

Practical Skills Exam Administration Manual

Advanced-EMT Level Examinations

New York State Division of State EMS
Advanced-EMT Practical Skills Examination



Instructional Standards and Compliance Unit
Education and Certification Branch
New York State Department of Health
Division of State EMS

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New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Welcome

Dear Practical Skills Examination Coordinator:

Thank you for agreeing to administer Advanced-EMT psychomotor examinations. This comprehensive manual details all aspects of administering an advanced level psychomotor examination and is designed to assist you in planning for all related aspects of the examination.

The State EMS Code (10NYCRR-800) requires that candidates for initial certification and recertification pass a New York State Practical Skills Examination (PSE), prior to admission to the New York State written certification examination. All New York Advanced-EMT (AEMT) courses are required to conduct the PSE prior to the end of course date, but not prior to the candidates completing all course requirements for successful completion of the certification course. This most up-to-date manual is available on our [website](#). We encourage the CIC and Practical Skills Examination Coordinators (PSEC) to check our website frequently and prior to the start of Practical Skills Examinations to assure they have the most recent versions of the documents.

You assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this licensure process is directly dependent on your thorough familiarization with all the material contained within this manual. We are committed to assisting you to help ensure that all candidates who attend your examination will be tested in a fair and consistent manner in accordance with all policies and procedures outlined in this manual. Please contact us immediately if we can clarify or answer any questions concerning this process at EMS.Education@health.ny.gov.

Sincerely,

Instructional Standards and Compliance Unit
New York State Department of Health
Division of State EMS

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INTRODUCTION

The New York State (NYS) Department of Health (DOH) Division of State EMS directs course sponsors to offer courses that comply with the most current National EMS Education Standards. This manual reflects these standards and outlines the PSE, which will be used for the testing of all Advanced-EMTs (AEMT). The purpose of the practical examination is to assess entry level skill competency prior to being admitted to the written certification examinations. While this examination tests some selected skills, EMS instructors must develop candidate proficiency in all the skills contained in the course learning objectives. This examination must be administered to all original and refresher candidates. This document contains specific scenarios necessary for exam administration. All scenarios included in this manual are confidential in nature and may not be used for training purposes during courses.

Course Sponsors, Certified Instructor Coordinators (CIC), and their Practical Skills Exam Coordinators (PSEC), must review this manual, become familiar with and abide by all the administrative policies and procedures as well as any policy statements or regulations published by the NYS DOH Division of State EMS.

PREREQUISITES FOR ADMISSION

To be admitted to the practical examination, students must successfully complete all course requirements to the satisfaction of the Course Sponsor and as specified in the Course Policies and Procedures and approved by the Division of State EMS. This is certified by the completion of DOH-3379 *Medical Director's Certification of Advanced Level Course Completion* indicating completion of clinical and didactic training. These include but not limited to:

- Acceptable attendance in the course
- Minimum grade requirements
- Successful completion of CPR testing in compliance with [Policy Statement 22-08](#)
**CPR courses for the physically challenged, are NOT an acceptable substitute for demonstration of CPR competency. AEMTs must be able to demonstrate acceptable CPR knowledge and skills according to the written exams and performance evaluations.*

CERTIFICATION EXAM AND RETEST SEQUENCE

The NYS Practical Skills Examination must precede the NYS written certification examination. The practical skills examination and scheduled retest date should precede the end of course date by at minimum one (1) day. The Practical Skills Examination cannot be broken up in to more than two (2) separate sessions. It is preferred to have the entire Practical Skills Examination administered in one (1) session. However, if there are too many candidates and/or the facility cannot accommodate conducting the entire examination within one session, the examination can be administered over two (2) sessions. The course schedule submitted to the Division of State EMS with the Course Application must accurately reflect the dates of the examination. There cannot be more than forty-eight (48) hours separating the two sessions. The results of the first session cannot be given to the candidates until they have completed the full practical skills examination.

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AMERICANS WITH DISABILITIES ACT

For the NYS Practical Skills Examination, the Division of State EMS does not permit testing accommodations but will consider the use of certain aids by the candidate. Candidates with an identified disability may be permitted to use certain aids, which they would be responsible to provide and reasonably be able to bring to the patient's side in actual practice. The only types of aids, which are permitted are those which do not alter the essential functions of an AEMT. For example, the use of prescription or reading glasses, hearing aids and personal stethoscopes have been permitted since they serve as an aid to the provider. In contrast, a Braille sphygmomanometer would not be permitted since sight is considered an essential function of the certified EMS provider. If you have questions or need further assistance with ADA issues, please contact the NYS Bureau of EMS Central Office at EMS.Education@health.ny.gov.

USE OF PERSONAL EQUIPMENT

Candidates may use their own stethoscopes for the practical skills examination. The candidate's stethoscope may not have electronic components that allow for cellular device connection or recording with a separate device. Candidates may not bring or use equipment for the examination unless it is equipment used during the course *or* special arrangements have been made prior to the examination date with the CIC *and* PSEC. There is an equipment list for each skill station, which delineates what the NYS Division of State EMS considers to be standard ambulance equipment acceptable for use during the practical skills examination. No electronic recording devices (including stethoscopes) or one way or two-way communication devices are allowed at the site of the practical skills examination. Any questions regarding the appropriateness of a piece of equipment for training and testing should be directed to the NYS Division of State EMS Instructional Standards and Compliance Unit at EMS.Education@health.ny.gov.

REQUIRED TESTING STATIONS

The following skills are identified as being the minimum number of performance items that must be included in every AEMT practical skills examination. The AEMT student must successfully pass all five (5) stations.

- Patient Assessment – Medical
- Patient Assessment – Trauma
- Cardiac Arrest Management
- Pediatric Respiratory Compromise
- Intraosseous Access and Infusion

“CHALLENGE” PRACTICAL SKILLS EXAMINATIONS

Challenge Practical Skills Examinations are available for AEMT-Refresher courses. The challenge exam is given at the beginning of the refresher course and must consist of all stations, which would normally be tested for the AEMT level of certification. The same pass/fail criteria must be followed for the challenge exam as any other PSE. Candidates must attend all practical exam stations and are not allowed to “waive” any stations. If the candidate does not successfully complete a station, then they must retest those station(s) at the final Practical Skills Examination held at the end of the course. Failure of three (3) or more stations indicate a failure of the Practical Skills Examination. The “challenge” exam is considered an

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attempt on the final PSE and the following retesting policy should be followed without deviation.

TESTING/RETESTING POLICIES

AEMT candidates, who fail two (2) or less skill stations on the practical skills exam, may be retested on those skills. Three (3) or more failed stations constitutes a failure of the practical skills examination. Those failing two (2) stations or fewer are eligible to take two (2) retests. Retests must be administered by a different examiner. The first retest must occur on the same day as the initial exam. Failure of a same day retest entitles the student to a second retest of those stations failed. The second retest must be conducted on another date and the candidate must be provided with documented remedial instruction before the second retest. Failure of the second retest constitutes a failure of the practical skills examination. When planning courses, a specific date and time for retesting must be planned and noted on the course schedule. Students who fail the practical skills examination after three attempts or fail three (3) or more stations are eligible for remediation through their initial Course Sponsor, with approval of the Division of State EMS Instructional Standards and Compliance Unit. *Students may not do remediation with another Course Sponsor.*

Course Sponsors are to consider the student's overall educational experience when considering what the remediation plan will be for this student. The remediation plan should center around their needs as a student and the skills they failed at. It may include, but is not limited to:

- Individual Studies using Learning Management Systems,
- Additional Lecture Sessions,
- Additional education resources focused on the skills that need supporting.

Remediation plans must include practice skills sessions with a minimum of a Certified Lab Instructor (CLI) providing the mentoring. If a Course Sponsor feels appropriate, they may decide that a full AEMT-Refresher course is in the best interest of the student and require that as remediation.

For students who need remediation, Course Sponsors will do the following:

- Submit course paperwork on time, listing the student as "Missed Sessions"
- A copy of the learning contract signed by the CIC and the student must be submitted to EMS.Education@health.ny.gov within 4 weeks from the end of course date
- Once the Division receives the learning contract, it will review the remediation plan and reply with approval or adjustments to the Course Sponsor.
 - If approval is given, the student will be allowed to take the PSE again after remediation.
 - If adjustments are required, the Sponsor will make those adjustments and send back to the Division for another review.
- If successful in completing all stations for the PSE, the Course Sponsor will submit an 'After EOC Submission' through the Course Paperwork submission portal, providing all the appropriate documentation.
- If the candidate is not successful at all stations for the PSE, the Sponsor will submit an 'After EOC Submission', marking the student as "Failed PSE".

If a student fails the PSE again, their only option at that point is to take another AEMT-Refresher provided they enroll within one year of the original course's end of course date.

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All stations of the practical skills examination must be passed before admission to the NYS written certification examination.

USING EXAMINATION GRADING SHEETS FOR TEACHING PURPOSES

Certified Instructor Coordinators (CICs) and Course Sponsors are discouraged from distributing the final practical exam skills evaluation sheets at the first class session. However, the skills evaluation sheets must be distributed at least *one week* before the Practical Skills Exam.

PRACTICAL EXAMINATION COORDINATOR

Each examination must be conducted by a Practical Skills Examination Coordinator (PSEC). The PSEC *must* be a New York State certified AEMT or higher and *must* be a New York State CLI or CIC. The PSEC should preferably be a person not associated with the course being tested. *The primary CIC for the course being tested cannot act as the Practical Skills Examination Coordinator.* The PSEC assumes the primary responsibility of ensuring the examination is conducted according to NYS Division of State EMS' standards, and, with the Course Sponsor, handles logistical considerations. It is also the role of the PSEC to review grading sheets and to clarify all comments and grades affixed by the examiners. *The PSEC may not change the grades of the Skills Examiners.* The PSEC is responsible for:

- Working with the Course Sponsor to secure a suitable location for the exam.
- Inviting and scheduling qualified Skills Examiners.
- Obtaining all equipment, ensure all equipment is functioning, and setting up the testing stations.
- Scheduling candidates for the exam.
- Determining candidate flow through stations.
- Orienting all Skills Examiners by reading the instructions to them and reviewing exam criteria.
- Orienting all candidates by reading the instructions to them.
- Observing all Skills Examiners to ensure compliance to exam procedures.
- Collecting of all completed test sheets and collation of sheets into individual candidate packets.
- Reviewing all test sheets for accuracy in grading and documentation.
- Debriefing all Skills Examiners to discuss problems, suggestions, etc.
- Managing any and all candidate complaints dealing with the Practical Skills Exam.
- Notification of the NYS Division of State EMS Instructional Standards and Compliance Unit of any unresolved issues or complaints.
- Posting exam grades or notifying candidates of results in a confidential and timely manner.
- Clean up and securing of the exam site.
- Completing the necessary Practical Skills Examination forms.

