

EMT-BASIC PRACTICAL EXAM SUMMARY FOR INSTRUCTORS

EXAM FORMAT AND STUDENT ASSIGNMENT :

There are three EMT-Basic Practical exam stations. All three stations test two students at a time working as a team to treat a simulated patient (live actor or CPR manikin) in a realistic patient care situation. The students may select a partner before the exam or at the exam site, at the Course Instructor's discretion. Each student must test with the same partner for all three stations. Each student will be designated as Candidate #1 or Candidate #2 for each exam station. The students are randomly assigned to the Candidate #1 and #2 positions at the start of the exam.

Each Candidate will be assigned as the "Lead" for at least one of the stations and the "Assist" for the other(s). This will always require each student to "Lead" either TRAUMA or MEDICAL with the BLS station assigned at random. *First Responder candidates test only the TRAUMA and BLS stations alternating as "LEAD".* The students will not know which stations they will "Lead" or "Assist" prior to arriving at the exam. Assignments will vary among pairs of students. (i.e.: All candidates will not have the same assignment rotations)

The "Lead" Candidate acts as the Attendant-In-Charge for each station and has the final say on decisions in treatment. The "Lead" Candidate is also responsible for completing a short SAMPLE PATIENT CARE REPORT at the end of the TRAUMA and MEDICAL stations. *First responders will complete only the TRAUMA.* (No call report is required in the BLS station). Candidates will have 5 minutes after completion of the scenario to complete the Patient Care Report. Although one Candidate is designated as the "Lead", both students are expected to work together as a team and they may talk and discuss the situation as much as they would like to provide care (just like real calls).

NOTE: That although the term "Lead" is used, both Candidates are held responsible for their combined actions. (See below)

STATION SCORING:

Candidate performance on each practical station is graded on PASS/FAIL basis using a series of Critical Criteria that have been clearly identified for each exam station type. An UNSATISFACTORY score for a Critical Criteria in any station, results in failure of that entire station. However, an UNSATISFACTORY score requires the evaluator to make complete notation of how and why the Critical Criteria was not met with specific details of the unacceptable or omitted skill performance.

It is possible for the "Lead", "Assist", or BOTH to fail a station. Individual failures can be separated from the team if an unsafe action or clearly assignable error is made that could

not have been prevented by the other Candidate. Only the "Lead" Candidate will be graded for the Patient Care Report.

EXAMPLES:

UNSAFE -- The Candidate operating the AED fails to check and advise "CLEAR" before delivery of a defibrillation shock. This clearly can be assigned to one Candidate and could not be prevented by the other candidate because it happens too quickly.

CLEARLY ASSIGNED -- Candidate holding cervical immobilization during application of the KED lets go and moves away before the head is immobilized in the KED. The other student immediately identifies the error and asks the first Candidate to go back to holding the head in place. In this case the student who let go, would alone be responsible.

NOT CLEARLY ASSIGNED -- A patient who has suffered a fall from a significant height is not provided with spinal immobilization and the "Lead" Candidate states the patient as ready for transport. This is such a major error that both students should be graded together as UNSATISFACTORY, if no disagreement with the "Lead" Candidate's decision was heard.

However in each of these examples, the students' verbal discussion of possible treatments does not justify an unsatisfactory score, only their actual improper actions or omissions.

The Scenario ends when the candidates state they have completed all required procedures.

STATION SCENARIO FORMAT:

For each practical exam station the state will provide a written patient scenario, which lists the following:

Scenario Type: Trauma, Medical, or BLS

Scenario Setting: The imaginary scene of the emergency situation.

Patient Moulage: Make-up or simulated injuries for the Trauma and Medical stations.

Patient Programming: Instructions for the Evaluator and live patient to follow which includes medical history, facts about the present injury or symptoms, and coaching on when to exhibit pain responses, level of consciousness, etc.

Dispatch Information: Information provided to the students to "set up" the station scenario.

Critical Criteria: Each item on the Station Evaluation Form is listed with student performance expectations provided. For each Critical Criteria for that station, the scenario specifies the expectations for student performance on the simulated patient care situation. The performance expectations for each Critical Criteria represent the minimal acceptable levels of performance for each patient scenario based directly upon the EMT-B or Virginia First responder curriculum.

Example: Grading for a TRAUMA patient who is found unconscious after a fall for the Criteria listed as:

!Assess adequacy of airway and treat

Minimum performance expectation would be: Patient's airway manually stabilized with c-spine control. Airway opened with a jaw thrust maneuver and high flow oxygen applied with a non-rebreather mask at 10 - 15 lpm. If breathing rate is <8 or >24, the patient should be ventilated using a BVM or oxygen powered ventilator (demand valve or transport ventilator) with supplemental oxygen.

