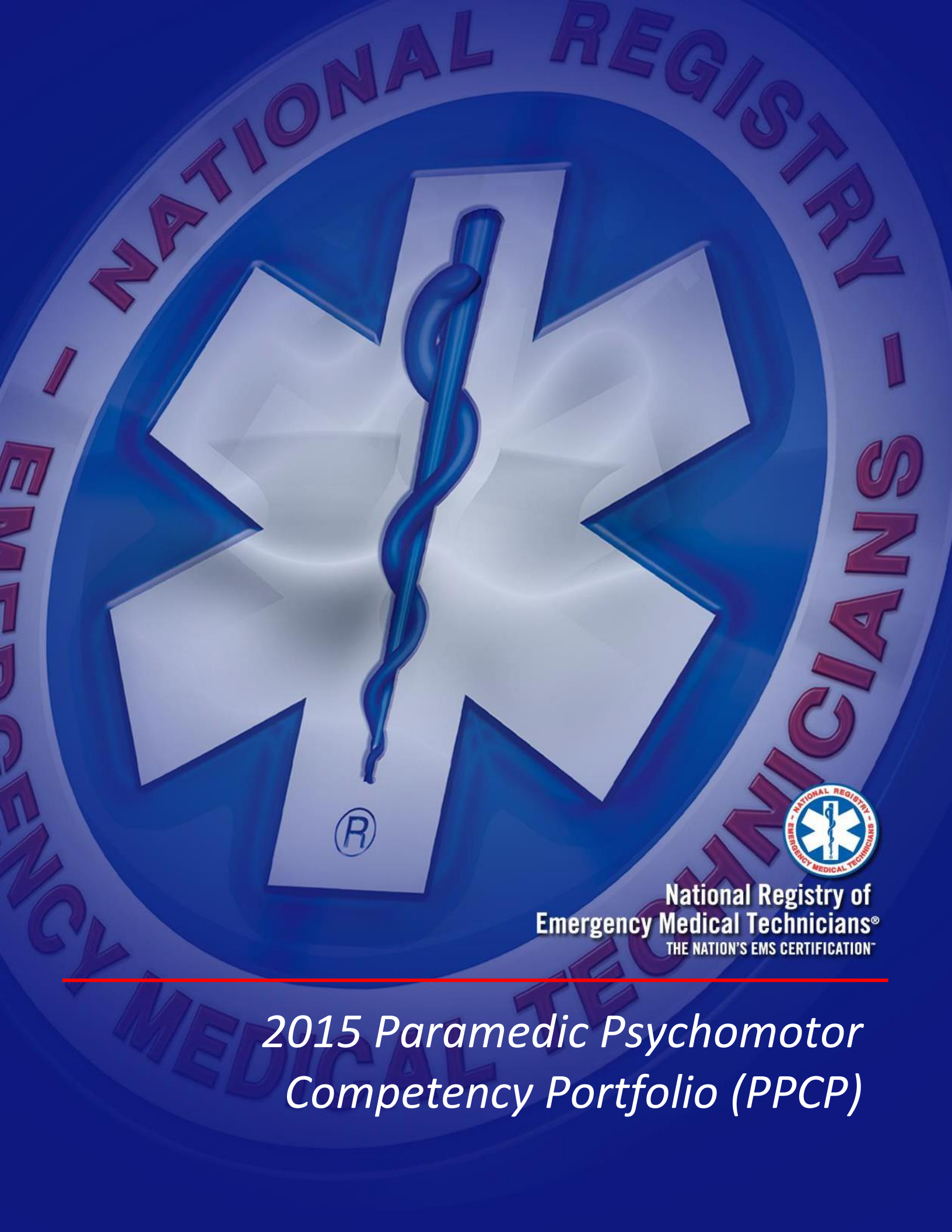

2015 Paramedic Psychomotor Competency Portfolio (PPCP)

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National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

TABLE OF CONTENTS

TABLE OF CONTENTS

Introduction

The National Registry of Emergency Medical Technicians (NREMT) developed this *best practice* package with step-by-step directions for the implementation of the Paramedic Psychomotor Competency Portfolio component of Paramedic education. Accreditation standards require that Paramedic students have access to adequate numbers of patients, proportionally distributed by illness, injury, sex, age and common problems encountered in the delivery of emergency care appropriate to the Paramedic profession. The NREMT developed this portfolio of vital skills that each Paramedic student must demonstrate competency in order to qualify for the NREMT Paramedic Certification examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the laboratory, clinical, and field settings. The completed portfolio becomes a part of the student's permanent educational file and is a prerequisite to seeking NREMT Paramedic Certification. The National Registry of EMT's *Paramedic Psychomotor Competency Portfolio Manual* (Manual) is designed to provide the reader with a description of what is needed to develop the competency portfolio and prepare Paramedic students for national EMS certification.

Psychomotor skills are an important component of safe and effective out-of-hospital care. Delivery of care, at its most fundamental level, is when and where the importance of EMS is demonstrated to the public. Compassionate care using the complete affective skill set can result in a positive image of EMS and lead to medical and public support for the profession. The Laboratory Phase includes the Skills Lab and Scenario Lab components. Psychomotor education begins in the Skills Lab component, where psychomotor learning takes place. The Skills Lab component is the setting for educational imprinting, cognitive integration, frequent drilling and autonomic development of psychomotor skills. The Scenario Lab component provides students

a contextual opportunity to demonstrate what they have learned in a simulated environment based upon the psychomotor skills established in the Skills Lab. Once students have demonstrated skill competence in the simulated environment, they progress to assessing and treating real patients in the Clinical Phase with adequate supervision.

For many students, the Clinical Phase provides the first opportunity to interact with a sick or injured patient at the Paramedic level. The Clinical Phase in a student's education includes "planned, scheduled, educational student experience with patient contact activities in settings, such as hospitals, clinics, free-standing emergency centers, and may include Field Experience" (Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions [CoAEMSP], 2014, p. 9).

The Field Phase includes the optional Field Experience and mandatory Capstone Field Internship components. The Field Experience component is the optional, formative time that may include "planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development…and does not contribute to the CoAEMSP definition of field internship" (CoAEMSP, 2014, p.9). The Field Experience component is where the student builds his or her skills, learns scene choreography to include taking over more and more of the call, how to approach the patient and patient management. This progressive process is best taught in the field on an EMS unit and culminates in Team Leadership. Near the end of the Field Experience component, the student should be functioning at or near to the Team Leadership role. The key point is that a specified number of Team Leads must be accomplished in the Capstone Field Internship component independent of what the student accomplished in Field Experience component.

The primary purpose of the Capstone Field Internship component is for the student to demonstrate an acceptable ability to manage all aspects of an EMS call and make appropriate Paramedic-level decisions in order to provide appropriate patient care. The CoAEMSP definition of the Capstone Field Internship component includes

> planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with prehospital patients (2014, p.9).

The Capstone Field Internship component is where Paramedics hone their craft, establish competence and confidence in patient care delivery and oversee the integration of additional EMS Team Members. Initial instruction, exact demonstration, repetitive practice with specific feedback, formative and summative evaluations lead to psychomotor competency (Ericsson, Krampe, & Tesch-Romer, 1993).

This psychomotor competency model package, designed to provide a framework and evaluation system to document psychomotor competency, augments and enhances Paramedic education programs. Programs that correctly use this competency package and adhere to its standards can attest to the psychomotor competencies of students who are candidates for National EMS Certification by the NREMT. Figure1 illustrates the relationship between these three phases of formative and summative psychomotor education. Educational programs, based on their resources and needs of their communities of interest, may choose not to overlap these three phases of psychomotor education.

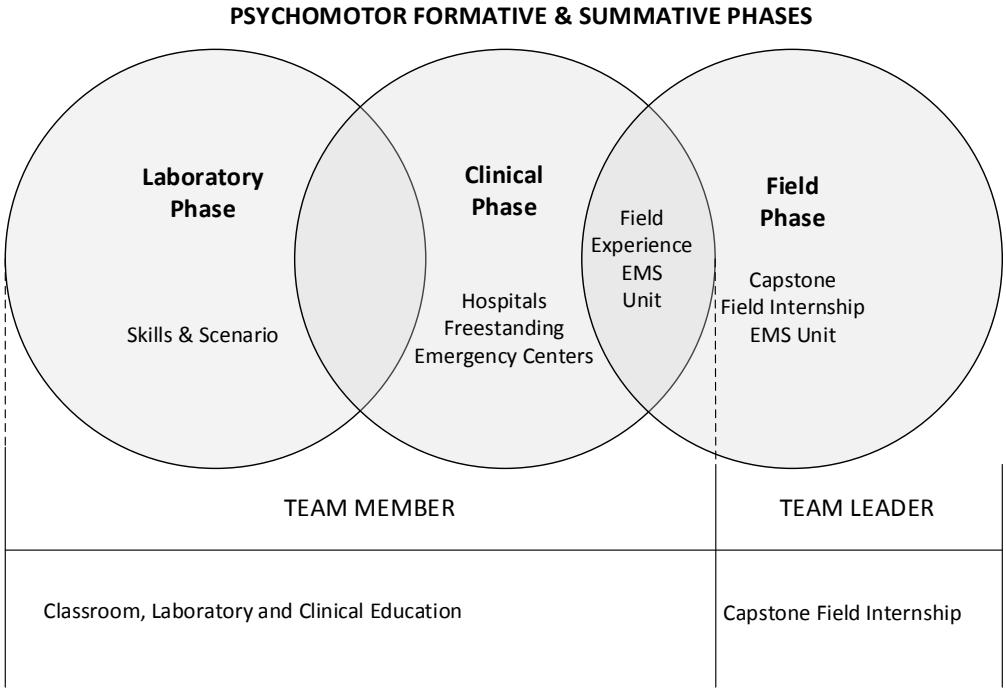

Figure 1

This Manual provides examples of how to implement these tools into Paramedic education and provide standards that comprise the current research regarding the acquisition of psychomotor competency. Laboratory, Clinical, and Field Phases of Paramedic education can be conducted in different ways, and this package is not designed to be prescriptive as to how to deliver that education. It is a compilation of best practices in education, measurement, and documentation of psychomotor competency. This Manual does not prescribe the use of these instruments but merely provides best practice examples. This package should also help improve inter-rater reliability by attaching minimum standards and helping to standardize the evaluation of skill performances. It is the goal of this package to provide Paramedic education programs with instruments and methods to facilitate consistent recording of student performances and instructions to the evaluator focused at improving inter-rater reliability. The use of this package serves to document psychomotor competency that is a prerequisent to national EMS certification for Paramedics issued by the NREMT. When a program uses this package as part of the

documentation of psychomotor competency, it is essential that the Program Director understands the documentation and performance requirements of the NREMT.

The following sections of this document contain descriptions of the Laboratory Phase (Skills and Scenario Labs), Clinical Experience Phase, Field Phase (Capstone Field Internship and optional Field Experience) and an essay on Psychomotor Competency. At the end of this Manual are appendices that contain the individual instructions, evaluation instruments and documents that can be used to complete an individual student portfolio. The "Flow Chart for Using NREMT PPCP Pilot Forms 2015-2016" document (Appendix A) illustrates the forms to be used as students progress from the Skills and Scenario Lab components of the Laboratory Phase to the Clinical Experience Phase and the optional Field Experience and mandatory Capstone Field Intership components of the Field Phase. The "Pass/Fail Criteria and Average Minimum/Maximum" document (Appendix B) lists the skills that must be accomplished to meet the NREMT performance requirements for a student's individual portfolio in order to qualify for national EMS certification. The NREMT analyzed data from programs that participated in the pilot study, which are presented in the last two columns of this document. These numbers represent the average of the minimum number of times each skill was performed and the average of the maximum number of times each skill was performed. Educational programs and their communities of interest can use these numbers as a guide when designing their portfolio requirements. The most current version of this document can be found at https://www.nremt.org/nremt/EMTServices/ppcp_info.asp.

Laboratory Phase: Skills Lab

The Skills Lab begins with the use of formative assessments and progresses to use of summative instruments for all phases of Paramedic education. The psychomotor domain is comprised of two subsets, the *psycho* domain representing procedural knowledge, and the *motor* domain or using muscles (and other senses) to actually do or accomplish the skill. Failure to combine these two domains leads to failure to develop appropriate psychomotor competency. Educational scientists indicate learning of psychomotor skills follows patterns of skill and knowledge acquisition. The first phase is a requirement to know what to do. This means the student must know (psycho/procedural knowledge) the steps that together compile delivery of the skill (task list) (Anderson & Krathwohl, 2001). After the knowledge of how to do a skill has been acquired, the instructor must adequately demonstrate the skill to his or her students. Complete and proper demonstration of skills by the instructor is essential as students will *imprint* the demonstration into his or her mind and learn to mimic the actions seen in the demonstration. Failure to accurately demonstrate a skill can cause life-long use of bad habits, short cuts or improper technique. Following successful demonstration, the new learner must practice the skill. Practice requires frequent, accurate feedback by the educator. Close supervision and feedback necessitates a proper student-to-instructor ratio during this phase of skill acquisition. Previous studies have suggested that an adequate learning environment for psychomotor skill should not exceed 4 to 8 students per faculty member (Dubrowski & MacRae, 2006; Snider, Seffinger, Ferrill, & Gish, 2012).

When students are practicing in the formative phase of education, they are forming habits, knowledge and skills that they will use throughout their EMS careers. The primary concern about formative evaluation is that it puts the power and control of learning into the

hands of the student. A student who does not learn psychomotor precision during the formative phase of his or her development will fail during delivery of that skill.

Competency of psychomotor skills is not possessed after one successful demonstration of that particular skill. Competency requires repeated student skill demonstrations (practice) until the demonstration of that skill can be automatically delivered during stressful times, in unfamiliar places and to patients who are severely ill or injured. Autonomic delivery (automation) of a skill is maintained when the EMS professional can perform the skill without thinking about the steps. This frees-up working memory (Mayer, 2011) to continue the assessment, give directions to Team Members, and communicate effectively with the patient and others on the scene. Once competency in a skill has been achieved, an EMS professional can deliver that skill without thinking about the steps and adapt to differing situations.

Throughout Paramedic education, as students increase in knowledge and skills, they should be placed in increasingly stressful situations where skills must be performed. One of the first is to accomplish a skill in front of an instructor or classmates. Repetition of the vast array of psychomotor skills in a simulated environment is necessary to naturalize the skills and perform them without thinking about the steps. Repetition is time consuming and therefore expensive. Failure to incorporate enough repetition in early learning of new skills results in reduced skill retention and the inability of the student to spontaneously demonstrate that skill in either a testing environment or during actual patient care. Often, instructors do not have time to provide feedback individually to every student every time he or she practices a skill. Groups of students can use formative instruments that include detailed steps outlining entry-level competency during practice. Students evaluating other students and providing feedback can be useful once everyone understands the expected standard. A student whose performance is being compared

to the formative instrument can be judged, and immediate feedback can be provided. Students observing another student's performance can frequently learn missed steps, varying or improper techniques and provide valuable feedback to peers (Weidner & Popp, 2007).

The Skills Lab instruments in the competency package represent a range of importance in skill delivery. Not every skill is used as often as others. Not every skill is equally complicated and equally important to the patient's outcome. Not every skill, if performed improperly, can cause the same potential for harm. Therefore, some psychomotor skills are more essential to acquire than others, but all interventions carry some risk. It is not sensible to frequently practice an easy-to-learn skill that has little bearing on the eventual outcome of critical patient care. However, it is sensible to practice the most important and higher risk skills with greater frequency. It is imperative that the educational program has documentation in the student file that show a student can deliver particular skills competently. The package allows some skills, even if they are difficult or necessary to be accomplished, to be measured by peers because these skills are infrequently used as part of out-of-hospital care. Instructions for each individual skill will further explain the measurement and documentation requirements. Finally, it is unethical for some skills to be practiced on human beings in the Clinical Experience Phase of Paramedic education without competency first being validated by program faculty. The instructor-validated skills are identified, and instructions regarding their measurement and documentation are identified in Appendix B.

Communities of interest should be involved in establishment and reinforcement of student expectations. Ethics and local culture drive those communities of interest. Paramedic education programs interface with the communities of interest. Entry-level competency is not mistake-free. Students who are entry-level competent must be able to demonstrate and

accomplish most of the steps in a summative evaluation using the Skills Lab instrument. Each of the Skills Lab evaluation instruments lists the minimum number of points that a student must achieve in order to be successful. If the community has a high standard of excellence, the program must perform at that standard in order to produce acceptable entry-level providers. The educational program does not usually control the level of excellence in the local EMS culture. If the communities of interest do not think the assigned minimum number of points is appropriate, they can change the threshold. Justification for any change to the standard should be documented. Likewise, previous research has demonstrated that faculty members may not effectively accomplish every measurement in a laboratory setting where the ratio is greater than four to eight students per instructor (Dubrowski & MacRae, 2006; Snider et al., 2012). Teamwork, responsible students who help and evaluate peers, and administrative support are needed to permit faculty adequate time to focus on the most important aspects of psychomotor acquisition and competency. Standards of excellence are necessary to help assure continuity in field delivered critical care.

Appendix C of the Manual includes sample individual Skills Lab evaluation instruments that can be utilized to evaluate student performance. The NREMT does not require use, but provides them as best practice instruments that have been developed for use by education programs if they choose. These evaluations can be documented on paper, electronic format, or with commercially available evaluation instruments as the needs and resources of the education program dictate. Appendix D, "How to Use Skills Lab Formative Evaluation Instrument," which contains detailed instructions on how to utilize the Skills Lab evaluation instruments to improve evaluator inter-rater reliability.

Laboratory Phase: Scenario Lab

The Scenario Lab is an opportunity for the students to showcase what they have learned in a simulated environment and are based upon the foundations established in the Skills Lab. Scenarios should be introduced to the students at appropriate times throughout the curriculum and with increasing complexity. This competency package includes Scenario Lab instruments for both Team Leaders and Team Members. These Scenario Lab instruments should be used to critique student performances in order to provide guidance for improvement and/or to confirm competency.