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SELECTION OF A TEST FACILITY

An exam site must be selected which allows for a candidate holding area and separate rooms or areas for each station. It is important that the test stations are set up in such a way to prevent candidates from observing the patient management problems prior to the time of their testing. The individual stations should be within the same area to facilitate candidate flow. More than one station per room is not permissible unless there is some provision for room dividers, which allow for privacy. Each station area should be clearly labeled with the station being tested in that area. The facility should have a waiting area large enough to accommodate the number of candidates scheduled to attempt the examination. The waiting area should have chairs or benches, access to restrooms and water fountains as well as adequate storage space for examination supplies. Arrangements for meals and other breaks for staff members and candidates are an additional consideration. Equipment necessary for each station must be gathered and set up according to the Appendix C in this guide. This should be done at least one hour before the arrival of the candidates. The exam site must also have adequate parking, adequate interior and exterior lighting, have no obvious exterior hazards, have functioning HVAC, be clean, safe, and conducive for candidate's examination.

ROLES OF PRACTICAL SKILLS EXAMINATION STAFF

Skills Examiners

One of the major considerations in the selection of examination staff members is their enthusiasm and interest in the examination. The examination procedure is demanding and time-consuming. Therefore, without full cooperation from the staff members, it will be difficult to conduct the repeated evaluations necessary for a large group of candidates. Whenever possible, form a core group or regular examination personnel. This will help promote teamwork and consistency among the examination staff. It has been our experience that the more frequently a group works together, the more smoothly and effectively the examination runs. Most likely, not all core examination personnel will be available for every examination session. Therefore, there should be backup members who can participate from time to time as relief personnel. These people should be fully aware of their responsibilities as skill station examiners and asked periodically to relieve regular staff members. Skill station examiners should be recruited from the local EMS community. In smaller communities, it may be extremely difficult to avoid the potential problem of instructors examining their own students. This problem may be avoided if Course Sponsors can join to pool their resources and conduct the examinations. You must only consider individuals who are currently certified to perform the skill you wish them to evaluate. Preference should be given to NYS Certified Lab Instructors (CLIs). Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions, which could bias the potential skill examiner towards a particular individual or group of individuals. *In no instance can a primary instructor serve as a skill station examiner.* Ancillary members of the instructor staff may be utilized, if necessary, provided there is no evidence of bias and they do not evaluate any skills for which they served as the primary instructor. Every effort should be made to select examiners who are fair, consistent, objective, respectful, reliable and impartial in conducting an evaluation. Examiners should be selected based on their expertise in the skill to be evaluated. Examiners must understand that there is more than one acceptable way to perform a skill and should not indicate a bias that precludes acceptable methods. Examiners who are strongly opinionated and are looking only for performance of their techniques must be avoided. Examiners must be closely monitored to ensure they evaluate using the testing criteria provided by the NYS Division of State EMS rather than their own agendas. Every effort should be made to use NYS Certified Lab Instructors as examiners, provided they do not have a vested interest in the students to be tested. You should work to

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obtain skill station examiners who are not acquainted with the candidate if possible. All examiners should have experience teaching or formally evaluating prehospital care providers. Examiners should not wear any sort of uniform or insignia which identifies their EMS affiliations or level of training

EMT Assistants

EMT Assistants must be currently certified at minimum to the NYS EMT level. Careful attention must be paid to avoid possible conflicts of interest, local political disputes or any pre-existing conditions, which could bias the EMT Assistant towards a particular individual or group of individuals. *In no instance can a primary instructor serve as an EMT Assistant.* EMT Assistants must be fair, responsible, consistent, respectful, and impartial in their conduct. They must carry out all orders in which they are directed by the candidate unless there is an immediate risk to safety present by doing so. EMT Assistants may not coach the candidate relative to the performance of any skill. EMT Assistants should not wear any sort of uniform or insignia which identifies their EMS affiliations or level of training. Every effort must be made to maintain an air of neutrality throughout the testing process.

Simulated Patients

The Simulated Patient is responsible for an accurate and consistent portrayal as the victim in the scenario for the station. Selection of Simulated Patients should be carefully considered to maintain consistency between candidate's examinations. Simulated Patients must be familiar with the presentation of symptoms for the diagnosis listed in the scenario. Simulated Patients must be fair, responsible, consistent, respectful, and impartial in their conduct. As a matter of consistency, pay attention to the Simulated Patient's level of fatigue as the day progresses and swap personnel if needed. Simulated patients must be at least 16 years of age. It is strongly encouraged that Simulated Patients are certified EMS providers with field experience to be able to best simulate injuries or illnesses being conveyed during testing. It is imperative that the programmed patients not change or increase the difficulty of the skill(s) being tested because of inattention to detail or misbehavior. The instructions for the particular station must be reviewed by the skill station examiner with the Simulated Patient. A lack of uniformity in performance by a Simulated Patient may cause a variance in the candidate's ability to identify and treat an injury correctly. In addition, an informed Simulated Patient frequently can evaluate certain aspects of a candidate's proficiency not readily observed by the examiner. Throughout examination, simulated patients must be wearing effective moulage, to include appropriately torn or blood-soaked outer garments designed for the simulation and appropriate undergarments to ensure modesty during the candidate's assessment. Simulated Patient programming involves two essential elements: acting and medical input regarding the type of injury/illness, type of pain, general reaction and what should and should not be accomplished by the candidate. Once the programmed Simulated Patient has received the medical information on the type of injury or illness, they should concentrate on how they personally reacts to pain. The programmed Simulated Patient should work with the Skills Examiner until they have fully developed the proper reactions and responses. The Skills Examiner should always use lay terms in programming the Simulated Patient, and the Simulated Patient should always respond in lay terms to any questions from the candidate. After the Simulated patient has been fully programmed, it is essential that they stay in character during examination sessions, regardless of what goes on around them. Input from the Simulated Patient with respect to the way candidates handle themselves can be important in the evaluation process. *In no instance can a primary instructor serve as a Simulated Patient.* Simulated Patients may not coach the candidate relative to the performance of any skill. Simulated Patients should not wear any sort of uniform or insignia which identifies their EMS affiliations or level of training if applicable. Every effort must be made to maintain an air of neutrality throughout the testing process. The Simulated Patients should be instructed to wear old clothes which can be disposed of later or bring clothing as directed in the skill station instructions (patient assessment stations requires that the

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Simulated Patients bring gym shorts or a swimsuit). Tear-away or paper scrubs should be used if possible. They should be advised of their skill station assignments and arrive at least one hour prior to the exam to attend a briefing session and to be moulaged.

Physician Medical Director

While it is not essential to have a physician medical director in attendance at all examination sessions, it is highly desirable. The skills to be tested and the acceptable levels of performance should always be determined with physician medical director input.

EQUIPMENT

Refer to the equipment list in Appendix C for supplies and equipment needed to prepare each of the skill examination stations. All equipment must be clean, in good working condition and meet all manufacture guidelines for maintenance and operation. Candidates must be provided with the same type of equipment they have had access to during their training course. The intent of the practical skills examination is not to assess their equipment problem-solving abilities by providing candidates with unfamiliar equipment. Candidates may bring equipment to the exam site provided that:

- Arrangements have been made with the CIC and PSEC, prior to the exam date.
- It has been used throughout the course.
- It is available for all candidates being tested.
- Examiners are thoroughly familiar with the equipment.

Candidates must be tested with equipment they are thoroughly familiar with. There must not be any obsolete equipment at the skills station to trick the candidate. Prior to starting the exam, each skills examiner must check their equipment to assure that it is in good working condition. Under no circumstances shall equipment failures or shortages result in the failure of a candidate. Each skills examiner will need a watch and a supply of evaluation instruments to score each candidate's performance.

MOULAGE

Make-up of simulated patients is important if it is expected that the candidates identify wounds readily. Although theatrical moulage is ideal, commercially available moulage kits are acceptable in alerting the candidate to the presence of injuries on the simulated patient. Regardless of the quality of moulage, Skills Examiners must communicate with the candidate concerning information on wound presence and appearance. Candidates will need to distinguish between venous and arterial bleeding, paradoxical chest movement, obstruction of the airway and any other injury that a Simulated Patient cannot realistically simulate. If candidates complain about the quality of the moulage, the PSEC should objectively re-examine the quality of the moulage. If the quality of the moulage is deemed to be marginal and does not accurately represent the wound, the PSEC should instruct the Skill Examiner to alert candidates to the exact nature of the injury. The Skills Examiner should do this only after the candidate has assessed the area of the wound as would be done in an actual field situation.

EXAMINATION SAFETY

The safety of all people involved in the examination is of the utmost importance. The safety of all testing personnel and candidates must not be compromised under any circumstances. All equipment

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must be in good working condition and be familiar to the candidates and skills examiners. All safety principles applying to oxygen and compressed gasses must be followed, including cylinders, which have current hydrostatic test dates. If there is any safety concern raised at any point during the examination process, the PSEC must be immediately notified.

ORIENTING THE EXAMINATION STAFF

Prior to the exam date, skills examiners must be provided with copies of the station instructions, pertinent NYS treatment protocols, and the skills evaluation forms they will use to evaluate the students. They should be scheduled to be present at least one hour prior to the exam. Eating, smoking, conversation, or other activities which may divert the examiner's attention away from the candidate, must be avoided. An important component in ensuring the examination operates smoothly is orienting the Skill Examiners, Simulated Patients, and EMT Assistants to their role and responsibilities during the examination process. To ensure the consistent performance of examination staff throughout the day, all examination personnel should be assembled as a group prior to the start of the examination and instructed in the procedures of the examination according to a standardized orientation script found in Appendix B.

