

Evaluation Team Orientation



EMERGENCY HEALTH
SERVICES FEDERATION

YOUR COMMUNITY. OUR COMMITMENT.

**Emergency Health Services Federation
(EHSF)**

Overview

- Introduction
- EMS System Structure
 - Department of Health, Bureau of EMS
 - Emergency Health Services Federation
- Hiring Process
- EHSF Employment
- Pangeais
- Practical Exam
- Evaluation Packet
- Useful Resources
- Questions

Organizational Structure



Emergency Health Services Federation

- ✓ We are the advocate for EMS providers and agencies
- ✓ We provide information about system updates and changes to EMS agencies and providers
- ✓ We process providers certifications and EMS agencies licensure
- ✓ We provide accreditation to training institutes and continuing education sponsorships



Mission: We are commitment driven to
enhance quality EMS in South Central
Pennsylvania

What does it mean to
be a contractor for the
EHSF?

Expectations

- Professionalism
- Advocacy
- Protecting Information
- Reliable

Odds & Ends

- Absenteeism
 - Importance of the Role
 - Contact Exam Administrator as soon as possible
- Appearance
 - Appropriate clothing
 - Evaluation Team Polo
 - No jeans, sweat pants, athletic pants, or shorts
 - Closed toe shoes required
 - Practice personal hygiene/grooming
- Drug-free workplace
- Injuries

Odds & Ends (cont)

- Personal Information
 - Provide updated information (i.e. address, e-mail, phone)
- Inclement Weather
- Pay
 - Paid for hours worked (sign-in and out at practical site)
 - No reimbursement for travel
 - Food
 - Encouraged to bring snacks
 - Lunch is sometimes provided by EHSF on daytime exams
 - Meet for dinner prior to weekday/evening exams

Pangeais

- www.pangeais.com
- www.ehsf.org
 - Click on “Pangeais Login”

The screenshot shows the homepage of the Emergency Health Services Federation. At the top left is the logo, a blue cross with hands inside, and the text "Emergency Health Services Federation". To the right are links for "About Us" and "Contact Us", and a search box. Below this is a red navigation bar with four categories: "EDUCATION SERVICES", "PROVIDER SUPPORT", "ADVOCACY", and "COMMUNITY PARAMEDICINE". Underneath, a list of counties is displayed: "Adams", "Cumberland", "Dauphin", "Franklin", "Lancaster", "Lebanon", "Perry", "York", and "Counties". The main content area features a large image of a paramedic in a white uniform talking on a radio next to a red ambulance. To the right of the image is the headline "While you help others we help you" and a paragraph: "Emergency Health Services Federation is a partner and advocate for Emergency Medical Service providers. EHSF offers EMS Providers information and guidance to navigate the systems that support EMS operations in Central Pennsylvania." To the right of the image are three blue boxes with white text: "Continuing Education" (with a link to "Learn More"), "Licensure Information" (with a link to "Learn More"), and "News & Events" (with links to "2015 Statewide Protocols", "CPR Requirement Update", and "Nominees Needed for the 25 Years of Service Award"). Below these boxes are three yellow buttons: "Pangeais Login >>", "ListSrv Login >>", and "EMS Registry >>". At the bottom, there are links for "Education Services", "Provider Support", and "Advocacy", followed by copyright information: "© 2010 Emergency Health Services Federation, Inc. All rights reserved. 722 Limekiln Road New Cumberland, PA 17070-2354" and links for "Privacy Policy" and "Emergency Health Services Federation". A note states "Many files on this site require Adobe Reader." and there is a small Adobe Reader icon.

Pangeais (cont)

Welcome!

[[Log On](#)]

Practical Exam Manager



The Practical Exam Manager application is brought to you in part by EHSF and Digital Planet, Inc.

