District of Columbia Department of Health

Health Emergency Preparedness and Response Administration

Emergency Medical Services Program

Emergency Medical Responder (EMR) Psychomotor Examination Manual

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

POLICY:

The purpose of the following document and its associated tools is to establish standards to ensure that Emergency Medical Services (EMS) education assessment conducted in the District of Columbia is consistent between EMS Educational Institutions and aligned with current best practices. Any entity that is certified by the DC Health EMS Program to conduct practical examinations for initial certification candidates must apply the following methods when assessing psychomotor competency at the Emergency Medical Responder (EMR) scope of practice. In order for practical examination results to be validated and reported by the DC Health EMS Program, said entities must be eligible to conduct such psychomotor assessments and must continuously maintain all minimum requirements once approved. Practical examinations conducted by EMS Educational Institutions are subject to audit at any time by the DC Health EMS Program. EMS Educational Institutions that fail to utilize these methods or meet any accreditation requirements may have their practical examination results invalidated and their ability to conduct summative, psychomotor assessments suspended or revoked. For additional information or clarification please contact the DC Health EMS Program at (202) 671-4222 or ems.hepra@dc.gov.

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II. GENERAL EXAMINATION ADMINISTRATION

PSYCHOMOTOR EXAMINATION DIRECTIVE

Certified EMS Educational Institutions will conduct all practical examinations for all basic life support (BLS) certification courses accredited by the DC Health EMS Program and accepted by the National Registry of Emergency Medical Technicians (NREMT). The Emergency Medical Responder (EMR) scope of practice and its preparatory courses are considered BLS education in the District of Columbia. In order to attest that an EMR certification candidate has demonstrated psychomotor competency to the degree required by the National EMS Education Standards (NEMSES), evaluators must organize, conduct and report practical examinations in an appropriate manner. This manual will provide the standards and practices that must be demonstrated by EMS Educational Institutions to validate practical examination results.

DC HEALTH EMS PROGRAM NOTIFICATION

Prior to applying for EMS education course approval, the schedule (dates and times) for all inherent practical examinations must be identified by the EMS Educational Institution and reflected in the application. Once approved, the DC Health EMS Program must be notified in writing of any changes to the practical examination schedule no less than fourteen (14) days prior to the newly proposed examination date(s). EMS education course applications that do not include a practical examination schedule will not be approved. EMR practical examinations conducted without the approval of the DC Health EMS Program will neither be validated nor their results reported to the NREMT.

PSYCHOMOTOR EXAMINATION AUDITS

EMR psychomotor examinations may be audited by on-site DC Health EMS Program representatives to ensure they meet or exceed the standards and practices established in this manual. During an audit, a representative from the DC Health EMS Program will be present at the designated examination site at the indicated date and time. Should the DC Health EMS Program conduct a practical examination audit, a report of findings will be submitted to the course record. Should any findings not meet the standards defined in this manual, the DC Health EMS Program may invalidate any individually completed practical examination station or the examination in its entirety. EMS Educational Institutions failing to allow for reasonable and adequate access to a practical examination for audits when announced will invalidate the results of the examination and may invite further disciplinary action by the DC Health EMS Program.

III. CONDUCTING AN EMR PSYCHOMOTOR EXAMINATION

EMR PSYCHOMOTOR EXAMINTATION STATIONS

The EMR psychomotor examination consists of three (3) skill stations. These skill stations consist of both skill-based and scenario-based, practical testing. They include:

- Airway / Resuscitation Station
- Patient Assessment / Management (Medical or Trauma) Station
- Integrated Out-of-Hospital Scenario (IOHS) Station

The candidate will be evaluated individually in each station and will be expected to direct the actions of any Professional EMR Partners who may be present in the station. The candidate should pass or fail the examination based solely on their actions and decisions.

EMR PSYCHOMOTOR EXAMINATION TYPES

The EMS psychomotor examination is comprised of two examination types, formative and summative, that are designed to gauge skills competency during and after course learning. Formative practical examinations are designed to assess candidate psychomotor competency during the learning process. The EMR practical examination consists of two (2) formative, practical examination skill stations that are to be conducted mid-program. The random Patient Assessment / Management (Medical or Trauma) and the combined Airway / Resuscitation stations will be conducted on the date(s) determined by the Examination Coordinator and approved by the DC Health EMS Program. Formative examinations may not be conducted on the same day as summative examinations.

The EMR psychomotor examination consists of one (1) summative skill station evaluation that is to be conducted at the culmination of the course. Summative practical examinations are, at a minimum, an event which facilitates at least one round of testing for all registered candidates in a continuous and reasonable timeframe. Candidates will complete one (1) Integrated Out-of-Hospital Scenario (IOHS) of either the trauma or medical patient on the date(s) pre-determined by the examination coordinator and approved by the DC Health EMS Program. All psychomotor examination results are to be sufficiently documented and maintained by the Examination Coordinator and submitted to the DC Health EMS Program at the end of the examination.

ROLES & RESPONSIBILITIES

In order for a psychomotor examination to be valid and efficient it requires an adequate staffing minimum with consistent roles. To ensure accurate and reliable practical competency

evaluation each role has specific criteria for assignment and expected behavior. The following roles and subsequent responsibilities are recognized by the DC Health EMS Program and required for the successful conduction of an EMR psychomotor examination and individual skill station assessment.

Examination Coordinator

The Examination Coordinator is responsible for the overall planning, staffing, implementation, quality control and validation of the psychomotor assessment process. The Examination Coordinator is responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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.
- Ensuring that each Skill Examiner similarly conducts themselves throughout the practical examination.
- Coordinating the practical examination with an approved agent to oversee the administration of the psychomotor evaluation.
- Maintaining a list of candidates and their requisite contact and demographic information who will be attending the practical examination.
- Notifying the DC Health EMS Program of any approved practical examination postponements or cancellations.
- Ensuring that the facilities for the psychomotor evaluations meet this District of Columbia policy and National EMS Educational Standards.
- Ensuring all Skill Examiners are vetted and approved by the DC Health EMS Program, the Program Director and the Medical Director of the EMS Educational Institution.
- Ensuring all Skill Examiners are following the approved practical examination protocol; utilizing the correct language, tools and standards of psychomotor evaluation (APPENDIX B).
- Selection or approval of all Simulated Patients.
- Selection or approval of all Professional EMR Partners.
- Obtaining clean, functional and required equipment for each skill station and ensuring that all equipment is operational.
- Overseeing the timely and equitable flow of all candidates through the skill stations.
- Writing and submitting for approval scenarios to be used during the IOHS scenarios and patient assessment scenarios.

- Utilizing scenarios approved by the DC Health EMS Program for testing prior to the examination (APPENDIX C).
- Maintaining the integrity of approved scenarios prior, during and after candidate examination.
- Ensuring that compromised scenarios are replaced at any phase of testing by an approved alternate.
- Maintaining a testing environment which prohibits and discourages candidate discussion of specific skill station scenarios and performance.
- Designating a physical space apart from the candidate staging and testing area(s) where candidates can privately receive their final practical examination results.
- Executing all Quality Assurance Committee duties when required.

The Examination Coordinator must be present at the site during the entire examination and be able to respond to any questions or concerns that may arise. If the Examination Coordinator cannot attend the examination due to unforeseen circumstances they must assign a competent, informed and capable person to coordinate all examination activities in their absence. In such a case, this person shall assume all responsibilities of the Examination Coordinator throughout the examination. The Examination Coordinator or their proxy designee must have completed the NREMR Examination Coordinator training with DC Health EMS Program or on the DC Health EMS Program Learning Management System (LMS) (if available) prior to coordinating an examination. A DC Health EMS Program representative may assume the role of Examination Coordinator at any time or in the absence of a competent proxy.

Medical Director

All EMR psychomotor examinations must have an approved EMS Educational Institution Medical Director available for consultation throughout the entirety testing. While not required to be physically present for a practical examination, Medical Directors must be accessible for real-time interaction with testing stakeholders throughout the entire examination. Medical Directors are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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.
- Ensuring all Skill Examiners are vetted and approved by the DC Health EMS Program, the Program Director and the Medical Director of the EMS Educational Institution.
- Validating the clinical accuracy of all proposed IOHS.

- Responding to all clinical questions that may arise during the examination.
- Executing all Quality Assurance Committee duties when required.

Skill Examiner

Skill Examiners must be selected and approved by the Medical Director of the EMS Educational Institution and must have completed the NREMR Skill Examiner training with the DC Health EMS Program or on the DC Health EMS Program LMS (if available). EMS Educational Institutions should recruit competent Skill Examiners from the local EMS community. Only EMS providers currently certified or licensed to clinically perform the psychomotor skill they are to evaluate are permitted to perform the role. At a minimum, Skill Examiners must be able to produce a current NREMT certification image that meets or exceeds the scope of practice performed at the skill station. While not required, it is highly recommended that summative, practical examination Skill Examiners demonstrate mastery of assessment theory and practice inherent in the station. For example, Skill Examiners evaluating the IOHS or Patient Assessment / Management skill station may be certified to teach exogenous, focused medical curricula (e.g., PHTLS, ATLS, AMLS, ACLS, ITLS, etc.), operate clinically at a higher scope of practice than the examination or demonstrate industry tenure and experience commiserate with skill mastery. Skill Examiners assigned to evaluate the formative Airway / Resuscitation skill station should hold current credentials equivalent to a cardiopulmonary resuscitation (CPR) instructor recognized by the DC Health EMS Program.