ORIENTING THE CANDIDATES AS A GROUP

An important aspect of the examination is the initial meeting and orientation of the candidates. Once all candidates have been registered for the examination, they should be assembled as a group and instructed in the procedure of the examination by the PSEC according to the standard orientation script found in Appendix A. During this period, the candidates should be given clear and complete directions as to what is expected of them during the examination. However, special effort should be made to put the candidates at ease. It is during this period that questions regarding the examinations should be solicited and answered. After the group orientation, the candidates must sign the acknowledgement of orientation, and this must be kept in the candidate's examination file.

ORIENTING THE INDIVIDUAL CANDIDATES

Following the group orientation, candidates will wait for directions to report to a specific testing area. Prior to entering these areas, the candidates should be greeted by the Skills Examiner and read the "Instructions to the Candidate" as they are provided by the PSEC. To assure consistency and fairness, these instructions must be read to each candidate exactly as written. Each candidate must then be questioned as to their understanding of the instructions and provided with clarification as required. Caution must be used to avoid lengthy questions or attempts by the candidate to obtain answers to questions which have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates.

SCHEDULING OF CANDIDATES

To minimize waiting time and test anxiety, candidates should be scheduled in groups of no more than 12 to an exam period. Staggering the groups in this manner will decrease the number of people congregating and improve exam security. If large numbers of students must be tested, it is highly recommended that double or even triple the number of skills stations be set up to minimize any backlog. Time limits have been established for each station to ensure that all candidates are given the same time intervals and to maintain exam flow. At the end of the time limits, the candidate evaluation must stop. Tasks not

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demonstrated are considered not performed.

LATE ARRIVALS

Situations such as inclement weather and extenuating circumstances judged on a case-by-case basis are typical examples in which the candidate should be granted permission to begin the PSE late. The determination to admit late arrivals are at the discretion of the PSEC. If admitted into the PSE, candidates must be afforded the opportunity to complete the entire portion of the PSE for which they are testing. If the PSEC cannot ensure that the candidate will be able to complete all required portions of the examination, the candidate must be dismissed from the PSE.

SAMPLE SCHEDULE

The following is a sample schedule and is only intended to be a guide. Other schedules may be utilized. Breaks and lunch should be factored into the exam schedule.

- 07:00-07:30 All examination personnel arrive, unload equipment and set up stations.
- 07:30-08:00 Read instructions to skills examiners, simulated patients and EMT assistants, review test criteria.
- 08:00-08:30 Candidates arrive, read instructions to them and explain exam flow.
- 08:30-10:30 Test first group of 12 (rotate through stations and observe testing).
- 10:30-11:00 Second group arrives, read instructions to them and explain exam flow.
- 11:00-13:00 Test second group.
- 13:00-13:30 Debrief all examiners and collect evaluation sheets.
- 13:30-14:00 Have examiners break down stations and pack equipment.
- 14:00-14:15 Collate evaluation sheets into individual packets.
- 14:15-14:45 Have Examiners answer questions before they leave.
- 14:45-15:00 Affix exam grades to cover sheets.

One effective method of facilitating flow through stations is to use “pass cards” and a station matrix. This is only one of many methods of exam management and involves the following:

1. Assemble all candidates into one holding area.
2. Have a proctor in the holding area.
3. Have a proctor fill in the candidate names on the matrix sheet.
4. Have one 3x5 card for each station. The name of the station must be written on each card; if double stations are needed, have 2 cards per station. Also, each card must be appropriately numbered.
5. Assign candidates. One at a time, to each station. Give them the corresponding station card and check their name off for the station completed on the matrix sheet.
6. When they complete the station, have them return to the proctor in the holding area and return the card.
7. The proctor now knows that the station is open and assigns the next candidate(s).

INTERRUPTION OF THE PRACTICAL SKILLS EXAMINATION

In the case of fire alarms, power outages, severe adverse weather, and other similar interruptions, you

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should immediately secure examination materials and nullify all results of active examinations in progress. Candidates should be allowed to retest once the examination can safely continue.

OBSERVED OR SUSPECTED IRREGULAR BEHAVIOR DURING EXAMINATION

A written report by the PSEC must be submitted to the NYS DOH Division of State EMS in all suspected cases of observed or suspected irregular behavior during the Practical Skills Examination. The report must include the following:

- Name, address, and phone number of the person who witnessed the incident
- Purpose/function at the examination site
- A summary of all facts related to the incident
- Reports by all witnesses and others involved, signed by the authors.

Dismissal from the Psychomotor Examination

The PSEC has the authority to dismiss a candidate or examination personnel for misconduct or irregular behavior. This decision may be made on recommendations from examination staff, but at the sole discretion of the PSEC. Reasons to dismiss a candidate or examination personnel may include, but are not limited to:

- Cheating
- Attempting to compromise examination security
- Harassment
- Inappropriate behavior
- Leaving the exam site during the examination
- Suspected intoxication

Thoroughly document the reason an individual candidate was dismissed and include witnesses where appropriate. Submit all documentation to the NYS DOH Division of State EMS.

UTILIZING THE SKILL STATION EVALUATION FORMS

The evaluation process consists of the Skills Examiner at each station observing the candidate's performance and recording it on a standardized skill evaluation form. The Skills Examiner's role becomes that of an observer and recorder of events. Skill evaluation forms have been developed for each skill station. Upon the candidate presenting to the skill testing area, the Skills Examiner should print the candidate's name and Examiner's name clearly on the top of the form where indicated. Accurate documentation of the time the candidate began the skills station should also be documented where indicated. During the examination, Skills Examiners should accurately document the candidate's performance by notating the correct number of points awarded in the proper column of the skill evaluation sheet in accordance with the skill completion. Except to start or stop a candidate's performance, to deliver necessary cues (i.e., "The patient's blood pressure is 100/40; pulse is 120 and thready.") or to ask for clarification, the Skills Examiner should not speak to the candidate during their examination. Similarly, the Skills Examiner should not react, either positively or negatively, to anything the candidate says or does unless there is an imminent risk of safety concern noted. After the completion of the skills station, either by time limit or the candidate verbally indicating they have completed the station, the Skills Examiner should accurately document the end time where indicated on the form. The Skills Examiner should then tally the total points awarded and record where indicated, mark the correct Pass/Fail, and sign as affirmation of grading according to the rules and guidelines set forth by the NYS DOH Division of State EMS. If the student fails the skills station, the appropriate 'Critical Criteria' indicating reason for failure must be checked and factual documentation of rationale for failure must be documented under the

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comments section.

DETERMINING A FINAL GRADE

As mentioned earlier, the skill station examiners observe the candidate's performance and record the observations on the skill evaluation sheet, which are graded according to the pass/fail criteria. In most cases, the pass/fail will be easily determined. If, however, the pass/fail determination is not easily identified, the Medical Director, PSEC, CIC, and the Skills Examiner should review the situation as a committee before coming to a final decision. The Skills Examiner's comments and the documentation on the skill evaluation form should all be considered when determining the final grade. Input from the Simulated Patient and/or EMT Assistant, if applicable for skills station, can be considered.

CANDIDATE'S EXAMINATION FILE & PRACTICAL SKILLS EXAMINATION FORMS

The candidate's final examination file should include the following in order and be kept on record with the Course Sponsor and be readily available for audit. As a separate file kept with the Course Sponsor, the PSE Examination Staff Acknowledgement form (Appendix B) should be kept readily available for audit.

- Practical Skills Examination Results Overview (Appendix F)
- Skills station evaluation forms (Appendix E)
- PSE Orientation Acknowledgement form (Appendix A)
- DOH-3379 *Medical Director's Certification of Advanced Level Course Completion*

The following documents should be readied for the Course Sponsor for submission with end of course paperwork for each course in conjunction with the primary CIC of the course:

- DOH-2733 *Final Practical Skills Examination Summary Sheet* (Appendix F)
- DOH-3379 *Medical Director's Certification of Advanced Level Course Completion*
- DOH-79 *Students Ineligible to Take the State Certifying Examination* (Appendix F)

Appendix A

Candidate Orientation and Acknowledgement

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GENERAL INSTRUCTIONS TO CANDIDATE
(TO BE READ TO CANDIDATES)

Welcome to the AEMT Practical Examination!

My name is _____. I am the Practical Skills Examination Coordinator for this Practical Skills Examination. This practical examination is the first part of the certification process to become a NYS certified AEMT.

After successfully completing this examination process and receiving subsequent certification you will have proven to yourself and the medical community that you have achieved the level of competency assuring that the public receives quality pre-hospital care.

The following is a list of the skills being evaluated and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed.

Patient Assessment – Medical	10 min
Patient Assessment – Trauma	10 min
Cardiac Arrest Management	20 min
Pediatric Respiratory Compromise	10 min
Intraosseous Access and Infusion	6 min

The Skill Examiners utilized today were selected because of their expertise in the particular skill station. Skill Examiners are observers and recorders of your expected appropriate actions.

They record your performance in relationship to the criteria listed on the evaluation instrument. The Skill Examiner will call you into the station when it is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for their next station.

You must wait outside the testing area until the station is open and you are called. You are not permitted to take any books, pamphlets, brochures, or other study material into the station. You are not permitted to make any copies or recordings of any station. The Skills Examiner will greet you as you enter the skill station.

The examiner will ask your name. Please assist them in spelling your name so that your results may be reported accurately. Each Skills Examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instructions provided to them by the Practical Skills Examination Coordinator.

The information is read to each candidate in the same manner to ensure consistency and fairness. Please pay close attention. The instructions correspond to dispatch information you might receive on a similar emergency call and give you valuable information on what will be expected of you during the skill station.

The Skills Examiner will offer to repeat the instructions and will ask you if the instructions were understood. Do not ask for additional information not contained within the instructions; the Skills Examiner is not permitted to give this information. Candidates sometimes complain that Skills Examiners are abrupt, cold or appear unfriendly.

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No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination.