Upcoming Practical Exams

Exam Date	Test Location	Directions	Open/Closed	# Seats	Notes
12/12/2015	HACC	Directions	Closed	0/0	Tentative Practical Exam Date
12/5/2015	National Registry	Directions	Closed	0/0	PARAMEDIC PRACTICAL
11/14/2015	HACC	Directions	Closed	0/24 Estimated	EMR Class 15-57-166 Total Seats 24 - 0 Available
10/31/2015	YTI - Lancaster	Directions	Closed	0/35 Estimated	EMT Class 15-63-354 EMT Class 15-63-355 EMT Class 15-63-356 Total Seats 35 - 0 Available
9/12/2015	HACC	Directions	Closed	0/0	Tentative Practical Exam Date
8/22/2015	YTI - Lancaster	Directions	Closed	0/0	Tentative Practical Exam Date
8/15/2015	National Registry	Directions	Closed	0/0	PARAMEDIC PRACTICAL
8/8/2015	HACC	Directions	Closed	0/48 Estimated	EMT Class 15-63-135 EMT Class 15-63-165 Total Seats 48 - 0 Available
7/11/2015	New Covenant Mennonite Fellowship	Directions	Closed	0/38 Estimated	EMT Class 15-63-222 EMT Class 15-63-306 ASHI to EMR Class Total Seats 38 - 0 Available
6/13/2015	LGH	Directions	Closed	0/40 Estimated	EMT Class 15-63-220 EMT Class 15-63-263 EMT Class 15-63-275 EMR Class 15-57-276 Total Seats 40 - 0 Available
5/16/2015	ELCO	Directions	Closed	0/26 + Estimated	EMT Class 15-63-136 EMR Class 15-57-342 RETEST DATE FOR CANDIDATES Total Seats 26 - 0 Available
5/9/2015	ELCO	Directions	Closed	0/31 Estimated	EMT Class 15-63-036 EMR Class 15-57-098 Total Seats 31 - 0 Available

Upcoming Orientation Sessions

Orientation Date	Location	Notes
------------------	----------	-------

Pangeais (cont)

Practical Exam Manager



The Practical Exam Manager application is brought to you in part by EHSF and Digital Planet, Inc.

Upcoming Practical Exams

Exam Date	Test Location	Directions	Actions	Open/Closed	# Seats	Notes
12/12/2015	HACC	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
12/5/2015	National Registry	Directions	Sign Up	Closed	0/0	PARAMEDIC PRACTICAL
11/14/2015	HACC	Directions	Sign Up	Closed	0/24 Estimated	EMR Class 15-57-166 Total Seats 24 - 0 Available
10/31/2015	YTI - Lancaster	Directions	Sign Up	Closed	0/35 Estimated	EMT Class 15-63-354 EMT Class 15-63-355 EMT Class 15-63-356 Total Seats 35 - 0 Available
9/12/2015	HACC	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
8/22/2015	YTI - Lancaster	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
8/15/2015	National Registry	Directions	Sign Up	Closed	0/0	PARAMEDIC PRACTICAL
8/8/2015	HACC	Directions	Sign Up	Closed	0/48 Estimated	EMT Class 15-63-135 EMT Class 15-63-165 Total Seats 48 - 0 Available
7/11/2015	New Covenant Mennonite Fellowship	Directions	Sign Up	Closed	0/38 Estimated	EMT Class 15-63-222 EMT Class 15-63-306 ASHI to EMR Class Total Seats 38 - 0 Available
6/13/2015	LGH	Directions	Sign Up	Closed	0/40 Estimated	EMT Class 15-63-220 EMT Class 15-63-263 EMT Class 15-63-275 EMR Class 15-57-276 Total Seats 40 - 0 Available
5/16/2015	ELCO	Directions	Sign Up	Closed	0/26 + Estimated	EMT Class 15-63-136 EMR Class 15-57-342 RETEST DATE FOR CANDIDATES Total Seats 26 - 0 Available
5/9/2015	ELCO	Directions	Waiting List	Closed	0/31 Estimated	EMT Class 15-63-036 EMR Class 15-57-098 Total Seats 31 - 0 Available

Upcoming Orientation Sessions

Orientation Date Location Notes

Pangeais (cont)

Home

My Account

Welcome jbaney! [Log Off]
Emergency Health Services Federation

Practical Exam Manager



Emergency Health
Services Federation

The Practical Exam Manager application is brought to you in part by EHSF and Digital Planet, Inc.