Every effort should be made to select Skill Examiners who are fair, consistent, objective, respectful, reliable and impartial in their conduct and evaluation. Careful attention should be paid to avoid possible conflicts of interest, politics or any additional pre-existing conditions that could potentially bias the Skill Examiner towards a particular candidate or the entire group of candidates. Should examiner bias be discovered *in situ*, associated Skill Examiners must be replaced with an appropriate alternate. The validity of potentially biased examination results may be reviewed by Exam Coordinators or DC Health EMS Program auditors.

Skill Examiners should be chosen based on their expertise and understanding that there is more than one acceptable way to perform all skills. In no case shall a primary instructor serve as a Skill Examiner for their students. For example, the local instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment / Management – Trauma Skill Examiner, but can be utilized to evaluate another skill so long as no bias exists and they are qualified to perform the skill to be evaluated. The Examination Coordinator should work to obtain Skill Examiners who are not acquainted with the candidates when possible. All Skill Examiners are responsible for the overall conduct of their skill evaluation area, ensuring the integrity and reliability of the examination while maintaining strict security of all examination materials. Skill Examiners are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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.
- Ensuring that the Simulated Patient and other participants conduct themselves similarly throughout the examination.
- Objectively observing and recording each candidate's performance.
- Ensuring the physical space is conducive for all skills being evaluated.
- Briefing any Simulated Patient or programming any high-fidelity simulation manikin for the assigned skill.
- Ensuring all equipment, props, and moulage before and during the examination are present in the appropriate quantities and are accurate.
- Acting in a professional, unbiased and non-discriminating manner while being cautious to avoid any perceived harassment of any candidate.
- Limiting conversation with candidates to communicating instructions and answering permissive questions.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" as printed in the material provided by the DC Health EMS Program.
- Providing timely, reasonable and accurate response to patient assessment findings and responses to performed intervention.
- Avoiding social conversation with candidates or making comments on a candidate's performance.
- Timing, recording, totaling, and documenting all performances as required on each skill evaluation form.

Professional EMR Partners

The IOHS station is designed to include the assistance of a Professional EMR Partner to assist with the simulated treatment and manipulation of the Simulated Patient. Only EMS providers currently certified or licensed to clinically perform to the scope of practice that is being tested are permitted to perform the role. At a minimum, Professional EMR Partners must be able to produce a current NREMT certification image that meets or exceeds the scope of practice performed at the skill station. Professional EMR Partners are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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.

- Understanding and acknowledging specific instructions to each Professional EMR Partners by reading the "Information for the Professional EMR Partner" as printed in the material provided by the DC Health EMS Program.
- Demonstrating followership (be receptive to leadership).
- Perming functions using and maintaining situational awareness.
- Utilizing appreciative inquiry.
- Avoiding freelance activity.
- Listening actively while using closed-loop communication and reporting progress on tasks.
- Performing tasks accurately and in a timely manner.
- Advocating for safety and being safety conscious at all times.
- Maintaining the integrity of approved scenarios prior, during and after candidate examination.

Professional EMR Partners are not permitted to intentionally make any mistakes and are expected to perform all requested tasks to the best of their ability. They also have a responsibility to alert the testing candidate if there is an actual concern for patient or team safety before harm occurs. Professional EMR Partners should abstain from directing patient care initiatives or interjecting in patient assessments. Otherwise, persons in this role should perform and communicate with all station participants during the scenario just as they would "on scene" on an actual EMS call.

Simulated Patients

In order to appropriately simulate injury and illness for assessment and management, Simulated Patients should be employed for all EMR psychomotor examinations. Simulated Patients may be augmented with moulage to create visual signs discoverable by the candidate when performing assessments. They may also respond when appropriate to candidate questions and simulated intervention. Therefore, Simulated Patients become part of the protected testing material and should be obscured from the testing candidates until such time as they are being evaluated at that station.

At no time should a Simulated Patient be made to feel overly exposed during their assessment. Nor should they be subjected to any painful or dangerous simulated assessments or interventions by the candidate or their Professional EMR Partners. Skills Examiners must ensure that the comfort and modesty of Simulated Patients is constant throughout the practical examination.

While a certified EMS provider may be ideal for the role of Simulated Patient due to their experience and ability to respond to candidates with clinical acumen, staffing may not always permit. Lay persons may also be assigned to be a Simulated Patient. When this occurs, Skills Examiners must either coach the Simulated Patient on how to respond appropriately to candidates or respond directly on behalf of the Simulated Patient when required. Individuals of average adult height and weight can serve as Simulated Patients. Simulated Patients must be adults or adolescents older than sixteen (16) years of age. If a specific action is required of the Simulated Patient for a given scenario, those selected for the role must be able to perform said action. A high-fidelity simulation manikin capable of responding as an actual patient, allowing a complete physical examination and demonstrating appropriate injury or illness may be used as a Simulated Patient. Candidates who are registered to take the examination may not serve as Simulated Patients or assistants for any skill station.

Candidate

EMR psychomotor examination candidates must be approved and registered by the Examination Coordinator or their agents prior to testing. Prior to being registered to test, prospective candidates must:

- Demonstrate proof of completion of an approved EMR course.
- Create a candidate account via the NREMT electronic portal.
- Create a candidate application for certification via the NREMT electronic portal.

Prospective candidates should not be registered for a summative, EMR psychomotor examination until their application is approved by the NREMT and can produce an Authorization to Test (ATT) Letter. Prospective candidates can request registration for an upcoming practical examination when their electronic Certification Application Status is designated “Ready to Test”. Examination Coordinators who are not affiliated with a prospective candidate’s original EMS Educational Institution or EMR course must verify their eligibility to test prior to registering. Prospective candidates must produce a valid, government-issued photographic identification that matches the name on the NREMT ATT Letter.

Candidates who are retesting any skill station must produce valid documentation (Form 200-307.a.5) from their previous examination attempts prior to being registered. **The DC Health EMS Program cannot report psychomotor competency results for ineligible test takers to the NREMT. Practical examination results for ineligible persons are not valid and may not be applied to future candidate applications.**

Registered candidate rosters must include the candidate’s legal name (as it appears on a valid federal or state issued identification document), phone number and email address as well as indicate the portion(s) of the examination that each candidate needs to complete. This

information will allow Examination Coordinators to plan, staff appropriately, and prepare facilities to ensure an efficient and comprehensive practical examination. It will also allow the DC Health EMS Program the ability to contact candidates directly after testing is complete when needed. While *ad hoc*, same-day candidate registration is allowed it is not best practice and may not bypass the eligibility verification process.

IV. EMR PSYCHOMOTOR EXAMINATION PROTOCOL

EXAMINATION SECURITY

Maintaining the security of all issued examination materials during the examination and ensuring their return to the Examination Coordinator remains the responsibility of the Skill Evaluator. Examination Coordinators or DC Health EMS Program auditors who suspect a candidate had prior knowledge of a scenario must invalidate respective examination results for that skill station. While most candidates participating in the psychomotor examination will do so in an ethical manner, there is a small minority who may try to work around or cheat the process.

INTERRUPTED EXAMINATIONS

Once the psychomotor examination has started, a candidate may choose to withdraw prior to completion. Should this occur, the Examination Coordinator must collect all candidate testing materials and draft a letter with a completed narrative describing the circumstances around the incomplete examination. Skill station results completed prior to the examination interruption should be documented. Any mandatory skill station that was not attempted due to a candidate's unscheduled withdrawal will be scored as a failed attempt.

Examination skill stations may experience an unplanned interruption that could affect the concentration or performance of a candidate. Excess or recurring interruptions should be reported to the Examination Coordinator when they occur. When an interruption may have been the cause of a candidate failure at a skill station, a DC Health EMS Program representative should be contacted. Results for interrupted skill stations may be nullified or sustained based on the judgment of the representative following review of the incident.

PROHIBITED MATERIALS

Candidates are not permitted to use notes of any type in the psychomotor examination, and they are not permitted to take any study materials into any skill station 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, recording devices, 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 must be dismissed from the examination process by the Examination Coordinator.

IRREGULAR BEHAVIOR

The NREMT has disciplinary policies in place to address irregular behavior during examinations (visit http://www.nremt.org). The DC Health EMS Program has additional disciplinary policies related to irregular behavior of which the Examination Coordinator must be aware. The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

- The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
- The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination questions, answers or scenarios before, during or after the examination.
- Acting in a threatening manner toward DC Health EMS Program representatives, examination personnel or fellow candidates.
- The offering of any benefit to any DC Health EMS Program representative or examination personnel in return for any aid or assistance in taking an examination.
- The engaging in dishonest behavior in connection with the administration of the examination.
- Failure to comply with the instructions of the Examination Coordinator.

If a candidate is suspected of committing any of the above actions, the Examination Coordinator must complete the EMR Psychomotor Examination Failure Report Form (APPENDIX D) ensuring to include the following criteria:

- Identify each suspected candidate by name, identification number, and level of examination.
- Describe the suspected or observed examination protocol violation.
- Identify any other candidate(s) suspected of being involved. Place his/her name(s), identification number(s), and level of examination(s) in the report.
- 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, and any other person who also observed the incident.

- Each person submitting the report must sign the report. The Examination Coordinator must submit all reports to the DC Health EMS Program with the course closure documents.

EXAMINATION DISMISSAL

If a candidate's behavior during the psychomotor examination disturbs or prevents other candidates from doing their best work, warn the candidate that the Examination Coordinator will dismiss them if the behavior persists. Because of the need to maintain order and examination security in the examination process, Examination Coordinators have the authority to dismiss a candidate for misconduct, as outlined above. However, dismissal from the examination may have severe consequences for a candidate and should be considered carefully.