We have instructed the Skills Examiners not to indicate to you in any way a judgement regarding your performance in the skill station. Do not interpret any of the examiner's remarks as an indication of your overall performance. Please recognize the Skills Examiner's attitude as professional and objective, and simply perform the skills to the best of your ability.

Each skill station is supplied with several types of equipment for your selection. You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all the equipment.

As you progress through the Practical Skills Examination, each Skills Examiner will be observing and recording your performance. Do not let their documentation practices influence your performance in the station. There is no correlation between the volume of their documentation and the quality of your performance. You are strongly encouraged to explain and verbalize the things you are doing during your performance in the station. This helps ensure that the examiner is aware of each task being performed. You are expected to physically complete each skill. Tasks not performed are considered not completed.

Each station has an overall time limit; the examiner will inform you of this during the reading of the instructions. When you reach the time limit, the skill station examiner will inform you to stop your performance. However, if you complete the station before the allotted time, inform the examiner that you are finished. You may be asked to remove equipment from the patient before leaving the skill station. You are not permitted to discuss any specific details of any station with each other at any time.

Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

AEMT Testing/Retest Policy

AEMT candidates, who *fail two (2) or less skill stations* on the practical exam, may be retested on those skills. *Three (3) or more failed stations* constitutes a failure of the Practical Skills Examination, and the candidate must conference with their CIC and Course Sponsor to develop a remediation plan.

- Those failing two (2) stations or fewer are eligible to take two (2) retests. The first retest must occur on the same day as the initial exam. Failure of a same-day retest entitles the student to a second retest of those skills failed.
- The second retest *must* be conducted on *another date* and the candidate must be provided with remedial instruction. Failure of the second retest constitutes a failure of the examination, and the candidate must conference with their CIC and Course Sponsor to develop a remediation plan.
- Retests must be administered by a different Skills Examiner.
- When a station is failed, the candidate must retest the same station in its entirety. A candidate is allowed to test a single skill a maximum of three (3) times before they must complete a remediation plan agreed upon by the Course Sponsor and CIC, and then approved by the Division of State EMS.

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The results of the practical examination are reported as a pass/fail of the skill station.

Please remember that today's examination is a formal evaluation process and was not designed to assist with teaching or learning. The purpose of this examination is to verify achievement of the minimal competencies after the educational component has been completed.

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

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

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. You must submit the complaint in writing within 24 hours of my verbal notification. The Practical Skills Exam Coordinator, CIC, and the Medical Director will review your concerns if we are unable to resolve the issue by the conclusion of the Practical Skills Examination. If your complaint is not finalized to your satisfaction, you may appeal the decision to the NYS DOH Division of State EMS.

I am here today to assure that fair, objective, and impartial evaluations occur in accordance with the guidelines set-forth by the NYS Department of Health Division of State EMS. If you have any concerns, notify me immediately to discuss your concerns. I will be visiting all skill stations throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today *before* you leave this site *or* before I inform you of your results, your complaints will *not* be accepted. The Skills Examiner does not know or play a role in the establishment of a candidate's overall final pass/fail criteria but is merely an observer and recorder of your actions in the skill station. This is an examination experience, not a teaching or learning experience.

Does anyone have any questions concerning the Practical Skills Examination at this time?

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Acknowledgement of the Practical Skills Examination Candidate Orientation

I, _____, acknowledge that the Practical Skills Examination Coordinator has oriented and that I fully understand the rules and guidelines outlined by the New York State Department of Health Division of State EMS and enforced by the Practical Skills Examination Coordinator. I understand that if I have any questions about these rules and guidelines, that I must ask the Practical Skills Examination Coordinator prior to the start of the Practical Skills Examination. I understand that any deviation from the rules and guidelines set forth during this orientation may result in the termination of my Practical Skills Examination and my removal from the exam site.

Points to Remember:

- Follow instructions from the staff.
- During the examination, move only to areas directed by the staff.
- Give your name as you arrive at each station.
- Recording devices, personal data assistants (PDAs), pagers, cellular telephones, smart watches, or other personal communication devices are not allowed in the skills station.
- Listen carefully as the testing scenario is explained at each station.
- Ask questions if the instructions are not clear.
- During the Practical Skills Examination, do not talk about the examination with anyone other than the Practical Skills Examination Coordinator, Skills Examiner(s), and, when applicable, to the EMT Assistant(s) and/or Simulated Patient(s).
- Be aware of the time limit, but do not sacrifice quality in performance for speed.
- Equipment will be provided. Select and use only equipment, which is necessary, to care for your patient adequately.
- If a complaint is to be made, it must be verbalized to the Practical Skills Examination Coordinator prior to you receiving your examination results *and* prior to leaving the exam site. The complaint must be then made in writing within 24 hours of the verbal notification to the Practical Skills Examination Coordinator.
- If the complaint is not resolved to your satisfaction, an appeal may be made to the New York State Department of Health Division of State EMS at EMS.Education@health.ny.gov.

Candidate Signature: _____

Date: _____

Appendix B

Examination Staff Orientation and Acknowledgement

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GENERAL INSTRUCTIONS TO EXAMINATION STAFF
(TO BE READ TO STAFF)

Welcome to the AEMT Practical Skills Examination. My name is _____. I am the Practical Skills Examination Coordinator for this Practical Skills Examination. I would like to thank you for serving as a Skills Examiner, EMT Assistant, and/or Simulated Patient.

Skills Examiners:

All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as a Skills Examiner today because of your expertise in the assigned station and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The skill evaluation forms you are using today have been designed to assist you in objectively evaluating the candidates. Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching, or remedial training. Therefore, you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than myself. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign any evaluation form if you have any questions at all, until we have discussed the performance. You should always act in a professional manner, paying particular attention to the manner in which you address candidates. You must be consistent, fair and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination related material only. Be careful of the way you address candidates, as many will interpret your remarks as some indication of their performance. You should develop a dialogue with candidates throughout their performance and should ask questions for clarification purposes. These questions should not be leading but should be asked when additional clarification is required. For example, if a candidate states, "I would now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the flow rate delivered by the device, contraindications to the use of the device, or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states, "I would do a quick assessment of the legs," you must respond by asking the candidate to actually perform the assessment as they would in a field situation. You must pay 100% attention to the candidate's actions. Eating, smoking, or conversation with other people distracts you from being able to observe the candidate's actions. Be aware of your own fatigue. If necessary, take a break after informing me. You must carefully analyze each performance and award points based on whether it accomplished the objectives rather than looking for your personal techniques. We suggest you introduce yourself to each candidate as you call them into the station. No candidate, at any time, is permitted to remain in the testing area while waiting for their next station. Take a few moments to clearly print the candidate's first and last name on the evaluation form as well as your name, the date, and scenario number, if applicable. We suggest you use a black ballpoint pen and follow good medical-legal documentation practices when completing these forms. You should read aloud the "Instructions to the Candidate" exactly as printed on the forms. You may not add or detract from these instructions but may repeat any portion as requested. Give the candidate time to ask any questions and inform them of all time limits. You are not allowed to answer questions about treatment or instruct candidates in any way. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate brings their own equipment, be sure it has been authorized by the Practical Skills Examination Coordinator and CIC and that you are familiar with its use before evaluating the candidate. Be sure the test area is kept private and there are no unauthorized observers. When the candidate is ready, read the scenario\patient situation provided in your

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station instructions. This usually orients them to the mechanism of injury or otherwise prepares the candidate. As the candidate begins the performance, document the time started on the evaluation instrument. As the candidate progresses through the station, fill out the evaluation form in the following manner:

- Place the point or points awarded in the appropriate space at the time each item is completed.
 - Only whole points may be awarded for those steps performed in an acceptable manner.
 - You are not permitted to award fractions of a point.
 - Place a zero in the "Points Awarded" column for any step, which was not completed or was performed in an unacceptable manner (inappropriate or nonsequential resulting in excessive and detrimental delay).
 - At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

All evaluation forms must be filled out in a manner, which prohibits the candidate from directly observing the points you award or the comments you may note. Do not become distracted by searching for the specific statements on the evaluation form when you should be observing the candidate's performance. Ideally you should be familiar with these forms, but if not, simply turn the form over and concisely record the entire performance on the backside. After the candidate finishes the examination, complete the front side of the evaluation form in accordance with the documented performance. Please remember, the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate. You must observe and enforce all time limits for the stations. When the time limit has been reached, stop the candidate's performance promptly and direct the candidate to move on to their next station, making sure that no candidate takes any notes or recordings of the station. If the candidate is in the middle of a step when the time limit is reached, permit them to complete only that step. The candidate should not be allowed to start another step. Don't be a "stopwatch watcher" and try not to add one or several additional minutes to the station. You should then place a zero in the "Points Awarded" column for any steps which were not completed within the allotted time. After all points have been awarded, you must total them and enter the total in the appropriate space on the evaluation form. Next, review all "Critical Criteria" statements printed on the evaluation form and check any that apply to the performance you just observed. You must factually document, under the Comments section of the evaluation form, your rationale for checking any "Critical Criteria" statement. Do not be vague or contradictory and do not simply rewrite the statement, which you have checked. Factually document the candidate's actions which caused you to check any of these statements. You may also wish to document, in the same way, each step of the skill in which zero points were awarded. Be sure to sign the evaluation instrument in the appropriate space, document the exact time the candidate finished the station, and then prepare the station for the next candidate. You are responsible for the security of all evaluation material throughout the day and must return all material to me before you leave this examination site. If you need to take a break, please inform me and secure all evaluation instruments which were issued to you. After you receive your materials for today's examination, you may proceed to your station and check the props, equipment, and moulage to assure the skill station is prepared for the first candidate. You should orient any Simulated Patients and EMT Assistants over their roles in today's examination. The Simulated Patients should act as a similar patient would in a field situation and the EMT Assistants should perform as trained EMS professionals. Please emphasize the importance of their consistent and professional performance throughout today's examination. You must read through the evaluation form and instructions, brief your EMT Assistant(s) and Simulated Patients and review the evaluation form before evaluating any candidate. You should have been provided with copies of the evaluation forms and station materials

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before today so that you could prepare for your role. Please wait until I have inspected your station and answered any of your specific questions before evaluating your first candidate. *Are there any questions?*

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Acknowledgement of the Practical Skills Examination Staff Orientation

I, _____, acknowledge that the Practical Skills Examination Coordinator has oriented and I fully understand the rules and guidelines outlined by the New York State Department of Health Division of State EMS and enforced by the Practical Skills Examination Coordinator. I understand that if I have any questions about these rules and guidelines, that I must ask the Practical Skills Examination Coordinator prior to the start of the Practical Skills Examination.

