

**NATIONAL REGISTRY OF EMERGENCY MEDICAL
TECHNICIANS®**



**National Advanced Level Psychomotor
Examination Coordinator Manual**

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by the
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Table of Contents

Welcome	4
Examination Coordinator Responsibilities	5
Examination Coordinator’s Timeline.....	6
Requesting to Host an Examination.....	7
Maintaining a Reservation List of Candidates	8
Running an Efficient Psychomotor Examination.....	9
Facilities for the Psychomotor Examination	10
Equipment List.....	10
Staffing for the Advanced Level Psychomotor Examination	11
Average Candidate Time Flow	12
Staff Qualifications	13
Physician Medical Director Responsibilities	14
Skill Examiner Qualification	15
Appendix A: Signs to Post for Skills	18
Appendix B: Equipment List	28
Appendix C: Examination Staff Roster	38

Welcome

Dear Examination Coordinator:

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

This manual consists of skills presented in a scenario-type format to approximate the abilities of the Advanced Emergency Medical Technician (AEMT), and Paramedic to function in the out-of-hospital setting. All skills have been developed in accordance with the behavioral and skill objectives of the current *National EMS Education Standards*, *Advanced Emergency Medical Technician Instructional Guidelines*, the *Guidelines for Field Triage of Injured Patients* published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current *Emergency Cardiovascular Care (ECC) guidelines for Basic Life Support (BLS)*, *Advanced Cardiac Life Support (ACLS)* and *Pediatric Advanced Life Support (PALS)* that are updated as necessary. This is a formal verification of the candidate's "hands-on" abilities and knowledge, and not designed for teaching, coaching, or remedial training. The National Registry will not explain specific errors in any performance as this is not a responsibility or function of a certification process. A candidate's attendance at a scheduled examination does not guarantee eligibility for National EMS Certification.

This manual describes all aspects related to requesting and coordinating a National Registry advanced level psychomotor examination. You assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this certification 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.

The National Registry has copyrighted this material. Only non-commercial reproduction of this material for educational purposes or the advancement of medical science is permitted. All other unauthorized reproductions of this material for any reason whatsoever is subject to penalties in accordance with all copyright laws of the United States of America. We encourage you to distribute copies of all skill evaluation instruments to your students prior to the examination so they may become familiar with the process well in advance of the actual examination. Likewise, you should forward a copy of the skill evaluation instrument and essay to the respective Skill Examiner 1 week prior to the examination to give him/her ample time for familiarization prior to the examination.

Sincerely,

The Science and Examinations Department

Examination Coordinator Responsibilities

You are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based on race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potential discriminating factors. You must help ensure that each Skill Examiner conducts himself/herself in a similar manner throughout the examination.
- Securing a National Registry Representative to administer the psychomotor examination.
- Submitting the electronic request to the National Registry to host the psychomotor examination.
- Maintaining a reservation list of candidates who will be attending the psychomotor examination. The reservation list must include the Psychomotor Authorization to Test (PATT) number issued by the National Registry and name in order to be placed on the roster. You should record the candidates call back numbers in case of postponement or as other unanticipated last-minute changes occur with the examination. If the examination is postponed or canceled, you are responsible for the immediate notification of all candidates, Skill Examiners, Professional Paramedic Partners, Simulated Patients, Physician Medical Director, National Registry Representative, and the National Registry office.
- Submission of a final reservation list of candidates registered for the psychomotor examination to the National Registry office by the cut-off date listed in the examination confirmation email.
- Ensuring that the facilities for the psychomotor examinations meet National Registry policies and procedures outlined in this manual.
- Selection of qualified Skill Examiners, Professional Paramedic Partners, EMT Assistance, and Simulated Patients. Skill Examiners must be Nationally certified or licensed to perform the skill that he/she is to evaluate.
- Simulated Patients must be adults or adolescents who are greater than 16 years of age. **Candidates who are registered to take the examination may not serve as patients or assistants for any skill.**
- Obtaining all clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
- Overseeing the timely flow of all candidates through the skills in conjunction with the National Registry Representative.
- Ensuring that excessive "hall talk" between candidates or discussing specific examination scenarios or questions does not occur throughout the examination.

You must be present at the site during the examination and cannot serve as a Skill Examiner during the examination. If you are scheduled to take the examination, you are responsible for assigning a competent, informed, and capable person to coordinate all examination activities during the examination. In such a case, this person shall serve as and assume all responsibilities of the "Examination Coordinator" throughout the examination.