Examination Coordinators may sometimes be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or reprisal. Sound judgment and equity should be employed to make this decision. No action should be taken until the deciding parties are confident a candidate has engaged in prohibited behavior. When an Examination Coordinator is sure of a violation, they should immediately collect all the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Examination Coordinators must inform the candidate(s) that failure to abide by examination regulations has made these actions necessary. A complete account of the incident must be documented in a report following the criteria outlined above using the EMR Psychomotor Examination Results Form (APPENDIX E). Dismissed candidates' examination results will be scored as a failed attempt, and they are not eligible to retest that same day.

EXAMINATION RESULTS

Skill Examiners must observe and record the candidate's performance on the current, corresponding skill station testing sheet (APPENDIX C). Once completed, these skill sheets are then collected by the Examination Coordinator and recorded according to the pass/fail criteria approved by the DC Health EMS Program (APPENDIX A). These results should be verified and transcribed to the candidate's EMR Psychomotor Examination Results Form by the Examination Coordinator. The skill station testing sheets are to be kept on file with course records at the EMS educational institution, with copies submitted to the DC Health EMS Program as part of the requisite course closure documents. Once received, a DC Health EMS Program representative will review the grading reported for each candidate. Incomplete or incorrect documentation will be returned to Examination Coordinators for correction and/or clarification.

All summative psychomotor examinations are graded on a pass/fail basis. In most cases, the Skill Station Examiner will easily determine the results. If the result is not easily determined,

the Examination Coordinator and the Skill Station Examiner may review the situation as a group before making a final decision, with the understanding that the Examination Coordinator may not have directly witness the performance of the candidate in question. Comments and/or documentation from the Simulated Patient, Professional EMR Partner and the Skill Examiner should all be considered when determining the final result. Any skill station performance resulting in failure requires the completion of an associated EMR Psychomotor Examination Skill Failure Form prior to submission/tabulation.

All unofficial results must be reported to the candidate as either a pass or failure of the completed skill station. Skill station results must only be reported to candidates after the results have been reviewed and recorded by the Examination Coordinator. Skill Examiners must not report or expound upon a candidate's results within the skill station.

V. EMR PSYCHOMOTOR EXAMINATION ATTEMPTS

RETESTING PROTOCOL

Retesting of failed skill stations may be completed on the same day if the hosting institution can accommodate the additional attempt(s). Educational institutions are not required to host same-day retests. The decision should be made as early as possible during the examination if not prior to. Retesting must only be performed if the institution can accommodate all students from the initial attempt needing to retest. Consensus and the ability of appropriate Skill Examiners to complete all retests should be confirmed by the Examination Coordinator prior to start. Additionally, Examination Coordinators must be able to score and report all psychomotor retest results. Skill Examiners who originally assessed a candidate at a given skill station are not permitted to retest the same candidate at that same skill station on the same day. Candidates retesting a randomized assessment skill station must be retested using a new patient scenario of the same type as the original attempt. For example, if a candidate is assigned a trauma scenario at the Patient Assessment / Management skill station and fails, they must be retested using a new trauma scenario. Skill Examiners and Examination Coordinators must refrain from unnecessary animosity and undue retribution at all times.

Examination Coordinators must not commit to administering a same-day retest until the final decision has been made in consideration of the factors outlined above. Once the decision is made to conduct a same-day retest, all candidates should be informed of its availability. The Exam Coordinator must also inform all candidates that they will be entitled to only one (1) retest attempt that day.

No candidate is permitted to complete the full EMR Psychomotor Examination twice on the same day. Candidates may elect not to participate in a retest on the same day. If so, this decision should be documented by the Examination Coordinator. All retests options must be completed within twenty-four (24) months of the initial course completion date to be considered valid. Candidates are not required to retest with the same hosting institution as their original attempt(s). Failure to successfully complete all three (3) skill stations within the allotted time will constitute a failure of the EMR psychomotor examination.

EXAMINATION FAILURE

Candidates who fail their EMR psychomotor examination are eligible for an additional round of testing after completing formal remediation by a certified EMS Educational Institution. Completed remediations must be documented by Examination Coordinators and reported to the DC Health EMS Program prior to the candidate registering for additional psychomotor testing. Once registered, recycled candidates must successfully complete all three (3) stations, and have three (3) total attempts to do so. Results from the previous psychomotor

examination attempt may not be applied to future examinations. All requirements and protocols applied to a candidate's first examination attempt also apply to their second attempt.

Should a candidate fail their second examination (or fail six [6] attempts at one [1] or more stations) they are ineligible for additional psychomotor testing prior to completing an additional EMR course. Failures of the EMR psychomotor examination at all relevant stages will be reported electronically by the DC Health EMS Program to the National Registry. Individuals who fail both EMR psychomotor examination attempts may not register as a candidate for future examinations without providing a new Authorization to Test (ATT) letter from the NREMT.

Informing candidates of their psychomotor examination results may create an emotional response from candidates who may have failed any portion. The Examination Coordinator should be aware of this possibility, and prepare a reporting environment conducive to such exchanges. Should a candidate's behavior in response to or in expectation of reported results become untenable, candidates may be dismissed from the remainder of the examination by the Examination Coordinator, forgoing additional retest attempts that day. In these cases, any unofficial examination results and/or additional directives should be communicated to the candidate within forty-eight (48) hours of the conclusion of testing. Examination Coordinators must thoroughly document these events as they occur.

VI. EMR PSYCHOMOTOR EXAMINATION QUALITY ASSURANCE & GRIEVANCES

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee (QAC) is responsible for reviewing and rendering official and final decisions for all raised grievances. The QAC must consist of EMS Educational Institution's current Medical Director, the active Examination Coordinator, and a DC Health EMS Program representative. When a DC Health EMS Program representative is also acting as the Examination Coordinator, a third uninvolved, unbiased individual must be appointed to the Quality Assurance Committee. Likewise, a neutral, impartial individual should replace any aforementioned QAC member named in a grievance or potentially biased prior to any deliberations. All members of the formed QAC should have expert knowledge of both the DC Health EMS Program and NREMT administrative standards. DC Health EMS Program representatives will serve as the chairperson of the QAC once convened. No grievances should be discussed or can be ruled upon until all members of the QAC are assembled virtually or otherwise.

GRIEVANCE RESOLUTION

While the grievance process is designed to allow testing candidates the opportunity to formally voice complaints, formal grievances may also be raised by any examination personnel who witness deviation from approved examination protocol. When a DC Health Program representative or Examination Coordinator receives a complaint that may be valid, they should provide the reporting party with the EMR Psychomotor Examination Grievance Report Form (200-307.a.6) (APPENDIX F). Reporting parties will then be permitted adequate time to complete the form for submission.

The DC Health EMS Program will only validate a candidate's grievance based upon alleged discrimination, hindrance or equipment malfunction experienced by the candidate. In these cases, the DC Health EMS Program must inform the candidate and the QAC of the candidate's pass/fail status. The candidate must remain at the examination site should further questions arise and await the committee's decision.

Guidelines for the Quality Assurance Committee include:

- The Examination Coordinator should inform the committee when a formal grievance has been initiated.
- The DC Health EMS Program should acquire the skill evaluation form(s) from the skill(s) identified in the complaint. Only skills addressed by the reporting party in the written grievance should be reviewed.

- The QAC should determine the necessity to interview any contributing party.
- Interviews may be conducted by any of the members of the committee provided the unabridged results are reported to the remaining members.
- A virtual or in-person meeting may be conducted.
- Each member of the committee has one vote. A majority vote rules as the official decision of the QAC.

After all facts have been gathered, disclosed and deliberated upon, the Quality Assurance Committee should vote to determine one of the following outcomes:

- The grievance is valid and the results of the skill station(s) in question are nullified regardless of original scoring. The candidate is directed to repeat the skill station(s). Nullified results will neither be reported nor considered an examination attempt but should be archived with the written grievance.
- The grievance is not valid and all results in question are sustained as originally scored. Sustained results are reportable and should be conveyed to the candidate by the DC Health EMS Program representative.

The candidate should be advised that this decision is final and cannot be reversed. Any candidate whose original results have been nullified must be reexamined by a different skill examiner. The Examination Coordinator must submit the completed EMR Psychomotor Examination Grievance Form with any additional Quality Assurance Committee investigative findings to the DC Health EMS Program with the other requisite examination reporting documents.

VII. EMR PSYCHOMOTOR EXAMINATION REPORTING

EXAMINATION CLOSURE PROCESS

Examination Coordinators may be very busy towards the end of testing. To facilitate an organized and compliant psychomotor examination closure, Examination Coordinators and Skill Evaluators should collaborate to ensure:

- That all secure scenario materials are returned to the Examination Coordinator. The Patient Assessment / Management (Medical and Trauma) skill stations and the Integrated Out-of-Hospital Scenario will each have protected scenario materials to secure prior to the Skills Examiners departure from the site.
- That all secure scenario materials are immediately stored or destroyed in a manner which prevents discovery by the public and/or candidates.
- That all Skill Examiners have the opportunity to voice any concerns or obstacles that they may have experienced throughout the examination.
- That all required forms and documentation have been completed by Skills Examiners prior to their departure from the site.
- That all unofficial results (for both initial and retest attempts) have been recorded completely.