Staff Signature: _____

Date: _____

Appendix C

Equipment List

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All equipment at the skills stations must be equipment which the candidates have used during the course and/or are familiar with.

PATIENT ASSESSMENT – MEDICAL

- Note paper for candidate (All notes *must* be collected before dismissing the candidate from the room.)
- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away/paper scrubs
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- One (1) live Simulated Patient who is an adult or adolescent at least 16 years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which they will be exposed. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

PATIENT ASSESSMENT – TRAUMA

- Note paper for candidate (All notes must be collected before dismissing the candidate from the room.)
- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away/paper scrubs
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- One (1) live Simulated Patient who is an adult or adolescent at least 16 years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which they will be exposed. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

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CARDIAC ARREST MANAGEMENT

- Note paper for candidate (All notes *must* be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination gloves (may also add masks, gowns, and eyewear)
- Advanced airway manikins (adult)
- End-tidal CO₂ detector and/or colorimetric device
- Syringe(s) (10 mL, 20 mL, 35 mL, etc.)*
- BVM device with reservoir (adult)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Selection of nasopharyngeal airways (adult)
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc. for adult)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway device(s)
- Stethoscope
- Lubricant
- Commercial airway securing device*
- Tongue blade
- Towel or other appropriate padding
- Automated External Defibrillator (trainer model) with freshly charged and spare batteries
- CPR manikin that can be defibrillated with an AED Trainer
- IV infusion arm
- IV solutions**
- Administration sets***
- IV catheters****
- IV push medications (prefilled syringes)*****
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Constricting band
- Alcohol preps or similar substitute
- Approved sharps container
- Basic calculator. Basic calculators perform PEMDAS operations (parenthesis, exponents, multiplication, division, addition, and subtraction) and are limited to a memory recall function. Calculators with higher level mathematical operations and memory storage capacity are strictly prohibited (e.g. scientific, graphing, printing, cell phone, or online calculators).
- Two (2) EMT Assistants certified at the EMT level or above

*If applicable for device(s) candidate trained on during course

**Need a selection array but may be expired

***Need a selection array and must include macrodrip and microdrip tubing (10gtt/mL and 60 gtt/mL)

**** Need a selection array and can replace with small (20-22 ga.) catheters

***** Must include epinephrine 1:10,000 plus several others

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PEDIATRIC RESPIRATORY COMPROMISE

- Examination gloves (may also add masks, gowns, and eyewear)
- Infant manikin (approximate size of a 1-year-old child)
- BVM with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Stethoscope
- Towel or other appropriate padding

PEDIATRIC INTRAOSSEOUS ACCESS AND INFUSION

- Examination gloves
- Intraosseous infusion manikin with replacement tibias (6 - 8 sticks/tibia)
- IV solutions*
- Administration sets**
- IV extension tubing or 3-way stopcock
- Intraosseous needles (Electric, drill-type and/or spring-loaded device)
- Syringe/saline flush
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing *or* commercial securing device
- Approved sharps container
- Basic calculator. Basic calculators perform PEMDAS operations (parenthesis, exponents, multiplication, division, addition, and subtraction) and are limited to a memory recall function. Calculators with higher level mathematical operations and memory storage capacity are strictly prohibited (e.g. scientific, graphing, printing, cell phone, or online calculators).

*Need a selection array but may be expired

**Need a selection array and must include macrodrip and microdrip (10gtt/mL and 60 gtt/mL) tubing

Appendix D

Skill Station Overviews

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Patient Assessment – Trauma

INSTRUCTIONS TO THE SKILLS EXAMINER

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma at the Advanced-EMT level. Since this is a scenario-based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the evaluation instrument including obtaining vital signs. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a way you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain their actions. For example, if the candidate stares at the patient's face, you must ask what they are assessing to precisely determine if they were checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically moulaged but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient. This skill station requires the presence of a Simulated Patient. The Simulated Patient should be briefed on their role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the Simulated Patient should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment. The Simulated Patient will present with a minimum of an airway, breathing, circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established, it remains the same for all candidates being tested. This will ensure consistency of the examination process for all candidates. Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points should be awarded for the task "Ensures the scene/situation is safe". An item of some discussion is where to place vital signs within a pre-hospital patient assessment. Obtaining precise agreement among various EMT texts and programs is virtually impossible. Vital signs have been placed in the secondary assessment. This should not be construed as the only place that vital signs may be accomplished. It is merely the earliest point in a pre-hospital assessment that they may be accomplished. Once the scene size-up and primary survey are completed, the exact location of vital signs within a pre-hospital assessment is dependent upon the patient's condition. As an examiner, you should award points for vital signs if they are accomplished according to the patient's condition. The scenario format of a multi-trauma assessment/management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a Simulated Patient, the Skills Examiner must supply all information pertaining to sight, sound, smell or touch that cannot be adequately portrayed with the use of moulage. This information should be given to the candidate when the area of the Simulated Patient is exposed or assessed. The candidate is responsible for obtaining the patient's vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked after the candidate has demonstrated their ability to obtain them. The examiner must give vital signs that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has accomplished correct treatment for hypoperfusion, do not offer vital signs that deteriorate the patient's condition. This may cause the candidate to assume they have rendered inadequate or inappropriate care. Likewise, if a

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candidate fails to accomplish appropriate treatment for hypoperfusion, do not offer vital signs that improve the patient's condition. This may cause the candidate to assume they have provided adequate care. The Skills Examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating CPR/resuscitation, this station was not designed to test CPR. Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical examination en route to the hospital. You should be aware that the candidate might accomplish portions of the detailed physical examination during the rapid trauma assessment. For example, the candidate must inspect the neck prior to placement of a cervical collar. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points should be awarded for the task. However, if a candidate removes the device, assesses the area and replaces the device without compromising patient care, full points should be awarded for the specific task. The scenario used for testing must be documented on the Scenario Form prior to the start of the PSE. This form must be kept on file with the PSEC's files at the Course Sponsor. The scenario must follow the below guidelines.

1. A clearly defined mechanism of injury must be included.
2. The mechanism of injury must indicate the need for the candidate to perform a rapid trauma assessment.
3. There must be a minimum of an airway, breathing and/or circulatory problem.
4. There must be a shock management component.
5. There must be at least one (1) additional associated soft tissue or musculoskeletal injury.
6. Vital signs must be given for the initial assessment and reassessment.

At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

INSTRUCTIONS TO THE SIMULATED PATIENT

The following should be reviewed by the Skills Examiner with the Simulated Patient serving as the victim. Note: In order to ensure a fair examination environment for each candidate, the Simulated Patient should be an above the age of 16 years old and of average height and weight for an adult.

When serving as a Simulated Patient for the scenario today, make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of respiratory distress acted out by you and the degree of presentation of pain at injury sites must be consistent for all candidates. As the candidate progresses with the examination be aware of any period in which they touch a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate lightly touches the area, do not respond. Only respond according to the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after they leave the room. The Skills Examiner may use information provided by the trained and well-coached Simulated Patient as data in determining the awarding of points for specific steps on the evaluation form.

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INSTRUCTIONS TO THE CANDIDATE

The following is to be read to the individual candidate by the Skills Examiner before every examination session begins

Welcome to the Patient Assessment – Trauma station. This station is designed to test your ability to perform a patient assessment of a victim of multisystem trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should verbalize everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMT Assistants working with you and that they are correctly carrying out the verbal treatments you indicate that are within their scope of practice. You have ten (10) minutes to complete this skill station. Do you have any questions?

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Trauma Scenario Form

Date: _____

Course # _____

Mechanism of Injury:

Airway, Breathing, and/or Circulation Problem:

Shock Management Component:

Musculoskeletal/Soft Tissue Injury(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Initial Vital Signs: R = ____ P = ____ BP = ____ / ____

1st Reassessment: R = ____ P = ____ BP = ____ / ____

2nd Reassessment: R = ____ P = ____ BP = ____ / ____

Additional Information:

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Patient Assessment – Medical

INSTRUCTIONS TO THE SKILLS EXAMINER

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to verbalize appropriate interventions based on the assessment findings to the level and scope of practice of the Advanced-EMT. This is a scenario-based station and will require extensive dialogue between the Skills Examiner and the candidate. A Simulated Patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to physically accomplish all assessment steps listed on the skills form including obtaining vital signs. However, all interventions should be spoken instead of physically accomplished. You must establish a dialogue with the candidate throughout this station. Any information pertaining to sight, sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter, must be supplied by the examiner. The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition. Additionally, the patient in the scenario must be awake and able to talk. The medical condition of the patient will vary depending upon the scenario utilized in the station. It is essential that once a scenario is established for a specific test site, it remains the same for all candidates being tested at that site. This will ensure consistency of the examination process for all candidates. This skill station requires the presence of a Simulated Patient. You, or the Simulated Patient, should not alter the patient information provided in the scenario and should provide only the information that is specifically asked for by the candidate. Information pertaining to vital signs should not be provided until the candidate performs the steps necessary to gain such information. To verify that the Simulated Patient is familiar with their role during the examination, you should ensure they read the "Instructions to the Simulated Medical Patient" provided below. You should also role-play the selected scenario with the Simulated Patient before the first candidate entering the skill station. The scene size-up should be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" should be asked by the candidate. When the candidate attempts to determine the nature of the illness, you should respond based on the scenario being utilized, i.e.: Respiratory, Cardiac, Altered Mental Status, Poisoning\Overdose, Environmental Emergency, Obstetrics, or Behavioral. For the purpose of this station, there should be only one (1) Simulated Patient, one (1) EMT Assistant, no additional help is available, and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios. The point for "Interventions" should be awarded based on the candidate's ability to verbalize appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions should be awarded if the candidate verbalizes administration of oxygen to the patient. When assessing the signs and symptoms of the patient, the candidate must gather the appropriate information by asking the questions listed on the skills form. Each candidate is required to complete a full patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the focused history and physical examination and ongoing assessment en route to the hospital. Please note, the preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation form after the candidate completes the station. This documentation may then be used to validate the score on the evaluation form if questions should arise later. The category of scenario used,

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which the candidate is evaluated on, must be placed on the candidate's evaluation form. Scenarios must be documented on the Scenario Form prior to the start of the PSE. Scenario must be created for one (1) of the following categories: Respiratory, Cardiac, Altered Mental Status, Allergic Reaction, Poisoning/Overdose, Environmental Emergency, Obstetrics, or Behavioral Emergency. This form must be kept on file with the PSEC's files at the Course Sponsor. At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

INSTRUCTIONS TO THE SIMULATED PATIENT

The following should be reviewed by the Skills Examiner with the Simulated Patient serving as the victim. Note: In order to ensure a fair examination environment for each candidate, the Simulated Patient should be an above the age of 16 years old and of average height and weight for an adult.

