

Integrated Out-of-Hospital Scenario Instructions to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

- Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.
- Limit conversation with candidates to instructions and answering exam-related questions.
- Do not behave in a way that is discriminatory or perceived as harassment, and immediately report all instances of discrimination or harassment to the Regional EMS Consultant.
- Maintain control of your scenario.
 - Familiarize yourself with the details of the scenario.
 - Brief simulated patients and assistants.
 - Make sure all equipment is functional.
- Be sure that all exam materials always remain in a secure place.
- Return all exam materials to the Regional EMS Consultant.
 - Include all notes taken by the candidate.
- Thoroughly document justification for the candidate's score, especially if any "Critical Criteria" are identified.
- Do not give verbal or physical cues to the candidate to indicate their performance at your station. Remain neutral and objective in your conduct.

Skill Examiner Key Points

- Candidates are expected to choose equipment and medications based on current evidence-based guidelines and the national scope of practice for the level for which the candidate is testing.
- The perceived chronological order in which a candidate performs each step for a skill is only important if performing steps out of order would cause harm.
- Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the Regional EMS Consultant.
- Report all equipment failures immediately to the Regional EMS Consultant, and promptly replace defective equipment.

Integrated Out of Hospital Scenario Skill Examiner Information

- Inform the candidate that their performance may not continue for more than 20 minutes at this station.
- Assess the candidate's ability to function as a professional team leader by communicating with and directing additional personnel appropriately.
- Candidates may only use non-electronic reference materials at this station. (ex. Field Reference Guide, Pediatric Vital Sign Reference Card, etc.) approved by Regional EMS Consultant and Program Officials prior to commencement of psychomotor exam.
- Candidates may use their own equipment for this skill if it has been approved prior by the Regional EMS Consultant prior to testing.
- Do not deviate from the patient progression as outlined in the scenario based on the candidate's correct or incorrect treatments.
- Information should be provided to candidates from the appropriate source. For example, if the patient is asked, the patient answers.
- The professional AEMT or Paramedic partner should know and provide vital signs upon candidate request.
- This skill requires the presence of a live simulated patient or high-fidelity simulation manikin capable of responding as a real patient.
- The age and gender of the patient in the scenario may be altered to match today's simulated patient when appropriate.
- Ask the candidate to simulate reality whenever possible while performing in the scenario. This includes performing tasks on the simulated patient or task trainer as appropriate.
- Do not allow candidates to remove clothing or expose the simulated patient beyond a level previously agreed upon by you, the Regional EMS Consultant, and the simulated patient.
- Invasive procedures should only be performed on task trainers (IV arms, defibrillation simulators, decompression chests, etc.). Do not perform invasive procedures on the simulated patient.
- When appropriate for the candidate to be assessed on the randomly assigned skill for the current psychomotor exam, the examiner should make the candidate aware that they must fully execute the skill and may not pass the skill off to the professional partner.
- The skill examiner(s) may review the skill related "Mandatory Actions" provided by the Regional EMS Consultant for review in determining competency of skill performance and relevant grading.

Professional Partner Key Points

- You are expected to work as a team member.
- Maintain professional conduct and follow the candidate's orders as appropriate.
- Do not perform any tasks without being directed to do so by the candidate.
- Do not intentionally make mistakes unless the scenario specifically instructs you to do so.
- If you receive an order with which you do not agree, express this concern to the candidate.
- Simulate reality when possible. This includes performing actual tasks on the simulated patient or task trainer as appropriate.
- This station may not last any longer than 20 minutes.
- Transport begins upon the candidate's request, and the remaining time is spent during transport with the candidate continuing to provide patient care.
- Be familiar with the details of the scenario and all equipment to avoid delaying the scenario.

Information for the Simulated Patient

Thank you for serving as the simulated patient in the Integrated Out-of-Hospital Scenario at today's examination. Please take a few moments to review some key points about your role.

Simulated Patient Key Points

- Be sure to respond appropriately based on the candidate's assessments and interventions.
- Do not give the candidate any information that is not specified in the scenario.
- Do not allow the candidate to lift or move you. Stand, sit and lie without assistance if the candidate indicates that you should move or change position. Logroll on your own if requested by the candidate.
- If you need to leave the examination area for a break, cover yourself with a blanket to hide moulage as much as possible.
- Do not allow candidates to remove your clothing or expose you beyond a level previously agreed upon by you and the skill examiner.

Equipment List

Do not begin testing until the Regional EMS Consultant has provided you with an Integrated Out-of-Hospital scenario. Ensure that all equipment is readily, accessible, working and assembled in such a way that facilitates transport of the equipment from the vehicle (outside the scene) to the scene.