EXAMINATION REPORTING REQUIREMENTS

Examination Coordinators must produce a psychomotor examination roster inclusive of the summative skill station results for all individual candidates. Examination results must be reported to the Program Director and the Medical Director of the hosting EMS Educational Institution. Examination Coordinators must report all examination outcomes to the DC Health EMS Program within fourteen (14) days of examination conclusion. Reporting should include the following requisite course closure documents:

- Psychomotor Examination Roster (complete with station pass/fail results)
- All completed Skill Station testing forms
- Any completed EMR Failure Reporting Forms
- Copies of all completed EMR Psychomotor Examination Results Forms (with signatures)
- Any completed EMR Psychomotor Examination Grievance Report Forms
- Any applied NREMT Accommodation Letters

Upon receipt of EMR psychomotor examination results, the DC Health EMS Program will review all documents for completion. Provided the documentation is complete, a DC Health EMS Program representative will report all results electronically via the NREMT online management portal within fourteen (14) days. Should submitted examination reports be deficient or require clarification, the DC Heath EMS Program will contact the EMS Educational Institution of origin with a request for additional information. Deficient reporting can cause delays in psychomotor examination reporting to the National Registry. Candidates should be made aware of these timelines by the Examination Coordinator when learning their examination results.

VIII. EMS PSYCHOMOTOR EXAMINATION ACCOMMODATIONS

ACCOMMODATION APPROVAL

All candidates must complete the EMR 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 DC Health EMS Program. The DC Health EMS Program is not authorized to individually make any determination for accommodation of the NREMT psychomotor examination without prior authorization. For example, it is not appropriate to move the Simulated Patient in the Patient Assessment / Management skill station 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 Examination Coordinator 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 DC Health EMS Program for guidance.

The National Registry complies with the Americans with Disabilities Act (ADA) in regards to requests for examination accommodations consistent with its mission and public protection. The National Registry offers reasonable and appropriate accommodations for the written and practical components of the registration examination for those persons with documented disabilities as required by the ADA. Additional information may be found here.

REQUESTING EXAMINATION ACCOMMODATION

The DC Health EMS Program urges all candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. At a minimum, all requests for accommodations must be received by the National Registry no less than thirty (30) days before scheduling the examination. The National Registry will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following guidelines:

- To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that their condition substantially limits one or more major life activities.
- Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.

- Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's ability to assess the essential functions of pre-hospital care, which the test is designed to measure.
- Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
- The National Registry realizes that each candidate's circumstances are unique and a case-by-case approach to review the documentation is required.
- All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to National Registry staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

Candidates requesting testing accommodations should refer to the National Registry Accommodations Check List (APPENDIX G) for a detailed submission process and submission toolkit. All National Registry accommodation decisions must be reported to the DC Health EMS Program prior to the date of psychomotor examination (including formative stage testing). Examination Coordinators may not register a candidate for accommodated testing without an official National Registry Accommodations Letter on file. NREMT Accommodation Letters should also be included in the EMR psychomotor examination reporting completed upon examination closure.

PERMISSIVE ACCOMMODATION

If approved, the extent to which an EMR psychomotor examination skill station can be modify to accommodate a candidate will be specified in the language of the official National Registry Accommodation Letter. Accommodations must not be extended to other testing candidates not specifically named in the letter. While neither the DC Health EMS Program nor the National Registry set policy for EMS Educational Institutions regarding appropriate accommodations in the classroom, unofficial accommodations utilized by educators during the learning process may not be employed during psychomotor testing without the formal written consent described above.

APPENDIX A

EMR PSYCHOMOTOR EXAMINATION SKILL STATION EVALUATION STANDARDS

EMR psychomotor examination skill stations should be evaluated consistently regardless of the assigned Skill Examiner. Candidate performance must be documented in real time by the assigned Skill Examiner using the current skill station form (Form 200-307.a.1-3). Candidates attempting the combined Airway / Resuscitation skill station will have a maximum of fifteen (15) minutes to complete the activity. The minimum passing score is sixteen (16) points. Candidates attempting the randomized Medical or Trauma Patient Assessment / Management skill station will have a maximum of fifteen (15) minutes to complete the activity. The minimum passing score is thirty-three (33) points. Candidates attempting the Integrated Out-of-Hospital Scenario skill station will have a maximum of fifteen (15) minutes to complete the activity. The minimum passing score is ten (10) points. The table below summarizing these timing and scoring standards has been created for ease of reference.

EMR Psychomotor Examination Skill Station Reference Chart

Skill Station	Time Limit	Minimum Passing Score
Airway / Resuscitation	15 min	16 pts
Patient Assessment / Management (Medical or Trauma)	15 min	33 pts
Integrated Out-of-Hospital Scenario (IOHS)*	15 min	10 pts

* Examiners must continue to evaluate candidates for the entire allotted time

Failure of any single Critical Criteria is considered a failure of the skills station regardless of accumulated point totals. For the IOHS skill station a score of zero (0) in any of the scenario's Mandatory Action sections would constitute a failure to appropriately address. If observed, the evaluating Skill Examiner should document the Critical Criteria finding accordingly. Should a candidate demonstrate failure of any Critical Criteria, Skill Examiners must provide a written summary of the performance deficiency using the current EMR Failure Report Form (200-307.a.4).

APPENDIX B

EMR PSYCHOMOTOR EXAMINATION SKILL STATIONS

I. AIRWAY / RESUSCITATION STATION

AIRWAY / RESUISCITATION STATION – OVERVIEW

All candidates will be required to perform one (1) combined "hands-on", physical assessment and treatment of a manikin simulating a patient transitioning from respiratory distress to cardiac arrest. This skill includes:

- Assessment of the adult patient
- Oxygen preparation and administration
- Suctioning of the adult airway
- Insertion of a basic airway adjunct
- Ventilation of the apneic adult patient
- Cardiac arrest management / AED

AIRWAY / RESUISCITATION STATION – EQUIPMENT

Do not open this skill for testing until a DC Health EMS Program representative or Examination Coordinator has provided you with an approved medical and/or trauma scenario. An appropriate Simulated Patient should also be staged according to the scenario. The following equipment should be available for candidate use and in good working order throughout the examination:

- Automated external defibrillator (trainer model with adult pad set and adequate battery charge/life)
- CPR manikin (adult that is real-time quality feedback capable and programmed with current resuscitation guidelines)
- Bag-valve-mask device with reservoir (adult)
- Oropharyngeal airways (selection of adult sizes)
- Oxygen connecting tubing
- Oxygen cylinder/tank (must be pressurized with air or oxygen for oxygen administration via non-rebreather mask)
- Oxygen cylinder/tank regulator
- Oxygen cylinder/tank regulator wrench/key
- Stethoscope
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing

- Supplemental oxygen delivery devices (selection of adult sized nasal cannulas, non-rebreathers, etc.)
- Tongue blade

AIRWAY / RESUISCITATION STATION – INSTRUCTIONS FOR SKILL EXAMINERS

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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 EMR Assistant and/or Simulated Patient conducts themselves 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 Candidate" exactly as printed in the material provided by DC Health EMS Program. Skill Examiners must limit conversation with candidates to communicating instructions and answering 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 read the specific essay for the assigned skill before the actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and Professional EMR Partner 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 materials to the Examination Coordinator.

In this skill, the candidate will have fifteen (15) minutes to provide supplemental oxygen, airway management, ventilation and resuscitation to a patient transitioning from respiratory distress to cardiac arrest. Upon initial presentation the adult patient has shortness of breath a weak

carotid pulse and no other associated injuries. The patient is found supine and confused on the floor. The adult manikin must be placed and left on the floor for these skills. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. A three (3) 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 will be instructed to assemble the oxygen delivery system and administer oxygen to the Simulated Patient using a non-rebreather mask. Throughout this skill, the candidate should take or verbalize appropriate PPE precautions. At a minimum, examination gloves must be provided as part of the equipment available in the room. During this procedure, the candidate must check for tank or regulator leaks as well as assuring a tight mask seal to the patient's face. If any leak is found and not corrected, you should deduct the point, check the related "Critical Criteria" and document the actions. You should do the same if the candidate cannot correctly assemble the regulator to the oxygen tank or operate the regulator and delivery device in a safe and acceptable manner. Oxygen flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills verification of oxygen administration by non-rebreather mask, oxygen flow rates of at least 10 L/minute are acceptable. Once supplemental oxygen has been applied or the candidate has demonstrated failure to do so, you must verbally provide a clinical change in status of the patient to the candidate. This should prompt him/her to reassess and or intervene in the next step of the station scenario.

You should inform the candidate that the patient is unresponsive and apneic but has a weak carotid pulse of 60. The candidate should next open the patient's airway. 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 (BVM) device. 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 beginning his/her performance. Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), ventilation must be accomplished within the initial thirty (30) seconds after the patient becomes apneic 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. 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. The candidate must oxygenate the patient by ventilating at a rate of ten (10) – twelve (12)/minute (one [1] ventilation every five [5] to six [6] seconds) with adequate volumes of oxygen-enriched air. 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. Each breath should be delivered over one (1) second and cause 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 prompt them to enter the pulseless arrest phase of the station by stating that their, “…EMR partner during reassessment partner during reassessment informs you the patient is now pulseless.”