The examination today will require you to role-play a patient experiencing an acute medical emergency. You should act as an actual patient would in the real situation. You must answer the candidate's questions using only the information contained in the scenario provided to you by the Skills Examiner for this station. Do not overact or add signs or symptoms to the scenario provided. It is important that you be very familiar with the scenario and the required patient responses. When serving as a patient for the scenario today make every attempt to be consistent with every candidate in presenting the appropriate symptoms. The level of responsiveness, anxiety, respiratory distress, etc., acted out by you must be consistent for all candidates. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to say "I am allergic to penicillin" after you become aware that the candidate has not remembered to ask that question during the SAMPLE history. Please remember what questions you have answered and what areas have been assessed because we may need to discuss the candidate's performance after they leave the room. The skill station examiner may use information provided by the trained and well-coached Simulated Patient as data in determining the awarding of points for specific steps on the evaluation form.

INSTRUCTIONS TO THE CANDIDATE

The following is to be read to the individual candidate by the Skills Examiner before every examination session begins

Welcome to the Patient Assessment – Medical station. This station is designed to test your ability to perform a patient assessment of a patient with a chief complaint of a medical nature and “voice” treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have one (1) EMT Assistant working with you and that they are correctly carrying out the verbal treatments you indicate within their scope of practice. You have (10) ten minutes to complete this skill station. Do you have any questions?

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Medical Scenario Form
Category: _____

Dispatch Information:

PRIMARY SURVEY

Chief Complaint: _____
Level of Responsiveness: _____
Airway: _____
Breathing: _____
Circulation: _____

SECONDARY ASSESSMENT

Onset: _____
Provokes: _____
Quality: _____
Radiation: _____
Severity: _____
Time of Onset: _____
Signs/Symptoms: _____
Allergies: _____
Medications: _____
Past Medical History: _____
Last Oral Intake: _____
Events Leading to Illness: _____

Pertinent physical examination findings:

Initial Vital Signs: R = ____ P = ____ BP = ____ / ____

1st Reassessment: R = ____ P = ____ BP = ____ / ____

2nd Reassessment: R = ____ P = ____ BP = ____ / ____

Additional Information:

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Cardiac Arrest Management

INSTRUCTIONS TO THE SKILLS EXAMINERS

This station is designed to test the candidate's ability to effectively manage a prehospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, supraglottic airway device placement, ventilation, IV placement skills, IV medication administration, and patient/scene management skills. This includes the integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in an advanced life support scenario. The candidate will arrive at the scene and encounter a cardiac arrest situation. The candidate, in conjunction with the first EMT Assistant, will be required to initiate 2-rescuer CPR in accordance with current AHA guidelines while requesting additional assistance to the scene. The candidate is expected to immediately apply an automated external defibrillator and deliver appropriate shocks while directing and participating in the ongoing resuscitation. With the arrival of a second EMT Assistant, the candidate must then effectively manage the patient's airway with a supraglottic airway device, initiate intravenous access, and administer the medication most appropriate for the patient condition via intravenous access. This station is divided into three distinct evaluation forms: CPR/AED, Supraglottic Airway Device, and Intravenous Therapy. It is highly suggested that two (2) Skills Examiners be present in station to accommodate fair and accurate evaluation of candidate's performance. After completion of the station, the candidate's total score should be computed by adding together the scores from all three (3) evaluation forms. The current standards for CPR and resuscitation should be always adhered to during this station. If the candidate asks questions about the event, you should indicate that bystanders did not see the victim collapse and are unaware of any associated medical problems. You should not indicate displeasure with the candidate's choice of airway adjunct or supraglottic device since this station is testing the candidate's ability to integrate adjunctive equipment into a cardiac arrest scene and not variations in equipment. Regardless of the devices chosen, it is essential that the candidate ventilates while connected to supplemental oxygen at appropriate flow rate. Intravenous access techniques should not be taken into consideration while evaluating the candidate's performance as long as the candidate fulfills the requirements of the evaluation form and does not compromise safety or aseptic technique. This skill station requires the presence of two (2) EMT Assistants. Candidates are to be tested individually with the EMT Assistants who provide no input into the skills or application of equipment. The EMT Assistants should be told not to speak but to follow the commands of the candidate. Errors of omission or commission by the EMT Assistants cannot result in failure of the candidate unless they were improperly instructed by the candidate. Due to the extra individuals involved in this skill station, it is essential that you always observe the actions of the candidate. Do not be distracted by the actions of the EMT Assistants because they should do only as instructed by the candidate. The main purpose of this skills station is to accurately evaluate technique and scene/situation control, integration skills, and decision-making ability. At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

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INSTRUCTIONS TO THE CANDIDATE

The following is to be read to the individual candidate by the Skills Examiner before every examination session begins

Welcome to the Cardiac Arrest Management station. This station is designed to test your ability to manage a prehospital medical cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, vascular access, medicine administration, and patient/scene management skills. There will be 2 EMT assistants total throughout this station that will assist you once you have established scene control and determined the patient's life status. The EMT assistants will only do as you instruct once they arrive and will only complete skills that are within their scope of practice. As you arrive on the scene you find a patient on the floor. You must immediately establish control of the scene and care of the patient. At the appropriate time, the patient's airway must be controlled by you with an advanced airway and then you must ventilate *or* direct the ventilation of the patient to the EMT assistant available to you at that time. After preliminary control of the primary survey, you must also appropriately initiate IV access and administer medication appropriate for patient condition. The purpose of this station is not only to evaluate accurate technique for all skills required but also evaluate your ability control a scene and your decision-making ability. You may use any of the supplies available in this room. You have twenty (20) minutes to complete this skill station. Do you have any questions?

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Pediatric Respiratory Compromise

INSTRUCTIONS TO THE SKILLS EXAMINER

This station is designed to test a candidate's ability to provide ventilatory assistance to a one year old child who progresses from respiratory distress to respiratory failure. For the purposes of these testing skills, no spinal injury is suspected, and spinal immobilization precautions are not necessary. This skill was developed to simulate a realistic situation where a one-year-old child in respiratory distress is found sitting in his mother's lap. No bystander interventions have been initiated. An array of appropriate equipment is essential for these skills. You must ensure that an appropriate volume/size pediatric BVM device, oropharyngeal and nasopharyngeal airways, pediatric oxygen adjuncts (simple face mask, non-rebreather face mask), pulse oximeter, and capnography/capnometry (waveform or colorimetric) are available and work adequately throughout the examination. The choice of appropriate equipment is essential when assisting ventilation in the pediatric patient who is experiencing respiratory distress or failure. Using an oropharyngeal airway that is too large may obstruct the airway or displace the tongue in the pharynx, resulting in obstruction. The BVM device must be of appropriate size to provide an adequate mask seal and not over-inflate the lungs. If two or more rooms are set up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the practical examination, the oxygen tank used may be empty. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order. When the actual timed evaluation begins, the candidate must begin to assess the patient who initially presents sitting upright in his mother's lap with signs of respiratory distress. The candidate should form a general impression of the patient's condition by observing the patient and his interaction with the mother and the environment. These assessments should be accomplished without approaching or touching the patient avoid upsetting the child which could worsen respiratory distress and hasten the progression to respiratory failure. You should inform the candidate that the child is alert but anxious and is being consoled by his mother. The child should present with a 2 – 3 day history of recent upper respiratory infection and low-grade fever. The symptoms have worsened over the past four hours which caused the parents to call 911. The candidate should continue to assess the child from a distance, looking for secretions, drooling, and signs of foreign body airway obstruction as well as listening for audible noises. The candidate should be informed that they observe increased work of breathing with retractions and hears audible grunting. The initial respiratory rate is 60 breaths/minute. As the candidate begins their primary survey and initial treatment with supplemental oxygen, you should report that the initial SpO₂ is 82% on room air. The candidate should leave the child in his mother's lap while coaching the mother to assist with administration of blow-by oxygen for her child. At this point, you should provide signs of a patient who is progressing from respiratory distress to respiratory failure. The child should become drowsy, and the head should begin bobbing. Despite a few minutes of supplemental oxygen administration, the hemoglobin saturation does not increase appreciably. The candidate should observe seesaw respirations, and the pulse rate begins to decrease. You should also describe signs of a decreasing level of responsiveness, such as drowsiness, lethargy and eventually unresponsiveness. It is imperative that the candidate recognizes the signs of a worsening patient and immediately begins effective ventilation of the child. Supplemental oxygen delivery should be discontinued at this point and the patient should be removed from his mother's lap and placed in the supine position. Padding must be placed under the scapulae to properly position the head in a neutral or sniffing position in children less than two years of age. If you are using a manikin where it is not possible to demonstrate elevation of the upper torso, simply ask the candidate to describe how he/she would place a one-year-old child in a neutral or sniffing position. The candidate should assess the child's