The use of scenarios to demonstrate psychomotor skills as a part of patient care requires that the student "put it all together" or *synthesize information*. Implied within synthesis is the concept of critical thinking. Patient care requires critical thinking and delivery of psychomotor skills. Synthesis occurs after formative learning has been obtained and is measured by summative evaluations. Summative evaluation often occurs in two phases, one as a part of education and the other as part of certification such as a course final practical exam or the NREMT psychomotor certification exam. During Paramedic education, summative evaluation occurs after formative education has been measured and documented. Summative measurement instruments can only be developed when formative instruments, standards, and education are known. Errors identified during summative evaluation can be traced back to particular misunderstandings, omissions or failures to meet formative education standards.

Paramedic education requires critical thinking skills. Summative evaluations help to identify the presence or absence of critical thinking skills. Summative evaluation requires a simulation scenario, an actual patient or the field delivery of patient care. Summative evaluation takes place during the Laboratory, Clinical and Capstone Field Internship Phases of Paramedic

education and requires repetitive measurement to document competency. Paramedic students are not competent after one successful summative demonstration. Scenarios, as a part of Paramedic education, are critical in helping to ensure that the student can put it all together. A student's competency package should include formative and summative Scenario Lab evaluations for pediatric, adult, and geriatric patients covering the following Scenario Topic Areas: Respiratory Distress/Failure, Chest Pain, Cardiac Rhythm Disturbance, Stroke, Overdose, Abdominal Pain, Allergic Reaction/Anaphylaxis, Diabetic Emergency, Psychiatric Condition, Seizure, OB/GYN, Blunt Trauma, Penetrating Trauma, Burns, and Hemorrhage. A sample scenario and guidelines for developing additional scenarios are included in Appendices E and F. These evaluations require the Program Director to develop multiple scenarios for these evaluations and/or to purchase appropriate summative scenarios from a vendor. Appendices G and H respectively contain the Scenario Lab evaluation instruments and "How to Use Scenario Lab Evaluation Instrument," which helps to maximize inter-rater reliability. Summative laboratory evaluations of scenarios should be successfully accomplished before a student completes the corresponding topical section of Paramedic education.

Clinical Phase

The next phase of Paramedic education requires the student to move from the laboratory and simulation environment (skill and scenario) to interaction with real patients in the clinical setting. Many variables influence skill delivery in the clinical setting. The added stress of movement out of the laboratory setting to real patients has an effect on student performance. Regardless of the student's stress level or the patient's illness/injury, the psychomotor delivery of a patient intervention is essential. The patient's age, the urgency of delivery of the skill, the

patient's level of consciousness and the affect of the patient can place added stress on the Paramedic student who is about to perform the intervention.

Preceptors or instructors are present during clinical rotations and should help minimize students errors by instructing them in the proper techniques, providing feedback and evaluating their performance. Commonly, the preceptor is on duty as an employee of the healthcare institution. Patient volumes make instruction and evaluation of students difficult for preceptors.

Clinical Setting:

Clinical Phase evaluations usually take place in a variety of settings. They should include the Operating Room, Recovery Room, Intensive Care Unit, Coronary Care Unit, Labor and Delivery, Pediatrics, and Emergency Department. Non-traditional environments may also be useful in exposing students to populations commonly seen by EMS personnel but difficult to gain access to in traditional hospitals. These include pediatric clinics, day care centers, detoxification units, social service shelters (domestic abuse, homeless etc...), psychiatric clinics, crisis intervention units, specialty medical clinics, free-standing day surgery centers, urgent care clinics and other outpatient health care venues.

Patient interaction opportunities of individual Paramedic programs may vary. The important point of Paramedic education is that students have ample opportunity to interact with a variety of patients who are experiencing a range of illnesses and injuries throughout the various age groups. The Paramedic Psychomotor Competency Package has identified Team Member Clinical Objective expectations. All of these expectations are not required to be accomplished in a major hospital. Some performances can be accomplished in physician offices, nursing homes, and specialty hospitals and clinics. Regardless of the location in which the student encounters

the patient, mere observation of patient care provided by other allied healthcare professionals has limited educational value for the student.

Setting up Clinical Sites

Prior to sending students to a clinical site, a formal clinical affiliation agreement or contract must be in place. Affiliation agreements should include a description of what the students can do at the site and the responsibilities of the preceptors. The program must ensure that preceptors are adequately oriented or trained to supervise and coach students. Topics should include purposes of the rotation, evaluation criteria and tracking tools, and contact information for the educational program. Clinical sites should have emergency contact information for direct access to the Program Director and Clinical Coordinator at all times.

Students must have direct interaction with patients and perform skills that he/she will need to perform in the out-of-hospital setting as a Paramedic. These skills should be performed under the direct supervision of a trained preceptor. Performance must be evaluated, and documentation must be obtained in order to have validity. Although useful at times, students should not be assigned to hospital rotations simply to watch patient care.

During clinical rotations, the student is responsible for finding appropriate patients to meet the required number of patient encounters to help assure psychomotor competency. The Paramedic education program must develop agreements with resources that have enough patient care volume to assure the student can fulfill this responsibility.

The length of time necessary to complete the required clinical patient exposures and measurement is not important. The important part of clinical patient care education is that there

are sufficient patient contacts with a broad array of patients and conditions that adds to the validity of cognitive and psychomotor competency of the student.

Preceptor Preparation, Training, and Expectations

Preceptors have varying degrees of interest in student education. Therefore, requirements placed upon preceptors by Paramedic education programs must be efficient and effective. The goal of the clinical educational experience should be to ensure that each student interacts with patients and provides care while under the direct observation of a preceptor or instructor in a controlled clinical environment. In order for the student to benefit from this interaction, the preceptor must allow the student to conduct a patient history and physical examination followed by a discussion regarding the patient's diagnosis and field care plan. If the patient needs a therapeutic intervention, the preceptor also needs to evaluate and document the student's performance as compared to the accepted standard. The interaction between the student, patient and preceptor is dynamic, and the affective skills of the student also need to be evaluated by the preceptor. The final step is for the student and preceptor to complete a standardized evaluation of the student performance and for the student to document the patient contact for evaluation by the Paramedic education program.

Evaluation Instruments

Evaluation instruments and documentation of student performance must be brief, easy to understand and effective in measurement of performance. Appendix I is the "Clinical Shift Evaluation Worksheet." To improve inter-rater reliability, "How to Use Clinical Evaluation Instrument" (Appendix J) describes the correct use of the evaluation instrument and must be provided to preceptors prior to evaluating the student as a Team Member. These evaluation instruments must be tied to previously learned skills so that standards learned in the Scenario

Labs are carried forward to live patients in a clinical setting. Performance standards that were learned in the formative phases must be adhered to during clinical evaluations and throughout hospital clinical rotations.

Educational Programs need to develop a system for returning completed instruments to the program. This system should employ methods to prevent alteration of the evaluation by the student and/or discarding of the evaluation instrument by the student. Systems that allow students to alter preceptor-completed evaluations and/or make it possible for students to throw away unsuccessful patient evaluations are not valid.

Field Phase: Optional Field Experience

Some programs may allow for field time to occur where the student acts as a Team Member on an EMS call during the Field Phase. Field Phase evaluation of field performance assesses a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care that is delivered. The student is not assuming the Team Leader role but integrating with other Team Members. When evaluating the student's performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that Paramedics are expected to deliver.

Field Phase: Capstone Field Internship

The final phase of Paramedic education is the Capstone Field Internship. The Capstone Field Internship is the summative evaluation of Paramedic education where the student has all of the cognitive and psychomotor skills needed to act and serve as a Team Leader while delivering patient care. The Team Leader responsibilities are delegated by direct observation and under the responsibility of an approved and trained preceptor who is appropriately licensed and

credentialed to work in an approved EMS system. This evaluation of the student's ability to perform as a competent entry-level Paramedic is the last opportunity to identify areas that need remediation prior to the student becoming eligible for Paramedic certification. The ideal scenario would be that potential employers provide an appropriate orientation and evaluation process prior to allowing the new Paramedic to perform alone as the Team Leader. However, this competency package recognizes that there are EMS systems that will immediately place the newly state licensed Paramedics in an out-of-hospital situation with an EMT partner upon successful completion of NREMT certification. Therefore, it is imperative that evaluators provide a fair and objective evaluation of each student recognizing that they are expected to perform as an entry-level Paramedic.

The Capstone Field Internship should document a student's progression to a competent entry-level Paramedic. There is evidence to suggest that decreasing the number of preceptors improves the validity of the field internship evaluation and decrease the overall time to achieve competency. This allows the preceptor to assess a student's initial performance and for both student and preceptor to become comfortable with each other. As the Capstone Field Internship progresses, the student would ideally progress to at least minimal entry-level competency which would be documented by the preceptor. Although programs may not have the option to pair a student with a single preceptor, utilizing numerous preceptors for one student internship can complicate trust, expectations, and continuity for both student and preceptor, particularly with a student who is not exhibiting confidence or who is experiencing any difficulty in the progression from performing as a student to performing consistently as an entry-level Paramedic.

The Team Leader position is when students demonstrate that they are fully capable of organizing and directing patient care on an EMS call. Depending on the number of ALS EMS

personnel present, the Team Leader should direct all Team Members, lead all patient care decisions, and provide patient care as needed to ensure timely patient treatment. The educational program should establish a minimum number of hours, competencies, and team leads that the student should achieve in order to be considered as successfully performing as a competent entry-level Paramedic. These goals should reflect the depth and breadth of the Paramedic profession. The Capstone Field Internship has the unique capacity to assess a student's competence in all three learning domains performing as they will in the profession. The Capstone Field Internship evaluation instrument, "Capstone Field Internship Shift Evaluation Worksheet," (Appendix K) provides a concise form to document the student's Team Leader ability during patient contacts. "How to Use Capstone Field Internship Shift Evaluation Instrument" (Appendix L) provides instructions to help the preceptor improve inter-rater reliability when evaluating and documenting the patient contact.

Psychomotor Competency

Competency is the extent to which an individual can handle the various situations that arise in the area of practice. The clinician who is competent, regardless of the complexity of the call, performs within the standard of care. The clinician who is incompetent needs partners to assist, direct or even perform an action when the performance approaches an unacceptable level. Perfection in a clinical occupation such as paramedicine will not be demonstrated on every call or every day throughout an individual's career. There are too many variables in patient presentations, ages, illnesses, injuries and idiosyncratic responses to expect the ideal outcome on every call. Because of these variables, continuous education must be a part of continued competency.

The primary problem for educators and even those who certify and license is, "When has the student reached a level of competency that is comprehensive enough to be able to safely and effectively practice?" This is a research question, and its answer is contained within psychometrics and judgment. This competency package requires that some of the variables that ensure competency be acquired by the student. First is the requirement that an adequate sample of skills and patient presentations be obtained as part of Paramedic education. In order to meet the requirements of this package, a student must be evaluated while in contact with simulated patients who have many types of injuries and illnesses.

The sample size of patient interactions is further required in a hospital or clinic where students must interface with patients having all types of illnesses and injuries in varying age groups. Because patients congregate at hospitals and clinics, it may be the best environment for students to efficiently interact with them. Medical education is important to the American public and therefore most patients understand the value of allowing students to interact with them and perform some invasive intervention such as establishing an IV. The Paramedic education program must ensure that their students have an appropriate opportunity to see adequate numbers of patients with varying illnesses and injuries throughout the educational experience. These adequate numbers of patients provide the first needed step towards competency: sample size.

The second step of ensuring competency is evaluation. Allowing students to matriculate through the educational processes without evaluation provides no assurance that competency has been obtained. Allowing students adequate time to practice skills in the laboratory without any final measurement of skill acquisition does not validate competency. Scheduling students in the Clinical Experience or Field Phases without tracking the types of patients they encounter does not ensure an adequate sample of patient contacts or validate competency. Failure to evaluate

students during their interaction with the patient does not ensure competency. Evaluations can be specific to a psychomotor skill, such as, "Can the student start an IV or not?" This type of tracking is important because it provides documentation of the sample. However, it is not only enough to know that the IV delivered fluids into the intravascular space, but also that it was performed within the context of proper patient care.

In EMS, we initiate patient care; we do not follow a doctor's written orders. Therefore, there are many components of student performance of starting an IV in the Clinical Evaluation Phase that should also be evaluated in order to enrich the educational experience. Questions such as, "Why did this patient need an IV? Did the student select the proper equipment and fluids? Was the procedure as aseptic as possible? How did the student interact with the patient?" should also be answered and documented. Practicing skills and interacting with patients without evaluation and documentation does not lead to competency validation. Sending students to the hospital or field to see how patient care is delivered does not lead to student competency. The student must perform assessments, interviews, skill interventions and be evaluated on his or her performance for feedback purposes and to document competency. Remember, competency cannot be obtained without documented evaluation.

When one considers all of the skills of a Paramedic and all of the types of patient interactions that should occur, it becomes complicated to determine how much education and exposure is adequate. This requires the application of a third step in psychomotor competency: extrapolation. A student cannot interact with patients who are suffering every known disease to mankind. A student cannot be required to remain in the Clinical Experience or Field Phases until every skill is performed on a live patient. Opportunities are not controlled by the student. Patient volume and who happens to get sick while students are completing their field internship

affect these opportunities. What can be ensured is that the student's Clinical Experience and Field Phases were comprised of a large enough sample of varying patients and that the interactions were measured and documented.

Only when the student's Clinical Experience and Field Phase evaluations have been documented can the results are extrapolated to make a reasonable judgment of competency. Students in Paramedic education must have a large enough sample that includes measurement in order to extrapolate that the student has reached entry-level competency to safely and effectively practice. Lastly, education and competency are essential. It centers on validity and trust. Validity is difficult to control in psychomotor competency. For example, two judges can see the same performance and mark (score) the performance in different ways. The scoring can be dramatically different or vary slightly depending on the judge's bias, observational attention and current knowledge of the standard. When there are significant differences in judging the same performance, there is a lack of inter-rater reliability. This competency package establishes acceptable and uniform standards and explains those standards to the judges (faculty member or preceptor) in an instructional essay. Competency that has standards can be taught, evaluated and documented. Performance without standards cannot be taught. The evaluation process is subjective without instruments that document performance and by not having those documents, it is unacceptable for the purposes of accreditation and certification. Appendix B of the Manual contains the performance standards and numbers of performances that must be accomplished to meet the NREMT Paramedic Psychomotor Competency Portfolio requirements for NREMT certification

Licensure and certification are designed to protect the public. Currently in EMS we require applicants for certification to demonstrate psychomotor competency as part of the

process. This demonstration contains components of psychomotor competency validation. Candidates who are competent when testing should successfully demonstrate that competency in front of judges in a simulated environment. Pass rates on performance examinations should be high because candidates should not attempt the examination without having demonstrated psychomotor competency as part of successfully completing the educational process.

Performance examinations for certification are only able to evaluate a small sample of the entire psychomotor domain necessary for the occupation. The NREMT requires a summative psychomotor performance examination as part of national EMS certification. This psychomotor examination provides an outside validation of competency over a representative sample of skills. This outside validation, coupled with the portfolio during the educational process, form the entire basis for judging psychomotor competence. Strengthening psychomotor education is good for the student, the educational program, the accreditation body, the certification and licensure body, the EMS system and most importantly, the public. Competent psychomotor and affective skills are the cornerstone of quality EMS care and are essential for helping to ensure a high level of professional knowledge, skills and behaviors of Paramedics.

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FLOW CHART FOR USING NREMT PPCP PILOT FORMS 2015 – 2016

Skills Lab Forms

Document all performances using Skills Lab Forms. Please see "NREMT Psychomotor Paramedic Competency Portfolio: Pass/Fail Criteria and Average Minimum/Maximum" for the list of recommended skills to be performed, minimum score needed, and the average number of student skills attempts documented. Forms can be completed by the instructor or peers. However, all forms listed with an * must have at least one successful instructor-evaluated and documented performance before starting the related Scenario Lab.
As soon as the student demonstrates acceptable performance in any skill identified by an * and is checked-off by an instructor, he/she needs to move on to practice those skills in the context of related scenarios.

Scenario Lab Forms

Document successful performances in the following provider roles and patient types (as applicable) using each of the following Scenario Topic Areas:

Team Leader
- 4 successful adult patient leads
- 3 successful pediatric patient leads
- 3 successful geriatric patient leads

Team Member
- 10 successful team member evaluations

Scenario Topic Areas	
▪ Respiratory Distress/Failure	▪ Psychiatric Condition
▪ Chest Pain	▪ Seizure
▪ Cardiac (Rhythm Disturbance including Cardiac Arrest	▪ OB/GYN
▪ Stroke	▪ Blunt Trauma
▪ Overdose	▪ Penetrating Trauma
▪ Abdominal Pain	▪ Burns
▪ Allergic Reaction/Anaphylaxis	▪ Hemorrhage
▪ Diabetic Emergencies	

As soon as the student demonstrates acceptable performance in any Scenario Lab topic area, he/she is permitted to move on to the related clinical area

Clinical Evaluation Forms

Clinical Shift Evaluation Worksheet must be completed by the Clinical Preceptor(s) for each clinical rotation.

Capstone Field Internship Evaluation Form

Field Shift Evaluation Worksheet must be completed by the Field Preceptor(s) for each field rotation.

Students must complete 18 out of the last 20 patient contacts successfully on an ALS unit responsible for responding to critical and emergent patients who access the emergency medical system (successful is defined as a score of "2" in Team Leadership category of *Capstone Field Internship Evaluation Worksheet*).