This is a witnessed cardiac arrest scenario and no bystander CPR has been initiated. After performing five (5) cycles of single-rescuer adult CPR, the candidate is required to incorporate an 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 reassessing the patient and determining that the patient is unresponsive, the candidate should immediately request an AED from their EMR partner. The candidate should then assess for breathing and pulse simultaneously for no less than five (5) seconds and no more than ten (10) seconds. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations and is pulseless, the candidate should immediately begin chest compressions. 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 two (2) minutes of single-rescuer CPR. Because high-quality CPR has been shown to improve patient outcomes from out-of-hospital cardiac arrest, you should watch closely or incorporate a CPR quality feedback device as the candidate performs the skill to assure adherence to the current resuscitation guideline 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 ten (10) seconds at any point

After five (5) cycles or two (2) minutes of single-rescuer CPR, an AED should be made available to the candidate. As soon as pulselessness is verified, the candidate should direct a second rescuer to resume chest compressions. You can be the second rescuer for this portion of testing, and should perform high quality CPR as an EMR Professional Partner. 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 Examination Coordinator 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.

AIRWAY / RESUSCITATION STATION – INSTRUCTIONS FOR CANDIDATES

Skill Examiners should read the following script to all testing candidates upon arrival to the station.

AIRWAY / RESUSCITATION STATION

Welcome to the Airway / Resuscitation Station. In this skill station, you will have fifteen (15) minutes to perform your assessments and interventions for a rapidly evolving patient. Please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner, if the candidate indicates that they are prepared, continue to read the script below. If an equipment discrepancy or failure is discovered, it must be resolved prior to continuing.]

This skill is designed to evaluate your ability to manage respiratory distress, apnea and out-of-hospital cardiac arrest. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. You will be prompted as your patient's condition changes. If indicated, you must effectively ventilate the manikin for at least one (1) minute with the appropriate adjunct and/or maneuvers. If indicated, you must begin resuscitation of the patient in accordance with current CPR guidelines. You must physically perform single-rescuer CPR and operate the AED, including delivery of any shocks. The patient's response to your interventions is not meant to give any indication whatsoever as to your performance in this skill. 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. 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 adult patient lying supine on the floor.

II. PATIENT ASSESSMENT / MANAGEMENT STATION (MEDICAL / TRAUMA)

PATIENT ASSESSMENT / MANAGEMENT – OVERVIEW

All candidates will be required to perform one (1) "hands-on", physical assessment and voice treatment of a moulaged Simulated Patient for a given medical or trauma scenario. This skill includes:

- Scene Size-Up
- Primary Survey
- Secondary Assessment / History Taking
- Reassessment

PATIENT ASSESSMENT / MANAGEMENT STATION – RANDOMIZATION

All candidates must be randomly assigned either a medical nature of illness or trauma mechanism of injury. How a candidate is assigned a medical or trauma scenario may be determined by the Examination Coordinator provided the employed technique is consistent, unbiased and demonstrates true randomization. Once assigned, the candidates must be evaluated using an approved, Patient Assessment / Management scenario.

PATIENT ASSESSMENT / MANAGEMENT STATION – EQUIPMENT

Do not open this skill for testing until a DC Health EMS Program representative or Examination Coordinator has provided you with an approved medical and/or trauma scenario. An appropriate Simulated Patient should also be staged according to the scenario. The following equipment should be available for candidate use and in good working order throughout the examination:

- Examination Gloves
- Moulage Kit (or similar substitute)
- Simulated Patient Outer garments (to be removed or cut away)
- Penlight
- Blood Pressure Cuff (sized appropriately for the simulated patient)
- Stethoscope
- Scissors / Trauma Shears
- Blanket
- Tape

PATIENT ASSESSMENT / MANAGEMENT STATION – INSTRUCTIONS FOR SKILL EXAMINERS

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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 EMR Assistant and/or Simulated Patient conducts themselves 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 Candidate" exactly as printed in the material provided by DC Health EMS Program. Skill Examiners must limit conversation with candidates to communicating instructions and answering 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 read the specific essay for the assigned skill before the actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and Professional EMR Partner 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 materials to the Examination Coordinator.

This skill station is designed to evaluate the candidate's ability to perform an assessment on a patient experiencing an emergency of either a medical or traumatic origin. A simulation manikin capable of responding as an actual 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 shall be verbalized instead of physically performed.

Candidates are required to perform a scene size-up just as they would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. Suppose the candidate does not assess the scene's safety before beginning patient assessment or care. In that case, no points should be awarded for the step "Determines the scene/situation is safe." The related "Critical Criteria" statement must be checked and documented as required.

Due to the limitations of simulating injuries and illnesses, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses, or touches the Simulated Patient in a way you are uncertain of the areas or functions being evaluated, you must immediately ask the candidate to explain their actions. For example, if the candidate stares at the Simulated Patient's face, you must ask what they are checking to determine if they were checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically simulated but would be immediately evident in an actual 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 typically see, hear, or feel about a similar patient in the out-of-hospital setting. For example, upon exposure to 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." This provides an accurate and timely description of the exposed wound by supplying the sensory information usually 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 they have provided. Clinical information not obtainable by inspection, questioning or palpation, such as blood pressure or breath sounds, should be supplied immediately after the candidate demonstrates how this information would typically be obtained in the field. The vital signs, signs and symptoms created with this scenario should serve as a representation of acceptable changes in the Simulated Patient's clinical presentation based on the candidate's treatment or lack thereof. 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 or withheld.

It is acceptable for the candidate to call for the immediate evacuation of the Simulated Patient based on the presence of a perceived life threat without completing additional assessment. If this occurs, please direct the candidate to complete their assessment and treatment enroute.

Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs (blood pressure, heart rate and respiratory rate) of the Simulated Patient using a stethoscope and a blood pressure cuff. Each candidate must actually obtain vital signs for both medical and trauma patients. 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
Heart Rate:	± 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.

Because all treatments are voiced, candidates may forget what they have 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 try 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 rolling or moving as the candidate conducts their assessment, just like a real patient would be carried during an actual assessment.

In this station, candidates are to be graded purely on their ability to adequately assess the patient in a logical/sequential order listed on the skill sheet (Form 200-307.a.2T). Treatment decisions should not be factored into the grading of any portion of this station unless they create a critical criteria failure. The evaluation form (APPENDIX C) should be reviewed before testing any candidate. Before beginning any evaluation, you should direct any specific questions to the Examination Coordinator for clarification. 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 care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the patient's airway, breathing, and circulation (ABCs) with fast 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. You can see how it is acceptable to integrate an assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar, and buttocks area into the "Primary Survey/Resuscitation" sequence as outlined on the evaluation form. This integration should not occur haphazardly but should fall in the appropriate sequence and category of the airway, breathing, or circulatory assessment of the "Primary Survey/Resuscitation. “However, suppose the mechanism of injury

suggests a potential spinal compromise. In that case, 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."

It is strongly recommended that all Skill Examiners 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 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 their assessment and treatment while awaiting the arrival of the transporting unit. Remember to remind the candidate that both "partners" are available during transport. You should stop the candidate promptly when the fifteen (15) minute time limit has elapsed. Candidates must receive credit for all actions that occur prior to the end of the allotted time period.

You should review the scenario you received and instructions with your Simulated Patient to assist in their role as a programmed patient. A simulation manikin capable of responding as an actual patient given the scenario(s) utilized today may also be used as the Simulated Patient.

PATIENT ASSESSMENT / MANAGEMENT STATION – INSTRUCTIONS FOR SIMULATED PATIENTS

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 cover any physical findings of injury or illness to avoid disclosing them to candidates who may be in common areas outside your station. A blanket will be provided for you to keep warm throughout the examination and cover yourself during transitions. Please let your Skill Examiner know if at any time you feel unsafe or uncomfortable throughout the examination.

PATIENT ASSESSMENT / MANAGEMENT STATION – INSTRUCTIONS FOR CANDIDATES

Skill Examiners should read the following script to all testing candidates upon arrival to the station. If not determined prior to dispatch to the skill station, Skill Examiners must have a method for randomly assigning medical or trauma scenarios to candidates as they arrive.

PATIENT ASSESSMENT / MANAGEMENT STATION – MEDICAL OR TRAUMA

Welcome to the Patient Assessment / Management Station. In this skill station, you will have fifteen (15) minutes to perform your assessment, and "voice" treat all conditions and injuries discovered. Please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

[After three (3) minutes or sooner, if the candidate indicates that they are prepared, continue to read the script below. If an equipment discrepancy or failure is discovered, it must be resolved prior to continuing.]

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 their shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you assess. Specific clinical information not obtainable by visual or physical inspection, for example, blood pressure, will be given to you only when you ask and following a demonstration of how you would typically 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 the dispatch report from the approved scenario and begins fifteen (15) minute time limit.]

III. INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – OVERVIEW

All candidates will be required to perform one (1) combined "hands-on", physical assessment and treatment of a manikin simulating a complete patient encounter of either a trauma or medical patient. This skill includes:

- Leadership and Scene Management
- Patient Assessment
- Patient Management
- Integration (Field Impression and Transport)

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – PATIENT ASSIGNMENT

As the IOHS skill station is a summative examination to be performed at the end of the candidate's EMR course, candidates will likely have already completed the Patient Assessment / Management station. In this case, EMR candidates should be tested on the opposite patient type (medical or trauma) as they were previously evaluated on in the Patient Assessment / Management station. For example, an EMR candidate having tested using a medical patient scenario for the previous evaluation, should be assigned a trauma patient scenario for their IOHS evaluation and vice versa. If testing for the Patient Assessment / Management station and the IOHS station are occurring on the same day, it is the responsibility of the Examination Coordinator to ensure assignment of patient types compliant with these standards. Once assigned, the candidates must be evaluated using an approved, IOHS patient scenario.

