Assesses effected body part/system (3+ out of 8 = 6 pts)	6	6
<input checked="" type="checkbox"/> Cardiovascular <input type="checkbox"/> Neurological <input type="checkbox"/> Integumentary <input type="checkbox"/> Reproductive <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> GI/GU <input type="checkbox"/> Psychological/Social (1 out of 8 = 2 pts)	6	6
VITAL SIGNS		
<input checked="" type="checkbox"/> Pulse <input checked="" type="checkbox"/> Respiratory Rate <input checked="" type="checkbox"/> Respiratory Quality <input checked="" type="checkbox"/> Blood Pressure	4	4
States field impression of patient	1	0
Interventions (verbalizes proper interventions/treatment)	1	0
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	0
Provides accurate verbal report to arriving EMS unit	1	1
TOTAL	43	32

There should be no blank fields. 1 or 0, no half points, and the Section can not correct these errors

All errors in scoring should be initialed by the evaluator to ensure that no one else made those markings.

6 points were awarded with only 3 items checked complete

Document all zeros on reverse side

There should be no blank fields. 1 or 0, no half points, and the Section can not correct these errors

Addition errors are common. Please make sure that you calculate all scores correctly. The Section can't make those corrections for you.

Critical Criteria

- Failure to initiate or call for transport for the patient within 15 minute time limit
- Failure to take or verbalize body substance isolation precautions
- Failure to determine scene safety
- Failure to voice and ultimately provide high concentration of Oxygen
- Failure to assess/provide adequate ventilation
- Failure to find and appropriately manage problems associated with airway, breathing, hemorrhage or shock
- Failure to differentiate patient's need for immediate transportation vs. continued assessment/treatment at scene
- Performs secondary examination before assessing/treating threats to airway, breathing, and circulation
- Orders a dangerous or inappropriate intervention
- Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below

CANDIDATE NAME:	COMMENTS:
[Redacted]	

All zeros that are documented in the scoring section and all critical criteria items that are marked should always be documented. Documentation should be legible and very detailed as to exactly why these items were marked. Do not just rewrite the critical or scoring criteria, but rather explain exactly why the performance issue was marked.

Evaluator must sign each check Sheet to confirm the scoring and comments are theirs

Evaluators Signature: [Redacted]

Required Skills, Essays and Equipment

The following should be given to the evaluator to read prior to evaluating the candidate. This information will inform the evaluator of the required equipment, the overall set up of the station, guidance for the simulated patient and essay for scene information.

Patient Assessment/Management – Trauma Essay to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

Conducting examination-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 EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.

[NOTE: Arkansas requires oxygen to be placed on the patient within 5 minutes from start of assessment.]

- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- 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 National Registry. 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 examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State EMS Official or approved agent

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multiple 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 instrument. However, all interventions should be verbalized instead of physically performed.

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 scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient.

Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate 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, 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 he/she is checking to precisely determine if he/she 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 he/she 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. 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 he/she has already done to the Simulated Patient. This may result in the candidate attempting to do an 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 State EMS Official or approved agent 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. 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.

Immediately 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 "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 he/she 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:

- A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to suspect multisystem trauma.
- The patient must be on the floor. If any candidate insists on having the simulated patient move to a different location, you should immediately dismiss the candidate and notify the State EMS Official or approved agent.
- The patient must at least respond to pain by moaning or mumbling.
- There must be at least one problem with the airway, breathing and circulatory status of the patient.
- There must be an additional associated soft tissue or musculoskeletal injury.
- Vital signs should be prepared that represent a severely injured multisystem trauma patient.

