



State Practical Exam Information Packet

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State Practical Exam Description of Skills Evaluation Stations

Station 1: Patient Assessment and Management - Trauma

This station is designed to test the candidate's ability to integrate patient assessment, treatment, and management skills effectively and efficiently on a multi-systems trauma patient. The candidate will be required to physically accomplish all assessment steps listed on the skills sheet. However, all treatment and management steps will be verbalized rather than physically performed.

The patient will present with a minimum of an airway, breathing, and circulatory problem, and at least one associated wound or injury.

The candidate must conduct their assessment as they would in the field, including maintaining communication with the patient. As they approach the patient, they should assume that the scene is safe. Clothing may be removed down to shorts or bathing suit, if they feel that is necessary. As they conduct their assessment, they should verbalize everything they are assessing. Clinical information may not be attainable by visual or physical inspection, e.g. blood pressure, will be given to the candidate after demonstrating how they would normally obtain that information. The candidate may assume they have two other EMTs working with them that are correctly carrying out any treatment delegated.

Station 2: Patient Assessment and Management - Medical

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. This is a scenario-based station and will require extensive dialogue between the examiner and the candidate. A simulated medical 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 skill sheet. However, all interventions should be spoken instead of physically accomplished. Any information pertaining to sight, sound, touch, or smell that cannot be sensed but would be immediately evident in an actual 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.

For the purpose of this station, there will be one patient, no additional help is available, and spinal precautions are 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.

Station 3: Cardiac Arrest Management / AED

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, 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 a basic life support scenario. The candidate will arrive at the scene and encounter a cardiac arrest situation with CPR being performed by a first responder. The candidate will be required to immediately apply an automated external defibrillator and deliver appropriate shocks.

The skill sheet is divided into four distinct segments: Assessment, Transition, Integration, and Transportation.

Assessment: In this segment the candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the cardiac arrest. When gathering the history, the candidate must ask, at minimum, the following questions:

- How long has the victim been in arrest?
- How long has CPR been in progress?

Although gathering a history on the cardiac arrest event is an assessment item, it should not preclude the need for resuscitation. The current standards for CPR must be adhered to at all times during this station. The candidate must assess for the presence of a spontaneous pulse and will be informed by the evaluator that there is no spontaneous pulse. The candidate must direct the resumption of CPR by the assistant EMT or the first responder while he/she prepares the defibrillator for use. The candidate must, within one minute of arrival at the patient's side, apply the automated external defibrillator to the mannequin and initiate the first shock. The candidate should deliver the shock sequence. You should inform the candidate that there is "no pulse" on any pulse check.

Transition: In this segment the candidate must direct the EMT assistant and the first responder to initiate two (2) rescuer CPR. Also during this segment, the candidate must prepare the airway and ventilation adjuncts to be used in the integration segment. The candidate should attempt to gather additional information from bystanders about the events leading to the cardiac arrest. When asked questions about the event, the evaluator should indicate that bystanders did not see the victim collapse and are unaware of any associated medical problems.

Integration: In this segment the candidate must integrate the use of an oropharyngeal airway and ventilation adjunct in the CPR scenario that is already in progress. The candidate voices that they would measure and insert the oropharyngeal airway. They then must ventilate or direct the ventilation of the patient using the ventilation equipment. Interruption of CPR should not exceed 30 seconds for measuring and placing the airway. The candidate may choose to use a pocket mask, flow restricted oxygen powered ventilation device or a bag-valve mask device to ventilate the patient. Regardless of the device chosen, it is essential that the candidate connect it to supplemental high flow oxygen. After establishing ventilation using the airway equipment, the candidate must perform two-rescuer CPR with the aid of the EMT assistant for one minute. The candidate must then re-evaluate the patient, determine the absence of a pulse and repeat the defibrillation sequence. The evaluator should inform the candidate that there is "no pulse" on any pulse check.

Transportation: In this segment the candidate is required to verbalize moving the patient onto a long spine board or onto a CPR short board and an ambulance cot.

Station 4: Spinal Immobilization - Seated Patient or Supine Patient

Spinal Immobilization - Seated Patient

This station is designed to evaluate the candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected.

This station is skill-based, therefore, initial and continued assessment of the patient's airway, breathing and central circulation, will not be required during the test. No conditions requiring further resuscitation or urgent transportation are present.