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PASS/FAIL CRITERIA AND AVERAGE MINIMUM/MAXIMUM

LABORATORY PHASE: SKILLS LAB SKILL SHEETS NOTE: All forms listed with * must have at least one successful instructor documented performance before starting the related Scenario Lab.	MINIMUM POINTS REQUIRED	AVERAGE**	
		MIN	MAX
History Taking and Physical Examination			
*Obtain a Patient History from an Alert and Oriented Patient	86	2	8
*Comprehensive Normal Adult Physical Assessment Techniques	160	2	7
*Comprehensive Normal Pediatric Physical Assessment Techniques	136/146	2	7
Airway, Oxygenation and Ventilation			
*Direct Orotracheal Intubation Adult	50	2	23
*Direct Orotracheal Intubation Pediatric	40	3	14
Nasotracheal Intubation Adult	42	2	10
Supraglottic Airway Device Adult (Combitube, LMA, King, Cobra, etc.)	38	2	17
*Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	34	2	11
CPAP and PEEP	64	1	6
Trauma			
*Trauma Adult Physical Assessment	116	2	8
Trauma Endotracheal Intubation Adult	40	2	10
*Pleural Decompression (Needle Thoracostomy)	30	2	10
Basic Skills Lab overseen by instructor as students check off each other in:			
▪ Spinal Immobilization Adult (Supine Patient)	34	1	10
▪ Spinal Immobilization Adult (Seated Patient)	36	1	11
▪ Joint Splinting	24	2	10
▪ Long Bone Splinting	26	2	10
▪ Traction Splinting	30	1	7
▪ Hemorrhage Control	24	1	10
Medical			
*Medical and Cardiac Physical Assessment	130	2	17
*Intravenous Therapy	76	3	22
*Intravenous Bolus Medication Administration	36	2	17
*Intravenous Piggyback Infusion	84	2	8
*Intraosseous Infusion	62	2	14
*Intramuscular and Subcutaneous Medication Administration	44	2	17
Intranasal Medication Administration	44	2	11
Inhaled Medication Administration	38	2	9
Glucometer	32	2	6

** Average minimum and maximum number of attempts from pilot data

PASS/FAIL CRITERIA AND AVERAGE MINIMUM/MAXIMUM

Cardiac	MINIMUM POINTS REQUIRED	AVERAGE**	
		MIN	MAX
12-lead ECG	30	2	8
*Synchronized Cardioversion	34	2	11
*Defibrillation (Unwitnessed Arrest)	36	2	12
*Transcutaneous Pacing	34	2	10
CPR Skills Lab equivalent to AHA BLS for Healthcare Providers overseen by instructor as students check off each other: ▪ 1 & 2 Rescuer CPR for Adults, Children and Infants ▪ Bag-Mask Technique and Rescue Breathing for Adults and Children ▪ Automated External Defibrillator ▪ Relief of Choking in Infants and Victims 1 Year of Age and Older			
Obstetrics			
Normal Delivery with Newborn Care	70	3	14
*Abnormal Delivery with Newborn Care	74	2	7
LABORATORY PHASE: SCENARIO LAB			
Team Member	9	2	19
Team Leader	11	2	16
CLINICAL AND FIELD PHASE			
Clinical Experience Shift Evaluation Worksheet			
Capstone Field Internship Evaluation Worksheet – Students must complete 18 out of the last 20 patient contacts successfully on an ALS unit responsible for responding to critical and emergent patients who access the emergency medical system (successful is defined as a score of "2" in Team Leadership category of Capstone Field Internship Evaluation Worksheet).			

** Average minimum and maximum number of attempts from pilot data

NOTE: Failure must be noted for any skill where the examiner has checked one of the "Critical Criteria" statements and documented the performance as required.

Appendix C

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

SKILLS LAB SKILL SHEETS: TABLE OF CONTENTS

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

OBTAIN A PATIENT HISTORY FROM AN ALERT AND ORIENTED PATIENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Demographic data	
Age	
Weight – estimated/translated to kg	
Sex	
Ethnic origin	
Source of referral	
"Who called EMS?"	
Source of historical information	
Who is telling you the information?	
Reliability	
Do you believe the patient?	
Does the patient have appropriate decision-making capacity to consent for care?	
Is the patient oriented appropriately?	
Chief complaint	
"Why did you call us?"	
Duration of this episode/complaint	
History of the present illness	
Onset	
"When did this begin?"	
"Was it sudden or gradual?"	
Provocation	
"What brought this on?"	
"Is there anything that makes it better or worse?"	
Quality	
"How would you describe your pain or symptoms?"	
"Has there been any change in your pain or symptoms since it began?"	
Region/Radiation	
"Can you point and show me where your pain or symptoms are located?"	
"Does the pain move or radiate anywhere else?"	
Severity	
"How would you rate your level of discomfort right now on a 0 – 10 scale?"	
"Using the same scale, how bad was your discomfort when this first began?"	
Timing	
"When did your pain or symptoms begin?"	
"Is it constant or how does it change over time?"	

Setting	
Is there anything unique to place or events with this episode?	
Treatments	
"Have you taken anything to treat this problem?"	
Pertinent negatives	
Notes any signs or symptoms not present	
Converges	
Moves history from broad to focused to field impression	
Past medical history	
General health status	
What does the patient say about his/her health?	
Current medications	
"What prescribed medications do you currently take?"	
"What over-the-counter medications or home remedies do you currently take?"	
"When did you take you last dose of medications?"	
"Do you take all your medications as directed?"	
Adult illnesses	
"What other similar episodes were present?"	
"Is this an acute or chronic illness?"	
"What medical care do you currently receive for this illness?"	
"What medical care do you currently receive for other illnesses?"	
Allergies	
"Do you have any allergies to any medications, foods or other things?"	
Operations	
"What previous surgeries have you had?"	
Environmental	
Patient nutritional status	
"Do you have any habitual activities, such as drugs, alcohol or tobacco use?"	
Family history	
Questions patient about pertinent family medical history	
Psychological history	
Asks appropriate related history questions based upon patient presentation	
Verbal report	
Completes succinct report	
Identifies pertinent findings	
Identifies pertinent negatives	
Organization	
Organizes report in logical sequence	
Affective	
Makes the patient feel comfortable	
Uses good eye contact	
Establishes and maintains proper distance	
Uses techniques that show interest in the patient	
Professional appearance	
Takes notes of findings during history	
Preferably uses open-ended questions	
Follows patient lead to converge questions	

Uses reflection to gain patient confidence	
Shows empathy in a professional manner	

Actual Time Ended: _____

TOTAL	/112

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to complete an appropriate history
___ Failure to obtain vital information necessary for the proper assessment, management and diagnosis of the patient's condition
___ Failure to receive a total score of 86 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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COMPREHENSIVE NORMAL ADULT PHYSICAL ASSESSMENT TECHNIQUES SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: The student is to perform a comprehensive physical examination (well physical examination) on a patient who has no complaint or distress.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
Initial general impression	
Appearance	
Speaks when approached	
Facial expression	
Skin color	
Eye contact	
Weight - estimated/translated to kg	
Work of breathing	
Posture, ease of movement	
Odors of body or breath	
Dress, hygiene, grooming	
Level of consciousness/mental status	
Speech	
Quantity	
Rate	
Volume	
Articulation of words	
Fluency	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	

Assesses baseline vital signs	
Vital signs	
Blood pressure	
Pulses – radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature – oral, tympanic, rectal	
SpO_2	
Secondary physical examination	
Skin	
Colors – flushed, jaundiced, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, location, arrangement	
Nails – condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Appearance – color, iris clear	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	

Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	
Lower Airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S_1	
S_2	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inquires about:	
Wounds, rashes, external lesions	
Drainage	
Female genitalia (non-pregnant) – inquires about:	
Wounds, rashes, external lesions	
Drainage	
Asks about bleeding or discharge	

Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Brachial	
Radial	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty	

Actual Time Ended: _____

TOTAL	/208

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to adequately assess airway, breathing or circulation
___ Performs assessment in a disorganized manner
___ Failure to assess the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Performs assessment inappropriately resulting in potential injury to the patient
___ Failure to receive a total score of 160 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

COMPREHENSIVE NORMAL PEDIATRIC PHYSICAL ASSESSMENT TECHNIQUES SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: The student is to perform a comprehensive physical examination (well physical examination) on a toddler or school-aged child who has no complaint or distress.
***Choose appropriate age level**

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Initial general impression	
Appearance	
Facial expression	
Skin color	
Work of breathing	
Odors of body or breath	
*If toddler or school-aged child:	
Activity level	
Speaks when addressed	
*If school-aged child:	
Eye contact	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	
Assesses baseline vital signs	
Vital signs	
Blood pressure	
Pulses – brachial, radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature – oral, tympanic, rectal	
SpO_2	

Secondary physical examination	
Somatic growth	
Length	
Weight	
Head circumference	
Skin	
Colors – flushed, jaundiced, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, location, arrangement	
Nails – condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Appearance – color, iris clear	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	
Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	

Lower airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S_1	
S_2	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	
Female genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	

Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Brachial	
Radial	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty	

Actual Time Ended: _____

TOTAL	/180/194

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to adequately assess airway, breathing or circulation
___ Performs assessment in a disorganized manner
___ Failure to assess the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Performs assessment inappropriately resulting in potential injury to the patient
___ Failure to receive a total score of 136 (toddler)/146 (school-aged) or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

DIRECT OROTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO_2 reading	
Preoxygenates patient	
Performs intubation	
Positions head properly	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Suctions secretions from tube	
Recognizes need to suction	
Identifies/selects flexible suction catheter	
Inserts catheter into ET tube while leaving catheter port open	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	

Reaffirms proper tube placement	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/66

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO_2 is less than 90% at any time
___ Failure to take or verbalize appropriate PPE precautions
___ Suctions the patient for more than 10 seconds
___ Failure to preoxygenate patient prior to intubation
___ If used, stylette extends beyond end of ET tube
___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
___ Uses teeth as a fulcrum
___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Does not suction the patient in a timely manner
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to receive a total score of 50 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

DIRECT OROTRACHEAL INTUBATION PEDIATRIC SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tubes and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 12 – 20/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO_2	
Preoxygenates patient	
Performs intubation	
Places patient in neutral or sniffing position by padding between scapulae to elevate shoulders and torso **as needed**	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and **immediately** removes syringe (only if cuffed tube is used)	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/52

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO_2 is less than 90% at any time
___ Failure to take or verbalize appropriate PPE precautions
___ If used, suctions the patient for more than 10 seconds
___ If used, stylette extends beyond end of ET tube
___ Failure to preoxygenate patient prior to intubation
___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube (only if cuffed tube is used)
___ Uses teeth or gums as a fulcrum
___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 12/minute and no more than 20/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Attempts to use any equipment not appropriate for the pediatric patient
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to receive a total score of 40 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

NASOTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
ET tubes	
Medications (viscous lidocaine, water soluble jelly, nasal spray)	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts adjunct (nasopharyngeal airway)	
Assists patient ventilations at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO_2	
Preoxygenates patient	
Auscultates breath sounds	
Performs intubation	
Lubricates tube and prepares nostril	
Positions head properly	
Inserts ET tube into selected nostril and guides it along the septum	
Pauses to assure that tip of ET tube is positioned just superior to the vocal cords (visualizes misting in the tube, hears audible breath sounds from proximal end of ET tube)	
Instructs patient to take a deep breath while passing ET tube through vocal cords	
Inflates cuff to proper pressure and immediately removes syringe	
Assists patient ventilations and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium; observes for misting in tube; listens for audible breath sounds from proximal end of ET tube; and assures that patient is aphonic	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures ET tube	
Assists patient ventilations patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/54

Critical Criteria

___ Interrupts ventilations at any time when SpO_2 is less than 90%
___ Failure to take or verbalize appropriate PPE precautions
___ If used, suctions the patient for more than 10 seconds
___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to receive a total score of 42 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

SUPRAGLOTTIC AIRWAY DEVICE ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Supraglottic airway device	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO_2	
Preoxygenates patient	
Performs insertion of supraglottic airway device	
Lubricates distal tip of the device	
Positions head properly	
Performs a tongue-jaw lift	
Inserts device to proper depth	
Secures device in patient (inflates cuffs with proper volumes and immediately removes syringe or secures strap)	
Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures device	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/50

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO_2 is less than 90% at any time
___ Failure to take or verbalize appropriate PPE precautions
___ If used, suctions the patient for more than 10 seconds
___ Failure to preoxygenate the patient prior to insertion of the supraglottic airway device
___ Failure to disconnect syringe **immediately** after inflating any cuff
___ Failure to properly secure device in patient (cuff inflation or strap placement not acceptable)
___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to receive a total score of 38 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

NEEDLE CRICOTHYROTOMY (PERCUTANEOUS TRANSLARYNGEAL VENTILATION) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Oxygen source capable of 50 psi	
Oxygen tubing	
Manual jet ventilator device (Y-connector or push button device)	
Bag-valve-mask device	
Large bore IV catheter	
10 – 20 mL syringe	
3.0 mm ET adapter	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Places the patient supine and hyperextends the head/neck (neutral position if cervical spine injury is suspected), manages the patient's airway with basic maneuvers and supplemental oxygen	
Palpates neck locating the cricothyroid membrane (between the thyroid and cricoid cartilages)	
Performs needle cricothyrotomy	
Cleanse the insertion site with appropriate solution	
Stabilizes site and inserts needle through cricothyroid membrane at midline directing at a 45° angle caudally	
Aspirates syringe to confirm proper placement in trachea	
Advances catheter while stabilizing needle	
Removes needle and immediately disposes in sharps container	
Attaches ventilation device and begins ventilation (1 second for inflation, 2 seconds for exhalation using jet ventilator, manually triggered ventilation device, BVM)	
Secures catheter	
Observes chest rise and auscultates lungs to assess adequacy of ventilation	
Continues ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kink, false placement)	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/44

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Recaps contaminated needle or failure to dispose of syringe and needle in proper container
___ Inability to assemble necessary equipment to perform procedure
___ Failure to correctly locate the cricothyroid membrane
___ Failure to properly cleanse site prior to needle insertion
___ Incorrect insertion technique (directing the needle in a cephalad direction)
___ Failure to assess adequacy of ventilation and for possible complications
___ Failure to receive a total score of 34 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

CPAP AND PEEP SKILLS LAB FORM

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Assures adequate blood pressure	
Positions patient in a position that will optimize ease of ventilation (high Fowler's)	
Assesses patient to identify indications for CPAP:	
Congestive heart failure	
Pulmonary edema	
Asthma	
Pneumonia	
COPD	
Assesses patient to identify contraindications for CPAP:	
Unconscious, unresponsive, inability to protect airway or inability to speak	
Inability to sit up	
Respiratory arrest or agonal respirations	
Nausea/vomiting	
Hypotension (systolic blood pressure < 90 mmHg)	
Suspected pneumothorax	
Cardiogenic shock	
Penetrating chest trauma	
Facial anomalies/trauma/burns	
Closed head injury	
Active upper GI bleeding or history of recent gastric surgery	
Selects, checks, assembles equipment	
Assembles mask and tubing according to manufacturer instructions	
Coaches patient how to breathe through mask	
Connects CPAP unit to suitable O_2 supply and attaches breathing circuit to device (not using oxygen regulator or flow meter)	
Turns on power/oxygen	
Sets device parameters:	
Turns the rate (frequency) dial to 8 – 12 per minute (based on local protocols)	
Turns the oxygen concentration dial to the lowest setting (28 – 29% oxygen)	
Titrates oxygen concentration to achieve an SpO_2 > 94%	
Sets tidal volume to 10 – 12 mL/kg (based on local protocols)	
Sets pressure relief valve at ± 4 cm/H_2O (based on local protocols)	
Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary	

Performs procedure	
Places mask over mouth and nose (leaves $EtCO_2$ nasal cannula in place)	
Titrates CPAP pressure (based on local protocols/device dependent):	
Max 5 cm H_2O for bronchospasm	
Max 10 cm H_2O for CHF, pulmonary edema and pneumonia	
Max 5 cm H_2O for pediatric patients	
Coaches patient to breathe normally and adjust to air pressure	
Frequently reassesses patient for desired effects:	
Decreased ventilatory distress	
SpO_2 > 94%	
Decreased adventitious lungs sounds	
Absence of complications (barotrauma and pneumothorax)	
Records settings/readings and documents appropriately	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/84

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to identify 2 indications
___ Failure to identify 2 potential complications
___ Failure to frequently reassess the patient after application of the CPAP device
___ Failure to ensure that the patient understands the procedure
___ Failure to set the proper parameters for the device (pressure relief, tidal volume, oxygen concentration, rate, etc.)
___ Failure to test the pressure relief valve **prior to** application
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 64 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

TRAUMA ADULT PHYSICAL ASSESSMENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Scene size-up	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	
Hazards – chemical, thermal, atmospheric, electrical, weapons	
Environment – bystanders, hostile, ambient temperature, adequate space, day/night	
Number of patients and location	
Additional resources – Hazmat, heavy rescue, power company, bystanders, historians, air medical	
Determines mechanism of injury – height of fall, intrusion, ejection, vehicle telemetry data	
Patient assessment and management	
Begins spinal precautions if indicated	
Primary survey/resuscitation	
General impression – patient appearance	
Estimates age, gender and weight of patient	
Manages any gross visible hemorrhage – direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Response to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway – position, obstructions	
Manages airway as appropriate – suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Palpates for instability that impairs breathing – sternum and ribs	
Auscultates lung sounds – presence, clarity, abnormal sounds	
Notes minute volume – rate, tidal volume and equal chest rise and fall	
Manages any injury compromising ventilations	
Administers oxygen or ventilates with appropriate device – BVM, NRB	

Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Capillary refill	
Removes patient's clothing	
Performs a rapid, full-body sweep for major hemorrhage or other life-threatening injuries	
Controls major hemorrhage when found	
Manages life-threatening injuries if necessary	
Disability	
GCS – calculates score	
Pupils – size, equality, reactivity to light	
Transport decision	
Critical – begins immediate packaging for transport	
Non-critical – continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO_2	
Pain – if appropriate	
Secondary assessment	
Obtains an oral history – pertinent to situation	
History of the present illness/injury	
SAMPLE – signs/symptoms; allergies; medications; past medical history; last meal; events leading up to injury	
OPQRST – onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, inspects and palpates	
Scalp/skull	
Facial bones	
Jaw	
Eyes – PERLA	
Mouth	
Ears	
Nose	
Neck	
Trachea	
Jugular vein status	
Cervical spine processes	
Manages wounds or splints/supports fractures	
Chest	
Inspects	
Palpates	
Auscultates – credit awarded if already performed in Primary survey	