Use of airway adjuncts (oral/nasal) would be helpful; but not required; under this performance expectation, if no problems are encountered with ventilating the patient or maintaining an open airway. Again the student actions required for the exam are the minimum performance expectations from the curriculum to provide care in that situation, not necessarily the optimal, perfect, 100%, or best available treatments.

Some Critical Criteria items may be more relevant to a particular scenario than others. In some instances, a Critical Criteria may not require any specific actions by the students. For example, the ability to assess a SAMPLE history would be impossible for an unconscious patient found alone. In this case the exam scenario would indicate that "No action required" and thus the students testing in this scenario could not fail that Critical Criteria.

However in scenario with a conscious patient having a medical complaint, failure to assess the SAMPLE history could easily result in an UNSATISFACTORY score. In that scenario the lack of a proper history might omit information necessary to satisfy the indications for use/non-use of a medication or intervention.

This flexibility allows for variation of the exam scenarios to test different skill areas such as splinting, bandaging, airway control, lifting & moving, etc.

Vital Signs: A listing of the vital signs that would apply to an actual patient in the scenario situation. These vital signs will be reported to the students by the evaluator **only** after the patient actor's vital signs have been physically assessed and reported by the students. Simulated vital signs may reflect changing patient conditions based upon the student's performance or failure to perform in that station.

EXAMPLE: The patient's pulse decreases and blood pressure stabilizes after serious bleeding has been controlled.

THE EXAM STATIONS:

TRAUMA EMERGENCIES STATION: The candidates have a 20-minute time limit for EMT or a 15-minute time limit for First Responder to assess, bandage, package and prepare for transport a live patient actor who has been injured. The scenario can range from a simple fall to multi-system trauma. Usually the patient will have suffered a combination of injuries that may or may not be life threatening. Patients may have any level of consciousness from Alert to Unresponsive. Patients may require any combination of bandaging, splinting, airway control, etc. taught by the curriculum. Decisions to be made include: "Load and Go" vs. "Stabilize on Scene" for EMT candidates; type of bandage or splint required; splint as found or straighten joint; oxygen or airway techniques, etc.

In order to test some specific elements of the exam; such as lifting ability; there will be a need for spinal immobilization or an extrication requiring the patient to be lifted. The two students alone must be capable of lifting an average weight (Total of patient, stretcher and equipment) without assistance.

In this station there is a single time based Critical Criteria as follows: In patient situations which are identified in the curriculum as a critical or "Load and Go" patient condition, the students must have immobilized and moved the patient to initiate transport in less than 10 minutes from the start of the station. *First Responders are not required to determine "Load and Go"*. In scenarios deemed as not a "Load and Go" situation the full 20-minute time period is available to initiate patient transport. In either case the students may use the entire 20-minute period to continue additional treatments and assessments as deemed appropriate.

Specific Notes:

1. If the scenario requires spinal immobilization, students must first demonstrate proper cervical spine immobilization. After demonstrating proper cervical spine immobilization, they may use an IMAGINARY EMT to maintain immobilization. However, they must perform any other skills required to complete immobilization of the patient without other assistance.

MEDICAL EMERGENCIES STATION: The candidates have a 15-minute time limit to assess, treat and package for transport a live patient actor with a medical complaint. This station will always involve evaluation of the patient for one of the five interventions of Epi-Pen, Nitroglycerine, Metered-dose Inhaler, Activated Charcoal, or Oral Glucose. The team will be expected to verbally initiate transport at some time during the exam. In scenarios

where there exists a contraindication for an urgently needed medication or treatment, the candidates will be required to meet the same 10-minute “Load and Go” requirement as discussed earlier.

The scenario may require use of; or have a contraindication for use of; an intervention as determined by the patient assessment process. The team must evaluate the need for Medical Control permission to proceed with an intervention and ask for that permission. NOTE: The Station Evaluator acting as MEDICAL CONTROL will ALWAYS approve the intervention requested. The team should not ask for permission if an intervention is not indicated or they have not completed the required steps prior to asking. Their violation of a contraindication; or failure to properly assess the need for an intervention; is not bypassed by the receipt of MEDICAL CONTROL approval.

EXAMPLE: Patient with chest pain presents the team with their physician prescribed Nitroglycerine but the bottle indicates the medication's expiration date has passed. If the team asks for MEDICAL CONTROL approval they WILL get it, even though the expired medication is a contraindication for its use. The team would score an UNSATISFACTORY for medication administration and be required to retest the station.

