

**State of Tennessee Department of Health  
Division of EMS**



**Psychomotor Examination  
Coordinator Manual**

**June 2024**

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**Dear Examination Coordinator:**

**Thank you for your interest in hosting a psychomotor examination. This comprehensive manual details all aspects of coordinating a psychomotor examination and is designed to assist you in planning for all related aspects of the examination.**

**You assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this 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 site 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.**

**Sincerely,**

**State of Tennessee Department of Health, Office of EMS**

## **Examination Coordinator Responsibilities**

You are responsible for the following:

- **Securing a Regional EMS Consultant to administer the psychomotor examination.**
- **Submitting the appropriate course approvals with information included to host the psychomotor examination.**
- **Maintaining a exam cover sheet of candidates who will be attending the psychomotor examination.**
- **Submitting the exam cover sheet listing those registered for the psychomotor examination to your Regional EMS Consultant by no later than 7 days prior to the scheduled examination date at 1600 (4 p.m.) CST.**
- **Ensuring that the facilities for the psychomotor examinations meet the standards/ procedures identified in this manual.**
- **Obtaining all clean, functional, and required equipment for each skill and ensuring that all equipment is operational.**
- **Remaining onsite during the entire psychomotor exam.**
- **Overseeing the timely flow of all candidates through the skills in conjunction with the State Office of EMS Regional Consultant or other designated State OEM employee**
- **Ensuring examination security, which includes monitoring the conversations between candidates throughout the day to prevent discussion of examination details.**

## Examination Coordinator's Timeline

### TIMELINE TO COORDINATE EXAMINATION

Time Frame Prior to Exam	Action
> 30 days before course start	<ul style="list-style-type: none"><li>❑ Complete course approval and confirm psychomotor exam date through Regional EMS Consultant</li></ul>
2-3 weeks minimum	<ul style="list-style-type: none"><li>❑ Re-inventory all equipment and supplies</li><li>❑ Have a conversation with the Regional EMS Consultant to confirm final details and ensure preparedness.</li><li>❑ Confirm meals have been ordered for State EMS Officials, Proctors, and appropriate volunteers (patients, partners, etc.)</li></ul>
1 week	<ul style="list-style-type: none"><li>❑ Enter all candidate information on the exam cover sheet and submit to Regional EMS Consultant</li><li>❑ The exam cover sheet determines the quantity and levels of the examination materials needed to successfully complete the examination.</li><li>❑ Send reminder email to everyone involved in the administration of the psychomotor examination.</li></ul>
1 day	<ul style="list-style-type: none"><li>❑ Set up all necessary equipment in the designated area for each skill.</li></ul>
Exam Day	<ul style="list-style-type: none"><li>❑ Facilitate and ensure the flow of candidates through each of their required skills.</li><li>❑ If meal is being provided, ensure that "break room" for consumption is set up and away from exam candidates.</li></ul>

## **Running an Efficient Psychomotor Examination**

**You are responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates.**

**The State Office of EMS recommends all Skill Examiners, Simulated Patients, EMT Assistants and Professional Paramedic Partners arrive an hour before the candidates arrive at the examination site. This should permit ample opportunity for the Skills Examiner to:**

- **Be oriented by the Regional EMS Consultant**
- **Thoroughly read the instructions**
- **Review and understand the scenario provided by the State EMS Consultant**
- **Review skill sheets**
- **Brief any EMT Assistants, Professional Paramedic Partners and Simulated Patients**
- **Apply moulage to the Simulated Patients**
- **Check all equipment**
- **Address any questions before the examination begins**

**The Regional EMS Consultant will orient candidates and check attendance before beginning the examination. The candidate orientation process should take approximately 10 to 15 minutes.**

**At this point, evaluation of the candidates can begin. A grid and pass card system may help track candidate flow. You must ensure that candidates do not discuss specific examination questions or scenarios throughout the examination with anyone other than the State Office of EMS Regional EMS Consultant or their designee(s). Program officials and all examination officials are responsible for reporting to the State Office of EMS Regional Consultant any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or bias among the candidates.**