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – EQUIPMENT

Do not open this skill for testing until a DC Health EMS Program representative or Examination Coordinator has provided you with an approved IOHS medical and/or trauma scenario. An appropriate Simulated Patient should also be staged according to the scenario. The following equipment should be available for candidate use and in good working order throughout the examination:

- Ambulance treatment compartment (or adequate simulator)
- EMR response bag (to include all equipment listed on the approved IOHS scenario in use)
- Stretcher

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – INSTRUCTIONS FOR SKILL EXAMINERS

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

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminating 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 EMR Assistant and/or Simulated Patient conducts themselves 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 Candidate" exactly as printed in the material provided by DC Health EMS Program. Skill Examiners must limit conversation with candidates to communicating instructions and answering 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 read the specific essay for the assigned skill before the actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and Professional EMR Partner 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 materials to the Examination Coordinator.

In this skill, the candidate will have fifteen (15) minutes to assess, manage and transport a patient experiencing a medical or trauma emergency. This skill is designed to assess the candidate's ability to function as the team leader on a simulated out-of-hospital EMS call, direct all personnel and resources on the scene, and effectively communicate and maintain professionalism throughout the call. As a review, the identified attributes of good team leadership include the ability to:

- Create an action plan

- Communicate accurately and concisely while listening and encouraging feedback
- Verify, process and prioritize received information
- Reconcile incongruent information
- Demonstrate confidence, compassion, maturity and command presence.
- Take charge of a scene
- Maintain accountability for team's actions/outcomes
- Assess situations and resources and modify them accordingly

Before you open this skill for testing, you must spend a significant amount of time (30-60 minutes recommended) reviewing and rehearsing the case with the assigned Professional EMR Partner and Simulated Patient (if applicable). A high-fidelity simulation manikin capable of responding as an actual patient given the scenario(s) utilized today may also be used as the Simulated Patient. The Professional EMR Partner is provided to serve as the second crew member who responds to the call with the candidate. The Professional EMR Partner must perform all skills/tasks as delegated by the candidate. The testing candidate must also perform all skills/tasks for which they have assumed responsibility. No matter who is responsible for the skill or task, all assessments, interventions, and tasks must be performed on the Simulated Patient, task trainer or high-fidelity simulation manikin.

Throughout the scenario, you must pay close attention to and, at times, participate in the dialogue between the candidate, Professional EMR Partner, Simulated Patient and any other relevant personnel or bystanders on the scene. You should immediately clarify any of the candidate's assessments, procedures, or verbal orders that you simply missed or did not clearly understand/observe. You may also need to remind the candidate and the professional partner to work as a team and manage the patient. This scenario is not intended to be a verbal or "table-top" exercise and must be run in such a way to emulate as closely as possible the way the call would be handled in the out-of-hospital setting. All assessments, clinical measurements (vital signs) and interventions must be performed by either the candidate or as assigned to the Professional EMR Partner. Each candidate must be evaluated for the entire fifteen-(15-) minute time limit and you cannot terminate the scenario before exhausting the allotted time.

Throughout the scenario, candidates are permitted to take notes, but all notes and recordings must be collected and secured before the candidate leaves the room. The accuracy, quality, and authenticity of moulage are vital for appropriately delivering this skill. Due to some limitations of moulage, you may need to augment with dialogue to address any deficits during this skill station. Any information pertaining to sight, sound, touch, smell, or any injury which cannot realistically be moulaged but would be immediately evident in an accurate, out-of-hospital response (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate or the Professional EMR Partner exposes or examines that area of the Simulated Patient. Your responses must not be leading but should

factually state what is commonly seen, heard, or felt by a similar patient in the out-of-hospital setting. For example, upon exposure to 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 usually present with this type of injury. An unacceptable response merely states, "The injury you just exposed is a sucking chest wound." Outer garments must also be provided, which should be removed to expose the Simulated Patient if prepared garments are unavailable, 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 relatively in their ability to expose and examine the Simulated Patient.

Please pay particular attention to your moulage and make it as realistic as expected in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that bleeds typically in the field. The garment should also be lacerated to indicate a knife wound. A hole that approximates the caliber of the gunshot wound should be cut through the outer garment where the exact injury is located. Remember, realistic and accurate moulage improves the quality of the examination by providing for a more fair and objective evaluation of the candidates.

Please be conscientious of your Simulated Patient's fatigue and comfort throughout the examination. Provide them appropriate breaks and be sure to obscure any moulaged injuries or illnesses before dismissing them for a break into common areas. Even though it may be summertime, the Simulated Patient may become uncomfortably cold during the examination from lying on the floor and being disrobed throughout the day. A blanket is required in this skill to help keep the Simulated Patient warm throughout the examination, no matter what time of year the examination is conducted.

As the candidate enters your room, introduce yourself. Be sure the candidate introduces themselves so that you can accurately fill in the information on the evaluation form. Do not ask candidates other personal questions, including questions related to training or current practice location. Clarify any specific questions the candidate may have about how to interact with you, the Professional EMR Partner, the Simulated Patient or any other personnel on the scene during this scenario. Try to put your candidates at ease before starting the evaluation while maintaining an appropriate professional Skill Examiner distance.

Be sure to provide the candidate with one sheet of blank paper and a pen or pencil to record information throughout the case, which must be collected before dismissing the candidate. As you welcome a candidate into the room and read the station instructions be sure to do so in a manner which does not allow the candidate to observe the Simulated Patient before their evaluation time starts. When possible, provide the candidate dispatch information outside of direct line of sight of the staged scene and the Simulated Patient. Other candidates waiting to test this skill also must not be able to overhear or observe any specific scenario information. A

partition inside the entrance to your space that screens the Simulated Patient from viewing the scene and patient also works well.

After all instructions and dispatch information are conveyed to the candidate their allotted time will start and the candidate and Professional EMR Partner may approach the Simulated Patient. You may have received one or several photographs with the scenario to consistently provide a visual depiction of the scene or patient. Whenever necessary, show the candidate the appropriate photo to reinforce the scene/setting, patient findings, etc. If employed, be sure to hand the candidate the photograph of the scene to impress upon them considerations when approaching the scene. Then, as the candidate first encounters the patient, provide them with a photograph of the patient.

You should reinforce this information throughout the scenario to ensure the candidate has not forgotten any vital information that would visually be present on the scene but may not be able to be realistically moulaged for the examination. Candidates assume the role of team leader and are responsible for directing the actions of the Professional EMR Partner. Some candidates may ask questions or give orders at a rapid pace. This can make it difficult for you to provide all needed information or for the Professional EMR Partner to carry out. This can lead to misunderstandings about what was ordered or performed. The Professional EMR Partner should help control this by using appreciative inquiry to ask for clarification, such as, "You asked me to hold C- Spine and obtain a manual blood pressure. Which would you like me to complete first?" Clinical information, physical examination findings, and other vital signs are only provided after the candidate, or Professional EMR Partner performs the assessment or procedure necessary to obtain that data. Unrealistic assessment or diagnostic findings will not be provided to the candidate.

Once contact is made with the patient, information must be supplied by the appropriate person as identified in the scenario. The Simulated Patient and Skill Examiner must dramatize, and role-play as outlined in the scenario, within reason. Candidates may ask for additional information not specifically provided in the scenario. Based on your expertise and that of the Simulated Patient, you both should respond appropriately given your roles. Be sure to state your responses using ordinary layperson language and respond in the first person. Remember to provide information on the patient's response to any interventions at the appropriate time the specific answer is observed in the typical field situation. You should continue providing a proper clinical presentation of the patient based on the information listed in the case until the candidate initiates appropriate management.

The vital signs listed with the scenario have been provided as a sample of acceptable changes in the Simulated Patient's vital signs based on the candidate's treatment and elapsed time. They are not comprehensive, and we depend on your expertise in presenting vital information that reflects an appropriate positive or negative response to the treatment(s) provided up to that point. You must not present a "physiological miracle" by improving the patient too much at too

early a step. If no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient.

The candidate must be specific in their questions, orders, and procedures. For example, when a candidate inquires about pain, they must separately ask for characteristics (radiation, aggravation, etc.) before you or the Simulated Patient answers with appropriate information. You and the Simulated Patient must be specific when providing information but not volunteer additional facts for which the candidate did not inquire.

Do not make information difficult to obtain unless the scenario identifies that the patient is unresponsive or no historical data is available. Additionally, the Simulated Patient must respond to questions consistent with the information specified in the scenario. All essential information is provided in the case. Unremarkable or ordinary findings in the "Examination Findings" section of the prepared case are identified with "---." However, a candidate can ask for additional information not provided in the materials.

In such cases, you should apply one of the following:

- Supply your information that reasonably fits the scenario. Do not complicate or alter the scenario in any way.
- If the request is for data that is not supplied, you may either say, "The order has been given," but assume the results are unavailable during the remainder of the scenario, or state, "The findings are normal" if appropriate.
- As a last resort, simply state, "That information is not available at this time." Do not cue candidates that a response is incomplete or incorrect. For example, if a candidate fails to investigate their medical history thoroughly, neither you nor the Professional EMR Partner should respond by stating, "Is there anything else in the past medical history you would like to know?" Be careful not to lead the candidate with either verbal or physical cues. Avoid phrases such as "OK," "Fine," "Right," or "Oh?" Do not provide non-verbal cues such as broad smiles, frowns, or other body language. When the candidate has reached the allotted time limit, you should state, "That completes the Integrated Out-of-Hospital Scenario. Please leave your notes and all other supplied materials on the table before you exit. Take all your equipment back to the restocking area for the next candidate to prepare."