If a live simulated patient is used, the patient must be at least 16 years of age and dressed in appropriate attire for the scenario.

- The patient, skill examiner, and Regional EMS Consultant must all agree with the level of exposure required to expose moulaged injuries.

If a manikin is used, it must be a high-fidelity simulation manikin.

Equipment for the simulated patient or manikin:

- Moulage kit or similar substitute
- Outer garments to be moulaged (cut, ripped, soaked in blood, etc.)
- Tape for outer garments
- Blanket to keep simulated patient warm/covered when appropriate
- Adult intubation manikin*
- Child CPR manikin*
- Infant CPR manikin*
- Pediatric intubation head*
- IV arm or IV block for vascular access*
- Pediatric intraosseous trainer*

***manikins and related equipment only required as appropriate to age/size of patient in scenario(s)**

(List continued on next page)

Equipment for the scene (include adult and pediatric sizes where appropriate):

- Personal protective equipment
- Note paper for the candidate
- Pen or pencil for the candidate
- Airway equipment
 - Oropharyngeal and nasopharyngeal airways
 - Supraglottic and endotracheal airway devices
 - Laryngoscope and blades
 - Magill forceps
 - Tongue depressor
 - Suction (bulb, rigid, flexible)
 - Secondary airway confirmation device
- Oxygen delivery devices
 - Nasal cannula
 - Non-rebreather mask
 - Nebulizers
 - Bag-valve mask with oxygen tubing
 - Oxygen cylinder with regulator
 - CPAP device
- Penlight
- Trauma shears
- Stethoscope and sphygmomanometer
- IV supplies
 - IV start kit
 - IV catheters 18 – 22 gauge
 - Microdrip and macrodrip tubing (2)
- Intraosseous device
- Catheter for needle thoracostomy
- Sharps container
- Syringes (3 of each size 1mL, 3mL, 10mL)
- Needles (18 – 21 gauge)
- 10mL normal saline flush (5)
- Intranasal atomization device (2)
- Pediatric weight-based assessment tool
- Hot/cold packs
- Hemorrhage control
 - Pressure dressing
 - Occlusive dressing
 - Hemostatic agent
 - Bandaging and dressings, various sizes
 - Tourniquet
- 12-lead ECG monitor/defibrillator with leads, or equivalent electronic simulator

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Medications

- Epinephrine 1:1,000 (3mg total)
- Epinephrine 1:10,000 (3mg total)
- Narcotic analgesics
- Atropine 1mg (3mg total)
- Albuterol (3 doses)
- Corticosteroid
- Benzodiazepines
- Oral glucose
- Dextrose (10 – 50%) solution IV/IO
- Glucagon
- Isotonic fluid, 2L (normal saline or lactated Ringer's solution)
- Adenosine (6mg, 12mg doses)
- Amiodarone (450mg total) OR Lidocaine (1g total)
- Baby Aspirin (81mg tablets; 325mg total)
- Naloxone (2mg total)
- Nitroglycerin (tablets or spray or paste)
- Antiemetics
- Antipsychotics or other common chemical sedatives
- Calcium chloride 10%
- Diphenhydramine (50mg total)
- Vasopressor Infusions
- Magnesium sulfate (4g total)
- Sodium bicarbonate 8.4%
- Calcium channel blocker or equivalent arrhythmic

Instructions to the Psychomotor Skills Candidate Integrated Out-of-Hospital Scenario

[Professional partner reads the following information to the candidate and then assists the candidate to check packages and equipment.]

Welcome to the Integrated Out-of-hospital Scenario. My name is [Your Name] and I will serve as your professional partner throughout this scenario. You are the Team Leader and you should delegate whatever you want me to accomplish. We must perform all assessments and interventions before any related patient information is supplied. I will perform the tasks you assign to me. We will be evaluated for no longer than the 20-minute time limit for this scenario. Every attempt has been made to program the live simulated patient, high-fidelity simulation manikin, and monitoring equipment to appropriately reflect all information, but the skill examiner may need to clarify some information. You may take a few moments to inspect and prepare your equipment before we begin.

Please ask me if you have any questions concerning the operation of specific equipment or if any of the equipment or supplies are missing. If you brought your own equipment, the Regional EMS Consultant must inspect it and approve it prior to testing. This site is not responsible if any of your required equipment is missing or does not operate properly.

Do you have any questions before we begin?

[After the candidate and professional partner check/prepare equipment, the skill examiner directs the candidate and professional partner to turn and face away from the skill examiner, scene, and simulated patient. The skill examiner then reads the prepared “dispatch information.”]

The 20-minute time limit begins as the candidate turns and approaches the scene.