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airway and consider insertion of a nasopharyngeal or oropharyngeal airway. After advising the candidate that the adjunct was accepted without difficulty, you should inform the candidate that the patient is breathing at a rate of 20/minute. An appropriately sized BVM device should be chosen and immediately attached to the oxygen regulator flowing at the appropriate flow rate. While maintaining the head in a neutral or sniffing position, a tight mask seal should be obtained and assisted ventilations should be initiated. Be sure to time the candidate for at least one minute and count the ventilations delivered. If the candidate does not ventilate the manikin at a rate of 20 – 30 breaths/minute (1 ventilation every 2 – 3 seconds), be sure to mark the related “Critical Criteria” and document the exact rate that you observed. Determination of ventilation volumes is dependent on your observations of technique and the manikin's response to ventilation attempts. Remember that each ventilation should be sufficient to cause visible chest rise in a real patient. If the candidate does not explain how he/she would assess the effectiveness of ventilations, you should ask him/her, “How would you know if you are ventilating the patient properly?” No more than two ventilatory volume errors in a one-minute time period are acceptable. You should document any incorrect responses concerning the ventilatory rate and/or tidal volume and check any related “Critical Criteria” statements if necessary. Throughout these skills, the candidate should take appropriate PPE precautions. At a minimum, examination gloves must be provided as part of the equipment available in these skills. If the candidate does not protect themselves with at least gloves or attempts direct mouth-to-mouth ventilation, appropriate PPE precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria" and document the candidate's actions as required. At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

INSTRUCTIONS TO THE CANDIDATE

The following is to be read to the individual candidate by the Skills Examiner before every examination session begins

Welcome to the Pediatric Respiratory Compromise station. This station is designed to test your ability to manage and provide immediate and aggressive ventilatory assistance to a child in respiratory distress. No other associated injuries are present. This is a non-trauma situation, and cervical precautions are not necessary. You must perform all assessments and interventions that you feel are necessary. If you choose to ventilate the manikin with a bag-valve-mask device, you must do so for at least one minute. You will have ten (10) minutes to complete this station. Do you have any questions?

Dispatch Information

You respond to a residence for a sick child who is having difficulty breathing. The scene is safe, and no hemorrhage or other immediate problem is found. As you enter the residence, you see a 1-year-old male sitting on his mother's lap.

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Intraosseous Access and Infusion

INSTRUCTIONS TO THE SKILLS EXAMINER

This station is designed to evaluate a candidate's ability to establish an intraosseous infusion in the on a patient. An array of commonly used equipment to establish an intraosseous line in a pediatric patient should be available on the testing table from which the candidate must select the appropriate materials. Manual insertion IO needles as well as the use of electric, drill-type devices and spring-loaded devices such as the B.I.G. Bone Injection Gun® are permitted in this station. To help control costs for the examination, expired solutions may be used. In a similar way, any other equipment in this skill may be repackaged and reused. If multiple skills are set up, be sure all equipment is identically labeled. After reading the prepared scenario, each candidate must select, prepare, and establish an intraosseous infusion in the pediatric intraosseous infusion manikin. The use of wet tissue (chicken legs, etc.) for this skill is prohibited. When preparing the solution, administration set, and syringe, some systems use a three-way stopcock valve instead of the additional extension tubing. The use of extension tubing is optional in this skill and subject to local practices. Please keep this in mind when reviewing the step that reads, "Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle." Remember that many successful IO sticks are "dry sticks" that yield no marrow return upon aspirating the IO needle. It is acceptable for the candidate to immediately connect the infusion set to the IO needle and slowly infuse fluid while watching for early signs of infiltration. In this case, the candidate properly evaluated the patency of the IO line in an acceptable manner. The candidate has a maximum of two attempts to establish an intraosseous infusion within the six-minute time limit. You should immediately dismiss the candidate when the six minute time limit expires, or if they are unsuccessful in placing the needle after two attempts. It is imperative that the correct landmark be identified before insertion of the needle. Be sure that you are familiar with the IO equipment that is offered at the station. No matter what device or site is used, the site should also be stabilized in a safe manner while the puncture is being performed. If the candidate holds the leg in the palm of one hand while performing the puncture directly over top of his/her hand, you should mark the related "Critical Criteria" statement for this potentially dangerous action and document the candidate's actions as required. The Skill Examiner must be vigilant and immediately stop any dangerous act before actual harm may occur. Be sure to dismiss the candidate, check the Critical Criteria statement for "Uses or orders a dangerous or inappropriate intervention," and specifically document the situation under the Comments section on the skill evaluation form. After removing the trochar, the IO catheter should stand up unsupported if it has been properly placed in the bone. Extension tubing or a three-way stopcock valve with a syringe should be attached, and aspiration of blood or bone marrow can be attempted to confirm proper placement, or fluid can be injected slowly while watching for signs of infiltration. Remember that it is not always possible to aspirate cloudy marrow or blood from a properly placed intraosseous needle and you may wish to alter your response between candidates accordingly. The candidate should slowly inject fluid and observe for signs of infiltration around the injection site and then adjust the appropriate flow rate. Finally, the needle should be secured in place and stabilized with sterile gauze or other bulky dressings. Given the scenario, the candidate should bolus an appropriate amount of fluid and set the appropriate drip rate as they would in the field. If the fluid is not administered appropriately, you should deduct the point for the step which reads, "Connects administration set and adjusts flow rate as appropriate," check the related "Critical Criteria" statement, and completely document the error as required on the back side of the evaluation form. At the conclusion of the evaluation, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements under the Comments section.

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INSTRUCTIONS TO THE CANDIDATE

The following is to be read to the individual candidate by the Skills Examiner before every examination session begins

Welcome to the Intraosseous Access and Infusion station. This station is designed to test your ability to establish an intraosseous infusion for a patient just as you would in the field. You will have a maximum of two attempts to establish a patent and flowing intraosseous infusion. You will also be required to properly administer fluid to the patient just as you would in the field. Although we are using the manikin, you should conduct yourself as if this were a real patient. You will have six (6) minutes to complete this station. Do you have any questions?

Appendix E

Skills Evaluation Forms

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Patient Assessment – Medical

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

Scenario Category: _____	Points Possible	Points Awarded
SCENE SIZE-UP		
Takes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Determines the number of patients	1	
Determines the nature of illness	1	
Requests additional help, if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines level of consciousness/mentation	1	
Determines chief complaint	1	
Assess for patent airway, perform appropriate intervention if necessary	1	
Assures adequate ventilation	1	
Initiates oxygen therapy as appropriate	1	
Assesses/controls exsanguinating hemorrhage	1	
Assesses skin color, temperature, and condition	1	
Assesses pulse	1	
Initiates appropriate shock management	1	
SECONDARY ASSESSMENT		
History of Present Illness (HPI) -Onset (1) -Radiation (1) -Provocation (1) -Severity (1) -Quality (1) -Time (1)	6	
Past Medical History -Allergies (1) -Last oral intake (1) -Medications (1) -Events leading to present illness (1) -Past pertinent history (1)	5	
Vital Signs -Pulse & Quality (2) [+/- 10] -Blood Pressure (2) [SBP +/- 10, DBP +/- 10] -Respiratory Rate & Quality (2) [+/- 2] -Level of consciousness (1)	7	
Diagnostics (blood glucose test, pulse oximetry, etc.) as indicated	2	

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Performs physical exam appropriate for patient condition/complaint	5	
Verbalizes appropriate treatment plan for patient condition/complaint	1	
States field impression of patient and makes transport decision	3	
REASSESSMENT		
Reviews primary survey for changes	1	
Reassesses vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment appropriate for change in patient condition	1	
Total Points	49	

Pass *Fail*

Critical Criteria

- Failure to take appropriate PPE precautions or ensure scene safety
- Failure to complete primary survey before initiating secondary assessment
- Uses or orders a harmful intervention
- Exhibits unprofessional behavior or affect
- Failure to obtain a minimum of 34 points
- Failure to complete skill evaluation within 10 minutes

Factual documentation of rationale must be provided below if any of the above critical criteria are checked

Comments:

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Patient Assessment – Trauma

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

	Points Possible	Points Awarded
SCENE SIZE-UP		
Takes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Determines the number of patients	1	
Determines the mechanism of injury	1	
Requests additional help, if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines level of consciousness/mentation	1	
Determines chief complaint	1	
Assess for patent airway, perform appropriate intervention if necessary	1	
Assures adequate ventilation	1	
Initiates oxygen therapy as appropriate	1	
Assesses/controls exsanguinating hemorrhage	1	
Assesses skin color, temperature, and condition	1	
Assesses pulse	1	
Initiates appropriate shock management	1	
SECONDARY ASSESSMENT		
Attempts to obtain a SAMPLE history	1	
Attempts to obtain a history of present illness (HPI)	1	
Vital Signs -Pulse & Quality (2) [+/- 10] -Blood Pressure (2) [SBP +/- 10, DBP +/- 10] -Respiratory Rate & Quality (2) [+/- 2] -Level of consciousness (1)	7	
Diagnostics (blood glucose test, pulse oximetry, etc.) as indicated	2	
Head -Inspects the head (1) -Palpates the skull (1) -Assesses pupils (1)	3	

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Neck -Inspects position of the trachea (1) -Inspects jugular veins (1) -Palpates cervical spine (1)	3	
Chest -Inspects and palpates chest wall (2) -Auscultates chest (1)	3	
Abdomen/Pelvis -Inspects and palpates abdomen (2) -Assess pelvis (1) -Verbalizes assessment of the genitalia (1)	4	
Extremities -Inspects and palpates all extremities (1 per extremity) -Assesses motor, sensory, and circulatory functions (1 per extremity)	8	
Posterior -Inspects and palpates posterior areas (2)	2	
Verbalizes appropriate treatment plan for patient condition/complaint	1	
States field impression of patient and makes transport decision	3	
REASSESSMENT		
Reviews primary survey for changes	1	
Reassesses vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment appropriate for change in patient condition	1	
Total Points	58	

Pass Fail

Critical Criteria

- Failure to take appropriate PPE precautions or ensure scene safety
- Failure to complete primary survey before initiating secondary assessment
- Uses or orders a harmful intervention
- Exhibits unprofessional behavior or affect
- Failure to obtain a minimum of 41 points
- Failure to complete skill evaluation within 10 minutes