Ensure all materials are left in the room and that no candidate leaves the examination room with any notes, copies, photographs, or other types of recording of the case. If possible, dismiss the Professional EMR Partner to begin reviewing equipment with the next candidate while they prepare their equipment. Complete your evaluation form and prepare the room to appear consistently before accepting the next candidate into your room for evaluation. Please do not discuss performance with anyone other than the Examination Coordinator if you have

questions. There are five categories in which performances are evaluated. Each scoring category has four related statements with assigned point values to help you consistently award the appropriate points for each performance. In each category, a score of "2" represents the performance of a minimally competent, entry-level candidate who has demonstrated that they can safely and effectively provide care in a field situation. Scores of less than "2" in any category represent a marginal or seriously deficient performance. A score greater than "2" should only be awarded whenever outstanding or exemplary performance is observed in any category. Remember that your judgment of performance should be based on the care that a recent graduate is expected to provide rather than that of a "seasoned veteran" with many years of field experience and patient contact.

After all points have been awarded and totaled, please review the "Critical Criteria" statements printed at the bottom of the evaluation instrument. Suppose the candidate failed to appropriately address any of the "Mandatory Actions" or committed any "Critical Failure Criteria" listed in your scenario. You must document and factually describe the omission/commission in that case. We depend on your expertise to review all scoring criteria and make appropriate judgments based on the actual patient care you observed delivered. Please consult the Examination Coordinator for clarification or additional assistance when in doubt. If you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance, we strongly recommend that you concisely document the entire undertaking on the backside of the evaluation form.

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – INSTRUCTIONS FOR EMR PARTNERS

Thank you for serving as the Professional EMR Partner in the Integrated Out-of-Hospital Scenario at today's examination. Each candidate will assume the role of team leader and is tested on their ability to direct all personnel and resources on the scene, effectively communicate, and maintain professionalism throughout a simulated EMS call. The candidate oversees directing all assessments, treatments, and interventions.

As the Professional EMR Partner, you must treat this scenario as an actual EMS response and assist the candidate by correctly performing all tasks as directed. You must also communicate with the candidate, Simulated Patient and other personnel on the scene just as you would on an actual EMS response. Please take a moment to review the following attributes of a good team member which is expected of you throughout today's examination:

- Demonstrate followership – is receptive to leadership
- Perform functions using and maintaining situational awareness
- Utilize appreciative inquiry
- Avoid freelance activity
- Listen actively, using closed-loop communication and report progress on tasks
- Perform tasks accurately and promptly
- Advocate for safety and be always safety conscious
- Leave ego/rank at the door

You are not permitted to make any mistakes intentionally, and you are expected to perform all tasks to the best of your ability. However, mistakes will happen from time to time because you are human. In such cases, the candidate may identify your error and suggest a correction, or you can simply correct your error. Similarly, you may observe a candidate's mistake or receive a directive from the candidate with which you may disagree. You must immediately alert the candidate if there is a concern for patient or team safety, using good appreciative inquiry techniques to identify the potential danger before harm occurs. If the candidate chooses to ignore your suggestion, you must issue a second, more forceful challenge to advocate for patient or team safety. At that point, you must overrule the candidate and implement the correct procedure or intervention. The candidate must resume the team leader role and continue running the call. The Skill Examiner will provide vital signs and other pertinent information only after the appropriate assessment or skill has been completed.

You should familiarize yourself with the scenario and the simulated patient's expected physical examination findings and vital signs. Doing so can provide accurate information to the candidate that corresponds precisely to the scenario information reflective of an actual out-of-hospital response. Please strive to make your interactions as close to real-world as possible to help assure a fair and accurate evaluation of all candidates throughout the examination.

You must use closed-loop communication and repeat all orders to the candidate. If the candidate wishes to change an order, they must notify you. You should then repeat the changed order back to the candidate and carry it out once confirmed. If the candidate repeats an incorrect order, you must provide the correct intervention, and the candidate will be marked accordingly. Suppose the candidate gives you multiple, simultaneous orders. At some point during the scenario, the candidate may verbalize the need to move the patient. This can be to change the patient's position (from supine to sitting) or to move the patient to a carrying device (wheeled stretcher, stair chair, or move to the ambulance). Ask the candidate to describe any special considerations and how the move will be accomplished. While the candidate is describing the patient's movement, you will assist the Simulated Patient in placing themselves in the desired position/location without the candidate's assistance. No one is permitted to lift or move the patient throughout the examination to reduce the risk of personal injury. If the move was to the ambulance to transport, you will be driving the ambulance and cannot assist with patient care unless the candidate directs you to stop the ambulance. The scenario will continue until the maximum allotted time limit is reached. Therefore, if the candidate calls for transport of the patient at eleven (11) minutes into the scenario, there is four (4) minutes until EMS arrives for a handoff. The candidate is responsible for continuing to provide/direct all patient care throughout transport.

Before the evaluation begins, you must introduce yourself to the candidate and explain your role as the Professional EMR Partner. This is also an excellent time to review the equipment that the candidate has assembled before entering the skill. Candidates can assemble the equipment in various ways consistent with the delivery of out-of-hospital care in the area. Candidates are also permitted to bring their equipment for use in this scenario so long as the exam coordinator has inspected it and approved it for testing. Please note that no electronic references and communication devices are permitted to be used in this skill, nor are they permitted to be brought into the examination site during the examination.

If the candidate brings their equipment, they are solely responsible for all the equipment. Suppose any required equipment is missing (see list at the end of these instructions). In that case, the Examination Coordinator must be notified immediately before the candidate's evaluation begins. The Exam Coordinator may then offer the candidate one of the following choices:

- Afford the candidate reasonable time to retrieve the missing equipment.
- Disqualify all materials the candidate brought for use in the Integrated Out-of-Hospital Scenario and permit them to only use the equipment supplied by the site.
- Leave the examination site and make an appointment to test at another time at a scheduled NRP examination site.

The candidate must be given time to inspect the equipment before the actual evaluation begins. This is best accomplished by having the Professional EMR Partner meet the candidate in the equipment restock area. In contrast, the candidate inspects, gathers, prepares, and checks the equipment. They are also permitted to collect the material in many ways consistent with out-of-hospital care delivery. The equipment must be assembled in some way that facilitates the transport of the equipment from the vehicle to the scene of the patient. The Professional EMR Partner should know where all the equipment is stored before the actual evaluation of any candidate begins. The Professional EMR Partner may assist a candidate in locating a piece of equipment when they cannot find it promptly.

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION – INSTRUCTIONS FOR CANDIDATES

Skill Examiners should read the following script to all testing candidates upon arrival to the station.

INTEGRATED OUT-OF-HOSPITAL SCENARIO STATION

Welcome to the Integrated Out-of-Hospital Scenario Station. In this skill station, you will have fifteen (15) minutes to perform your assessment, treat all conditions and injuries discovered and transport your patient. Please take three (3) minutes to check your equipment and prepare whatever you feel is necessary.

[After three (3) minutes or sooner, if the candidate indicates that they are prepared, continue to read the script below. If an equipment discrepancy or failure is discovered, it must be resolved prior to continuing.]

You should conduct your assessment as you would in the field, including communicating with your Simulated Patient and Professional EMR Partner. You may remove the Simulated Patient's clothing down to their shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you assess. Specific clinical information not obtainable by visual or physical inspection, for example, blood pressure, will be given to you only when you ask and following a completion of the delegated or tasked skill. You may assume you have one (1) partner working with you who are trained to your level of care. They will correctly perform the 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 the dispatch report from the approved scenario and begins fifteen (15) minute time limit.]

APPENDIX C

EMR PSYCHOMOTOR EXAMINATION SKILL STATION EVALUATION FORMS

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination
Airway / Resuscitation

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Assembles an oxygen cylinder and administered high flow oxygen via non-rebreather mask	1	
NOTE: The examiner must now inform the candidate, "The patient becomes unresponsive, apneic and has a weak pulse of 60."		
Opens airway manually	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 appropriate airway adjunct	1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."		
Connects the a BVM to oxygen and provides initial ventilations to the patient	1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.		
Ventilates the patient adequately at a rate of one ventilation every 5-6 seconds. (Assess for at least 60 seconds)	1	
NOTE: The examiner asks the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Candidate answer includes, "Equal chest rise and fall."	1	
NOTE: The examiner inform the candidate "Your EMT partner during reassessment informs you the patient is now pulseless."		
Directs EMT partner to retrieve AED	1	
Reassesses patient pulse and breathing	1	
NOTE: The examiner must now inform the patient is confirmed to be unresponsive, pulseless and apneic.		
Immediate begins compressions (adequate rate and depth with good recoil)	1	
Performs two (2) minutes of high quality, 1-rescuer CPR with adequate rate, depth, compression ratio, and volumes	1	
Completes sequence with minimal interruptions throughout the sequence	1	
NOTE: After two (2) minutes of CPR, the examiner states "I have arrived with the AED." The candidate reassesses the patient and when the patient remains pulseless and apneic - the evaluator starts CPR and hands the AED to the candidate.		
Turns on power to AED	1	
Follows prompts and connects AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis and shock	1	
Once shock is administered, immediately directs rescuer to resume chest compressions	1	
TOTAL	22	

Actual Time Ended: _____

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 15 minute time limit
- ☐ 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 DC Health Failure Report Form.