Manages any wound not previously treated	
Abdomen and pelvis	
Inspects	
Assesses pelvic stability	
Manages any wound not previously treated	
Lower extremities	
Inspects and palpates	
Assess distal function – pulse, motor, sensory, perfusion	
Manages wounds or splints/supports fractures	
Upper extremities	
Inspects and palpates	
Assesses distal function – pulse, motor, sensory, perfusion	
Manages wounds or splints/supports fractures	
Posterior thorax, lumbar and buttocks	
Inspects and palpates posterior thorax	
Inspects and palpates lumbar and buttocks	
Transportation decision	
Verbalizes destination decision	
Other assessments and interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer, capnography	
Performs appropriate treatment at the correct time – IVs, splinting, bandaging	
Affective	
Explains verbally the use of team members appropriately	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/152

Critical Criteria

___ Failure to recognize life-threatening injuries
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to provide spinal precautions according to scenario
___ Failure to assess or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to perform primary survey/management prior to secondary assessment/management
___ Failure to attempt to determine the mechanism of injury
___ Failure to assess, manage and package a critical patient within 10 minutes
___ 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
___ Failure to receive a total score of 116 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

TRAUMA ENDOTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually maintains in-line immobilization and opens airway using jaw thrust maneuver	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO_2 reading	
Preoxygenates patient	
Performs intubation	
Maintains head in neutral, in-line position	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and **immediately** removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /52

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO_2 is less than 90% at any time
___ Failure to take or verbalize appropriate PPE precautions
___ If used, suctions the patient for more than 10 seconds
___ Failure to preoxygenate patient prior to intubation
___ If used, stylette extends beyond end of ET tube
___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
___ Uses teeth as a fulcrum
___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Failure to assure that the head is in a neutral, in-line position throughout
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 40 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

PLEURAL DECOMPRESSION (NEEDLE THORACOSTOMY) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Manages the patient's airway with basic maneuvers and supplemental oxygen; intubates as necessary	
Appropriately recognizes signs of tension pneumothorax	
Selects, checks, assembles equipment	
14 – 16 ga. X 2 inch over-the-needle catheter (adult) or 16 – 18 ga. X 1½ – 2 inch over-the-needle catheter (pediatric)	
10 mL syringe	
4x4s	
Antiseptic solution	
Tape	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Palpates the chest locating the second or third intercostal space on the midclavicular line (the second rib joins the sternum at the angle of Louis, the second intercostal space is located between 2^{nd} & 3^{rd} ribs while the third intercostal space is between 3^{rd} & 4^{th} ribs)	
Properly cleanses the insertion site with appropriate solution	
Performs needle thoracostomy	
Reconfirms the site of insertion and directs the needle over the top of the rib on the midclavicular line	
Listens for a rush of air or watches for plunger in syringe to withdraw and aspirates air	
Removes needle/syringe leaving only the catheter in place	
Disposes of the needle in proper container	
Stabilizes the catheter hub with 4x4s and tape	
Reassesses adequacy of ventilation, lung sounds, blood pressure and pulse for improvement in patient condition	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/38

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to dispose of the needle in proper container
___ Failure to correctly locate the site for insertion
___ Failure to properly cleanse site prior to needle insertion
___ Incorrect procedure relating to needle insertion (inserting below the rib, incorrect anatomical location, etc.)
___ Failure to assess the need for needle decompression (diminished or absent breath sounds, signs of hemodynamic compromise, etc.)
___ Failure to reassess patient condition following procedure
___ Failure to receive a total score of 30 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

SPINAL IMMOBILIZATION ADULT (SUPINE PATIENT) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Long spine immobilization device with straps	
Cervical collar	
Head immobilizer (commercial or improvised)	
Padding material	
Immobilizes patient	
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Directs movement of the patient onto the device without compromising the integrity of the spine	
Applies padding to voids between the torso and the device as necessary	
Secures the patient's torso to the device	
Evaluates and pads behind the patient's head as necessary	
Immobilizes the patient's head to the device	
Secures the patient's legs to the device	
Secures the patient's arms	
Reassesses motor, sensory and circulatory function in each extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/44

Critical Criteria

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential for spinal compromise
___ Head immobilized to the device **before** patient's torso sufficiently secured to the device
___ Patient moves excessively up, down, left or right on the device
___ Head immobilization allows for excessive movement
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device
___ Failure to receive a total score of 34 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

SPINAL IMMOBILIZATION ADULT (SEATED PATIENT) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Short spine immobilization device with straps	
Cervical collar	
Padding material	
Immobilizes patient	
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Secures the device to the patient's torso	
Evaluates torso fixation and adjusts as necessary	
Evaluates and pads behind the patient's head as necessary	
Secures the patient's head to the device	
Reevaluates and assures adequate immobilization	
Reassesses motor, sensory and circulatory functions in each extremity	
Properly moves patient onto a long backboard	
Releases/loosens leg straps	
Secures patient to the long backboard	
Reassesses motor, sensory and circulatory function in each extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/46

Critical Criteria

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential for spinal compromise
___ Head immobilized to the device **before** device sufficiently secured to torso
___ Device moves excessively up, down, left or right on the patient's torso
___ Head immobilization allows for excessive movement
___ Torso fixation inhibits chest rise, resulting in respiratory compromise
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device and to the long backboard
___ Failure to receive a total score of 36 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

JOINT SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
Selects, checks, assembles equipment	
Cravats	
Roller gauze	
Splinting material	
Padding material	
Splints joint	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Selects appropriate splinting material	
Immobilizes the site of the injury and pads as necessary	
Immobilizes the bone above the injury site	
Immobilizes the bone below the injury site	
Secures the entire injured extremity	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /32

Critical Criteria

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the bones above and below the injury site
___ Did not reassess motor, sensory and circulatory functions in the injured extremity **before and after** splinting
___ Did not secure the entire injured extremity upon completion of immobilization
___ Failure to receive a total score of 24 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

LONG BONE SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Cravats	
Roller gauze	
Splinting material	
Padding material	
Splints long bone	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Measures the splint	
Applies the splint and pads as necessary	
Immobilizes the joint above the injury site	
Immobilizes the joint below the injury site	
Secures the entire injured extremity	
Immobilizes the hand/foot in the position of function	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /34

Critical Criteria

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the joint above and the joint below the injury site
___ Did not immobilize the hand or foot in a position of function
___ Did not reassess motor, sensory and circulatory functions in the injured extremity **before and after** splinting
___ Did not secure the entire injured extremity upon completion of immobilization
___ Failure to receive a total score of 26 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

TRACTION SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Traction splint with all associated equipment (ankle hitch, straps, etc.)	
Padding material	
Splints femur	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injured leg (not necessary when using a unipolar device [Sagar® or similar] that is immediately available)	
Directs application of manual traction (not necessary when using a unipolar device, but must be applied before elevating the leg if the leg is elevated at all)	
Assesses motor, sensory and distal circulation in the injured extremity	
Prepares/adjusts the splint to proper length	
Positions the splint at the injured leg	
Applies proximal securing device (e.g., ischial strap)	
Applies distal securing device (e.g., ankle hitch)	
Applies appropriate mechanical traction	
Positions/secures support straps	
Re-evaluates proximal/distal securing devices	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Secures patient to the long backboard to immobilize the hip	
Secures the traction splint/legs to the long backboard to prevent movement of the splint	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

Critical Criteria

___ Loss of traction at any point after it is assumed or applies inadequate traction
___ Failure to apply manual traction before elevating the leg
___ Did not reassess motor, sensory and circulatory functions in the injured extremity **after** splinting
___ The foot is excessively rotated or extended after splinting
___ Final immobilization failed to support the femur or prevent rotation of the injured leg
___ Failure to receive a total score of 30 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

HEMORRHAGE CONTROL SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
Selects, checks, assembles equipment	
Field dressings (various sizes)	
Kling®, Kerlix®, etc.	
Bandages (various sizes)	
Tourniquet (commercial or improvised)	
Controls hemorrhage	
Takes or verbalizes appropriate PPE precautions	
Applies direct pressure to the wound	
Bandages the wound	
Applies tourniquet	
Properly positions the patient	
Administers high concentration oxygen	
Initiates steps to prevent heat loss from the patient	
Indicates the need for immediate transportation	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /30

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Did not administer high concentration oxygen
___ Did not control hemorrhage using correct procedures in a timely manner
___ Did not indicate the need for immediate transportation
___ Failure to receive a total score of 24 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

MEDICAL AND CARDIAC PHYSICAL ASSESSMENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Scene size-up	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	
Hazards – chemical, thermal, atmospheric, electrical, weapons	
Environment – bystanders, hostile, ambient temperature, adequate space, day/night, patient prone to sudden behavior change	
Number of patients and location	
Clues/evidence at the scene – medication bottles, chemical containers, syringes, illicit drug paraphernalia, etc.	
Additional resources – Hazmat, heavy rescue, law enforcement, bystanders, historians, air medical	
Nature of illness – determines reason for call	
Patient assessment and management	
Begins spinal precautions if indicated	
Primary survey/resuscitation	
General impression	
Patient appearance – posture, position, obvious distress, incontinence, vomiting, odors, pain	
Estimates age, gender and weight of patient	
Manages any gross visible hemorrhage – direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Responds to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway – position, obstructions	
Manages airway as appropriate – suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Auscultates lung sounds – presence, clarity, abnormal sounds	
Notes minute volume – rate, tidal volume and equal chest rise and fall	

Manages any injury compromising ventilations	
Administers oxygen or ventilates with appropriate device – BVM, NRB	
Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Turgor, edema	
Capillary refill	
Disability	
GCS – calculates score	
Pupils – size, equality, reactivity to light	
Chief complaint	
Determines chief complaint	
Transport decision	
Critical – begins immediate packaging for transport or resuscitation	
Non-critical – continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO_2	
Pain – if appropriate	
Secondary assessment – performs secondary physical examination and assesses affected body part(s) or system(s)	
Obtains an oral history – pertinent to situation	
History of the present illness	
SAMPLE – signs/symptoms; allergies; medications; past medical history; last meal; events leading up to injury	
OPQRST – onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, recent trauma, events	
Inspects and palpates	
Scalp/skull	
Facial bones	
Facial muscles – symmetry	
Jaw	
Eyes – PERLA, pupil size, ocular movements, visual acuity, position of eyes	
Mouth – assess tongue, says “Ah,” color of palate	
Ears – aligns to open canal, discharge	
Nose – discharge, obstruction, nasal flaring	
Neck – lumps, hard nodules	
Trachea – checks for stoma	
Jugular vein status	
Cervical spine processes	

Chest and cardiovascular		
	Interviews patient – pain, history, current medications	
	Inspects – rate, rhythm, depth, symmetry, effort of breathing, color, scars, lumps	
	Palpates – tenderness, lumps	
	Auscultates – vesicular, bronchial, bronchovesicular breath sounds in proper locations anteriorly and posteriorly, notes adventitious breath sounds	
	Percussion – symmetry of sounds	
	Oxygenation/ventilation – adjusts oxygen flow, changes adjunct accordingly, administers appropriate respiratory medications	
	Auscultates heart sounds – S_1, S_2	
	Cardiac management – monitor/12-lead ECG, medications	
Abdomen and pelvis		
	Interviews patient – location, type of pain, duration, events leading up to current complaint, food or products ingested	
	Inspects – scars, distention, pulsations, color, including flanks and posterior	
	Auscultation – bowel sounds	
	Palpation – guarding, tenderness with cough or increasing pressure, pulsations, rigidity	
	Assesses pelvic stability	
Extremities		
	Interviews patient – location, type of pain, duration, events	
	Arms – pulses, edema, capillary refill, grip strength, drift	
	Legs – pulses, edema, pressure sores, extension/contraction of legs/feet	
	Manages wounds or splints/supports fractures	
Mental status examination		
	Appearance – dress, eye contact, posture, depression, violence, facial grimaces, actions, mannerisms	
	Speech – spontaneous, slow/fast, volume, clarity, appropriate	
	Mood – depressed, euphoric, manic, anxious, angry, agitated, fearful, guilty	
	Thoughts – racing, hallucinations, delusions, suicidal, unconnected, disturbed, homicidal	
Neurological		
	Interviews patient – pain, paralysis; location, duration, events leading up to, changes over time, past medical history, medications	
	Stroke scale – facial droop, arm drift, abnormal speech	
	Motor system – posturing, involuntary movements, strength, coordination, flaccid, seizures, gait	
Transportation decision		
Verbalizes destination decision		
Other assessments and interventions		
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer, capnography		
Performs appropriate treatment at the correct time – IVs, oxygenation/ventilation, medication administration		

Affective	
Explains verbally the use of team members appropriately	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/172

Critical Criteria

___ Failure to recognize life-threatening injuries
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to provide spinal precautions according to scenario
___ Failure to assess or appropriately manage problems associated with airway, breathing, cardiac rhythm, hemorrhage or shock
___ Failure to perform primary survey/management prior to secondary assessment/management
___ Failure to attempt to determine the mechanism of injury
___ Failure to properly assess, manage and package a critical patient within 10 minutes
___ 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
___ Failure to receive a total score of 130 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

INTRAVENOUS THERAPY SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
IV solution	
Administration set	
Catheter	
Sharps container	
Universal start kit (antiseptic swabs, gauze pads, venous tourniquet, occlusive bandage, antibiotic gel, syringe, etc.)	
Spikes bag	
Checks solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on IV bag tail port while maintaining sterility	
Inserts IV tubing spike into IV solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns IV bag upright	
Squeezes drip chamber and fills half-way	
Turns on flow and bleeds line of all air while maintaining sterility	
Shuts flow off after assuring that all large air bubbles have been purged	
Performs venipuncture	
Tears sufficient tape to secure IV	
Opens antiseptic swabs, gauze pads, occlusive dressing	
Takes appropriate PPE precautions	
Identifies appropriate potential site for cannulation	
Applies tourniquet properly	
Palpates and identifies suitable vein	
Cleanses site, starting from the center and moving outward in a circular motion	
Removes IV needle and catheter from package and while maintaining sterility	

Inspects for burrs	
Loosens catheter hub with twisting motion	
Stabilizes the vein and extremity by grasping and stretching skin while maintaining sterility	
Warns patient to expect to feel the needle stick	
Inserts stylette with bevel up at appropriate angle (35 – 45°) while maintaining sterility	
Feels "pop" as stylette enters vein and observes dark, red blood in flash chamber	
Lowers stylette and inserts an additional 1/8 – 1/4"	
Stabilizes stylette and slides catheter off of stylette until hub touches skin	
Palpates skin just distal to tip of catheter and applies pressure to occlude vein	
Removes stylette and immediately disposes in sharps container	
Attaches syringe and draws venous blood sample if ordered while maintaining sterility	
Removes protective cap from IV tubing and attaches to hub of catheter while maintaining sterility	
Releases tourniquet	
Opens flow clamp and runs for a brief period to assure a patent line	
Secures catheter and IV tubing to patient	
Adjusts flow rate as appropriate	
Assesses site for signs of infiltration, irritation	
Assesses patient for therapeutic response or signs of untoward reactions	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/100

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to dispose of blood-contaminated sharps **immediately at the point of use**
___ Contaminates equipment or site without appropriately correcting situation
___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear or air embolism
___ 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
___ Failure to receive a total score of 76 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INTRAVENOUS BOLUS MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
IV medication	
Sharps container	
Alcohol swabs	
Administers medication	
Confirms medication order	
Asks patient for known allergies	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Assembles prefilled syringe correctly and dispels air	
Takes or verbalizes appropriate PPE precautions	
Identifies and cleanses most proximal injection site (Y-port or hub)	
Reconfirms medication	
Stops IV flow	
Administers correct dose at proper push rate	
Disposes/verbalizes proper disposal of syringe and other material in proper container	
Turns IV on and adjusts drip rate to TKO/KVO	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/48

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Contaminates equipment or site without appropriately correcting situation
___ Failure to adequately dispel air resulting in the potential for air embolism
___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
___ Failure to turn on IV after administering medication
___ 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
___ Failure to receive a total score of 36 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INTRAVENOUS PIGGYBACK INFUSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Clearly explains procedure to patient	
Assures that patent primary IV line is established	
Selects, checks, assembles equipment	
Medication	
IV solution	
Administration set	
Needle (if needleless set is not available)	
Sharps container	
Alcohol swabs	
Tape	
Medication label	
Adds medication to secondary IV solution and spikes bag	
Confirms medication order	
Asks patient for known allergies	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Check medication for:	
Clarity	
Expiration date	
Assembles prefilled syringe correctly and dispels air while maintaining sterility	
Checks IV solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	

	Removes protective cover on secondary IV bag medication port and cleanses while maintaining sterility	
	Reconfirms medication	
	Injects medication into secondary IV bag while maintaining sterility	
	Disposes/verbalizes proper disposal of syringe in proper container	
	Gently agitates secondary bag to mix medication	
	Removes protective cover on drip chamber while maintaining sterility	
	Removes protective cover on secondary IV bag tail port while maintaining sterility	
	Inserts IV tubing spike into secondary IV bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
	Turns secondary IV solution bag upright	
	Squeezes drip chamber and fills half-way	
	Turns on flow of secondary line and bleeds line of all air while maintaining sterility **with minimal loss of fluid**	
	Shuts flow off after assuring that all large air bubbles have been purged from secondary line	
Infuses medication		
	Attaches needle to adapter end of secondary line administration set while maintaining sterility (if needleless set is not available)	
	Takes or verbalizes appropriate PPE precautions	
	Reconfirms medication	
	Identifies and cleanses most proximal injection site of primary line (Y-port or hub if needleless set is not available)	
	Inserts needle into port of primary line while maintaining sterility	
	Turns on flow, calculates and adjusts flow rate of secondary line as necessary	
	Stops flow of primary line	
	Securely tapes needle to injection port of secondary line while maintaining sterility (if needleless set is not available)	
	Checks and adjusts flow rate of secondary line	
	Labels medication fluid bag (date, time, medication, concentration, dosage, initials)	
	Verbalizes need to observe patient for desired effect and adverse side effects	
Affective		
	Accepts evaluation and criticism professionally	
	Shows willingness to learn	
	Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/110