Upcoming Practical Exams

Exam Date	Test Location	Directions	Actions	Open/Closed	# Seats	Notes
12/12/2015	HACC	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
12/5/2015	National Registry	Directions	Sign Up	Closed	0/0	PARAMEDIC PRACTICAL
11/14/2015	HACC	Directions	Sign Up	Closed	0/24 Estimated	EMR Class 15-57-166 Total Seats 24 - 0 Available
10/31/2015	YTI - Lancaster	Directions	Sign Up	Closed	0/35 Estimated	EMT Class 15-63-354 EMT Class 15-63-355 EMT Class 15-63-356 Total Seats 35 - 0 Available
9/12/2015	HACC	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
8/22/2015	YTI - Lancaster	Directions	Sign Up	Closed	0/0	Tentative Practical Exam Date
8/15/2015	National Registry	Directions	Sign Up	Closed	0/0	PARAMEDIC PRACTICAL
8/8/2015	HACC	Directions	Sign Up	Closed	0/48 Estimated	EMT Class 15-63-135 EMT Class 15-63-165 Total Seats 48 - 0 Available
7/11/2015	New Covenant Mennonite Fellowship	Directions	Sign Up	Closed	0/38 Estimated	EMT Class 15-63-222 EMT Class 15-63-306 ASHI to EMR Class Total Seats 38 - 0 Available
6/13/2015	LGH	Directions	Sign Up	Closed	0/40 Estimated	EMT Class 15-63-220 EMT Class 15-63-263 EMT Class 15-63-275 EMR Class 15-57-276 Total Seats 40 - 0 Available
5/16/2015	ELCO	Directions	Sign Up	Closed	0/26 + Estimated	EMT Class 15-63-136 EMR Class 15-57-342 RETEST DATE FOR CANDIDATES Total Seats 26 - 0 Available
5/9/2015	ELCO	Directions	Waiting List	Closed	0/31 Estimated	EMT Class 15-63-036 EMR Class 15-57-098 Total Seats 31 - 0 Available

Upcoming Orientation Sessions

Orientation Date Location Notes

Let's take a look at
how the practical
exam comes together!

Exam Operations

BLS Exam

- EMR
 - 5 stations
- EMT
 - 7 stations
- PHRN
 - 7 stations

ALS Exam

- AEMT
 - 8 stations
- Paramedic
 - 12 stations

EMT Stations

Patient Assessment –
Trauma

Patient Assessment –
Medical

Oxygen Administration
via Non-rebreather

BVM Management of
the Apneic Adult

Cardiac Arrest & AED
Management

Supine Immobilization

Random Basic

- Seated Immobilization
- Long Bone Immobilization
- Joint Immobilization
- Bleeding & Shock

EMR Stations

Patient
Assessment –
Trauma

Patient
Assessment –
Medical

Oxygen
Administration via
Non-rebreather

BVM
Management of
the Apneic Adult

Cardiac Arrest &
AED Management

Time Limits per Station

Patient Assessment –
Trauma
10 minutes

Patient Assessment –
Medical
15 minutes

Oxygen
Administration via
Non-rebreather
5 minutes

BVM Management of
the Apneic Adult
5 minutes

Cardiac Arrest & AED
Management
10 minutes

Supine
Immobilization
10 minutes

Random Basic
5-10 minutes

End of Certification Class

- End of Certification Class
 - Post-Course Questionnaire Packet
 - Completed tonight
 - Register with the National Registry EMT (NREMT)
www.nremt.org
 - Create a new account
 - Create initial entry application
 - Select exam
 - Cognitive exam
 - » Assessment
 - (younger than 18 years)
 - » National Registry EMT or EMR
 - (18 years and older)
 - Study Skill Sheets



 National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

Returning users:

User name

Password

LOGIN

[Create New Account](#)
[Forgot Your Password?](#)

GENERAL INFO

Home

NREMT News

A Look at the Exams

Psychomotor Skills Exam

- Also referred to as the practical or hands-on skills test
- Demonstrate skills competency at various skill stations
- Conducted by EHSF's evaluation team

Cognitive Exam

- Also referred to as the written exam
- Computerized National Registry test
- Conducted at a Pearson Vue Testing Center

Exam Process/Rules

- 1 year to take initial psychomotor skills and cognitive exams from the last required class date
- 6 total attempts to pass each exam
 - 3 attempts
 - Remediation with your Training Institute
 - 3 additional attempts
- Candidates who fail either exam 6 times or does not pass both exams within 2 years after course completion may not receive credit for programs previously passed and must retake the entire course

Psychomotor Skills Exam Matrix

Skills Station	Attempt 1	Attempt 2	Attempt 3	Remediation	Attempt 4	Attempt 5	Attempt 6	
Trauma								
Medical								
O2								
BVM								
CPR/AED								
Supine								
Random								