An acceptable scenario should be developed like the following sample:

Injuries:

- Moans to pain
- Right side flail chest
- Decreased breath sounds on the right
- Pale, cool, moist skin
- Weak, rapid carotid pulse palpable
- Pupils equal and sluggish
- Pelvis stable
- Closed, angulated deformity to the right lower leg

Vital signs

Initial:	BP 72/60, P 138, R 28 and SpO ₂ no reading displayed
Recheck with appropriate treatment:	BP 92/74, P 118, R 22 and SpO ₂ is 93%
Recheck with inappropriate treatment:	BP 68/48, P 142, R 38 and SpO ₂ no reading displayed

Be sure to program your Simulated Patient or high fidelity simulation manikin to respond as a real patient would give 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 use of very small children as Simulated Patients is not permitted in this skill. All Simulated Patients should wear shorts or a swimsuit, as he/she 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 examination by providing for more fair and accurate evaluation of the candidates. Please be conscientious of your Simulated Patient's fatigue throughout the examination. 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 examination 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 examination. 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 examination. 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 multiple 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 examination. As each candidate progresses through the skill, please be aware of any time that he/she 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 he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the examination. 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 State EMS Official or approved agent 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 he/she 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 examination:

- Examination 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
- Penlight
- O₂ tank and Supplies

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR
PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

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 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.

Patient Assessment/Management – Medical Essay to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

Conducting examination-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 EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.

- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- 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 National Registry. 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 examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State EMS Official or approved agent

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.

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 examination. You should ensure the Simulated Patient reads the “Information for the Simulated Patient” provided at the end of this essay. 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 examination. 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 on your expertise and understanding of the patient’s condition.

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 is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient.

Candidates are required to evaluate the scene just as he/she would in a field setting. When asked about the safety of the scene, you should indicate 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 he/she is checking to precisely determine if he/she 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 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 he/she 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 is difficult to moulage. An unacceptable response would be merely stating, “The patient is experiencing left 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 he/she 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 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 he/she can no longer communicate with the candidate.

Two imaginary EMT assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she 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 In-charge person for clarification prior to opening your skill. 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 "partners" are also available. You should stop the candidate promptly after he/she 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 he/she 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. An acceptable scenario should be developed like the following sample:

Nature of the call:

You arrive at a residence and find a 61 year old male on home oxygen. He appears overweight and is sitting in a tripod position in the chair. He is breathing rapidly and you observe cyanosis around his lips, fingers and capillary beds.

- Chief complaint: “I can’t breathe. (coughing) I need to go to the hospital.” (more coughing)
- Breathing: 28 and labored; pursed lips
- Circulation: Pulse 120 and strong
- Onset: “Breathing has gotten worse over the past 2 days.”
- Provokes: “Gets really bad when I use the stairs.”
- Quality: “Can’t seem to catch my breath.”
- Radiate: “No pain anywhere else.”
- Severity: “I think I’m dying. I can’t stop coughing.”
- Time: “Woke me up 3 hours ago. Still can’t catch my breath.”

Interventions: “I turned up the oxygen to 3 L/minute about 1 hour ago.”

Allergies: Penicillin, bee stings

Medications: Oxygen, hand-held inhaler (bronchodilator)

Past medical history: 10 year history of emphysema

Last meal: “I ate breakfast this morning.”

Vital signs: BP 140/88, P 120, R 28 and SpO2 is 87% on 3 L/minute nasal canula

Mental Status: Alert and appropriately oriented to person, place, and time

We recommend that scenarios be developed and utilized for the following types of patient presentations:

- Respiratory
- Cardiac (non-arrest presentation)
- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal

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 he/she 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 examination by providing for more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, 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. For example, the level of respiratory distress that you should act out should be consistently displayed throughout the examination.

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 he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she 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 he/she leaves the room.

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

Equipment List -Patient Assessment/Management – Medical

Do not open this skill for testing until the State EMS Official or approved agent 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 he/she 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 examination:

- Examination 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
- Nitro
- ASA
- MDI
- Epi-Pen
- Oral Glucose
- O2 tank and Supplies

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR
PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

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]

Spinal Immobilization (Supine Patient) Essay to Skill Examiners

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.

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. If a candidate fails to check motor, sensory, and circulatory function of each extremity after patient has been secured to the device the corresponding critical criteria (Did not reassess Motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device) should be marked

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 he/she is familiar. The State EMS Official or approved agent 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 he/she 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 angulations 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 angulations 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 very small 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 he/she is certified at the level of EMT or higher.

Equipment List - Spinal Immobilization (Supine Patient)

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 examination:

- Examination 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

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SUPINE PATIENT)

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?