**The Regional Consultant will be visiting all skills throughout the day to ensure fairness, consistency, and adherence to all requirements for psychomotor examinations.**

## Facilities for the Psychomotor Examination

You are responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination must provide:

- Adequate space to offer a minimum of 200 square feet for each of the skills and compliance with local and national guidelines for social distancing (if in effect). Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skills must not disturb other candidates who are testing.
- A comfortable testing environment free of undue noise and distraction.
- Ample gathering space for candidates during the candidate orientation to the psychomotor examination while maintaining compliance with local and national guidelines for social distancing (if in effect).
- Adequate and effective heating, cooling, ventilation, and lighting.
- A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open while maintaining compliance with local and national guidelines for social distancing (if in effect).
- Adequate restroom facilities, access to potable water, and adequate parking with reasonable access to the examination site.
- Adequate space for the Skill Examiners Orientation, separate from the candidates to maintain examination security.
- Adequate space and location for Skill Examiners to ensure the security of all examination materials during the examination.
- Skills must be appropriately posted or marked. One set of signs to post at each skill is provided in Appendix A of this manual.
- A table and chair in each room for Skill Examiners. You may also want to provide each Skill Examiner with a clipboard and a pen to assist with documenting all performances and note paper with pen/pencil for candidates.
- A secure room adjacent to the skills with one or several large tables for the Regional EMS Consultant to compile psychomotor examination results.
- Adequate equipment for the skill as outlined in Appendix B of this manual.

## Staffing for the Advanced Level Psychomotor Examination & Average Candidate Throughput

Below is an example summary of the necessary staffing to efficiently test 20 candidates as well as an estimated average amount of candidates per station per hour.

Level			Skills	Exam Staff			Flow
EMT	AEMT	PARAMEDIC		Skills Examiner	Professional EMT/Medic Partner	Simulated Patient	Average # of Candidates Per Station Per Hour
x			1. Patient Assessment - Medical - 15 min max	2	0	2	4
x			2. Patient Assessment - Trauma - 15 min max	2	0	2	4
	x	x	3. Integrated Out-of-Hospital Scenario - 20 min max	6	3	3	3
		x	4. Dynamic Cardiology - 4 rhythms / 8 min max	4	0	0	4

## Re-test Policy

At the EMT level, each program is required to have a practical testing policy that is signed by the candidate prior to beginning the practical assessment. The practical testing policy should outline the appropriate re-test policies and procedures.

At the AEMT and Paramedic levels, a candidate may re-attempt each unsuccessful station one time on the same day as the original attempt provided time, space, equipment, and examiners are available.

Should the AEMT or Paramedic candidate be unsuccessful on the second attempt at the failed skills, the candidate may return to a different practical testing site approved by the Regional EMS Consultant in not less than 15 days to re-attempt the skill one final time. If the final re-attempt is unsuccessful the candidate will be considered to have failed the psychomotor exam and must complete another initial education course.



## **Staff Qualifications Professional Assistants**

- **Must be licensed to perform the skill in which they are assisting.**
- **Must be fair, responsible, consistent, respectful, and impartial in their conduct.**

## **Simulated Patients**

- **Must be familiar with the presentation of symptoms for the diagnosis listed in the scenario.**
- **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.**
- **Must be at least 16 years of age.**
- **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.**

## **Physician Medical Director Responsibilities**

- **Must be a physician (MD or DO).**
- **Must be readily available by phone and not onsite during the examination.**
- **May not serve as a Skill Examiner.**

## **Skill Examiner Qualifications**

- **Must be licensed to one level above the level of skill or care in the station they are examining.**
  - **Paramedic Skills Examiners may be current licensed Paramedics with two years or greater pre-hospital experience.**
  - **Consider placing evaluators in stations that represent their strengths as a provider.**
- **Cannot examine a station in which they were an instructor of the content area.**
- **Must be fair, responsible, consistent, respectful, and impartial in their conduct and evaluation.**