Examination Coordinator's Timeline

TIMELINE TO COORDINATE EXAMINATION

Time Frame Prior to Exam	Action
4 to 6 weeks minimum	<ul style="list-style-type: none"> ❑ Secure commitment from a National Registry Representative to administer the psychomotor examination ❑ Submit an official electronic request to the National Registry to host the psychomotor examination ❑ Secure facilities to host psychomotor examination
Time from receipt of confirmation letter to 2 weeks	<ul style="list-style-type: none"> ❑ Take reservations from all candidates ❑ Enter reservation list ❑ Email support@nremt.org if your examination is full, so no additional candidates are referred to your site.
2 weeks	<ul style="list-style-type: none"> ❑ STOP TAKING RESERVATIONS!! ❑ Submit the reservation list by the cut-off date. ❑ Secure commitments from all Skill Examiners, Professional Paramedic Partners, Simulated Patients, EMT Assistants, Physician Medical Director. It is your responsibility to ensure all Skill Examiners, Professional Paramedic Partners, Simulated Patients, EMT Assistants, meet the requirements to administer the psychomotor examination. ❑ Gather all equipment and supplies
1 week	<ul style="list-style-type: none"> ❑ Send reminder email to everyone involved in the administration of the psychomotor examination. ❑ Expect to receive contact from the National Registry Representative to confirm exam location(s), time(s), and exam material needs. If not, call him/her at the number listed in your confirmation email.
1 day	<ul style="list-style-type: none"> ❑ Set-up all skill stations

Requesting to Host an Examination

A formal request to schedule an examination must be submitted electronically on the National Registry website (www.nremt.org). You must have the “Exam Coordinator” tab in order to request an exam. The request must be received from an approved official sponsoring institution or EMS agency (educational institution, hospital, EMS service). Only one person from each institution can be identified as an Examination Coordinator.

All examination request must be submitted 4 to 6 weeks before the projected examination date(s)

You will need the following information when scheduling your advanced level psychomotor examination:

1. Level of exam (AEMT or NRP)
2. Name of the host site.
3. National Registry Representative who has agreed to administer this exam.
4. Schedule type (Open or Closed)

Note: A "closed" examination is held for a specific group of candidates, provided at least 20 qualified candidates. An "open" examination is coordinated when candidates from any geographic region may attend the site and must be coordinated if less than 20 qualified candidates are expected for the examination.

** If the examination was scheduled as "closed," the National Registry will not refer outside candidates to "closed" sites or post "closed examination" information on our website.*

5. Exam location
Note: This address is used to generate a map to this site
6. Date and time of the examination
7. Examination Logistics
 - Exam Size
 - Exam Fees
8. The name of the physician who will be the medical director for this exam, and the physician's type of degree (M.D. or D.O.)
9. The name and contact information of the Examination Coordinator
10. The name and contact information of the Reservation Coordinator

Note: Exam Coordinator and Reservation Coordinator can be the same

An email will be sent to you, the state EMS office, and the National Registry Representative from DoNotReply@nremt.org that provides an exam ID number. Please provide the exam ID number when contacting the National Registry about your examination request.

Once the National Registry approves your examination request you will receive an email with a subject line of “Exam request # _____ has been approved.”

Maintaining a Reservation List of Candidates

You are solely responsible for maintaining the reservation list for all candidates attending the examination. Candidates planning on testing must be on the “Reservation List” maintained electronically and submitted by the cut-off date.

All candidates must provide a valid Psychomotor Authorization To Test (PATT) number and name in order to be placed on the roster. If the candidate’s name does not match the PATT, the candidate will not be permitted to test and immediately dismissed from the examination site. In such cases, the National Registry will not be responsible for any subsequent loss of examination site fees. The candidate bears full responsibility for completing all appropriate portions of the examination in accordance with National Registry policies and procedures.

A completed reservation list must be submitted to the National Registry by the cut-off date listed online, two weeks before the examination. All examination materials for that exam is prepared and shipped directly to the National Registry Representative based solely on this reservation list. If the reservation list is not submitted by the cut-off date it will be subject to postponement or canceled.

No candidate will be added to a reservation list after you have submitted the reservation list.

We recommend that no more than 30 candidates be tested.

You are responsible for notifying the National Registry when your reservation list is full. The National Registry will remove the examination from the website. This will prevent candidates from contacting you after the examination has been filled. In the event of postponement due to a lack of adequate minimum numbers of candidates or sudden postponement or cancellation due to unforeseen circumstances (weather emergencies, facility issues, etc.), you are responsible for immediate notification of the National Registry Representative, Candidates, Skill Examiners, Professional Paramedic Partners, Simulated Patients, EMT Assistants, Physician Medical Director, and the National Registry.

You can view the finalized reservation list online under “Submitted Reservation List”.

Examination materials will be shipped from the National Registry office to reach the designated National Registry Representative at least 5 working days before the examination. It is imperative to submit the final reservation listing by the cut-off date so that records may be researched and enough examination materials are sent to the National Registry Representative.

Contact the National Registry Representative confirm he/she will show up “at the right place, right time with the right stuff” to administer the examination. This is a final “safety check” to ensure that the National Registry Representative has received all necessary materials to administer your examination. Be sure to do this several days before the examination.