The candidate will be tested on their ability to properly protect and immobilize the patient's spine by using a rigid half-spine immobilization device (KED or short spine board). The patient will present seated in an armless chair, sitting upright with the back loosely touching the back of the chair.

The candidate will be required to evaluate distal motor function, sensory function, and circulation before and after placement of the device.

Once the patient has been immobilized in the device, the candidate must verbally explain all steps in moving the patient to a long spine board.

A trained EMT will be present to assist the candidate by applying manual, in-line stabilization of the head and C-spine only upon the candidate's command.

Spinal Immobilization - Supine Patient

This station is designed to test the candidate's ability to immediately protect and immobilize the patient's spine by using a rigid, long spinal immobilization device such as a long spine board or scoop stretcher.

The patient will present lying supine, arms at their side, legs extended and feet together. The candidate will be required to move the patient from the ground onto the long spine board, with the lower spine and pelvis in line with the torso, and the head/neck in the neutral, in-line position. The candidate must then immobilize the patient, securing them to the spine board with straps, tape, kerlix or other device. The candidate must assess distal motor function, sensory function, and circulation of all extremities before and after the patient is placed on the immobilization device.

A trained EMT assistant will be present to assist the candidate by applying manual, in-line stabilization of the patient's head/neck ONLY upon command of the candidate.

Station 5: Airway, Oxygen, and Ventilation Using the Bag-Valve-Mask

This station is designed to evaluate the candidate's ability to initiate and continue effective ventilation of an apneic patient using a bag-valve-mask device. The use of the BVM is required for ALL ventilation at this station.

The candidate will enter the room and find an apneic patient with a palpable carotid pulse. There are no bystanders present, and artificial ventilation has not been initiated. The candidate must immediately open the airway and ventilate the patient with the BVM. After 30 seconds of proper ventilation technique and volume, the candidate must integrate high-flow oxygen into the procedure. The candidate must properly ventilate the patient for an additional 30 seconds after supplemental oxygen has been connected to the BVM.

Station 6: Random Skills Station

In addition to the five mandatory testing stations listed previously, the candidate will be evaluated on at least one of the following "Random Skills."

The Bleeding/Wounds/Shock Station is scenario based. All other stations are skill-based. Therefore, in the skill-based stations, initial and continued assessment of the patient's airway, breathing and central circulation will not be required during the test.

Conditions requiring further resuscitation or urgent transportation are not present in these stations.

The "Random Skill" station will be conducted in such a way that the candidate will be completely unaware of the skill to be tested until they enter the skill station.

The candidate may be tested on any of the following seven skills:

1. Long-bone Fracture Immobilization
The candidate will be tested on their ability to immobilize a long bone fracture using a rigid splint. The patient will present with a non-angulated, closed fracture of the upper or lower extremity, specifically of the radius, ulna, humerus, tibia, or fibula. The candidate will be required to assess distal motor function, sensory function and circulation before and after the splint is applied. The use of traction splints, vacuum splints, or inflatable splints will not be allowed at this station.
2. Joint Injury Immobilization
The candidate will be tested on their ability to immobilize a shoulder dislocation using a sling-and-swathe. The patient will present with the upper arm positioned at their side while supporting the lower arm at a 90-degree angle across the chest with the uninjured hand. The candidate will be required to assess distal motor function, sensory function, and circulation before and after the sling-and-swathe is applied.
3. Traction Splinting
The candidate will be tested on their ability to immobilize a mid-shaft femur fracture using a traction splint. Both the HARE and the Sagar will be available to the candidate. The candidate may choose the device they wish to use. The patient will present lying supine with both legs extended, with a closed, non-angulated mid-shaft femur fracture. The candidate will be required to assess distal motor function, sensory function, and circulation before and after the splint is applied.
4. Bleeding Control/Shock Management
This station is designed to test the candidate's ability to treat progressive shock due to hemorrhage. The candidate will be required to properly treat a life-threatening hemorrhage utilizing various methods of bleeding control, including direct pressure, pressure dressing bandages, arterial pressure points. The patient will present with an arterial hemorrhage from a severe laceration of the lower extremity. The examiner will prompt the candidate, at pre-determined intervals that the patient is deteriorating from compensated shock to profound shock. The candidate will be required to provide the appropriate treatment at each interval when the patient's condition changes. All trained EMT assistants will be present to assist the candidate. The assistant may perform tasks ONLY as assigned by the candidate