## **Appendix A: Signs to Post for Skills**

# **PATIENT ASSESSMENT – TRAUMA**

## **EMT Candidates**



# **PATIENT ASSESSMENT – MEDICAL**

## **EMT Candidates**



# Dynamic Cardiology

## Paramedic Candidates



# **INTEGRATED OUT-OF- HOSPITAL SCENARIO**

**AEMT and Paramedic Candidates**



## **Appendix B: Equipment List**

## PSYCHOMOTOR EXAMINATION EQUIPMENT LIST

### 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
- Penlight
- Blood pressure cuff
- Stethoscope
- Pulse oximeter
- Scissors
- Blanket
- Tape (for outer garments)
- A 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 – 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
- Penlight
- Blood pressure cuff
- Stethoscope
- Pulse oximeter
- Scissors
- Blanket
- Tape (for outer garments)
- A 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.



## DYNAMIC CARDIOLOGY

These skills should be in a quiet, isolated room with a desk or table and two comfortable chairs. Prepared testing scenarios for the Dynamic portion will be provided by the Regional EMS Consultant. **The manikin must be placed and left on the floor for these skills. Live shocks must be delivered to the manikin or trainer in dynamic cardiology.**

- Note paper for candidate (All notes must be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination gloves
- Monitor/defibrillator (no automated, semi-automated or interpreting machines permitted) with freshly charged batteries and spares\*
- OR
- Monitor/defibrillator simulator capable of producing various ECG waveforms, simulated 12-lead ECG printouts, pulse oximetry readings and waveforms, EtCO2 readings and waveforms, respiratory rates, and heart rates and appropriate alarms.
- Arrhythmia generator compatible with manikin and monitor/defibrillator\*
- Conductive medium (electrodes)
- ECG paper\*
- CPR manikin that can be defibrillated

**\*items noted with an asterisk are not required if using the Monitor/Defibrillator simulator**

**\*Program Officials may include sample resuscitation medication and related equipment in the station as an aid for the candidate during the skills exam.**

## INTEGRATED OUT-OF-HOSPITAL SKILL STATION

In addition to a live Simulated Patient or a High-fidelity Simulation Manikin, the following equipment must also be available, and you must ensure that it is working adequately throughout the examination. Sites and candidates can assemble the equipment in a variety of ways that is consistent with delivery of out-of-hospital care in the area. The equipment must be assembled in some way that facilitates transport of the equipment from the vehicle to the scene of the patient ("First-in" bag; several bags, such as BLS, Airway, Trauma, Peds, Meds; etc.):

Equipment for the simulated patient or manikin:

- Note paper for candidate (All notes must be collected before dismissing the candidate from the room.)
- 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)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personal protective equipment                | <input type="checkbox"/> Nasal cannula                     |
| <input type="checkbox"/> Note paper for the candidate                 | <input type="checkbox"/> Non-rebreather mask               |
| <input type="checkbox"/> Pen or pencil for the candidate              | <input type="checkbox"/> Nebulizers                        |
| <input type="checkbox"/> Airway equipment                             | <input type="checkbox"/> Bag-valve mask with oxygen tubing |
| <input type="checkbox"/> Oropharyngeal and nasopharyngeal airways     | <input type="checkbox"/> Oxygen cylinder with regulator    |
| <input type="checkbox"/> Supraglottic and endotracheal airway devices | <input type="checkbox"/> CPAP device                       |
| <input type="checkbox"/> Laryngoscope and blades                      | <input type="checkbox"/> Penlight                          |
| <input type="checkbox"/> Magill forceps                               | <input type="checkbox"/> Trauma shears                     |
| <input type="checkbox"/> Tongue depressor                             | <input type="checkbox"/> Stethoscope and sphygmomanometer  |
| <input type="checkbox"/> Suction (bulb, rigid, flexible)              | <input type="checkbox"/> IV supplies                       |
| <input type="checkbox"/> Secondary airway confirmation device         | <input type="checkbox"/> 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
- Pressure dressing
- Occlusive dressing
- Hemostatic agent
- Bandaging and dressings, various sizes
- Tourniquet
- 12-lead ECG monitor/defibrillator with leads, or equivalent electronic simulator

### 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