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 National Registry recommends all Skill Examiners, Simulated Patients, EMT Assistance and Professional Paramedic Partners arrive a ½ hour to an hour, before the candidates arrive at the examination site. This should permit ample opportunity for the Skills Examiner to:

- Be oriented by the National Registry Representative
- Thoroughly read/review instructions
- Review and understand the scenario provided by the National Registry Representative
- Review skill sheets
- Brief any EMT Assistants, Professional Paramedic Partners and Simulated Patients
- Applying moulage to the Simulated Patients
- Checking all equipment
- Address any questions before the examination begins

The National Registry Representative will read a candidate orientation, call the roll, and have all candidates complete an Advanced Level Psychomotor Examination Report Form before beginning the examination. The candidate orientation process should take approximately 20 to 30 minutes.

At this point, actual evaluation of the candidates can begin. We have found that a grid and pass card system is perhaps the easiest and most effective method of controlling the timely flow of all candidates through the skills. This system helps minimize excessive noise which may affect skill performances, requires all candidates to assemble in one waiting area between skills, controls the candidates from discussing specific examination-related information, and provides you and National Registry Representative with immediate feedback on the progress of the examination at any time. The National Registry Representative will be visiting all skills as the psychomotor examination begins to ensure fairness, consistency, and adherence to all requirements for National Registry examinations. The National Registry Representative will observe the interaction between all Skill Examiners and candidates during actual evaluation to help ensure the evaluations are in accordance with National Registry policies and procedures. You must ensure that candidates do not discuss specific examination questions or scenarios throughout the examination. The National Registry Representative is responsible for reporting to the National Registry any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or inequality among the candidates.

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:

1. Adequate space to offer a minimum of 200 square feet for each of the skills. 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.
2. A comfortable testing environment free of undue noise and distraction.
3. Ample gathering space for candidates during the candidate orientation to the psychomotor examination.
4. Adequate and effective heating, cooling, ventilation, and lighting.
5. A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open.
6. Adequate restroom facilities, a drinking fountain, and adequate parking with reasonable access to the examination site.
7. Adequate space for the Skill Examiners Orientation to the Psychomotor Examination, including EMT Assistant, Professional Paramedic Partners and Simulated Patients. This space must visually and audibly prohibit observation by the candidates.
8. Adequate security of all examination materials during the examination.
9. Skills must be appropriately posted or marked. One set of signs to post at each skill is provided in Appendix A of this manual.
10. 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.
11. A secure room adjacent to the skills with one or several large tables for the National Registry Representative to compile psychomotor examination results.

Equipment List

You are responsible for obtaining and setting up the various skills on the day prior to the scheduled psychomotor examination if possible. If it is not possible to set up all skills the day before the examination, you must at least verify the availability of all equipment that is the minimal essential equipment needed. An equipment list for the psychomotor examination is included in Appendix B of this manual to help you coordinate your psychomotor examination.

Staffing for the Advanced Level Psychomotor Examination

An examination for 20 candidates requires the minimum staffing as outlined to complete the examination within 5 hours. If all skills are duplicated, the psychomotor examination should be completed in half the projected time. A roster to track staff for the examination is in Appendix C. The following charts should assist you in staffing to administer the advanced level psychomotor examination for 20 candidates:

LEVEL		SKILLS	EXAM STAFF			
AEMT	NRP		Skill Examiner	EMT Assistant	Professional Paramedic Partner	Simulated Patient
✓	✓	1. Patient Assessment – Trauma	1			1
✓		2. Patient Assessment – Medical	1			1
		3. Ventilatory Management				
✓		B. Supraglottic Airway Device	1			
		4. Cardiac Management Skills				
	✓	A. Dynamic Cardiology	1			
	✓	B. Static Cardiology				
✓		C. Cardiac Arrest Management/AED	1			
		5. Oral Station				
	✓	A. Case A	1			
	✓	B. Case B	1			
		6. IV and Medication Skills				
✓		A. Intravenous Therapy	1			
✓		B. Intravenous Bolus Medications				
		7. Pediatric Skills				
✓		B. Pediatric Intraosseous Infusion	1			
✓		C. Pediatric Respiratory Compromise				
		8. Random EMT Skills (test one [1] of the following chosen at random:)				
✓*		C. Bleeding Control/Shock Management				
✓*		D. Long Bone Immobilization	1	1		
✓*		E. Joint Immobilization				
	✓	10. Integrated Out-of-Hospital Scenario	1		1	1
MAXIMUM # OF SKILLS FAILED FOR RETEST			TOTAL STAFF REQUIRED			
4	3		11	1	1	4