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to dispose of any blood-contaminated sharp **immediately at the point of use**
___ Contaminates equipment or site without appropriately correcting situation
___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
___ Performs any improper technique resulting in the potential for air embolism (failure to flush tubing of secondary line, etc.)
___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
___ 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
___ Failure to receive a total score of 84 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INTRAOSSEOUS INFUSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Solution	
Administration set	
IO needle and insertion device	
Sharps container	
Antiseptic swabs, gauze pads, bulky dressing, syringe, etc.	
Spikes bag	
Checks solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on solution bag tail port while maintaining sterility	
Inserts IV tubing spike into solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns solution bag upright	
Squeezes drip chamber and fills half-way	
Turns on by sliding flow clamp and bleeds line of all air while maintaining sterility	
Shuts flow off after assuring that all large air bubbles have been purged	
Performs intraosseous puncture	
Tears sufficient tape to secure IO	
Opens antiseptic swabs, gauze pads	
Takes appropriate PPE precautions	
Identifies appropriate anatomical site for IO puncture	
Cleanses site, starting from the center and moving outward in a circular motion	
Prepares IO needle and insertion device while maintaining sterility	
Inspects for burrs	
Stabilizes the site in a safe manner (if using the tibia, **does not** hold the leg in palm of hand and perform IO puncture directly above hand)	

	Inserts needle at proper angle and direction (away from joint, epipheseal plate, etc.)	
	Recognizes that needle has entered intermedullary canal (feels "pop" or notices less resistance)	
	Removes stylette and immediately disposes in proper container	
	Attaches administration set to IO needle	
	Slowly injects solution while observing for signs of infiltration or aspirates to verify proper needle placement	
	Adjusts flow rate as appropriate	
	Secures needle and supports with bulky dressing	
	Assesses patient for therapeutic response or signs of untoward reactions	
Affective		
	Accepts evaluation and criticism professionally	
	Shows willingness to learn	
	Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/80

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to dispose of blood-contaminated sharps **immediately at the point of use**
___ Contaminates equipment or site without appropriately correcting situation
___ Performs any improper technique resulting in the potential for air embolism
___ Failure to assure correct needle placement
___ Performs IO puncture in an unacceptable or unsafe manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.)
___ 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
___ Failure to receive a total score of 62 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INTRAMUSCULAR AND SUBCUTANEOUS MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe and needle(s)	
Sharps container	
Alcohol swabs	
Adhesive bandage or sterile gauze dressing and tape	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Assembles syringe and needle	
Draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reconfirms medication	
Takes or verbalizes appropriate PPE precautions	
Identifies and cleanses appropriate injection site	
Pinches/stretches skin, warns patient and inserts needle at proper angle while maintaining sterility	
Aspirates syringe while observing for blood return before injecting IM medication	
Administers correct dose at proper push rate	
Removes needle and disposes/verbalizes proper disposal of syringe and needle in proper container	
Applies direct pressure to site	
Covers puncture site	
Verbalizes need to observe patient for desired effect and adverse side effects	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/58

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to identify acceptable injection site
___ Contaminates equipment or site without appropriately correcting situation
___ Failure to adequately dispel air resulting in the potential for air embolism
___ Failure to aspirate for blood prior to injecting IM medication
___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
___ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container
___ Failure to observe the patient for desired effect and adverse side effects after administering medication
___ 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
___ Failure to receive a total score of 44 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INTRANASAL MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Assures that patient is being ventilated adequately if necessary	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe, needle, mucosal atomizer device (MAD®)	
Sharps container	
Alcohol swabs	
Sterile gauze	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Assembles syringe and needle while maintaining sterility	
Cleanses rubber stopper, draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reaffirms medication	
Disposes of needle in proper container and attaches mucosal atomizer device	
Takes or verbalizes appropriate PPE precautions	
Stops ventilation of patient if necessary and removes any mask	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger	
Disposes/verbalizes proper disposal of syringe and mucosal atomizer device in proper container	
Resumes ventilation of the patient if necessary	
Verbalizes need to observe patient for desired effect and adverse side effects	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/58

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Contaminates equipment without appropriately correcting situation
___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
___ Recaps needle or failure to dispose/verbalize disposal of needle, syringe and mucosal atomizer device in proper container
___ Failure to observe the patient for desired effect and adverse side effects after administering medication
___ 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
___ Failure to receive a total score of 44 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

INHALED MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Assures that patient is being ventilated adequately	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Nebulizer unit (medication cup, mouthpiece/mask, extension tube, etc.)	
Oxygen supply tubing	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Places medication into nebulizer unit	
Reaffirms medication	
Attaches mouthpiece/mask and extension tube to the nebulizer unit	
Attaches oxygen supply tubing to nebulizer unit and turns on oxygen until tube/mask is filled with mist of medication	
Takes or verbalizes appropriate PPE precautions	
Removes oxygen mask and directs patient to firmly hold nebulizer unit	
Coaches patient how to breathe correctly to inhale all medication	
Resumes oxygen administration	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/50

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Administers improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
___ Failure to coach patient to breathe correctly to inhale all medication
___ Failure to observe the patient for desired effect and adverse side effects after administering medication
___ 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
___ Failure to receive a total score of 38 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

GLUCOMETER SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Identifies the need for obtaining a blood glucose level	
Identifies the normal parameters for blood glucose level	
Identifies contraindications	
Identifies potential complications:	
Erroneous reading	
BSI exposure	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Glucometer	
Test strip	
Needle or spring-loaded puncture device	
Alcohol swabs	
Checks blood glucose level	
Takes or verbalizes appropriate PPE precautions	
Turns on glucometer and inserts test strip	
Preps fingertip with alcohol prep	
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	
Expresses blood sample and transfers it to the test strip	
Applies pressure and dresses fingertip wound	
Records reading from glucometer and documents appropriately	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /42

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to dispose of blood contaminated sharps immediately at the point of use
___ Contaminates equipment or site without appropriately correcting situation
___ Failure to identify 2 indications
___ Failure to identify 2 potential complications
___ Failure to identify normal blood glucose parameters
___ Failure to obtain a viable capillary blood sample on first attempt
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 32 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

12-LEAD ECG SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Explains procedure to patient	
Prepares the patient (shaving and cleansing as needed)	
Places limb leads on the limbs	
Places precordial leads at their appropriate locations:	
V1 – attaches positive electrode to the right of the sternum at the 4th intercostal space	
V2 – attaches positive electrode to the left of the sternum at the 4th intercostal space	
V4 – attaches positive electrode at the midclavicular line at 5th intercostal space	
V3 – attaches positive electrode at the line midway between V2 & V4	
V5 – attaches positive electrode at the anterior axillary line at the same level as V4	
V6 – attaches positive electrode to the midaxillary line at the same levels V4	
Ensures the patient is sitting or lying still, breathing normally and not talking	
Turns on ECG machine	
Ensures all leads are still connected and no error message displayed	
Obtains 12-lead ECG recording	
Examines tracing for acceptable quality	
Interprets 12-lead ECG to local standard and reports findings as needed	
Voices repeating 12-lead ECG every 5 – 10 minutes in high risk patients and post-treatment	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

Critical Criteria

___ Failure to properly attach leads to patient
___ Failure to obtain a legible 12-lead ECG recording
___ Failure to correctly interpret 12-lead ECG recording
___ Failure to receive a total score of 30 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

SYNCHRONIZED CARDIOVERSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Monitor/defibrillator with defibrillation pads	
Medication to sedate patient (if necessary)	
Oxygen with appropriate administration device	
Performs synchronized cardioversion	
Assures adequate oxygenation and patent IV established	
Correctly identifies arrhythmia and condition that requires synchronized cardioversion	
Takes or verbalizes appropriate PPE precautions	
Assesses patient condition to include pulse and BP	
Asks patient or determines known allergies	
Considers appropriate medication to sedate patient	
Attaches defibrillation pads	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Sets cardioverter to appropriate energy setting	
Activates synchronizer mode	
Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes	
Verbalizes “All clear” and visually ensures that all individuals are clear of the patient	
Delivers shock	
Reassesses rhythm	
Reassesses patient condition to include pulse and BP	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /44

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to assess the patient's hemodynamic status **before and after** delivering the shock
___ Failure to verify rhythm before delivering a shock
___ Failure to ensure the safety of self and others (verbalizes "All clear" and observes)
___ Failure to ensure a safe environment **before** delivering a shock (sparks, combustibles, oxygen-enriched atmosphere)
___ Failure to resume oxygen therapy at the proper time
___ Inability to deliver a synchronized shock (does not use machine properly)
___ Failure to set the appropriate energy level **before** engaging the synchronized mode of operation
___ Failure to demonstrate acceptable shock sequence
___ Failure to observe the patient for desired effect and adverse side effects after delivering a shock
___ 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
___ Failure to receive a total score of 34 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

DEFIBRILLATION (UNWITNESSED ARREST) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Monitor/defibrillator with defibrillation pads	
Oxygen with appropriate administration device	
Performs defibrillation	
Takes or verbalizes appropriate PPE precautions	
Determines the scene/situation is safe	
Attempts to question bystanders about arrest events	
Checks responsiveness	
Requests additional assistance	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)]	
Checks carotid pulse (no more than 10 seconds)	
Immediately begins chest compressions	
Adequate depth and rate	
Correct compression-to-ventilation ratio	
Allows the chest to recoil completely	
Adequate volumes for each breath	
Minimal interruptions of less than 10 seconds throughout	
Attaches defibrillator	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Stops CPR and observes rhythm	
Verbalizes "All clear" and visually ensures that all individuals are clear of the patient	
Delivers shock	
Immediately resumes chest compressions	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/48

Critical Criteria

___ Failure to initiate CPR without delay
___ Interrupts CPR for more than 10 seconds
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to deliver shock in a timely manner
___ Failure to demonstrate acceptable high quality adult CPR
___ Failure to operate the defibrillator properly
___ Failure to correctly attach the defibrillator to the patient
___ Failure to verify rhythm before delivering a shock
___ Failure to demonstrate acceptable shock sequence
___ Failure to assure that all individuals were clear of patient during rhythm interpretation **and** before delivering shock (verbalizes "All clear" and observes)
___ Failure to ensure a safe environment **before** delivering shock (sparks, combustibles, oxygen-enriched atmosphere)
___ Failure to immediately resume chest compressions after shock delivered
___ Failure to resume ventilation with oxygen at the proper time
___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention
___ Failure to receive a total score of 36 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

TRANSCUTANEOUS PACING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Selects, checks, assembles equipment	
Monitor/defibrillator with pacing pads	
Medication to reduce pain or sedate patient (if necessary)	
Oxygen with appropriate administration device	
Assures adequate oxygenation and patent IV established	
Performs transcutaneous pacing	
Identifies arrhythmia and condition that requires transcutaneous pacing	
Takes or verbalizes appropriate PPE precautions	
Assesses patient condition to include pulse and BP	
Administers appropriate oxygen therapy	
Attaches pacing pads	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Activates pacemaker function of device	
Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes	
Sets appropriate pacer rate	
Sets current to be delivered to the minimum setting	
Gradually increase delivered current until capture is achieved (observes pacer spikes followed by wide QRS complexes at tall "T" waves)	
Reassesses patient condition to include pulse and BP	
Asks patient or determines known allergies (if considering medication administration)	
Administers appropriate medication to reduce pain or sedate patient (if necessary)	
Verbalizes need to continuously monitor the patient's condition	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /44

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to assess the patient's hemodynamic status before and after administering transcutaneous pacing
___ Failure to document rhythm before administering transcutaneous pacing
___ Failure to ensure the safety of self and others
___ Failure to ensure a safe environment **before** pacing initiated (sparks, combustibles, oxygen-enriched atmosphere)
___ Inability to deliver transcutaneous pacing (does not use machine properly)
___ Failure to demonstrate acceptable electrical capture
___ Failure to observe the patient for desired effect and adverse side effects
___ 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
___ Failure to receive a total score of 34 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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

NORMAL DELIVERY WITH NEWBORN CARE SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	
Prepares for delivery	
Prepares appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal head	
Checks for nuchal cord	
Manages nuchal cord if present	
Assesses for and notes the presence of meconium	
Delivers the shoulders	
Delivers the remainder of the body	
Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	

Newborn care (Birth – 30 seconds postpartum):	
If newborn is distressed, clears airway as necessary	
Warms and dries newborn	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn care (30 – 60 seconds postpartum):	
If heart rate is less than 100, gasping or apneic:	
Provides PPV	
Monitors SpO_2 in neonate	
Clamps and cuts umbilical cord	
Places on mother's chest to retain warmth	
Determines 1 minute APGAR score	
Newborn care (after 1 minute postpartum):	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV	
If heart rate is less than 60:	
Considers intubation	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	
Determines 5 minute APGAR score	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/92

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to identify or manage a nuchal cord
___ Failure to immediately suction the newborn nose and mouth
___ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
____Failure to provide appropriate newborn care
___ 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
___ Failure to receive a total score of 70 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

ABNORMAL DELIVERY WITH NEWBORN CARE SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	
Prepares for delivery	
Prepares appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal presenting part if not the head	
Recognizes abnormal presentation that requires immediate care and transport (prolapsed cord, hand, foot, shoulder dystocia)	
Delivers legs and body if possible and continues to support fetus	
Delivers head	
If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord	
Assesses for and notes the presence of meconium	
Initiates rapid transport	
Delivers the shoulders if not previously delivered	
Delivers the remainder of the body if not previously delivered	

Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	
Newborn care (Birth – 30 seconds postpartum):	
Warm, dry, and stimulate the newborn	
Clears airway if obvious obstruction to spontaneous breathing or requires PPV	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn care (30 – 60 seconds postpartum):	
If heart rate is less than 100, gasping or apneic:	
Provides PPV without supplemental oxygen	
Monitors SpO_2 in neonate	
Clamps and cuts umbilical cord	
Places on mother's chest to retain warmth (if not actively resuscitating the neonate)	
Determines 1 minute APGAR score	
Newborn care (after 1 minute postpartum):	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV with supplemental oxygen	
If heart rate is less than 60:	
Considers intubation if no chest rise with PPV	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	
Determines 5 minute APGAR score	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/98

Critical Criteria

___ Failure to take or verbalize appropriate PPE precautions
___ Failure to identify or appropriately manage an abnormal presentation
___ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
____Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
___ 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
___ Failure to receive a total score of 74 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

How to Use the Formative Skills Lab Instrument

Introduction:

The psychomotor competency portfolio has 33 formative instruments for use in the Skills Lab phase of Paramedic education. The National Highway Traffic Safety Administration's (NHTSA) (2009) *National Emergency Medical Services Education Standards* identifies 18 psychomotor skills at the Emergency Medical Responder level, and 16 added skills at the Emergency Medical Technician level. The *National Emergency Medical Service Education Standards* (NHTSA, 2009) added another 15 psychomotor skills at the Advanced EMT level and 20 skills at the Paramedic level. Because Paramedic education builds upon the knowledge and skills acquired at the lower levels, not all 69 skills required in the *National Emergency Medical Service Education Standards* (NHTSA, 2009) may be taught in Paramedic education.

Skill Performance:

Before exposing a student to a formative Skills Lab instrument, it is important to teach the student the steps of the instrument in the classroom. Once the faculty has adequately demonstrated the steps either live or via video, the skill practice can begin. In the beginning of practice, very close faculty and peer supervision is necessary. It is permissible for students to use these formative instruments to correct their own actions or those of peers after initial supervision by faculty. The more complex and comprehensive a skill is, the more laboratory practice time that must be dedicated to ensuring its acquisition.

Students cannot demonstrate skills they do not know or have not seen. Students who merely memorize and recite the steps of a skill may know what to do (procedural knowledge). However, the faculty must then ensure that the student can actually perform the skill from a psychomotor perspective. Students must spend time engaged with formative Skills Lab instruments, practicing until they reach the standard, and then practicing repeatedly. Faculty can

allow students to practice on their own when the standard is known but not yet acquired by everyone in the class. There are some skills that it is imperative that only the faculty (or designated laboratory evaluators) individually evaluate and determine if competency has been met for those skills. Education programs, working with their communities of interest should evaluate which skill need to be evaluated by faculty and which skills can be evaluated by peers.

Skills Lab Instruments:

The formative Skills Lab instruments, chosen by the National Registry of Emergency Medical Technicians (NREMT), represent a broad spectrum of skills that, when combined, form an adequate representative sample of the necessary skill domain of a Paramedic. Included within this sample, but without inclusion of all specific formative instruments, was the assumption that the student possessed psychomotor competency at lower levels of practice. Paramedic education programs that enroll students who are not yet competent in the knowledge of when and how to deliver the lower level skills must ensure competency over these skills prior to Paramedic program completion.

These instruments attempt to create standardization and imply an entry-level standard. It is understood that communities of interest may desire a different, more rigid standard, and this is acceptable. There are limitations in development of formative Skills Lab instruments. Writings can only be in two directions on paper: horizontally and vertically. Because of this limitation, readers of formative instruments may believe every step must be accomplished in a horizontal or linear order. That assumption is sometimes false, although there has been an attempt to list the steps in a sequential order so that the beginning Paramedic student can proceed from the top of the list to the bottom. Sometimes there are over-arching areas on a formative Skills Lab instrument that globally guide learning and evaluation of the student. The point to understand is

that, at times, it is appropriate for competent students to skip and jump some of the steps found in a formative instrument, yet maintain more than an entry-level of proficiency. These instruments were designed for new students and new student evaluation. Faculty should feel free to improve the instruments for their students as they progress in ability level if they desire.

Student Evaluation:

The program must document skill practice outcomes, successful and unsuccessful. Students should then review the formative Skills Lab instrument documentation and use it to help improve skill performance. Observance of the student's performance can take many forms in the laboratory. When evaluating students it is acceptable for peers to validate student performance on some skills only after the student demonstrates the ability to consistently perform the skill within acceptable standards. When this type of evaluation and documentation is being accomplished, faculty must be present and observe the peer-reviewed activity. Students must not conduct peer-evaluations without knowledgeable faculty being present (Appendix B).