SKILLS GENERAL RESPONSIBILITIES

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay(s) for the skill(s) you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

Conducting examination-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 EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination. Objectively observing and recording each candidate's performance Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate

- 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 National Registry. 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 examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State EMS Official or approved agent

Bag-Valve-Mask Ventilation of an Apneic Adult Patient

Essay Skill Examiner

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 these skills. If any candidate insists on moving the patient to a different location, you should immediately dismiss the candidate and notify the State EMS Official or approved agent. 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 he/she 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 is present. The candidate should next open the patient's airway and assess for breathing. Immediately you should inform the candidate that he/she 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 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.

The candidate should then initiate ventilation using a bag-valve-mask device unattached to supplemental oxygen. If a candidate chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished within thirty (30) seconds of initiating suctioning. The point for this step should be awarded and is explained on the skill evaluation form (denote by **). **Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), it must be accomplished after body substance isolation precautions have been taken and within the initial thirty (30) seconds after taking body substance isolation precautions or the candidate has failed to ventilate an apneic patient immediately.** 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 he/she 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 examination.

To assist in containing costs of the psychomotor examination, the oxygen tank used may be empty 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) 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, he/she will have failed to provide a high percentage (at least 85%) 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 a 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, examination 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 examination. 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 - Bag-Valve-Mask Ventilation

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. 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:

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator:
- 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 (nasal cannula, non-rebreather mask with reservoir etc. for an adult)
- Stethoscope
- Tongue blade

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT

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 has not moved since their arrival. The scene is safe and no hemorrhage or other immediate problem is found. You have five (5) minutes

Cardiac Arrest Management/AED Essay to Skill Examiners

This station is designed to test the ARKANSAS candidate's ability to effectively manage an unwitnessed out-of-hospital cardiac arrest by integrating scene management skills, CPR skills, and usage of the 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 the AED as he/she 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 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
- Allows 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 direct a second rescuer to resume chest compressions. The candidate then retrieves the AED, powers it on, follows all prompts and attaches 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 disinfection 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 examination. If any enter your skill carrying their own AED, be sure that the State EMS Official or approved agent 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 examination. If any candidate insists on moving the manikin to a location other than the floor, you should immediately request assistance from the State EMS Official or approved agent.

Equipment List - 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 examination:

- Examination 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

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR CARDIAC ARREST MANAGEMENT/AED

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 he/she 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 (Seated Patient) Essay to Skill Examiners

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.

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 very small 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 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 he/she 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 he/she 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. It is recommended 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 he/she is familiar and the **State EMS Official or approved agent** 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 instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is designed to evaluate and 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 not appropriately fastened to the Simulated Patient.

A trained EMT Assistant will be present in the skill 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 he/she 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 or other "games" will be tolerated or are meant to be a part of this examination. 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 he/she 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 - Spinal Immobilization (Seated Patient)

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 examination:
- Examination 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.

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SEATED PATIENT)

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 Skill Examiners

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.

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 very small 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 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 examination, 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). Candidate should indicate verbally that he/she would place the patient in a supine position, administer high flow oxygen, cover to prevent heat loss and transport immediately.

Equipment List - Bleeding Control/Shock Management

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 examination:

- Examination 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.

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR BLEEDING CONTROL / SHOCK MANAGEMENT

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?

[Sample Scenario:]

You respond to a stabbing and find a 25 year old (male/female) patient sitting upright in a chair. 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 (he/she) is breathing adequately. Do you have any questions?

Long Bone Immobilization Essay to Skill Examiners

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 examination.**

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 are not required in 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 - Long Bone Immobilization

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 examination:

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR LONG BONE IMMOBILIZATION

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 Skill Examiners

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.

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 are not required in 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 - Joint Immobilization

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 examination:

- Examination Gloves
- Cravats (6) to be used as a sling and swathe

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR JOINT IMMOBILIZATION

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. Do you have any question?