Average Candidate Time Flow

LEVEL	AEMT	NRP	SKILLS	EXAM STAFF				FLOW
				Skill Examiner	EMT Assistant	Simulated Patient	Professional Paramedic Partner	Average # of Candidates Evaluated per Hour
	✓	✓	1. Patient Assessment – Trauma (10 min max)	1		1		4
	✓		2. Patient Assessment – Medical (15 min max)	1		1		3 to 4
			3. Ventilatory Management (3 attempts)					
	✓		B. Supraglottic Airway Device					
			4. Cardiac Management Skills					
		✓	A. Dynamic Cardiology (4 rhythms/8 mins max)	1				4
		✓	B. Static Cardiology (4 rhythms/6 mins max)					
	✓		C. Cardiac Arrest Management/AED (10 mins max)	1				4
			5. Oral Station (15 min max)					
		✓	A. Case A	1				3 to 4
		✓	B. Case B	1				3 to 4
			6. IV and Medication Skills					
	✓		A. Intravenous Therapy (3 attempts/6 mins max)	1				4 to 5
	✓		B. Intravenous Bolus Medications (3 mins max)					
			7. Pediatric Skills					
	✓		B. Pediatric Intraosseous Infusion (2 attempts/6 mins max)	1				4
	✓		C. Pediatric Respiratory Compromise					
			8. Random EMT Skills (test one [1] of the following chosen at random:)					
	✓°		C. Bleeding Control/Shock Management (10 mins max)	1				4
	✓°		D. Long Bone Immobilization (5 mins max)	1	1	1		
	✓°		E. Joint Immobilization (5 mins max)					
			✓° = Must test one (1) of the skills marked "✓°" chosen at random.					
		✓	10. Integrated Out-of-Hospital Scenario (Must be 20 mins)	1		1	1	2

AVERAGE FLOW:

2 CANDIDATES PER HOUR

Staff Qualifications

EMT Assistants

One person must be selected to serve as the EMT Assistant for the Random Basic Skills. The selected individual must be a licensed EMT at a minimum and will serve as the trained partner for all candidates testing. The EMT Assistant cannot be a relative of any candidate or be biased towards any candidate being examined. Candidates may not serve as patients, assistants, or professional partners.

Professional Paramedic Partners

One person must be selected to serve as the Professional Paramedic Partner for each of the Integrated Out-of-hospital Scenarios. The selected individual must be a licensed Paramedic at a minimum and will serve as the trained partner for all candidates testing. The Professional Paramedic Partner cannot be a relative of any candidate or be biased towards any candidate being examined.

Simulated Patients

Four people must be selected to serve as Simulated Patients for the psychomotor examination. One person will be assigned to each Patient Assessment – Trauma, Patient Assessment – Medical, Random EMT Skill and the Integrated Out-of-hospital skill stations. If any of these skills are duplicated, you will need additional staff.

All Simulated Patients should be EMS-related personnel at a minimum. If the patient is familiar with EMS procedures, he/she can assist the Skill Examiner when reviewing the candidate's performance and can verify completion of a procedure or treatment. The Simulated Patient must also be familiar with the typical presentation of symptoms the usual patient would complain of given the testing scenario utilized. The Simulated Patient should be trained to effectively act out the role of a real patient in a similar out-of-hospital situation, such as simulating snoring respirations, withdrawing to painful stimuli, moaning to palpation over injuries, and so on. Keep in mind that the more realistic the Simulated Patient presents, the fairer the evaluation process.

All Simulated Patients must be adults or adolescents who are greater than 16 years of age. Small children may not serve as patients in any skill. The equipment provided for the skills must appropriately fit the respective Simulated Patient. In the Patient Assessment-Trauma skill, the Simulated Patients must be instructed to wear appropriate undergarments (shorts or swimsuit) and cut-away clothing must be provided. If prepared cut-away clothing is not available (Velcro sewn into the seams of pants and shirt), one set of clothing must be cut along the seams and taped closed for each candidate. It is not necessary to have enough clothing for each candidate to cut away. The outer garments will be moulaged to accurately reflect the nature of the call and typical patient presentation (small tear cut into the garment with blood soaked around the area to simulate a stabbing, etc.).

Please be aware of Simulated Patient fatigue throughout the examination. If a large number of candidates are anticipated, you may also want to consider securing additional Simulated Patients for the examination even if skills have not been duplicated.

Physician Medical Director Responsibilities

At a minimum, the Physician Medical Director for the examination (MD or DO) must be available by phone or pager throughout the examination. If the Physician Medical Director identified in the examination request letter is not available on the day of the examination, you must obtain a replacement Physician Medical Director (MD or DO) who will at least be available by phone or pager throughout the examination.

The Physician Medical Director serves as one of the three members of the Quality Assurance Committee for the psychomotor examination. This Committee is responsible for:

1. Reviewing and rendering official and final decisions for all candidate complaints in the psychomotor examination.
2. Reviewing and rendering official and final decisions in cases where a specific performance, treatment protocol, or other situations arise in which the National Registry Representative needs assistance to objectively make a final determination.