Form 200-307.a.1 (Revised 12/2022)

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination
Patient Assessment / Management - Medical (Random)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE 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 -Assessment (1 point) -Assures adequate ventilation (1 point)	2	
Assesses circulation -Assesses for major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	2	
HISTORY TAKING		
History of the present illness -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)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
-Pulse Oximetry (If applicable) Blood Glucometry (If applicable) Temperature (If Applicable)	1	
States field impression of patient	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	42	

Actual Time Ended: _____

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 15 minute time limit
- ☐ 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 DC Health Failure Report Form.

Form 200-307.a.2M (Revised 12/2022)

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination
Patient Assessment / Management - Trauma (Random)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE 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 general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Assesses airway (2 points)	2	
Breathing -Assesses breathing (1 point) -Assesses adequate ventilation (1 point)	4	
Circulation -Checks pulse (1point) -Assesses skin [either skin color, temperature or condition] (1 point) -Assesses for major bleeding (1 point) -Assesses for indications of hypoperfusion/shock (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/Pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower Extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper Extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior Thorax, Lumbar and Buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
TOTAL	42	

Actual Time Started: _____

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 15 minute time limit
- ☐ 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 DC Health Skill Failure Report Form.

Form 200-307.a.2T (Revised 12/2022)

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination
Integrated Out-of-Hospital Scenario

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Leadership and Scene Management		
Assessed and took purposeful action to manage the scene and elicited feedback from partner.	3	
Assessed the scene, identified potential hazards, advocated for safety at all times	2	
Incompletely assessed or managed the scene	1	
Did not assess the scene	0	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment	3	
Completed primary assessment, secondary assessment, and reassessment given patient condition	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary assessment or reassessment of the patient	0	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified changes, and rapidly intervened after confirming critical interventions with partner	3	
Appropriately managed the patient's presenting condition with appropriate timeliness, prioritization/ sequence, adapted treatment plan as information became available	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal Relations		
Encouraged feedback, took responsibility for the team, established rapport, and interacted in an organized, therapeutic manner	3	
Interacted and responded appropriately with patient, crew, and bystanders using closed loop communication and appreciative inquiry	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	

Actual Time Patient Transported: _____

Integration (Field Impression and Transport Decision)		
Provided appropriate management and identified appropriate field impression, offered a brief summary of prioritized differential diagnoses, and identified the appropriate transport destination	3	
Provided appropriate management and identified appropriate field impression, patient acuity, and transport destination to team	2	
Provided correct management but did not identify appropriate field impression, patient acuity or transport destination	1	
Did not provide correct management, appropriate field impression, patient acuity, or transport destination	0	

Actual Time Ended: _____ TOTAL 15 _____

CRITICAL CRITERIA

- ☐ Failure to address any of the scenario's "Mandatory Actions"
- ☐ Uses or 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 the DC Health Failure Report Form.

Form 200-307.a.3 (Revised 12/2022)

APPENDIX D

EMR PSYCHOMOTOR EXAMINATION FAILURE REPORT FORM

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination Failure Report Form

Skill Candidate: _____

Skill Examiner: _____

Date/Time: _____

Testing Location: _____

On this date/time, I was the skill examiner for the above candidate. The above candidate was unsuccessful in this station due to the reason/s documented below.
(Please check all that apply.)

- ☐ Station Not Attempted
- ☐ Deficient Performance (Score)
- ☐ Deficient Performance (Critical Criteria)
- ☐ Irregular Behavior
- ☐ Dismissal / Withdrawal
- ☐ Other

Summary of Events:
(Please use the back of this form or attach additional documents if necessary.)

Skill Examiner Signature: _____ **Date:** _____

Form 200-307.a.4 (Revised 12/2022)

APPENDIX E

EMR PSYCHOMOTOR EXAMINATION RESULTS FORM

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination Results Form

This form must be presented to the examination coordinator at any future testing site for admission into the retesting process.

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

Primary Phone Number: _____ **Email Address:** _____

Date of Birth: _____ **Last 4 of SS#:** _____ **Course Completion Date:** _____

Examination #1
Location: _____
Date: _____
Coordinator: _____

Examination #2
Location: _____
Date: _____
Coordinator: _____
Coordinator Signature: _____

Examination #3
Location: _____
Date: _____
Coordinator: _____
Coordinator Signature: _____

You will not receive a detailed critique of your performance on any skill. You will not receive a copy of your skill performance sheets. The results will be reported to you as either passing or failing the skill station.

- Failure of any skill on examination attempt number three (#3) constitutes complete failure of the entire practical examination.
- Failure of the entire practical examination requires remedial training before attempting the entire practical examination *(all three [3] skill stations)* on another date.
- Passed examination results are only valid for up to twenty-four (24) months from the date of the examination, provided all other candidate "Entry Requirements" of the NREMT are met.

	EXAMINATION #1		EXAMINATION #2		EXAMINATION #3	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
1. Airway / Resuscitation Station	☐	☐	☐	☐	☐	☐
2. Assessment Station (Medical or Trauma)	☐	☐	☐	☐	☐	☐
3. Integrated Out of Hospital	☐	☐	☐	☐	☐	☐
	PASS ☐		PASS ☐		PASS ☐	
	RETEST ☐		RETEST ☐		REMEDIATION ☐	
	FAIL ☐					
	INITIALS:		INITIALS:		INITIALS:	

I hereby certify that the information in this form is true and complete to the best of my knowledge, information and belief and is consisted with DC Health EMS Program policy and DC Regulation 29.544.2(b).

Examination Coordinator Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

Form 200-308.a.5 DC Health EMS Program Psychomotor Results Form
Candidate Level: Emergency Medical Responder (Revised 12/2022)

APPENDIX F

EMR PSYCHOMOTOR EXAMINATION GRIEVANCE REPORT FORM

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination Grievance Report Form

Skill Candidate: _____

Skill Examiner: _____

Date/Time: _____

Testing Location: _____

On this date/time, I was the testing candidate for the above examination. The above candidate was unsuccessful in this station due to the reason/s documented below.
(Please check all that apply.)

- ☐ Equipment Malfunction / Absence
- ☐ Inappropriate Testing Environment
- ☐ Irregular EMR Partner / Sim Patent Behavior
- ☐ Irregular Evaluator Behavior
- ☐ Station Interruption
- ☐ Other

Summary of Events:
(Please use the back of this form or attach additional documents if necessary.)

Candidate Signature: _____ **Date:** _____

Summary of Quality Assurance Committee (QAC) findings and resultant outcomes:
(Please use the back of this form or attach additional documents if necessary.)

Examination Coordinator Signature: _____ **Date:** _____

Form 200-307.a.6 (Revised 12/2022)

APPENDIX G

NATIONAL REGISTRY ACCOMMODATIONS CHECK LIST

Accommodations Check List

How to Request Accommodations for National Registry Exams

The National Registry wants to ensure that all candidates receive a fair and unbiased opportunity to demonstrate their knowledge, skills, and abilities related to EMS. To ensure that each candidate receives a fair opportunity to test, the National Registry offers reasonable and appropriate accommodations for persons with documented disabilities. The National Registry recognizes that each disability is unique to the individual, and all National Registry decisions regarding reasonable accommodations are evaluated on a case-by-case basis. The National Registry complies with the Americans with Disabilities Act (ADA).

Here's how to do it:

1. **Review the National Registry's policy** on accommodations here: NREMT Accommodations Policy
2. **If you already have a National Registry account, go to step 3**. If you don't have an account, click here: Create an Account. You must have an account with the National Registry to be approved for accommodations.
3. **Create an exam application**. If you haven't already done so, complete an application to take an exam:
    a. In your account, click on "Create a New Application."
    b. Select the application level you wish to complete: EMR, EMT, AEMT, or Paramedic.
    c. Do not pay the exam fee until **AFTER** you receive the results of your accommodations request.
4. **Complete the questionnaire**. Complete and sign the Accommodations Questionnaire. Click here: Accommodations Questionnaire
5. **Get your supporting documentation*** from your healthcare specialist and other relevant parties. These documents include:
    a. A letter from an appropriately credentialed professional, such as an educational psychologist, with (1) the diagnosis of your disability, including the DSM/ICD code or IDEA eligibility statement, (2) specific disability symptoms, and (3) recommendations for accommodations.
        i. This information should be written on professional letterhead, dated, and signed.
    b. A psychological evaluation, signed comprehensive assessment report, and accompanying standard scores
    c. Evidence of previously approved accommodations from schools or other organizations
    d. A personal statement written by you describing your disability and its impact on your daily life and educational functioning

    * Candidates requesting accommodations should share this information with relevant parties, including healthcare specialists who made their disability diagnoses as well as organizations that provided them with prior accommodations, in order to help candidates gather and submit appropriate documentation to support their accommodations requests. Also note that some accommodations requests may require additional documentation.
6. **Email** the Questionnaire and all supporting documents to the National Registry: accommodations@nremt.org
7. **Wait patiently**. Please allow at least 30 days. If we do not receive the appropriate documentation, the process may be delayed.
8. **Watch for our email**. We will send you an email with a letter indicating the results of our review of your accommodations request.
    a. The letter will provide detailed instructions on what to do next, including how to schedule your exam with granted accommodations.
    b. Please do not schedule your exam until you have received this letter. If you do, you will not receive your accommodations and will need to reschedule.
9. **Questions?** Please email us at accommodations@nremt.org.

REFERENCES

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National Association of State EMS Offices. National Model EMS Clinical Guidelines. 2022. Available at: www.nasemso.org.

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