Traction Splint Essay to Skill Examiners

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

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

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

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

Additionally, the application of certain uni-polar traction splints (Sager) do not require the application of manual traction since elevation of the leg is not required. With these devices, the deformed site is supported without manual traction until the device is in place and mechanical traction is applied. In this instance, the candidate would receive the point for “applied and maintained manual traction.”

When applying a Sager traction splint, the device may be positioned and secured in the groin or externally to the side of the leg. Since there are no current studies to contra-indicate either method, both should be considered acceptable procedures and points should be awarded accordingly.

This skill requires that an assistant EMT be present during testing. Candidates are to be tested individually.

All assisting EMT's 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 victim.

Equipment List - Traction Splint

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 examination:

- Traction Splint
- Cravats to be used as a padding if needed

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS- TRACTION SPLINTING

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

Psychomotor Testing Forms

The following forms should be used for evaluating the candidates and for the overall summary of the psychomotor examination.



Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Section of Emergency Medical Service

Unofficial Psychomotor Skills Report Form

Training Site Name: _____ Date: _____
 Instructor Name: _____ Exam Site: _____
 Student Name: _____ Date of Birth: _____

	DATE		DATE		DATE	
	Pass	Fail	Pass	Fail	Pass	Fail
1. Patient Assessment - Trauma						
2. Patient Assessment - Medical						
3. Spinal Immobilization (Supine Patient)						
4. Random Skill: Test one (1) of the following						
Spinal Immobilization (Seated Patient)						
Bleeding Control/Shock Management						
Long Bone Immobilization						
Joint Immobilization						
Cardiac Arrest Management/AED						
BVM Ventilation of an Apneic Adult Patient						
Traction						

Your overall results today

Pass
Retest
Fail

Pass
Retest

Pass
Fail

Please mark all items with either P or F (No Checks)

RESULTS ARE UNOFFICIAL UNTIL REVIEWED BY THE SECTION OF EMERGENCY MEDICAL SERVICES

Candidate: _____

Instructor: _____

CANDIDATE'S STATEMENT

By my signature, I affirm that I was oriented to the psychomotor examination outlined by the Section of EMS. I agree to fully abide by all policies of the Section of EMS. 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 examination does not guarantee eligibility for certification by the National Registry of EMT's or licensure by the State of Arkansas.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the Section of EMS or approved agent immediately if I feel I have been discriminated against or 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 complaint today before leaving this site and before I am informed of my psychomotor examination results. I understand that no explanation will be given to any specific errors in my performance. **All examination results are preliminary and unofficial until all paperwork has been formally processed and reported by the Section of EMS.**

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 examination. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the Section of EMS in conjunction with all of my previously reported official psychomotor examination results. I also understand that making threats toward the State EMS Official, agent, or any examination staff, the use of unprofessional (foul) language, or committing other types of irregular behavior may be sufficient cause to withhold or revoke scores or licensure. If my name was not read as part of the official roster for today's examination, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

I understand I will be allowed three (3) attempts to pass the psychomotor exam. If I fail exam #3, I must submit documentation from an Arkansas EMSP instructor (on Training Site Letter Head) stating I am competent in all skills required for testing the next series of attempts. This will include **ALL** of the psychomotor skill stations.

By my signature, I affirm that I have two years to complete Arkansas Licensure requirements after completion of the course. Psychomotor exam skills are only valid for one calendar year. Failure of the sixth (6) psychomotor skill will require successful completion of another EMT course.

If a retest is required, please contact the Section of EMS at 501-661-2262.

SIGNATURE: _____

Date: _____



Emergency Medical Technician Psychomotor Examination
Spinal Immobilization (Seated Patient)



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or Verbalizes appropriate body substance isolation precautions	1	
Directs Assistant to place/maintain head in the neutral, in line position	1	
Directs application of manual stabilization of the head	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
TOTAL	12	

Critical Criteria

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved the patient excessively causing potential for spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to the torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the long backboard
- _____ Exhibits unacceptable affect with the patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form in the space below

CANDIDATE NAME:	COMMENTS:

Evaluators Signature: _____



Emergency Medical Technician Psychomotor Examination
CARDIAC ARREST MANAGEMENT / AED