Similarly, if MEDICAL CONTROL approval is requested for Nitroglycerine but no blood pressure has been assessed, lack of this vital sign criteria for the intervention is UNSATISFACTORY, even if the scenario B/P is greater than 100 mmhg, but the team did not check it before giving the medication.

EXAMPLE: A patient with a B/P less than 100 mmHg would not be given Nitroglycerine, even in the presence of chest pain, due to the low B/P. It is just as important to know when not to use an intervention, as when it is appropriate for use.

The candidates will simulate the administration of required medication using the epi-pen simulator, metered-dose inhaler simulator, etc. All simulations must be clearly marked with the medication name, expiration date, and the patient’s name in accordance with the scenario. Prescribed medications, according to the scenario, should be in the patient’s pocket and produced when asked about medications they are taking. Prescribed medications not included in the scenario should not be placed with the equipment setup. Non-prescription medications (oxygen, oral glucose, activated charcoal) are always included in the equipment setup.

BASIC LIFE SUPPORT (BLS) STATION: The candidates will have a 15-minute time limit to assess and treat a patient simulated by a CPR manikin. This station is more of a pure skill drill than a scenario. The students are expected to work through the CPR skill procedures for an unconscious patient, treating the ABCs as appropriate. The station may

be configured for situations where the AED advises "SHOCK" or "NO SHOCK" and will require a minimum of one minute of CPR between analysis sequences. Critical Criteria focus on proper sequencing of A-B-C assessment, ability to ventilate the manikin consistently by BVM or pocket mask for two initial ventilations, ability to ventilate by BVM with supplemental oxygen connection after the initial ventilations, AED application and use.

The station ends when either six shocks*(2 sets of 3) are delivered or three consecutive "NO SHOCK ADVISED" messages are received, and the team states that they are ready to transport as specified in the EMT-B curriculum.

In this station there are two, time based Critical Criteria as follows:

!Assess presence of pulse and treat with CPR or AED analysis within 1 minute.

This Critical Criteria requires that the standard CPR A-B-C process is initiated, and within 1 minute, the team must have assessed breathing and airway status, ventilated the manikin twice, assessed for a pulse, and either attached the AED and begun patient rhythm analysis; or started CPR (Usually one-man, while the other Candidate attaches the AED). This time limit follows the AHA standards for the time required for the A-B-C steps when an AED is available. Alternately, both Candidates may work together to apply the AED without starting CPR when the AED is immediately available, if they can complete this procedure within 1 minute (Most teams should be able to do this).

!Begins analysis within 2 minutes of beginning assessment

This Critical Criteria requires that AED analysis be started within a maximum of 2 minutes from when the station begins. This allows an additional minute to attach the AED and begin patient rhythm analysis if the team elected to start one-person CPR first. If the 1-minute goal was met for beginning AED analysis, this item would automatically be satisfied as well.

Specific Notes:

1. The candidate conducting ventilations is solely responsible for providing consistently adequate ventilations (chest rise) regardless of assignment as "Lead" or "Assist".
2. The initial ventilations may be performed using either the BVM or the candidates own pocket mask. All subsequent ventilations must be provided using the BVM to assess the candidate's ability to use this device.

TESTING EQUIPMENT ISSUES:

The AED(s) utilized in the testing stations will be limited to those provided by the Test Site Coordinator (LifePac 500 trainers). Candidate provision of other AED(s) to be used at the site is allowed only with prior approval of the Office of EMS Representative. In such cases, the candidate is responsible for providing the AED(s), pads, and simulator to the Test Examiner prior to the start of the Test Site. The candidature should bring the proper number of AEDs for the test site in accordance with EMT-B Practical Examination Station Recommendations.

When a scenario calls for the administration of oxygen, the candidates are expected to connect the device to an appropriate regulator/tank combination, set the proper flow rate and simulate placing the mask on the patient's face. The actual opening of the oxygen tank to start flow is not required.

THE ON-SITE INTRODUCTION OF CRITICAL CRITERIA OR VARIABLE IS PROHIBITED. Site coordinators or station evaluators are specifically prohibited from introducing any additional Critical Criteria, equipment abnormalities, or any medication contraindications other than those specifically listed on the Office of EMS provided Practical Station Exam Scenario. These include; but is not limited to; the unauthorized use of expired or improperly labeled "placebo" medications, known damaged or malfunctioning equipment, or direct verbal questions to candidates for any purpose other than clarification of student initiated statements or request for "Medical Control".

TEST RESULTS: The on-site Test Examiner will review all test for completeness and validity prior to forwarding the testing materials to the Office of EMS. Site coordinators or station evaluators shall not notify candidates of test results or discuss the testing with students at the Consolidated Test Site. The Office of EMS will notify all candidates of the results of their testing in writing.