The National Registry encourages physician involvement with the National Registry Advanced Level examination process. The physician may serve as an excellent resource throughout the examination. His/her involvement increases the credibility of the certification process as well as providing an opportunity to observe the abilities of those who may soon function under his/her medical supervision. Most Physician Medical Directors are qualified to serve as a Skill Examiner in any skill. In particular, a physician certified by the American Board of Emergency Medicine should serve well as the Oral Station Skill Examiner, having completed a similar certification process.

Skill Examiner Qualifications

Skill Examiners should be recruited from the local EMS community. You can only consider people who are currently certified or licensed to perform the skill you wish them to evaluate. In addition, careful attention must be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Examiner towards a particular group or the entire group of candidates. **In no case should a primary instructor serve as a Skill Examiner for any of his/her own students.** Casual instructor staff may be utilized if necessary, so long as they are not biased and do not evaluate any skill for which they served as the primary instructor. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment-Trauma Skill Examiner but can be utilized to evaluate another skill so long as you feel he/she is not biased and is qualified to perform the skill to be evaluated.

Every effort should be made to select Skill Examiners who are fair, consistent, objective, respectful, reliable, and impartial in his/her conduct and evaluation. Skill Examiners should be selected based on their expertise and understanding that there is more than one acceptable way to perform all skills. You should work to obtain Skill Examiners who are not acquainted with the candidates if possible. All Skill Examiners are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the examination and his/her skill, and for maintaining strict security of all examination-related items throughout the examination.

The selected examination team should represent a combination of physicians, nurses, and EMS professionals. You should not select Skill Examiners from only one specific medical discipline. All examiners should have experience in working with EMTs, teaching, or formal evaluation of psychomotor skills. The Skill Examiner must possess local credibility in the field of out-of-hospital care. We encourage recruitment of currently Nationally Certified EMTs to serve as Skill Examiners as they are already familiar with the examination process and possess a previously demonstrated expertise in the skill. If Nationally Certified EMTs are not available to staff all skills, you must select suitable personnel as outlined.

Examples and guidelines for qualifications of each Skill Examiner are explained below. The National Registry office should be consulted if you are unable to locate persons that satisfy the qualifications for Skill Examiners. Ultimate approval for assuring that examiners meet these minimum qualifications is at the discretion of the designated National Registry Representative. The National Registry and its agents reserve the right to dismiss any Skill Examiner for due cause at any point during the psychomotor examination.

Patient Assessment –Trauma

The Patient Assessment – Trauma Skill Examiner can be a physician or nurse familiar with current out-of-hospital care. A Nationally Certified or state licensed Paramedic may also serve as an examiner for this skill. The examiner should have previously completed an ATLS, PHTLS, or ITLS course and should hold instructor credentials in any of these areas. The Skill Examiner should also be familiar with the Guidelines for Field Triage of Injured Patients published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention. A similarly prepared and certified AEMT could possibly be qualified to test AEMT and lower level candidates in this skill.

Patient Assessment – Medical

The Patient Assessment – Medical Skill Examiner can be a physician or nurse familiar with current out-of-hospital care. A Nationally Certified or state licensed Paramedic may also serve as an examiner for this skill. The examiner should have ample experience in providing patient care at the Paramedic level and previously completed an AMLS course or equivalent. A similarly prepared and certified AEMT with ample patient care experience as an AEMT could possibly be qualified to test only AEMT candidates in this skill.

Ventilatory Management

The Ventilatory Management Skill Examiner can be a physician, nurse, Nationally Certified or state licensed Paramedic who is familiar with the various types of common airway adjuncts and out-of-hospital care protocols for immediate ventilation of apneic adult and pediatric patients. A current Advanced Cardiac Life Support Instructor is recommended. The examiner must be licensed to perform BVM ventilations, operate various oxygen adjuncts and equipment, insert supraglottic airway devices. A similarly prepared and certified AEMT could possibly be qualified to test only AEMT candidates in the related AEMT skills.

Cardiac Management Skills

The Cardiac Management Skills Examiner can be a physician, critical care nurse, Nationally Certified or state licensed Paramedic who holds current credentials as an Advanced Cardiac Life Support Instructor. This examiner must evaluate both Dynamic and Static skills and personally hold current licensure to run codes and interpret ECG tracings. The Skill Examiner for the Cardiac Arrest Management/AED skill can be a BLS Instructor for Healthcare Providers or equivalent.

Oral Station

The Oral Station Skill Examiner must be a physician or nurse familiar with current out-of-hospital care. A physician certified by the American Board of Emergency Medicine would serve as an excellent examiner in this station because of his/her familiarity with this type of testing format. A Nationally Certified or state licensed Paramedic may also serve as an examiner in this station. The examiner should have ample experience in providing patient care at the Paramedic level and possess a thorough command of the current *National EMS Education Standards and Paramedic Instructional Guidelines*. The examiner should be experienced in evaluating candidates in this format. If not, he/she must be willing to spend a significant amount of time (30 minutes or more) reviewing the case provided and thoroughly preparing before evaluating any candidate.