These instruments guide a knowledgeable student who received a quality demonstration. They are not designed for self-teaching and evaluation. These instruments are not practical examination instruments. The rigors of a standardized psychomotor examination do not apply in the use of these instruments, evaluations and documentation. When a student has only one peer-reviewed instrument of an important but not often accomplished skill in his/her portfolio, there is not sufficient validation of competency for that student in that skill.

Skills that are legally risky or invasive and have been designated as part of the competency package must be evaluated by faculty (or designated laboratory evaluators) individually, while other skills can be evaluated by peers working together in groups. Appendix B lists of each of these skills and who should complete the summative evaluation for each.

It is not realistic to practice all skills on live patients. The use of simulation provides education programs with a method to approximate a realistic patient presentation. Simulation can take on many forms throughout EMS education, ranging from the simple to the very complex. An unresponsive medical patient can be simulated by a student who lies on the floor and does not move. Some simulators allow for easy skill performance, while others require more complex skill performance. High-fidelity patient simulators can mimic many presentations of the sick and injured. The best use of simulation is determined by the faculty within the available resources of the educational program. When using simulation it is important to make it as realistic as possible.

The program must retain this documentation as part of the student psychomotor portfolio. Progression of knowledge and skills is part of program and student quality assurance. Constructive feedback regarding errors in delivery of skills is part of the learning process. In addition, correct repetition of a standard leads to appropriate automatic performance of a skill. Automation of these discrete skills will be important for managing the load in working memory as students transition to scenarios and actual patient care in the clinical and field settings. Documentation of student performance using formative Skills Lab instruments retained in a student portfolio is vital for providing evidence of skill acquisition and psychomotor competency.

Rating Scale:

The Scenario Lab instruments have a 4-point judgment scale. The following helps to standardize judgments and improved inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into

account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

Scoring student performance as a judge is not a simple exercise. Each judge should act independently and assign a score. Judges who favor a student or have a bias for or against a student are acting improperly. All judges must understand their role in shaping and judging entry-level competency of Paramedic students. The public, our patients, reasonably expect to be cared for by competent Paramedics. Judging the competency of a Paramedic student is a serious responsibility. Judges should know their judgments are going to become part of the portfolio for a student and part of that student's competency record. Students make mistakes. Students and judges learn from student mistakes. Errors found in the Skills Lab setting are safe since they occurred where no actual patient harm could result. The steps of the formative Skills Lab instruments help provide standardization.

Summative Evaluation of Skills:

Entry-level competency is not mistake-free. Students who are entry-level competent must be able to demonstrate and correctly complete 90% of the steps in a formative instrument.

If a student does not reach the 90% threshold, feedback should be provided and the student should repeat the skill evaluation attempt. If after a second attempt the student cannot reach the 90% threshold, then the student needs more instruction, drill, and practice time. A third evaluation should be accomplished on a different day. Not every student will reach the competency standard with the same number of performances; some may need more, others less. Accomplishing a complex skill to competency one time is insufficient evidence of the automation necessary to deliver that skill in an emergency care situation. What is important is that every student be given proper instruction and time to reach that level before it is determined that the student is incapable of reaching competency. Incompetent students should not progress in the program.

References

National Highway Traffic Safety Administration. (2009). *National Emergency Medical Services Education Standards.* (DOT HS 811 077A) Washington, DC: Government Printing Office

SAMPLE ABDOMINAL PAIN SCENARIO

MINIMUM EQUIPMENT	
EMS equipment and Supplies	1st in bag, oxygen cylinder and supplies, ECG monitor
Props	Throw rug
Sound clips	Clear lung sounds Barking dog
Medical Identification jewelry	---
SETUP INSTRUCTIONS	
• The patient needs to be sitting in the chair holding her RLQ and moaning when the Team enters the room. • The throw rug needs to be on the floor between the door and patient. • 10 minutes into the scenario the barking dog sound clip starts to play until the problem is addressed by the Team	
BACKGROUND INFORMATION	
EMS System description	ALS vehicle; You are the primary caregiver and have 1 Paramedic partner (adjusts as needed for individual scenarios)
Other ancillary personnel needed (define personnel and identify who can serve in each role)	Mother or father for pediatric scenarios, law enforcement officers, fire fighters, EMR's, etc.
MOULAGE INFORMATION	
Integumentary	Pale, cool, diaphoretic
Head	---
Chest	---
Abdomen	---
Pelvis	---
Back	---
Extremities	---

SAMPLE ABDOMINAL PAIN SCENARIO

DISPATCH INFORMATION (Specific script for each scenario; Must be read over radio, telephone or in such a way that the candidate cannot look at the Examiner as he/she reads the dispatch information)	
Dispatch time	09:45 hrs
Location	Single family residence
Nature of the call	Abdominal pain
Weather	Calm and clear. Temp: 82° F
Personnel on the scene	Law enforcement officer (evaluator, no medical training)

READ TO STUDENT: Medic 51 respond to 1234 Any Street for a 16 year old female who complains of abdominal pain, time out 09:45 hrs.

SCENE SURVEY INFORMATION	
A scene or safety consideration that must be addressed	Throw rug inside the door is a trip hazard
Patient location	Dining room, sitting on a chair
Visual appearance	Patient is in obvious pain, anxious and rubbing her right lower abdominal quadrant
Age, sex, weight	16 year old female, 132 lbs.
Immediate surroundings (bystanders, significant others present)	Patient is home alone
Mechanism of injury/Nature of illness	Abdominal pain

SAMPLE ABDOMINAL PAIN SCENARIO

PRIMARY ASSESSMENT	
General impression	Patient appears to be in pain
Baseline mental status (AAOX4)	Alert and oriented to person, time, place, and events leading up to complaint
Airway	Open and maintained by patient
Ventilation	Spontaneous
Circulation	No obvious bleeding
HISTORY (if applicable)	
Chief complaint	Abdominal pain
History of present illness	• Over the past 5 days the patient has experienced intermittent pain in her lower abdomen • Today the pain became constant and so severe she stayed home from school • Patient describes sharp, constant pain in her RLQ • Denies N/V/D and pain is non-radiating
Patient responses, associated symptoms, pertinent negatives	Patient denies sexual activity. Her LMP was about 6 – 7 weeks ago, and she tells you she is normally irregular. Denies use of birth control.
PAST MEDICAL HISTORY	
Illnesses/Injuries	---
Medications and allergies	Ibuprofen for menstrual cramps, she took 4 – 200 mg tablets 30 minutes ago.
Current health status/Immunizations (Consider past travel)	She tells you she had a cold last week
Social/Family concerns	---
Medical identification jewelry	---
EXAMINATION FINDINGS	
Initial Vital Signs	BP 84/62 P 120 R 24 Temperature – skin temperature feels cool to the touch Pain 10 of 10 GCS = E: Spontaneous; V: Oriented; M: Obeys Commands
HEENT	---
Respiratory/Chest	Lungs sounds clear and equal (Play sound file)
Cardiovascular	---
Gastrointestinal/Abdomen	Abdomen is flat, tenderness upon palpation of RLQ
Genitourinary	Slight vaginal spotting
Musculoskeletal/Extremities	---
Neurologic	---
Integumentary	Pale, cool, diaphoretic
Hematologic	---
Immunologic	---
Endocrine	---
Psychiatric	Upset
Additional diagnostic tests as necessary	SpO_2: 96% on room air ECG: Sinus tachycardia

SAMPLE ABDOMINAL PAIN SCENARIO

PATIENT MANAGEMENT	
Initial stabilization	
Interventions	
Treatments	• Keep the patient warm • Establish IV access • Administer fluid bolus to maintain a systolic blood pressure of 80-90 mmHg • Analgesics for pain as BP allows: Fentanyl, 50 mcg
Additional Resources	---
Patient response to interventions	Improved color and BP with fluid bolus; decreased pain if analgesic administered
EVENT	
10 minutes into the scene play the tape of a barking dog. Team Leader needs to address the issue	
REASSESSMENT	
Appropriate management of the patient	Patient stabilizes with improvement in vital signs BP: 94/70 P: 110 R: 18 Integumentary: color improves, diaphoresis resolves
Inappropriate management of the patient	Patient decompensate BP: 76/50 P: 134 R: 28 Neurologic: patient develops altered mental status

TRANSPORT DECISION: Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.
• Emergent transport to a hospital that has surgical capabilities

MANDATORY ACTIONS: List all actions that need to be completed by the Team during the Assessment and Management of the patient.
• Recognize need for rapid transportation
• Initiation of IV fluid resuscitation with permissive hypotension
POTENTIALLY HARMFUL/DANGEROUS ACTIONS: List all actions, that if performed, would most likely have an adverse effect on the patient condition
• Delayed transportation for unnecessary interventions • Failure to recognize patient as a surgical emergency with the need for blood transfusion

How to Create Psychomotor Scenarios

Introduction:

The Scenario Lab is an opportunity for students to showcase what they have learned in a simulated environment and is based upon the foundations established by the use of Skills Lab Instruments. Scenarios should be introduced to the students at appropriate times throughout the curriculum and with increasing complexity. Scenario performances should occur only after the student has demonstrated acceptable and consistent competence of the skills in that unit (airway, trauma, pediatrics, etc.).

Individual programs should decide how to show competence for each student in each skill prior to performing the skills within a scenario. At a minimum, a student's file should include formative and summative Scenario Lab evaluations for pediatric, adult, and geriatric patients that are tracked in the student's portfolio. These evaluation should cover the following Scenario Topic Areas: Respiratory Distress/Failure, Chest Pain, Cardiac Rhythm Disturbance (including cardiac arrest), Stroke, Overdose, Abdominal Pain, Allergic Reaction/Anaphylaxis, Diabetic Emergencies, Psychiatric Conditions, Seizure, OB/GYN, Blunt Trauma, Penetrating Trauma, Burns, and Hemorrhage.

Students are evaluated based on their assigned role on the team. The student who is in charge of patient care is the Team Leader, all others are Team Members. The Team Leader conducts the physical assessment and management of the simulated patient with the assistance of the Team Members. The Team Leader formulates an appropriate treatment plan for the patient. This means that most, if not all of the decisions have been made by the Team Leader, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/moving of the patient.

Team Members are responsible for assisting in the treatment of the simulated patient as a competent provider. Team Members should be evaluated along with the Team Leader to assess their competency.

Scenario Development:

These instructions and the "NREMT Scenario Lab Template" (Appendix E) are designed as a best-practice tool to assist Program Directors and instructors in developing the scenarios needed for their students throughout the Scenario Lab phase of education. The scenarios should range in complexity from simple patient presentation and management problems used early in the program, to complex presentation and management issues as students progress. Authors of these scenarios need to keep the objectives of the evaluation and resources available in mind when designing them.

The scenarios are divided into seven sections: Minimum Equipment, Setup Instructions, and Background Information; Dispatch Information; Scene Survey Information; Patient Assessment, History, Past Medical History, Examination Findings, and Reassessment; Patient Management; Transport Decisions; and Mandatory Actions and Potential Harmful/Dangerous Actions. Each of these sections are separated from the others to aid in the efficient use by the individual setting up a scenario as well as the evaluator. Each of these seven sections are color coded to aid in their identification while referring to the scenario.

Minimum Equipment, Setup, Background, and Moulage Information (Yellow Outline):

The minimum equipment needed for the scenario is listed in this section. The individual setting up the scenarios uses this information to ensure that the resources required are available. It should include EMS equipment and supplies, props, sound clips, medical identification jewelry and additional personnel that may be required to complete the scenario successfully. When

selecting EMS equipment, the author should use caution not to provide unintentional clues as to what treatment is necessary for the patient. For example, the patient has a fractured femur and the only splinting equipment available it a traction splint. Props and sound clips can be as simple as a picture of a scene and a recording of lung sounds or as complex as an overhead projection of the scene background onto a wall and audio files played through a sound system.

Authors of the scenarios need to balance the resources of the program, set-up time, and the complexity of the patient presentation when determining what resources are needed. The setup instructions describe how the scene is to be set-up, how props and sound clips will be used, and the level of certification and roles that additional Team Members will play. These factors need to be determined prior to delivery of the scenario to ensure the consistent evaluation of students. Background information is provided to the Team Leader and Team Members prior to beginning the scenario that describes the scene, EMS system, location of the incident, and weather. When assigning ancillary personnel roles, Team Members can be assigned varying roles including EMR, EMT, AEMT, and Paramedic based on the complexity of the scenario and the phase of education. Please note that when Phase One of the NREMT psychomotor examination is implemented, the only additional Paramedic assisting in the scenario will be the Professional Paramedic Partner. If additional personnel are provided, they will be EMRs or EMTs. Any moulage that needs to be done to the simulated patient needs to be listed in this section. At a predetermined time during the scenario an event will occur. The description of this event and the time that it will occur is listed in this section.

Dispatch Information (Green Outline): This information is read to the Team Leader and Team Members in such a way that the students are unable to observe the evaluator. Information presented in the dispatch information should correspond to similar information that they would

receive on an EMS call. The dispatch information should include the dispatch time and nature of the call.

Scene Survey Information (Red Outline): When developing scenarios the author should include a safety concern that needs to be addressed for the safety of the Team, patient, or bystanders. Early in the formative phase this can be a simple item such as a barking dog prior to entering the residence, or a trip hazard on the floor near the patient that needs to be addressed. The location of the patient, his or her visual appearance, age, sex, and weight are described.

A simulated patient should be chosen that approximates the patient description given in the scenario to avoid artificiality. If the sex, age, and weight of the patient are not critical, they should be changed to reflect the simulated patient. The immediate surroundings of the patient should be described, including the presence or absence of bystanders and significant others. Additional information or props/sound clips that need to be used are also described here. For example, the evaluator gives the Team Leader and Team Members a picture of a motorcycle crash scene or the overhead projector displays a motorcycle crash scene for all to see.

Primary Assessment, Past Medical History, and Examination Findings (Blue Outline): This section contains the majority of the information about the patient's condition and should be reviewed by the evaluator and simulated patient prior to beginning the scenario. It is impossible to list all negative findings that can be expected in a scenario. When there is no pertinent finding, place "---" in the associated field so the evaluator can give an answer that would be within normal limits for a patient in a similar condition. The Primary Assessment includes information that the Team Leader uses to form his or her general impression, baseline mental status (AVPU), and airway, respiratory, and circulatory status.

If the simulated patient or bystanders are able to provide it, the history should include

information about the patient's chief complaint, history of the present illness, associated symptoms, pertinent negatives and simulated patient responses to the Team's questions or assessment. Past medical history includes any relevant illnesses, injuries, medications, allergies, current health status, immunizations, social or family concerns, and any medical identification jewelry that the patient may be wearing. The examination findings include initial vital signs, examination findings broken down by body systems and the results of any diagnostic test that the Team may perform. The evaluator and simulated patient only provide specific information as the skill is performed, or the body part is examined. If sound files are included, they should be played as the Team Leader or Team Member examines a specific body part or system. Any findings that are unable to be simulated should be discribed for the Team Leader or Team Member after he or she has assessed that body part or system.

Patient Management, Event, and Reassessment (Purple Outline): This section lists initial stabilization and interventions that are needed for the patient. Recommended treatments are listed that the Team needs to perform to manage the patient successfully. It also includes additional resources that should be requested, and the patient's response to the Team's appropriate and inappropriate management.

At a predetermined time in the scenario, an event should occur. This could be a scene safety concern, rapid change in patient condition, or an issue with equipment, bystanders, or additional personnel. The Team Leader and Team Members will need to address this issue while continuing to manage the patient.

Different options should be given in reassessment that describe the patient's response to the Team's treatment. Appropriate management of the patient should result in an improvement in the patient's condition as would be expected in a live patient with a similar condition.

Inappropriate management should result in deterioration of the patient's condition as would be expected in a live patient with a similar condition. At no time should the patient's condition drastically change unless it is physiologically possible.

Transport Decision (Orange Filled): This section lists the suggested transport destination based on the local EMS system. The Team Leader should verbalize his or her transport destination and describe the appropriate transport mode.

Mandatory Actions Potentially Harmful/Dangerous Actions (Pink Filled): This section is used to list all actions that need to be completed by the Team during the assessment and management of the simulated patient. Potential harmful/dangerous actions are listed that if performed would have an adverse effect on the patient condition.

Scenario Validation:

Prior to using a scenario to evaluate students, it should be reviewed by a committee of subject matter experts. This review committee should include members of the program's educational staff, medical director, and the program's community of interest. The content needs to be reviewed to ensure that it is compliant with the *National Emergency Medical Services Education Standards* (NHTSA, 2009) and local protocols. The amended scenario should then be pilot tested with students who have already demonstrated the necessary cognitive and psychomotor abilities to determine if any adjustments in the scenario are necessary. Feedback following the evaluation should be gathered from the students and evaluators. This feedback along with commonly missed issues should be used to further refine the scenario.