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
NOTE: The examiner must now inform the candidate, "The patient is unresponsive."		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."		
Checks carotid pulse [no more than 10 seconds]	1	
NOTE: The examiner must now inform the candidate, "The patient is pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR ___ Adequate depth and rate (1 point) ___ Correct compression-to-ventilation ratio (1 point) ___ Allows the chest to recoil completely (1 point) ___ Adequate volumes for each breath (1 point) ___ Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Total	18	



Emergency Medical Technician Psychomotor Examination
BVM VENTILATION OF AN APNEIC ADULT PATIENT



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for seconds, [at least 5 but no more than 10] examiner informs the candidate, "The patient is unresponsive and apneic."	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."			
Opens airway properly		1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."			
**Ventilates the patient immediately using a BVM device unattached to oxygen			
**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]			
		1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately			
-Proper volume to make chest rise (1 point)		1	
-Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
		17	



Emergency Medical Technician Psychomotor Examination
Bleeding and Control



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or verbalizes appropriate body substance isolation precautions	1	
Applies direct pressure to the wound	1	
<i>NOTE: The examiner must now inform the candidate that the wound continues to bleed.</i>		
Applies tourniquet	1	
<i>NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</i>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
TOTAL	7	

Critical Criteria

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not administer high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form in the space below

CANDIDATE NAME:	COMMENTS:

Evaluators Signature: _____



Emergency Medical Technician Psychomotor Examination
Traction



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or verbalizes appropriate body substance isolation	1	
Directs application of manual stabilization of the injury	1	
Directs the application of manual traction	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE : The examiner acknowledges, Motor, Sensory, and Circulatory functions present and normal		
Prepares/adjusts splint to the proper length	1	
Positions the splint next to the injured leg		
Applies the proximal securing device (e.g. ischial strap)	1	
Applies the distal securing device (e.g. ankle hitch)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassess the distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE : The examiner acknowledges, Motor, Sensory, and Circulatory functions present and normal		
Note: The examiner must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes securing the torso to the long bone board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
TOTAL	14	

Critical Criteria

- _____ Loss of traction at any point after it was applied
- _____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- _____ The foot was excessively rotated or extended after splint was applied
- _____ Did not secure the ischial strap before taking traction
- _____ Final immobilization failed to support the femur or prevent rotation of the injured leg
- _____ Secured the leg to the splint before applying mechanical traction
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form in the space below

CANDIDATE NAME:	COMMENTS:

Evaluators Signature _____

Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual tractions is not necessary. The candidate should be awarded one (1) point as if manual traction were applied

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



Emergency Medical Technician Psychomotor Examination
Patient Assessment/Management – Trauma



Candidate: _____ Examiner: _____
Date: _____ Start Time: _____ O2 Time: _____ End Time: _____

Takes or Verbalizes appropriate body substance isolation	1	
SCENE SIZE UP		
Determines the scene is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalized general impression of the patient	1	
Determines responsiveness/Level of Consciousness	1	
Determines chief complaint/apparent life-threats	1	
<i>Airway</i>		
___ Open airway ___ Assess Airway ___ Inserts adjunct as indicated	3	
<i>Breathing</i>		
___ Assesses adequate ventilation ___ Initiates appropriate Oxygen Therapy	3	
___ Manages any injury which may compromise breathing/ventilation		
<i>Circulation</i>		
___ Checks pulse ___ Assesses skin (either color,temp,or condition)	4	
___ Initiates shock management ___ Assesses for and controls bleeding		
Identifies patient priority and makes treatment/transport decision.	1	
HISTORY TAKING		
Attempts to obtain sample history	1	
SECONDARY ASSESSMENT		
<i>Head</i>		
___ Assesses ___ Inspects ___ Palpates (Face, scalp, ears, eyes)	3	
<i>Neck</i>		
___ Assesses ___ Inspects ___ Palpates (Trachea, jugular, Cervical)	3	
<i>Chest</i>		
___ Inspects ___ Palpates ___ Auscultates	3	
<i>Abdomen/pelvis</i>		
___ Assesses ___ Inspects ___ Palpates (Abdomen, Pelvis, Gentalia/Perineum)	3	
<i>Extremities</i>		
___ Assesses ___ Inspects ___ Palpates ___ SMC all Extremities	4	
<i>Posterior (Thorax, Lumbar, Buttocks)</i>		
___ Inspects ___ Palpates	2	
VITAL SIGNS		
Obtains baseline vital signs (must include BP, P, RR)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
TOTAL	42	