IV and Medication Skills

The IV and Medication Skills Examiner must be a physician, nurse, Nationally Certified or state licensed Paramedic who is familiar with ACLS guidelines and local protocols. The examiner must be licensed to establish peripheral IVs and administer intravenous bolus medications. A similarly prepared and certified AEMT could possibly be qualified to test AEMT and lower level candidates in the related skills.

Pediatric Skills

The Pediatric Skills Examiner must be a physician, nurse, Nationally Certified or state licensed Paramedic who is familiar with ventilatory management and intraosseous infusion techniques in the pediatric patient. A current Pediatric Advanced Life Support Instructor or similar is recommended. The examiner must be licensed to perform BVM ventilations, operate various oxygen adjuncts and equipment, and perform endotracheal intubation in pediatric patients. The examiner must also be licensed to establish intraosseous lines in pediatric patients. A similarly prepared and certified AEMT could possibly be qualified to test only AEMT candidates in the related AEMT skills.

Random EMT Skills

The Random EMT Skills Examiner must be a Nationally certified or state-licensed AEMT or Paramedic who is licensed to perform the following skills in the out-of-hospital setting:

1. Bleeding Control/Shock Management
2. Long Bone Immobilization
3. Joint Immobilization

Integrated Out-of-Hospital Scenario

The Integrated Out-of-hospital Scenario Skill Examiner must be a physician, nurse, Nationally certified or state licensed Paramedic familiar with current out-of-hospital care. The examiner should have ample experience in providing patient care at the Paramedic level and possess a thorough command of the current *National Education Standards and Paramedic Instructional Guidelines*. The examiner should be experienced in evaluating candidates in this format.

Appendix A:

Signs to Post for Skills

PATIENT ASSESSMENT – TRAUMA

AEMT and Paramedic Candidates

PATIENT ASSESSMENT – MEDICAL

AEMT Candidates

VENTILATORY MANAGEMENT

AEMT Candidates

CARDIAC MANAGEMENT SKILLS

LEVEL	SKILL(S) TO TEST
AEMT	<ul style="list-style-type: none">• Cardiac Arrest Management/AED only
Paramedic	<ul style="list-style-type: none">• Dynamic Cardiology• Static Cardiology

ORAL STATION

Paramedic Candidates Only

IV AND IV BOULUS MEDICATION SKILLS

AEMT Candidates

PEDIATRIC SKILLS

AEMT Candidates

**Complete Both Pediatric Respiratory Compromise and Pediatric
Intraosseous Infusion Skills**

RANDOM EMT SKILLS

LEVEL	SKILL(S) TO TEST
AEMT	All must test one of the following: <ul style="list-style-type: none">▪ Bleeding Control/Shock Management▪ Long Bone Immobilization▪ Joint Immobilization

INTEGRATED OUT-OF- HOSPITAL SCENARIO

Paramedic Candidates Only

Appendix B:

Equipment List

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS
ADVANCED LEVEL PSYCHOMOTOR EXAMINATION
EQUIPMENT LIST**

PATIENT ASSESSMENT – TRAUMA

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- 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 he/she 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

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- 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 he/she 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.

VENTILATORY MANAGEMENT (SUPRAGLOTTIC AIRWAY DEVICE)

Equipment for the Pediatric Ventilatory Management and Pediatric Respiratory Compromise Skills is listed separately in the Pediatric Skills section below.

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikins (infant and adult)
- Pediatric/Infant manikin (approximate size of a 1 year old child)
- Laryngoscope handle and blades (straight and curved – infant and adult)
- Endotracheal tubes (3.0 – 8.5 mm)
- End-tidal CO₂ detector and/or esophageal detector device (EDD)
- Syringes (10 mL, 20 mL, 35 mL, etc.)
- Stylette
- BVM device with reservoir (infant and adult)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (infant and adult)
- Selection of nasopharyngeal airways (infant and adult)
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc. for infant and adult)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway
- Stethoscope
- Lubricant
- 1/2" tape
- Spare batteries
- Tongue blade
- Towel or other appropriate padding

CARDIAC MANAGEMENT SKILLS (DYNAMIC CARDIOLOGY, STATIC CARDIOLOGY, AND CARDIAC ARREST MANAGEMENT/AED)

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 and ECG tracings will be provided by the National Registry Representative. ***The manikin must be placed and left on the floor for these skills. Live shocks must be delivered if possible.*** If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as best as possible.