Appendix F

References

National Highway Traffic Safety Administration. (2009). *National Emergency Medical Services Education Standards*. (DOT HS 811 077A) Washington, DC: Government Printing Office

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Appendix G

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Paramedic Psychomotor Competency Portfolio Manual

TEAM MEMBER EVALUATION – SCENARIO LAB

Student Name: _____ Date: _____

Evaluator: _____ Signature _____

□ Instructor □Peer Age Group: □Pediatric □Adult □Geriatric

Scenario Topic Area

□Respiratory Distress/Failure □Chest Pain □Cardiac Rhythm Disturbance □Stroke □Overdose □Seizure
□Abdominal Pain □Allergic Reaction/Anaphylaxis □OB/GYN □Psychiatric Condition
□Diabetic Emergency □Blunt Trauma □Penetrating Trauma □Burns □Hemorrhage

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent marginal or inconsistent; includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
FOLLOWERSHIP CATEGORY	
Demonstrates followership (is receptive to position as a Team Member by not interfering with Team Leader's assessment or management plan unless dangerous, speaking up when patient care will be negatively affected, etc.)	
Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
COMMUNICATION Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)	
Immediately suggests corrective action if a harmful intervention is ordered/performed by others	
Communicates clearly and professionally with Team Leader, crew, bystanders and others, and accepts feedback	
AFFECT Demonstrates confidence, compassion, maturity	
Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members	

SCENE SIZE-UP CATEGORY	
Advocates safety concerns and is safety conscious at all times	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT CATEGORY	
Performs tasks in a timely manner when directed by Team Leader	
Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
Actual Time Ended: _____ **TOTAL**	/30

Critical Criteria

___ Failure to recognize life-threatening injuries or illness
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to address safety concerns
___ Failure to correct any dangerous or inappropriate intervention
___ Performs any action or uses any equipment in a dangerous or inappropriate manner
___ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
___ Failure to function as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 22 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

Appendix G

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

TEAM LEADER EVALUATION – SCENARIO LAB

Student Name: _____ Date: _____

Evaluator: _____ Signature: _____

□Instructor □Peer Age Group: □Pediatric □Adult □Geriatric

Scenario Topic Area

□Respiratory Distress/Failure □Chest Pain □Cardiac Rhythm Disturbance □Stroke □Overdose □Seizure
□Abdominal Pain □Allergic Reaction/Anaphylaxis □OB/GYN □Psychiatric Conditions
□Diabetic Emergency □Blunt Trauma □Penetrating Trauma □Burns □Hemorrhage

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent; marginal or inconsistent; includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	**SCORE**
LEADERSHIP CATEGORY	
COORDINATION OF TREATMENT Directs Team Members to perform tasks with appropriate timeliness, prioritization/sequence	
Maintains accountability for team's actions/outcomes	
Demonstrates confidence, compassion, maturity and command presence	
Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
Critical Prompts by team: □ *Timeliness* □ *Sequence* □ *Transport decision (specify in comments)* *Should only be checked if they are serious to this particular scenario*	
FLEXIBILITY Adapts treatment plan and sequence as information becomes available, listens to teammates	
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)	
COMMUNICATION AND DOCUMENTATION Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)	
Reports progress on tasks	
Communicates accurately and concisely while listening and encouraging feedback	
Provides succinct and accurate verbal report	
AFFECT Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)	
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)	

SCENE SIZE-UP CATEGORY	
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)	
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources	
Addresses safety concerns and is safety conscious at all times (scene hazards, agitated bystanders, sharps handling, etc.)	
Critical Prompts by team: □ *Safety* □ *PPE* □ *Number of patients* □ *Additional resources* *Should only be checked if they are serious to this particular scenario*	
PATIENT ASSESSMENT AND MANAGEMENT CATEGORY	
PRIMARY SURVEY/RESUSCITATION (3 minutes to complete) Addresses spinal stabilization, airway, ventilation, oxygenation, circulation and hemorrhage management	
Critical Prompts by team: □ *AVPU* □ *Airway/Reposition/Adjunct* □ *Breathing/O_2/BVM* □ *Pulse check/CPR start* *Should only be checked if they are serious to this particular scenario*	
Creates, implements and revises an acceptable action plan according to patient presentation	
Assesses situation and resources and modifies accordingly	
Performs tasks accurately and in a timely manner	
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)	
HISTORY TAKING Determines chief complaint, mechanism of injury, associated symptoms	
Receives, processes, verifies and prioritizes information	
SECONDARY ASSESSMENT Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives	
PERTINENT PAST MEDICAL HISTORY Obtains pertinent SAMPLE/OPQRST history	
Critical Prompts by team: □ *BP, P, R* □ *SpO_2* □ *Lung sounds* □ *ECG* □ *12-lead ECG* *Should only be checked if they are serious to this particular scenario*	
FIELD IMPRESSION AND TREATMENT PLAN CATEGORY	
DIFFERENTIAL DIAGNOSIS Creates an appropriate list of differential diagnoses	
Critical Prompts by team: □ *Critical Differential (specify in comments)* *Should only be checked if they are serious to this particular scenario*	
ACUITY Makes accurate clinical judgments about patient acuity	
Critical Prompts by team: □ *Critical* □ *Not Critical (specify in comments)* *Should only be checked if they are serious to this particular scenario*	
THERAPEUTIC INTERVENTIONS AND MONITORING Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices	
Critical Prompts by team: □ *Treatment (specify in comments)* *Should only be checked if they are serious to this particular scenario*	
Actual Time Ended: _____ TOTAL	/54

Critical Criteria

___ Failure to recognize life-threatening injuries or illness
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to address safety concerns
___ Failure to provide spinal precautions when indicated
___ Failure to assess or appropriately manage problems with airway, breathing, oxygenation or ventilation
___ Failure to complete management of the patient within the given time limit
___ Failure to initiate transport within 10 minutes for a critical trauma patient
___ Performs any action or uses any equipment in a dangerous or inappropriate manner
___ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
___ Requires excessive prompting or a single critical prompt by team members
___ Failure to function as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 40 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ❑ Successful
❑ Unsuccessful

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How to Use Scenario Lab Instruments

Introduction:

Scenario Lab instruments are used as an opportunity for the students to demonstrate what they have learned in a simulated environment and are based upon the foundations established by the use of Skills Lab Instruments. Scenarios should be introduced to the students at appropriate times throughout the curriculum and with increasing complexity. This competency package includes Scenario Lab instruments for both Team Leaders and Team Members. These Scenario Lab instruments should be used to critique student performances in order to provide guidance for improvement and/or confirm competency.

Scenario Performance:

Scenario performances should occur only after the student has demonstrated acceptable and consistent competence of the skills in that unit (airway, trauma, pediatrics, etc.) following sufficient practice. Individual programs should decide how best to document competence for each student in each skill prior to preforming the skills within a scenario. For example, in the formative phase, students can practice individual airway management, oxygenation, and ventilation skills until they feel competent. Then a summative instructor evaluation might occur to confirm and log competency for those given skills. At this point the students are ready to incorporate those skills in a variety of scenarios which could include management of a patient with a difficult airway, removal of an obstruction or management of patient in respiratory distress, failure or respiratory arrest. Other skills such as patient assessment, endotracheal intubation with waveform capnography and percutaneous cricothyrotomy could also be incorporated into scenarios during this unit.

Paramedic students are accountable for EMT skills, so basic skills should also be evaluated during scenario performance. Overall performance by the student for a given

scenario can then be evaluated, and scenario competency determined or remediation prescribed. Programs should not wait to begin scenarios until **all** discrete (individual) skills in the program have been tested. Begin airway scenarios as soon as acceptable performance of airway skills has been documented. Begin trauma scenarios as soon as acceptable performance of the discrete trauma skills has been demonstrated, and so on for each unit within the Paramedic curriculum.

Scenario Lab Instruments:

Scenario Lab instruments evaluate scenario-type practice in the laboratory setting where the student is expected to demonstrate how he/she would perform with in the context of an EMS call. Simulation should be as realistic as possible within the given restraints of the program (space, resources, equipment, etc.). Simulations should include a team of students, one acting as Team Leader and one as the Team Member at the Paramedic level. Additional first responders can be added based on the complexity of the call. For example, if an EMT or firefighter is needed to perform CPR, another classmate can be called into the scenario to perform EMT tasks. The Scenario Lab instruments can be used to score both formative and summative Team Leader and Team Member performances depending upon whether students are in the early stages of scenario practice for this unit (airway, trauma, cardiology, etc.) or nearing completion of scenario laboratory practice for this type of patient situation.

The Team Leader is in charge of conducting patient assessments, interpreting findings, making decisions about care, and directing treatments. Team Members are responsible for correctly performing all skills as directed by the Team Leader. It is imperative that Team Members **only** offer suggestions when there is concern for patient or team safety. Skills performed by either the Team Leader or Team Member should be evaluated for competency.

Evaluation:

The Team Leader evaluation instrument includes scene management, patient assessment and management, field impression, treatment plan, and leadership scoring criteria. The standard for scene management evolves from the assessment of data points gathered in the Skills Lab instrument on obtaining a patient history. The standard for patient assessment and management is derived from the steps found in the related patient assessment Skills Lab instrument but condensed. In scenarios, the patient presentations are abnormal. During patient assessment and management, the faculty member creates the scenario, and the students should adjust their assessments and interventions to fit the scenario appropriately. This phase of assessment is where linear presentation of steps no longer is considered, but rather where an appropriate physical examination for the scenario is judged.

Summative laboratory scenarios are learning situations and testing situations. Faculty and peer judges should discuss the care delivered by the team. Appropriateness of therapy, priorities of care, sequence, teamwork, thoroughness of physical examinations and histories, hand-off reports and affective characteristics demonstrated by Team Leaders and Team Members should be all discussed and scored. The summative laboratory scenarios can also be utilized for high stakes testing situations imbedded in the curriculum for the students to prove scenario competence.)

Judges of student performance using scenario instruments must thoroughly understand the standards established during the formative phase of education. Assigning scores based upon their judgment is invalid when a passing or failing score is not correlated with a known standard. The judge documenting performance in the isolated skill may be a student peer who has already demonstrated Skill Lab competency over the skill he/she is judging. For example, a student who

has previously proven competency in the Skill Lab phase for establishing an IV may judge another student's IV procedure. Multiple student judges may be used when evaluating performance in the Scenario Lab as each student judge will also learn during this process. Many students can be involved at once in the Scenario Lab phase, especially when all non-team members act as judges of peer performance. Teams and roles within the team should be rotated between students so that each student has ample opportunity to develop all necessary skills.

There are many advantages to team based scenario management. For instance, Team Leaders may under-treat or over-treat a patient. He/she may get priorities out of order or request care that is inappropriate. A Team Member might need to suggest an alternate treatment or point out a scene hazard that the Team Leader failed to notice. These "mistakes" should occur in the laboratory setting where vital learning can take place without jeopardizing actual patient care.

Rating Scale:

The Scenario Lab instruments have a 4-point rating scale. The following helps to standardize judgments and improve inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by

the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

Scoring student performance as a judge is not a simple exercise. Each judge should act independently and assign a score. Judges who favor a student or have a bias for or against a student are acting improperly. All judges must understand their role in shaping and judging entry-level competency of Paramedic students. The public, our patients, reasonably expect to be cared for by competent Paramedics. Judging the competency of a Paramedic student is a serious responsibility. Judges should know their judgments are going to become part of the portfolio for a student and part of that student's competency record. Students make mistakes. Students and judges learn from student mistakes. Errors found in the Scenario Lab setting are safe since they occurred where no actual patient harm could result. The steps of the Scenario Lab instruments help provide standardization.

Scenarios that progress from straight-forward and uncomplicated to more complex near the end of the program should be incorporated into the process. Motivation and practice by the students should enhance their performance throughout the program. Review of standards established by the program and/or found in the Skill Lab instruments should be helpful for remediation. Skill and scenario competency in each unit that has been acquired should be continuously evaluated throughout Paramedic education. For example, airway scenarios should not be run after airway, and then never revisited. Throughout each subsequent section of the program, an airway, trauma, or OB scenario should be incorporated into scenario lab practice days. Scenario Lab evaluations, formative and summative that are scored by both

faculty and peers become part of the student portfolio.

Phase 1 Scenario-Based Psychomotor Examination:

The National Registry of Emergency Medical Technicians (NREMT) anticipates incorporating the scenario-based examination in several phases, with Phase 1 beginning on August 1, 2016. In this first phase, a total of six (6) skills will be tested, five (5) of which are currently evaluated in the NREMT Paramedic Psychomotor examination. One scenario will be tested, which will reflect either a pediatric, geriatric or adult patient. A Professional Paramedic Partner will be supplied as part of the examination team and will serve as the candidate's partner. Each candidate will be evaluated in his/her ability to manage a call, lead the team, direct all personnel and resources on scene, effectively communicate, and maintain professionalism throughout the call. The six (6) skills that will comprise the NREMT Paramedic Psychomotor examination effective August 1, 2016, are as follows:

1. Patient Assessment – Trauma
2. Oral Station – Case A
3. Oral Station – Case B
4. Dynamic Cardiology
5. Static Cardiology
6. Out-of-Hospital Scenario

Appendix I

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CLINICAL SHIFT EVALUATION WORKSHEET

Student Name	Date	Educational Program	Clinical Site
Page ___ of ___	Time In: Out:	Preceptor:	Unit or Station:

Directions: Each contact must be rated by the student **first**, and rated by the preceptor **second.** Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections

Rating*: NA = Not applicable- not needed or expected. **0** = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. **1** = Marginal - inconsistent, not yet competent. **2** = Successful/competent - no prompting (See description at end of instrument)

Patient Age Sex	Impression / Differential Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Clinical Objectives: Pt Interview + HX Gathering	Physical Exam	Impression /Tx Plan	Skill Performance	Communication	Professional Behavior (Affect)	Team Membership	Initials	Comments and Immediate Plan for Improvement for Next Contact
1.				ALS	S									
				BLS	P									
2.				ALS	S									
				BLS	P									
3.				ALS	S									
				BLS	P									
4.				ALS	S									
				BLS	P									
5.				ALS	S									
				BLS	P									
6.				**ALS**	**S**									
				BLS	P									
7.				**ALS**	**S**									
				BLS	P									

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CLINICAL SHIFT EVALUATION WORKSHEET

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported □ on time, □ well groomed, □ in uniform and prepared to begin the shift □ Yes □ No	Student knows equipment location and use. □ Yes □ No
Behavior was professional: □ Accepts feedback openly □ Self-motivated □ Efficient □ Flexible □ Careful □ Confident	Student helps clean up and restock, unprompted. □ Yes □ No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. □ Yes □ No	Student left site early (did not complete shift). □ Yes □ No
Preceptor requests a follow-up with appropriate program personnel. □ Phone call _____ or □ Email _____	

Student Signature	I agree to the above ratings: **Preceptor Signature**

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Impression & Tx Plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely.

Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative.

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Membership Objective: Clinical Experience evaluation of field performance assesses a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care that is delivered. The student is not assuming the Team Leader role but integrating with other Team Members. When evaluating the student performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that paramedics are expected to deliver.

Rating: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. ***Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.**

Appendix J

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

How to Use the Clinical Evaluation Instrument

Introduction:

The overarching objective of Paramedic experiential learning is to prepare Paramedic students as competent entry-level Paramedics. Students are to conduct themselves in a professional and courteous manner at all times and are expected to be self-motivated to engage consistently in learning opportunities during the Clinical Phase. Goals for participation in the Clinical Phase include:

1. Observe and participate in the dynamic patient care interactions as members of the interdisciplinary healthcare team.
2. Engage patients and family members utilizing various strategies of therapeutic communication.
3. Participate in gathering patient histories and performance of physical examinations, synthesizing the information into appropriate differential diagnoses.
4. Discuss with preceptors and other clinical staff an appropriate treatment plan.
5. Perform psychomotor skills that are within the Paramedic scope of practice and for which the student has received program approval to perform.

Skill Performance:

Clinical experiences should include the Operating Room, Recovery Room, Intensive Care Unit, Coronary Care Unit, Labor and Delivery, Pediatrics, and Emergency Department. Non-traditional environments may also be useful in exposing students to populations commonly seen by EMS personnel but difficult to gain access to in traditional hospitals. These include pediatric clinics, day care centers, detoxification units, social service shelters (domestic abuse, homeless

etc.), psychiatric clinics, crisis intervention units, specialty medical clinics, free-standing day surgery centers, urgent care clinics and other outpatient healthcare venues. Some Paramedic education programs may also choose to have students experience field clinical time in the out-of-hospital setting during the early phase of their education. The Field Experience is the optional, formative time that may include "planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development … and does not contribute to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) definition of field internship" (CoAEMSP, 2014, p. 9). The Field Experience is where the student builds his or her skills, learns scene choreography to include taking over more and more of the call, how to approach to the patient, and patient management. This progressive process is best taught in the field on an EMS unit and culminates in Team Leadership. Near the end of the Field Experience the student should be functioning at or near to the Team Leader role. The key point is that a specified number of Team Leads must be accomplished in the Capstone Field Internship independent of what the student accomplished in the Field Experience. Student performance during the Field Experience should be documented on the "Clinical Shift Evaluation Worksheet."

Preceptor Preparation, Training, and Expectations:

Preceptors are busy providing patient care in most locations throughout the clinical rotation. Preceptors must work with students and use an evaluation instrument that captures information pertinent to student performance. We suggest that the faculty provide a brief orientation to the evaluation worksheet and review the goals for the clinical rotation for each preceptor prior to beginning student rotations. Preceptors should have access to emergency contact numbers for the appropriate program personnel at all times should any questions or

unforeseen issues arise.

Students should assess scene safety, perform patient interviews, conduct physical examinations, and perform treatment and procedures as these opportunities present. Preceptors need to ensure that this occurs without jeopardizing the quality of patient care or adversely affecting the patient. In the event the preceptor deems provider, patient, or public safety is being compromised, the preceptor should intervene in as professional manner as possible to ensure optimal outcomes while ensuring a safe learning environment.

Student Self-Evaluation:

It is important that the Paramedic student evaluate his or her own performance, recognize any disparities in knowledge or performance and correct these in subsequent patient encounters. Honest self-evaluation is imperative for continued growth and improvement and is a characteristic of a professional. It is essential that the preceptor assist any student exhibiting difficulty with accurate self-evaluation of his or her performance. There are numerous methods that a Paramedic education program can use to document the Clinical Experience phase of Paramedic student education. This document describes a best-practice approach to documentation of the Clinical Phase.

The "Clinical Shift Evaluation Worksheet" serves as the overall log for the shift or day's clinical activity. This worksheet is used to document and evaluated the Paramedic student's performance as a Team Member as soon as possible after a patient contact. At the conclusion of each patient encounter, the student should first evaluate his or her performance on the "Clinical Shift Evaluation Worksheet", followed by the evaluator/preceptor's evaluation of his or her performance. This allows the evaluator/preceptor to assess the accuracy of the student self-evaluation prior to providing constructive feedback regarding the process of self-evaluation.

Students should mark their self-evaluation ratings in the row labeled (S). The evaluator/preceptor should document his or her rating of the student in the row marked (P). The evaluator/preceptor should continue to document all shaded sections after the student has completed all of the sections required. Please comment on any discrepancies at the end of the row or on the backside of the form. The following list provides a description of what should be entered in each section of the "Clinical Shift Evaluation Worksheet:"

Student Name: Name of Student

Date: Date field internship rotation began

Educational Program: Name of the Paramedic program the student is attending

Clinical Site: Name of the EMS/ ambulance service

Page_of_: If additional pages or forms are necessary due to additional patient contacts or additional documentation, indicate the total number of pages.