Emergency Medical Technician Psychomotor Examination
Patient Assessment/Management – Medical



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ O2 Time: _____ End Time: _____

Takes or Verbalizes appropriate body substance isolation	1	
SCENE SIZE UP		
Determines the scene is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalized general impression of the patient	1	
Determines responsiveness/Level of Consciousness	1	
Determines chief complaint/apparent life-threats	1	
<i>Airway</i>		
__ Opens and assesses airway	1	
<i>Breathing</i>		
__ Assesses adequate ventilation __ Initiates appropriate Oxygen Therapy	2	
<i>Circulation</i>		
__ Checks pulse __ Assesses skin(either color,temp,or condition)	3	
__ Assesses for and controls bleeding		
Identifies patient priority and makes treatment/transport decision.	1	
HISTORY TAKING		
History of the present illness		
__ Onset __ Provocation __ Quality __ Radiation __ Severity __ Time	6	
__ Clarifying questions of associated signs and symptoms related to OPQRST	2	
Past Medical history		
__ Allergies __ Past Pertinent History __ Events leading to present illness	5	
__ Medication __ Last oral intake		
SECONDARY ASSESSMENT		
Assesses effected body part/system (3+ out of 8 = 6 pts)		
__ Cardiovascular __ Neurological __ Integumentary __ Reproductive (2 out of 8 = 4 pts)	6	
__ Pulmonary __ Musculoskeletal __ GI/GU __ Psychological/Social (1 out of 8 = 2 pts)		
VITAL SIGNS		
__ Pulse __ Respiratory Rate __ Respiratory Quality __ Blood Pressure	4	
States field impression of patient	1	
Interventions (verbalizes proper interventions/treatment)	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
TOTAL	43	



Emergency Medical Technician Psychomotor Examination
Spinal Immobilization (Supine Patient)



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or Verbalizes appropriate body substance isolation Immobilization	1	
Directs Assistant to place/maintain head in the neutral, in line position	1	
Directs application of manual stabilization of the head	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the spine	1	
Applies padding to voids between the torso and the device if necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head if necessary	1	
Immobilizes the patients' head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
TOTAL	14	

Critical Criteria

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved the patient excessively causing potential for spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to the torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Exhibits unacceptable affect with the patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form in the space below

CANDIDATE NAME:	COMMENTS:

Evaluators Signature _____



Grievance and Complaint Forms

The following forms should be used for any candidate that has any issue or grievance concerning the skills exam. The Section must be contacted should any candidate have an issue with the exam.

Section of Emergency Medical Services
Grievance Committee Report

Candidate: _____ **Exam Site:** _____

Date: _____ **Skill:** _____

Examiner: _____ **Examiner Phone #:** _____

After reviewing the facts as presented, the Grievance Committee's official decision is as follows:

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

_____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the Grievance Committee's decision by the Examination Coordinator and the Section of EMS was contacted.

Signature of Examination Coordinator

Signature of Training Site Representative

Signature of Section of EMS Staff (If onsite)

As the Complainant, I have been informed of the Grievance Committee's official and final decision.

Signature of Candidate

Date

This form must be returned to the Arkansas Department of Health, Section of EMS with all examination materials.

Section of Emergency Medical Services
Grievance Committee Review Form

We, the Grievance Committee, met to review the following situation and all related facts as documented below:

Nature of Situation:

Summary of Facts (use back side of form if necessary):

After reviewing the facts as presented, the Grievance Committee's official decision is as follows:

Signature of Examination Coordinator

Signature of Training Site Representative

Signature of EMS Staff if onsite

Exam Site: _____ **Date:** _____

This form must be submitted to the Arkansas Department of Health, Section of EMS with all examination materials.