5. **Oropharyngeal Airway, Nasopharyngeal Airway, and Suction**
This station is designed to test the candidate's ability to properly measure and insert both an oropharyngeal and a nasopharyngeal airway. The candidate must measure and insert an oropharyngeal airway. After the airway has been inserted, the examiner will advise the candidate that the patient is gagging. The candidate must then remove the oral airway, and measure and insert a nasopharyngeal airway.
6. **Mouth-to-Mask Supplemental Oxygen/Ventilation**
This station is designed to test the candidate's ability to ventilate a patient by using a mouth-to-mask technique. The candidate will be advised that the patient is being ventilated, mouth-to-mouth by a bystander. Upon entering the skills station, the candidate will be required to connect the mask to oxygen and ventilate the patient using the mouth-to-mask technique.
7. **Supplemental Oxygen Administration**
This station is designed to test the candidate's ability to assemble the equipment needed to administer supplemental oxygen, then to deliver oxygen to a patient via the nasal cannula and the non-rebreather mask. The candidate will be required to assemble an oxygen tank and regulator, and administer oxygen at a proper liter per minute rate via non-rebreather mask. The candidate will then be instructed to discontinue delivery via the mask, and begin delivery via the nasal cannula at a proper liter per minute rate. Once the examiner has observed the candidate perform the above tasks, the candidate will be instructed to discontinue oxygen delivery completely. This will include releasing all pressure from the regulator and disassembling the oxygen cylinder/regulator.

Pass / Fail Criteria for Final Practical Skills Exam

1. All examination attempts for initial certification must be completed within 24 months of successful course completion.
2. State Certification Practical Skills Examination candidates shall be allowed two (2) attempts to pass the exam.
3. Each of the two exam attempts may include (not to exceed) the following retest descriptions:
 - a. If an exam candidate fails 1, 2, or 3 of the 6 stations, they may retest each failed station.
 - b. If the candidate fails any of the retest stations, they may retest those stations a second time. Second re-tests of failed stations must be completed through a different testing site (training program).
 - c. Failures of any second retest of a station shall constitute failure of one complete State Practical Skills Exam attempt. Failure of any second retest of a station during a second State Practical Skills Exam attempt

- shall result in ineligibility for State certification until such time as the candidate successfully completes another initial training course.
4. An examination candidate must pass each of the six (6) required stations.
 5. Failure of four or more stations shall constitute failure of the entire exam attempt.
 6. Failure of four or more stations, or failure of any second station retest, during a second exam attempt shall result in ineligibility for State Certification until such time as the candidate successfully completes another initial training course.
 7. If an exam candidate fails the first three stations of any exam attempt and does not complete the remaining exam stations during an exam attempt, the stations not completed shall be graded as failing. This shall constitute the failure of an entire exam attempt.
 8. Upon failure of the first exam attempt, the candidate shall be provided with a form indicating failure of a first exam attempt. This form shall be required for admission to a second exam attempt at the same or different testing site. The exam site providing the first exam attempt shall coordinate the candidate's admission to a second attempt if not provided by the first attempt exam site.

Example:

During the first exam attempt a candidate fails 3 of the 6 stations. They retest each of the failed stations and fail one for the second time. They attend an exam presented by a different EMS training program (enrollment is coordinated by the first exam site) and fail the single failed station a third time. They now have failed the first exam attempt and must enroll in and complete a second exam attempt.

During the second exam attempt they fail 2 of the 6 stations. They retest both failed stations again and fail one of these for a second time. They attend an exam presented by a different EMS training program (enrollment is coordinated by the first exam site) and fail this single station for a third time. They now have failed the second practical skills exam attempt and are ineligible for State Certification until such time as they successfully complete another initial training course.

If, during the second exam attempt, they pass every failed station on the second or third try (thus passing all 6 stations) they will have passed the State Practical Skills Exam.

The exam meets all criteria as set by the EMTS Division, and follows National Registry format for the EMT-Basic. The Final Written Exam and the Final Practical Skills Evaluation Exam must be passed to be eligible to sit for the National Registry Cognitive Exam.