Time In and Out: Time student arrived and departed from the clinical site

Preceptor: Name of preceptor

Unit or Station: Radio call sign or "report to work" location

Patient Age/Sex: Patient's age and sex

Impression and / or Differential Diagnosis: This section is a judgment of the Paramedic student based on findings of the history and physical examination. At times, a patient's differential diagnosis may be unknown as all of the evidence to make a diagnosis is not yet known. Paramedic students should be judged on their differential diagnosis based upon the information that is obtained in the history and physical examination. Students may not know or have access to in-hospital diagnostic data. Consequently, Paramedic students may reach a different diagnosis other than the definitive diagnosis that was

derived after many in-hospital tests were completed.

LOC/Complaints/Event/Circumstances: This section is used by the Paramedic student to document the patient presentation, history of present illness and significant patient assessment findings.

Summary of treatments rendered successfully by student: The student uses this section to document treatments performed successfully and is judged based upon information that the student has obtained from the history and physical exam. A successful attempt should be based on the outcome of a discussion between the preceptor and the student that answers the question, "How would you, as a Paramedic, treat this patient in the field based on your history and physical examination findings?" Each clinical setting is somewhat different, and each patient presentation may be different.

Circle Patient Contact Type: The Paramedic student should next circle ALS or BLS based on the condition of the patient. ALS should be circled if the patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This may include but is not limited to, medication administration, ECG monitoring and establishment of intravenous access. BLS should be circled if the patient condition or complaint requires assessment or interventions that an EMT should be able to perform. While the emphasis of the Clinical is ALS patient contacts, BLS skills performed may be documented in this section.

Clinical Objectives Rating: This section is used to document Paramedic student performance of Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; Professional Behavior/Affect; and Team Membership. The Paramedic student should first complete his or her ratings followed

by the preceptor. The following four-point Likert scale will help to standardize judgments and inprove inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

*__Note__: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active, and attempt to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process when students need prompting. Improvement plans must follow any unsuccessful or inconsistent ratings.

Preceptor Evaluation

As soon as possible after the student completes the self-evaluation of the Clinical Objectives, the preceptor should review the information that the student entered and document his or her rating in the section provided (P). Please record any comments necessary to clarify ratings or provide additional feedback. Identify improvements needed for future patient contacts. You may use additional paper or electronic communication to the program as necessary. Any disparate ratings between the student and evaluator ratings should be discussed. The evaluator should briefly document any suggestions for improvement or other comments in the "Comments and Immediate Plan for Improvement for Next Contact" section.

At the completion of the student's shift, the evaluator should document any "Comments on any unsatisfactory ratings or discrepancies" and "Overall plan for improvement for future shifts" if needed. The preceptor should then check the boxes that indicate the student affect during the shift and whether follow-up is requested from appropriate program personnel.

After the student and preceptor have discussed any discrepancies, both should sign the "Clinical Shift Evaluation Worksheet" and it should be turned into the appropriate program personnel without further alteration. Systems need to be developed for returning completed instruments to the program. The system should employ methods to prevent alteration of the evaluation by the student and/or discarding of the evaluation instrument by the student. Systems that permit students to alter preceptor-completed evaluations and/or allow students to throw away unsuccessful patient evaluations are not valid.

Appendix J

References

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. (2014). Standard Revision Updates. Retrieved from http://coaemsp.org/Standards_Revisions.htm

Appendix K

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET

Student Name	Date	Educational Program	Clinical Site
Page ___ of ___	Time In: Out:	Preceptor:	Unit or Station:

Directions: Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections

Ratings: NA = Not applicable- not needed or expected. **0** = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. **1** = Marginal - inconsistent, not yet competent. **2** = Successful/competent - no prompting

Patient Age Sex	Impression and/or Differential Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Objectives: Pt Interview + HX gathering	Physical Exam	Field Impression Tx Plan	Skill Performance	Communication	Professional Behavior (Affect)	Team Leadership	Preceptor Initials	Comments and Immediate Plan for Improvement for Next Contact
1.				ALS	S									
				BLS	P									
2.				ALS	S									
				BLS	P									
3.				ALS	S									
				BLS	P									
4.				ALS	S									
				BLS	P									
5.				ALS	S									
				BLS	P									
6.				ALS	S									
				BLS	P									
7.				ALS	S									
				BLS	P									

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported □ on time, □ well groomed, □ in uniform and prepared to begin the shift □ Yes □ No	Student knows equipment location and use. □ Yes □ No
Behavior was professional: □ Accepts feedback openly □ Self-motivated □ Efficient □ Flexible □ Careful □ Confident	Student helps clean up and restock, unprompted. □ Yes □ No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. □ Yes □ No	Student left site early (did not complete shift). □ Yes □ No
Preceptor would appreciate □ phone call or □ email from the instructor (please provide contact info). □ Yes □ No	

Student Signature	I agree to the above ratings: **Preceptor Signature**

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Impression & Tx plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely.

Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative.

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Leadership Objective: The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. **Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.**

How to Use the Capstone Field Internship Shift Evaluation Instrument

Introduction:

Thank you for taking the time to mentor and evaluate the student and potential Paramedic candidate on his or her ability to perform as a competent entry-level Paramedic. The field internship is a capstone experience and as such the student must successfully demonstrate the ability to assess, manage and direct care for sick and injured patients during out-of-hospital patient contacts. Please remember that this is an evaluation of the student's ability to perform as a competent entry-level Paramedic and the last opportunity to identify areas that need potential remediation prior to the student becoming a candidate for Paramedic certification. While we recommend potential employers provide an appropriate orientation and evaluation process prior to allowing the new Paramedic to perform alone as the Team Leader, we recognize that there are EMS systems that will immediately place the newly state-licensed Paramedic in an out-of-hospital situation with an EMT partner upon successful completion of the NREMT Paramedic certification. Therefore, it is imperative that you provide a fair and objective evaluation of each student recognizing that he or she is expected to perform as an entry-level Paramedic.

Team Leader Performance:

The Capstone Field Internship should document a student's progression to a consistently competent entry-level Paramedic. This may be most effectively done by assigning a student to a particular preceptor during the Capstone Field Internship phase. This allows the preceptor to assess the student's initial performance and for both student and preceptor to become comfortable with each other. As the internship progresses, the student would ideally progress to at least minimal entry-level competency which would be documented by the preceptor. Although programs may not have the option, utilizing numerous preceptors for one student

internship can complicate trust, expectations, and continuity for both student and preceptor, particularly with a student who is not exhibiting confidence or who is experiencing any difficulty in the progression from performing as a student to performing consistently as an entry-level Paramedic.

The program should establish a minimum number of hours, competencies, and team leads that the student should achieve in order to be regarded as successfully performing as a competent entry-level Paramedic. These goals should reflect the depth and breadth of the Paramedic profession. The Capstone Field Internship has the unique capacity to assess the student's competence in all three learning domains while performing as they will in the profession. The significance of the Capstone Field Internship cannot be overstated.

Preceptor Preparation, Training, and Expectations:

Preceptors are busy providing patient care in most locations throughout the clinical rotation. Preceptors must work with students and use an evaluation instrument that captures information pertinent to student performance as an entry-level Paramedic. We suggest that the faculty provide a brief orientation to the evaluation worksheet and review the goals for the clinical rotation for each preceptor prior to beginning student rotations. Preceptors should have access to emergency contact numbers for the appropriate program personnel at all times should any questions or unforeseen issues arise.

Students should assess scene safety, perform patient interviews, conduct physical examinations, and perform treatment and procedures as these opportunities present. Preceptors need to ensure that this occurs without jeopardizing the quality of patient care or adversely affecting the patient. In the event the preceptor deems provider, patient, or public safety is being compromised, the preceptor should intervene in as professional manner as possible to ensure

optimal outcomes while ensuring a safe learning environment.

Student Self-Evaluation

It is important that the Paramedic student evaluate his or her own performance, recognize any disparities in knowledge or performance and correct these in subsequent patient encounters. Honest self-evaluation is imperative for continued growth and improvement and a characteristic of a professional. It is essential that the preceptor assist any student exhibiting difficulty with accurate self-evaluation of his or her performance. There are numerous methods that a Paramedic education program can use to document the Capstone Field Internship phase of Paramedic student education. This document describes a best-practice approach to documentation of the Capstone Field Internship phase.

The "Capstone Field Internship Shift Evaluation Worksheet" serves as the overall log for the shift or day's clinical activity. This worksheet is used to document and evaluated the Paramedic student's performance as a Team Member as soon as possible after a patient contact. At the conclusion of each patient encounter, the student should first evaluate his or her performance (S) on the "Capstone Field Internship Shift Evaluation Worksheet," followed by the preceptor's evaluation of his or her performance. This will allow the preceptor to assess the accuracy of the student self-evaluation prior to providing constructive feedback regarding the process of self-evaluation.

Students should mark their self-evaluation ratings in the row Labeled (S). The preceptor should document his or her rating of the student in the row marked (P). The preceptor should continue to document all shaded sections after the student has completed all of the sections required. Please comment on any discrepancies at the end of the row or the back of the form.

Student Name: Name of Student

Date: Date field internship rotation began

Educational Program: Name of the Paramedic program the student is attending

Clinical Site: Name of the EMS/ ambulance service

Page_of_: If additional pages or forms are necessary due to additional patient contacts or additional documentation, indicate the total number of pages.

Time In and Out: Time student arrived and departed from the clinical site

Preceptor: Name of preceptor

Unit or Station: Radio call sign or "report to work" location

Patient Age/Sex: Patient's age and sex

Impression and / or Differential Diagnosis: This section is a judgment of the Paramedic student based on findings of the history and physical examination. At times, a patient's differential diagnosis may be unknown as all of the evidence to make a diagnosis is not yet known. Paramedic students should be judged on their differential diagnosis based upon the information that is obtained in the history and physical examination. Students may not know or have access to in-hospital diagnostic data. Consequently, Paramedic students may reach a different diagnosis other than the definitive diagnosis that was derived after many in-hospital tests were completed.

LOC/Complaints/Event/Circumstances: This section is used by the Paramedic student to document the patient presentation, history of present illness and significant patient assessment findings.

Summary of treatments rendered successfully by student: The student uses this section to document treatments performed successfully and is judged based upon information that the student has obtained from the history and physical exam. A successful attempt

should be based on the outcome of a discussion between the preceptor and the student that answers the question, "How would you, as a Paramedic, treat this patient in the field based on your history and physical examination findings?" Each clinical setting is somewhat different, and each patient presentation may be different.

Circle Patient Contact Type: The Paramedic student should next circle ALS or BLS based on the condition of the patient. ALS should be circled if the patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This may include but is not limited to, medication administration, ECG monitoring and establishment of intravenous access. BLS should be circled if the patient condition or complaint requires assessment or interventions that an EMT should be able to perform. While the emphasis of the Clinical Experience is ALS patient contacts, BLS skills performed may be documented in this section.

Clinical Objectives Rating: This section is used to document Paramedic student performance of Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; Professional Behavior/Affect; and Team Membership. The Paramedic student should first complete his or her ratings followed by the preceptor. The following four-point Likert scale will help to standardize judgments and improve inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

*__Note__: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active, and attempt to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process when students need prompting. Improvement plans must follow any unsuccessful or inconsistent ratings.

Preceptor Evaluation

As soon as possible after the student completes the self-evaluation of the Objectives, the preceptor should review the information that the student entered and document his or her rating in the section provided (P). Please record any comments necessary to clarify ratings or provide additional feedback. Identify improvements needed for future patient contacts. You may use additional paper or electronic communication to the program as necessary. Any disparate ratings between the student and evaluator ratings should be discussed and the evaluator should briefly document any suggestions for

improvement or other comments in the "Comments and Immediate Plan for Improvement for Next Contact" section.

At the completion of the student's shift, the evaluator should document any Comments on any unsatisfactory ratings or discrepancies and Overall plan for improvement for future shifts if needed. The preceptor should then check the boxes that indicate the student affect during the shift and whether follow-up is requested from appropriate program personnel.

After the student and preceptor have discussed any discrepancies, both should sign the "Capstone Field Internship Shift Evaluation Worksheet," and it should be turned into the appropriate program personnel without further alteration. Systems need to be developed for returning completed instruments to the program. The system should employ methods to prevent alteration of the evaluation by the student and/or discarding the evaluation instrument by the student. Systems that allow students to alter preceptor-completed evaluations and/or allow students to throw away unsuccessful patient evaluations are not valid.

Clear and achievable goals to make improvements for the next patient contact and /or shift are necessary for student success. During the formative process, it is not unusual for students to perform inconsistently. As the internship progresses, the student should become more proficient and consistent. In order for the student to achieve these goals, the preceptor must set specific and realistic goals for each encounter and allow the student to act as Team Leader with as minimal disruption as possible without allowing the patient to incur any detrimental outcomes. The student should make incremental adjustments as recommended by the preceptor. This will allow for the continual improvement of student performance. As the

preceptor, you should re-evaluate goals after each encounter to assess improvement or the need for remediation. This also emphasizes the expectation of student accountability.

National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

Definitions

The following list includes definitions of terms that are included in the Paramedic Psychomotor Competency Portfolio, Capstone Field Internship phase of education:

ALS contact: Patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This may include, but is not limited to medication administration, ECG monitoring and establishment of intravascular access.

BLS Contact: Patient condition or complaint requires assessment or interventions that an EMT should be able to perform.

Capstone Field Internship: This component includes planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system. The primary purpose of the Capstone Field Internship is to experience managing the Paramedic level decision-making associated with out-of-hospital patients in order to develop and evaluate Team Leading skills.

Clinical Phase: This component of a student's education includes planned, scheduled, educational student experience with patient contact activities in settings such as hospitals, clinics, free-standing emergency centers, and may include Field Experience.

Communication: Student communicates effectively with the patient, team members, and preceptor/evaluator. The student provides an adequate verbal report to other healthcare providers and completes a through, accurate written patient narrative to include correct spelling and grammar.

Entry-level Competency: Entry-level competency is defined as consistent student performance and safe, appropriate patient management over multiple patient encounters. Please keep in mind that minimally competent EMS providers may not perform to the level that a more experienced provider would; for example, they may not perform as rapidly or as smoothly. It is expected that the student will perform timely and appropriate assessments, skills, and formulate accurate field impressions and provide appropriate management. Cases have varying levels of difficulty and acuity. The preceptor should assign a successful rating if you feel the student has successfully led the team. This means the student conducted a comprehensive physical assessment, which may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student should formulate and implement an appropriate treatment plan for the patient. Most, if not all, of the decisions have been made by the student, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/ moving the patient. A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Preceptors should not assign a successful rating unless the student performed adequately as a competent entry-level Paramedic. As a general rule, more unsuccessful attempts indicate a willingness to try and are preferable to no attempt. An unsuccessful rating should be assigned if a student required more than minimal or critical prompting, or ordered or performed an action that could have inappropriately endangered the physical or psychological safety of the patient. Withholding appropriate care or not recognizing appropriate interventions can be just as dangerous as performing incorrect ones.

Evaluator/Preceptor Documentation: In the early stages of learning, performance can be inconsistent. It is impossible to predict when the student will begin to show consistent achievement so it is imperative that **each** attempt be evaluated and documented. Since competency must be documented and tracked over multiple attempts, monitoring student performance, achievement of set goals, and the response to your coaching is essential. Evaluators/preceptors are encouraged to document additional notes and attach additional documentation as necessary.

Field Experience: This optional component includes planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include Team Leading and does not contribute to the CoAEMSP definition of Capstone Field Internship.

Impression & Treatment Plan: Student formulates an impression and verbalizes an appropriate patient care plan.

Patient Interview/ History Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and/or form bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused and/or comprehensive physical exam specific to the chief complaint.

Professional Behavior (Affect): Student demonstrates that he or she is:

> **Self-motivated:** Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed, and organizes team to work more efficiently.

Flexible: Makes adjustments to communication style, directs Team Members, changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.

Open to feedback: Listens to evaluator/preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Skill Performance: Student performs technical skills accurately and safely.

Team Lead: The Team Lead occurs during the Capstone Field Internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their educational program, and are able to demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains. The Capstone Field Internship occurs after the didactic, lab and clinical, and optional Field Experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful Team Lead should be clearly defined for preceptors and students to help improve inter-rater reliability.

Team Leader Attributes: Creates an action plan; communicates accurately and concisely while listening and encouraging feedback; receives, processes, verifies, and prioritizes information; reconciles incongruent information; demonstrates confidence, compassion, maturity and

command presence; takes charge; maintains accountability for Team's actions/outcomes; assess situation and resources and modifies accordingly (NREMT, 2012)

Team Leadership: The student has successfully led the team if he or she conducted a comprehensive physical assessment. This may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student should formulate and implement an appropriate treatment plan for the patient. This means that most, if not all of the decisions have been made by the student, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/ moving the patient. A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Preceptors should not assign a successful rating unless the student performed adequately as an entry-level Paramedic. As a general rule, more unsuccessful attempts indicate a willingness to try and are preferable to no attempt.

Team Member Attributes: Demonstrates followership – is receptive to leadership; performs functions using situational awareness and maintains it; utilizes appreciative inquiry; avoids freelance activity; listens actively using closed-loop communication and reports progress on tasks; performs tasks accurately and in a timely manner; advocates for safety and is safety conscious at all times; leaves ego/rank at the door (NREMT, 2012)

Prompting: Successful ratings in assessment, skills, and Team Leadership requires little to no prompting on the part of the preceptor. The more prompting that a preceptor does, the less the student performed as the Team Leader. Prompts should, therefore, be focused on important interventions that affect patient care and satisfaction. Non-essential prompts that do not affect

patient care may be appropriate, but should not affect the evaluation of the student's performance.

Reference

National Registry of Emergency Medical Technicians. (2012, March). Team Leader and Team Member Attributes. W.E. Brown (Chair), *Team Leader and Team Member Attributes Meeting*, National Registry of Emergency Medical Technicians, Columbus, Ohio.