Factual documentation of rationale must be provided below if any of the above critical criteria are checked

Comments:

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Cardiac Arrest Management

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

	Points Possible	Points Awarded
Takes appropriate PPE precautions and ensures scene/situation safety	1	
Candidate checks patient responsiveness	1	
<i>Examiner informs candidate: "The patient is unresponsive."</i>		
Requests second EMT assistant and additional resources	1	
Candidate checks breathing and pulse simultaneously	1	
<i>Examiner informs candidate: "The patient is apneic and pulseless."</i>		
Directs immediate initiation of chest compressions	1	
Initiates ventilatory support with BVM	1	
Ensures 2 minutes of high-quality, 2-rescuer adult CPR in accordance with current AHA guidelines -Adequate depth and rate (1) -Correct compression-to-ventilation ratio (1) -Allows for full chest recoil (1) -Adequate volumes for each breath (1) -Minimal interruptions of no more than 10 seconds (1)	5	
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during AED analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs EMT assistant to resume chest compressions	1	
Inserts a basic airway adjunct (oral/nasal airway)	1	
Assures BVM ventilations with supplemental oxygen at 15-25 LPM	1	
<i>Second EMT assistant arrives at scene. Examiner informs candidate: "Ventilation is being performed without difficulty and pulse oximetry indicates the patient's blood oxygen saturation is 80%."</i>		
Instructs second EMT assistant to assume BVM ventilations and ensures appropriate volumes are being delivered	1	
Reassesses appropriate PPE precautions and continued scene/situation safety	1	
Successfully performs insertion of supraglottic airway device (<i>utilize Supraglottic Airway Device evaluation form</i>)	15	
Successfully performs insertion of IV and administers appropriate medication (<i>utilize Intravenous Therapy evaluation form</i>)	31	
Verbalizes preparing patient for transport or contacting medical control	1	
Appropriately verbalizes report to receiving facility or medical control physician	1	
Total Points	68	

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Supraglottic Airway Device (*Cardiac Arrest Management*)

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

<i>Second EMT assistant arrives on scene</i>	Points Possible	Points Awarded
Checks and prepares supraglottic airway device	1	
Lubricates distal tip of the supraglottic airway device (may be verbalized)	1	
Removes basic airway device (oral/nasal airway)	1	
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to appropriate depth according to manufacturer's recommendation	1	
Secures device in patient [inflates cuff(s) with proper volumes and immediately removes syringe <i>or</i> secures strap]	1	
Ventilates patient and confirms proper ventilation by auscultation over the epigastrium (1) and bilaterally over the lung fields (1)	2	
Adjusts device as necessary to optimize ventilation	1	
Verifies proper device placement by secondary confirmation [capnography, capnometry, or colorimetric device]	1	
Indicates proper values/findings on secondary confirmation device for proper supraglottic airway device placement	1	
Secures device or confirms the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter for a minimum of 30 seconds	1	
Directs EMT assistant to take over ventilation and assures proper rate and volumes	1	
Total Points	15	

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Intravenous Therapy (*Cardiac Arrest Management*)

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

	Points Possible	Points Awarded
Checks selected IV fluid for proper fluid (1), clarity (1), and expiration date (1)	3	
Selects appropriately sized catheter	1	
Selects appropriate administration set	1	
Connects IV tubing to the IV solution bag	1	
Prepares administration set [fills drip chamber and primes tubing]	1	
Cuts/tears/prepares tape [prior to venipuncture]	1	
Takes appropriate PPE precautions [prior to venipuncture]	1	
Applies constricting band	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1) -Notes flashback (1) -Occludes vein proximal to catheter (1) -Removes stylette (1) -Connects IV tubing to catheter (1)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases constricting band	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate for TKO/KVO rate	1	
Selects correct medication for patient condition	1	
Assures correct concentration and dosage of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Identifies and cleanses injection site closest to the patient	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV flow on and adjusts to appropriate rate	1	
Verbalizes need to observe patient for desired effect/side effects	1	
Total Points	31	

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Cardiac Arrest Management

Pass

Fail

Critical Criteria

- Failure to take appropriate PPE precautions or ensure scene safety
- Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- Failure to immediately direct initiation of chest compressions as soon as pulselessness is confirmed
- Failure to ensure acceptable high-quality, 2-rescuer adult CPR
- Interrupts CPR for more than 10 seconds at any point
- Failure to correctly attach the AED to the patient
- Failure to operate the AED properly
- Failure to deliver shock in a timely manner
- Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes “All clear” and observes]
- Failure to immediately resume compressions after shock delivered
- Failure to provide high oxygen concentration oxygen
- Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- Failure to inflate cuffs properly and immediately remove the syringe for supraglottic airway device (if applicable)
- Releases supraglottic airway device prior to securing device properly with strap
- Failure to confirm that patient is being ventilated properly by auscultation bilaterally over lungs and over the epigastrium after placement of supraglottic airway device
- Failure to establish a patent and properly adjusted IV within 3 attempts
- Contaminates IV equipment or IV site without appropriately correcting the situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism during placement of IV
- Failure to adequately dispel air from syringe resulting in potential for air embolism
- Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate]
- Failure to turn-on IV flow after injecting medication
- Recaps needle or failure to dispose/verbalize disposal of syringe, blood-contaminated sharps, and other material in proper container at the point of use
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- Failure to obtain a minimum of 48 points in total for Cardiac Arrest Management station
- Failure to complete entire Cardiac Arrest Management station within 20 minutes

Factual documentation of rationale must be provided on rear of sheet if any of the above critical criteria are checked

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Comments:

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Pediatric Respiratory Compromise

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

	Points Possible	Points Awarded
Takes appropriate PPE precautions and ensures scene/situation safety	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates blood oxygen saturation reading	1	
<i>Examiner informs candidate: "Pulse oximeter shows a saturation of 82%."</i>		
Selects appropriate delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate for delivery device	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition, capillary refill]	1	
Obtains baseline vital signs	1	
<i>Examiner informs candidate: "The patient is developing see-saw respirations, drowsiness, and is head bobbing. The SpO₂ and pulse rate are decreasing."</i>		
Places patient in supine position and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Places appropriate basic airway adjunct (oral/nasal airway)	1	
<i>Examiner informs candidate: "No gag reflex is present, and patient accepts airway adjunct. The patient's respiratory rate is now 20 breaths per minute."</i>		
Selects appropriate BVM and attaches to oxygen with flow rate of 15-25 LPM	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 20-30 breaths per minute (1 ventilation every 2-3 seconds and with sufficient volume to cause visible chest rise)	1	
Observes skin signs, capnography/capnometry, and/or pulse oximeter to determine adequacy of ventilation	1	
Calls for immediate transport of the patient	1	
Total Points	19	

Pass

Fail

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Critical Criteria

- Failure to initiate oxygenation within 30 seconds of identifying respiratory compromise
- Interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize appropriate PPE precautions within 30 seconds after identifying respiratory failure
- Failure to provide supplemental oxygen therapy
- Failure to ventilate the patient at a rate of 20 – 30/minute (1 ventilation every 2 – 3 seconds)
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to recognize and treat respiratory failure in a timely manner
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- Failure to complete station within 10 minutes
- Failure to obtain a minimum of 14 points

Factual documentation of rationale must be provided below if any of the above critical criteria are checked

Comments:

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

Intraosseous Access and Infusion

Student Name: _____ NYS #: _____

Examiner Name: _____ Examiner Signature: _____

Date: _____ Start Time: _____ End Time: _____

	Points Possible	Points Awarded
Checks appropriate IV fluid for <i>-Proper fluid (1)</i> <i>-Clarity (1)</i> <i>-Expiration date (1)</i>	3	
Selects appropriate IO equipment to include <i>-Appropriately sized IO needle (1)</i> <i>-Syringe/Saline flush (1)</i> <i>-Extension set or three-way stopcock (1)</i>	3	
Selects appropriate administration set	1	
Connects administration set to IV fluid bag	1	
Prepares administration set [fills drip chamber and primes tubing]	1	
Prepares syringe/flush and extension tubing/three-way stopcock	1	
Cuts/tears/prepares tape or commercial securing device [prior to IO puncture]	1	
Takes appropriate PPE precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture <i>-Stabilizes tibia/humeral head without placing head under puncture site (1)</i> <i>-Inserts needle at proper angle (1)</i> <i>-Advances needle to appropriate depth (1)</i> <i>-Removes stylette (1)</i>	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe/flush and extension set to IO needle and aspirates; or attaches three-way stopcock between administration set and IO needle and aspirates	1	
Injects saline to confirm placement	1	
Adjusts IV flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing or commercial securing device	1	
Total Points	23	

Pass

Fail

New York State Division of State EMS
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Critical Criteria

- Failure to take appropriate PPE precautions prior to IO puncture
- Failure to establish a patent IO within 2 attempts
- Contaminates IO equipment or IO site without appropriately correcting the situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism during placement of IO
- Failure to adequately dispel air from syringe/flush resulting in potential for air embolism
- Recaps needle or failure to dispose/verbalize disposal of syringe, blood-contaminated sharps, and other material in proper container at the point of use
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- Failure to obtain a minimum of 17 points
- Failure to complete station within 6 minutes

Factual documentation of rationale must be provided below if any of the above critical criteria are checked

Comments:

Appendix F

Practical Skills Examination Forms

New York State Division of State EMS
Advanced-EMT Practical Skills Examination

New York State Department of Health
Division of State EMS

AEMT Practical Skills Examination Student Results

Course Sponsor: _____ Course Number: _____

PSE Location: _____ PSE Date: _____

Student Name: _____ Student NYSID Number: _____

<i>Station Name</i>	<i>Attempt #1 (P/F)</i>	<i>Attempt #2 (P/F)</i>	<i>Attempt #3 (P/F)</i>
Patient Assessment – Trauma			
Patient Assessment – Medical			
Cardiac Arrest Management			
Pediatric Respiratory Compromise			
Intraosseous Access and Infusion			

Final PSE Results	<i>Pass</i>	<i>Fail</i>
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PSEC Signature: _____

CIC Signature: _____