- Pass or fail score for each skills station
- Retake failed skill stations
- After remediation, you must retake all skill stations

EMT – If unsuccessful with 4 or more skill stations, you must receive remediation from your training institute and retake all skill stations

EMR – If unsuccessful with 3 or more skill stations, you must receive remediation from your training institute and retake all skill stations

Psychomotor Examination Day

Evaluators' Role

- Simply observe and record
- Unbiased observer
- Not a judge
- Do not provide opinions
- Keep distractions and side conversations to a minimum

- What is expected?
 - Standardization and consistency
 - Fairness
 - Professionalism
 - Courteousness
 - Arrive 30-60 mins prior to start of the exam
 - i.e. 0730 hours or 1730 hours
 - Assist in unloading trailer/equipment
 - Set-up equipment in rooms
 - Assist with moulage
 - Report to “office” at 30 mins before exam start time for morning briefing
 - Receive station assignment and review station packet
 - Coach patient actors
 - Double check equipment
 - Prepare for students

Station Administration

Evaluation Environment

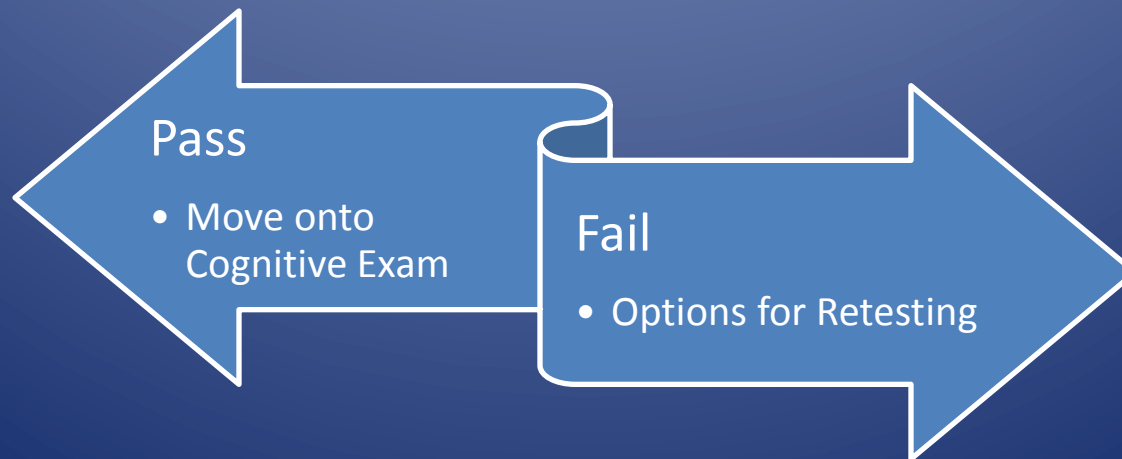
- Candidates will go through stations independently
- Live patient actors with moulage will be provided
- An EMT assistant will be provided when needed
- Skills stations may be combined to save time and reduce confusion
- Candidates must perform each required station
- Evaluators may ask questions and demonstrate function of equipment and repeat scenario information
- Strive to offer same-day retest
 - Candidates receive a different evaluator and scenario
 - Must retest all failed stations

Result Process

Results

- Results are recorded on appropriate skill sheets
- Skill sheets are placed outside the room (upside down)
- Runner(s) will collect skill sheets and return to the office for verification

- After completion of all stations, results are independently provided by an evaluation team leader to the candidate
- Candidates will be asked:
 1. Do you have any complaints with equipment malfunctioning?
 2. Do you have any complaints of being treated unfairly?
- Results provided



Psychomotor Exam: Unsuccessful Attempts

- EMT candidates who fail three stations or less and EMR candidates who fail two stations or less, may be given an opportunity for a same-day retest (time permitting)
 - Candidates retesting:
 - Will be re-evaluated on the same failed stations using a different scenario
 - Will NOT be evaluated by the same evaluator
- If the candidate fails more than one station three times, the candidate will need to obtain remediation by the training institute
- If the candidate fails three additional times following remediation, the candidate will need to retake the certification course
- EMT candidates who fail four or more stations and EMR candidates who fail three or more stations are NOT permitted for a same-day retest.
 - Candidates must obtain remediation from their training institute and return on a different day to retest all skill stations

Evaluation Packet

- Essay
- Instructions
- Scenario Sheet
- Skill Sheet (for review)
- Skill Sheets (for recording results)
- Candidate Names

Essay

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.

Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the Simulated Patient (BP, P and R) using a stethoscope and a blood pressure cuff. Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. Acceptable ranges for scoring purposes are based upon the vital signs that you measure and record on the Simulated Patient:

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

After the candidate measures the actual vital signs of the Simulated Patient, you may need to inform the candidate of "adjusted" vital signs based upon the approved testing scenario for the examination as compared to the actual vital signs just obtained by the candidate.

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."

Essay (cont)

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
- **Mentation:** 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 Pain

Essay (cont)

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

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
- Tape (for outer garments)

Instructions

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.]

Scenario Sheet



Patient Assessment/Management - Medical

Station #:
Scenario #:
PA/M-M-1212-03
Chest Pain

Station Preparation:

MOULAGE:
Skin pale, cool, moist.

PATIENT PROGRAMMING:
You are a conscious adult and you will remain conscious throughout the examination. You are short of breath and are having severe chest pain ("7" on a 1-10 scale, **if asked**). You should sit slumped over in the chair. Initially you should respond to questions correctly but you are restless and very uncomfortable. Tell the candidate you cannot get your breath. **If you are asked** about medicines, tell them you take Nitroglycerine and you have taken 3 prior to calling 911. **If asked:** you have no known allergies, this has happened several times over last 3 years, doctor said its Angina, you ate dinner about 25 minutes ago and the chest pain started after eating. You feel nauseated too.

Instructions:

Read the following information verbatim:
"Hello. My name is _____ and I will be your evaluator for the Medical Assessment/Management Station."

Evaluators please clearly print the candidate's name on the skill evaluation form and initial the student rotation form/card.

Read the following information verbatim:
"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.

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. You will be required to provide an accurate verbal report. Do you have any questions?

You have 15 minutes to complete this station. Do you have any questions?"

Evaluators please answer any general questions.

Take the candidate into the testing room, read the DISPATCH INFORMATION.

Begin the candidates' time.

Scenario:

DISPATCH INFORMATION:
You are dispatched to a restaurant for a report of chest pain and shortness of breath.



Patient Assessment/Management - Medical

Station #:
Scenario #:
PA/M-M-1212-03
Chest Pain

Takes or verbalizes standard precautions (BSI) – REQUIRED

Scene Size Up

Scene Safety:	"Scene is safe"
Nature of Illness:	Severe chest pain
Number of Patients:	"One patient"
Additional Help:	"ALS acceptable is available but is 15 minutes out"
Spine Stabilization:	"No c-spine injury"

Primary Assessment

General Impression:	Verbalized by the candidate	
AVPU/LOC:	"Alert – but very restless"	
CC - Life Threats:	Severe chest pain and shortness of breath	
Assess Airway and Breathing:	Assessment:	"Labored shallow breathing"
	O2 /Adjunct:	Oxygen via NRB @ 15 LPM
	Ventilation:	"Decreased chest rise and fall"
Assess Circulation:	Major Bleeding:	"None"
	Pulse:	"Carotid and distal pulses present and weak"
	Skin:	"Pale, cool, moist"

Transport Decision: Immediate

History

History of Present Illness:

Onset:	Eating steak dinner 25 minutes prior to calling 911
Provocation:	Nothing
Quality:	Dull, crushing chest pain, shortness of breath
Radiation:	Left shoulder
Severity:	7
Time:	Approximately 25 minutes ago
Clarifying Questions:	"Taken 3 nitroglycerin (NTG) in last 15 minutes and it is not helping, getting worse." "No Erectile Dysfunction (ED) Medications last 24 hours"

Past Medical History:

Pertinent History:	"Angina attacks over last 3 years, usually nitroglycerin helps"
Allergies:	"No known drug allergies (NKDA)"
Medications:	"Nitroglycerin as needed for chest pain"
Last Oral Intake:	"Ate a steak about 25 minutes ago"
Current events:	"Started to feel this way after eating"

Secondary Assessment and Vital Signs:

Cardiovascular:	"Weak, rapid pulses, dull & radiating chest pain"	
Pulmonary:	"Bilateral breath sounds = & clear, but shallow" "Pulse Ox is not available"	
Neurological:	"Unremarkable"	
Musculoskeletal:	"Unremarkable"	
Integumentary:	"Pale, cool and moist"	
GI/GU:	"Nausea without vomiting"	
Reproductive:	"Unremarkable"	
Psychological/Social:	"Patient very restless"	

Vital Signs:	Pulse:	"120, regular and weak"
	Blood Pressure:	"88/50"
Field Impression:	Respiratory Rate- Quality:	"28 – labored, shallow"
	Severe chest pain	

Skill Sheet



National Registry of Emergency Medical Technicians® Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation 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		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)		
Assesses circulation	3	
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)		
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness	8	
-Onset (1 point) -Quality (1 point) -Severity (1 point)		
-Provocation (1 point) -Radiation (1 point) -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)		
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system	5	
-Cardiovascular -Neurological -Integumentary -Reproductive		
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	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	
Actual Time Ended: _____	TOTAL	42

- CRITICAL CRITERIA**
- ___ Failure to initiate or call for transport of the patient within 15 minute time limit
 - ___ Failure to take or verbalize appropriate body substance isolation precautions
 - ___ Failure to determine scene safety before approaching patient
 - ___ Failure to voice and ultimately provide appropriate oxygen therapy
 - ___ Failure to assess/provide adequate ventilation
 - ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
 - ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
 - ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
 - ___ Orders a dangerous or inappropriate intervention
 - ___ Failure to provide accurate report to arriving EMS unit
 - ___ Failure to manage the patient as a competent EMT
 - ___ 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 the reverse side of this form.

Patient Vital Signs:

BP
Pulse
Resp
Rate
Quality



National Registry of Emergency Medical Technicians® Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation 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		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)		
Assesses circulation	3	
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)		
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness	8	
-Onset (1 point) -Quality (1 point) -Severity (1 point)		
-Provocation (1 point) -Radiation (1 point) -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)		
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system	5	
-Cardiovascular -Neurological -Integumentary -Reproductive		
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	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	
Actual Time Ended: _____	TOTAL	42

- CRITICAL CRITERIA**
- ___ Failure to initiate or call for transport of the patient within 15 minute time limit
 - ___ Failure to take or verbalize appropriate body substance isolation precautions
 - ___ Failure to determine scene safety before approaching patient
 - ___ Failure to voice and ultimately provide appropriate oxygen therapy
 - ___ Failure to assess/provide adequate ventilation
 - ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
 - ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
 - ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
 - ___ Orders a dangerous or inappropriate intervention
 - ___ Failure to provide accurate report to arriving EMS unit
 - ___ Failure to manage the patient as a competent EMT
 - ___ 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 the reverse side of this form.

Patient Vital Signs

BP
Pulse
Resp
Rate
Quality

Let's Give this a Try!

Medical Assessment

Trauma Assessment

Let's Review!

- What score did you give?
- Did you have any critical criteria checked?
- Are there any notes you would write?

Considerations

- Failure to manage the patient as a competent EMR/EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

The What Ifs...

Next Steps

- Congratulations for surviving orientation!
- Communicate your availability for future exams
 - Pair with an experienced evaluator
 - Observe the evaluator
 - Watch and assist the evaluator
 - Evaluate with evaluator observing
 - Released to evaluate independently

Contact Information

Megan Ruby, Director of System Operations

- 717-774-7911, ext 7008
- 717-968-7826
- mruby@ehsf.org

Raphael Caloia, Education Specialist / Exam Administrator

- 717-774-7911, ext 7006
- rcaloia@ehsf.org

Carol Kauffman, Program Coordinator / Exam Administrator

- 717-774-7911, ext 7012
- ckauffman@ehsf.org

Team Leaders

- CJ McElwee, James Swartz, Eric Wineholt

Useful Resources

- EHSF: www.ehsf.org
 - Facebook: <https://www.facebook.com/EHSFederation>
 - Monthly Newsletter:
 - <http://mad.ly.signups/47125/join>
 - Or go to www.ehsf.org , click on the yellow box “ListServ Login”
- Bureau of EMS:
http://www.portal.health.state.pa.us/portal/server.pt/community/emergency_medical_services/14138
- PEHSC: www.pehsc.org
- NREMT: www.nremt.org

EMS Act of
2009

Rules &
Regulations

Pennsylvania
Bulletins

EMS
Information
Bulletins

Time for questions