- Examination gloves
- Monitor/defibrillator (no automated, semi-automated or interpreting machines permitted) with freshly charged batteries and spares
- Arrhythmia generator compatible with manikin and monitor/defibrillator
- Defibrillation manikin
- Conductive medium (gel, pads, etc.)
- ECG paper
- Automated External Defibrillator (trainer model) with freshly charged and spare batteries
- CPR manikin that can be defibrillated with an AED Trainer

ORAL STATION

These skills should be located in a quiet, isolated room with a desk or table and two comfortable chairs. The Skill Examiner will sit across from and face the candidate during the testing in this station. The National Registry Representative will provide prepared testing cases and a barrier to prohibit any candidate from observing any case information or examiner documentation. Each candidate completes two separate cases, each of which is conducted by a separate Skill Examiner.

- Tablet paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Divider barrier that prohibits candidate from observing any printed case materials or documentation
- Watch or visible clock with a second hand

IV AND MEDICATION SKILLS (IV THERAPY AND IV BOLUS MEDICATIONS)

Equipment for the Pediatric Intraosseous Infusion Skill is listed separately in the Pediatric Skills section below.

- Examination gloves
- IV infusion arm
- IV solutions*
- Administration sets**
- IV catheters***
- IV push medications (prefilled syringes)****
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:

- * Need a selection array but may be expired
- ** Need a selection array and must include microdrip tubing (60 gtt/cc)
- *** Need a selection array and can replace with small (20-22 ga.) catheters
- **** Must include atropine, epinephrine 1:10,000, naloxone, and dextrose 50% plus several others

PEDIATRIC SKILLS (PEDIATRIC INTRAOSSEOUS INFUSION, AND PEDIATRIC RESPIRATORY COMPROMISE)

NOTE: These skills may be set up as part of the Ventilatory Management Skills and the IV and Medication Skills.

PEDIATRIC INTRAOSSEOUS 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 (Jamshidi[®], electric, drill-type and/or spring-loaded device)
- Syringes (various sizes)
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:

* Need a selection array but may be expired

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

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
- Tongue blade
- Towel or other appropriate padding

RANDOM EMT SKILLS

Skills will be tested as follows but all equipment for all skills must be available. One adult or adolescent who is at least 16 years of age must serve as the Simulated Patient for this skill.

LEVEL	SKILL(S) TO TEST
AEMT	All must test one of the following: <ul style="list-style-type: none">▪ Bleeding Control/Shock Management▪ Long Bone Immobilization▪ Joint Immobilization

BLEEDING CONTROL/SHOCK MANAGEMENT

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

LONG BONE IMMOBILIZATION

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

JOINT IMMOBILIZATION

- Examination gloves
- Cravats (6) to be used as a sling and swathe

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.):

- Oropharyngeal airways (Sizes 0 – 6)
- Nasopharyngeal airway (Minimum pediatric size – Maximum adult size)
- Blind insertion or supraglottic airway devices (adult and pediatric sizes)
- Endotracheal tubes 2.5 – 4.5 uncuffed, 3.0 – 9.0 cuffed (stylet and syringe)
- Laryngoscope and blades (Sizes 2 – 4 straight and curved)
- Magill forceps (adult and pediatric)
- Tongue depressor
- BVM with mask and connection tubing (adult and pediatric)
- Suction (bulb, rigid and flexible catheter)
- Oxygen administration devices (nasal cannula, simple mask, partial non-rebreather mask, Venturi mask, mini nebulizer)
- Pulse oximetry (can be built-in to the cardiac monitor/defibrillator unit)
- Glucometer
- Penlight
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Vascular access (antiseptic wipe, IV catheters 18 – 22 ga., tourniquet, tape/securing device)
- Sharps container
- Syringes, 3 of each size (1 mL, 3 mL, 10 mL, 30 mL)
- Needles (5 – 21 ga.)
- 10 mL normal saline flush (5)
- Intranasal atomization device (2)
- Microdrip and macrodrip tubing, 2 each
- Pediatric weight-based assessment tool
- Hemorrhage control (pressure dressing, tourniquet, occlusive dressing, hemostatic agent, abdominal pad, 4 x 4, Kling® or Kerlex®)
- PPE (gowns and face masks may be in the ambulance)
- Cardiac Monitor/defibrillator capable of 12-lead ECG acquisition and transcutaneous pacing (adult and pediatric)
- Waveform capnography or colorimetric device
- Oxygen cylinder with regulator

The following medications may be included in the “First-in” bag or as part of a separate Medication bag:

- Alpha/beta adrenergic agonists (epinephrine, 1: 1,000 [2 – 10 mcg/min IV/IO; 0.3 mg IM; 5 mg inhaled]; epinephrine, 1: 10,000 3 mg IV/IO [1 mg administered 3 times])
- Analgesia (morphine 0.1 mg/kg IV/IO or fentanyl 1 mcg/kg IN/IM/IV/IO)
- Anticholinergics (atropine, 0.5 mg – 3 mg, (pediatric 0.01 – 0.02 mg/kg); ipratropium, 1.5 mg nebulized (0.5 mg up to 3 times in conjunction with albuterol)
- Benzodiazepines (diazepam 10 mg IV or lorazepam 4 mg IV or midazolam 5 mg IV/IM/IN/buccal) double for the second dose
- Beta-2 agonist (albuterol, 15 mg nebulized [5 mg continuous])
- Glucose-elevating agents, (oral glucose, 25 gm PO; dextrose, 50 gm of 10 – 50% solution IV/IO (25 gm administered 2 times); glucagon, 2 mg IM/IN (1 mg administered 2 times)
- Isotonic fluid, 2 L (normal saline or lactated Ringer's)
- Adenosine, 6 mg, 12 mg, and 12 mg doses IV/IO
- Amiodarone, 450 mg IV/IO or lidocaine, 3 mg/kg IV/IO
- Aspirin, chewable, nonenteric-coated preferred, 325 mg
- Naloxone, 2 mg IV/IO/IM/IN/ETT
- Nitroglycerin, 0.4 mg SL (35 doses, tablets or spray or paste)

The following equipment is to be located in the ambulance:

- 3 ¼" 14 ga. Angiocatheter for needle thoracostomy
- Antiemetic (ondansetron 4 mg IV/IO/PO or metoclopramide 10 mg IV/IO/IM or prochlorperazine 10 mg IV/IM)
- Antipsychotics (haloperidol 10 mg or olanzapine 10 mg or ziprasidone 10 mg)
- Calcium chloride 10%
- Dexamethasone 16 mg IV/IM
- Diltiazem, 0.25 mg/kg and 0.35 mg/kg IV/IO
- Diphenhydramine ,50 mg
- Dopamine, 2 – 20 mcg/min IV/IO
- Atropine/pralidoxime chloride autoinjector
- Ketamine, 4 mg/kg
- Ketorolac, 60 mg IV/IM
- Magnesium sulfate, 4 Grams
- Sodium bicarbonate, 1 mEq/kg IV/IO
- Non-invasive ventilation techniques (CPAP, BiPAP, Intermittent positive pressure breathing, humidified high-flow nasal cannula)
- IO catheters (adult and pediatric), IO stabilization device, stop cock or extension set, pressure infusion bag
- OB kit (bulb syringe, 2 cord clamps)
- PPE (gowns and face masks may be in the ambulance)
- Waveform capnography or color metric device (can be in the First-in Bag or the ambulance)
- Fracture stabilization (pelvic binder, rigid splints, air splints, traction splints)
- Cold packs
- Hot packs
- Eye shield

- Cervical collar (adjustable or various sized, adult and pediatric)

Medications:

- Cyanide antidote (amyl nitrite, 0.3 mg inhaled; sodium thiosulfate, 12.5 Gm IV; and sodium nitrite, 300 mg IV or hydroxocobalamin, 5 mg)
- Steroids (methylprednisolone, 125 mg IV or dexamethasone 16 mg IV/IM or hydrocortisone succinate 100 mg IV/IM)

Appendix C:

Examination Staff Roster

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

**ADVANCED LEVEL PSYCHOMOTOR EXAMINATION
ROSTER FOR SKILL EXAMINERS, PROFESSIONAL PARAMEDIC PARTNERS, AND
SIMULATED PATIENTS**

EXAM DATE: _____

PATIENT ASSESSMENT – TRAUMA

EXAMINER: _____ LOCATION: _____

PATIENT*: _____

EXAMINER: _____ LOCATION: _____

PATIENT*: _____

PATIENT ASSESSMENT – MEDICAL

EXAMINER: _____ LOCATION: _____

PATIENT*: _____

EXAMINER: _____ LOCATION: _____

PATIENT*: _____

VENTILATORY MANAGEMENT

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

CARDIAC MANAGEMENT SKILLS

Dynamic and Static Cardiology:

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

Cardiac Arrest Management/AED:

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

ORAL STATION

Oral A Case:

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

Oral B Case:

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

IV & MEDICATION SKILLS

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

PEDIATRIC SKILLS

EXAMINER: _____ LOCATION: _____

EXAMINER: _____ LOCATION: _____

RANDOM EMT SKILLS

EXAMINER: _____ LOCATION: _____

EMT ASSISTANT: _____ PATIENT: _____

EXAMINER: _____ LOCATION: _____

EMT ASSISTANT: _____

PATIENT: _____

INTEGRATED OUT-OF-HOSPITAL SCENARIO

EXAMINER: _____ LOCATION: _____

PROFESSIONAL PARAMEDIC PARTNER: _____

SIMULATED PATIENT: _____

EXAMINER: _____ LOCATION: _____

PROFESSIONAL PARAMEDIC PARTNER: _____

SIMULATED PATIENT: _____

EXAMINER: _____ LOCATION: _____

PROFESSIONAL PARAMEDIC PARTNER: _____

SIMULATED PATIENT: _____

EXAMINER: _____ LOCATION: _____

PROFESSIONAL PARAMEDIC PARTNER: _____

SIMULATED PATIENT: _____