



BLS Psychomotor Examination

Examination Staff Orientation

Introduce yourself as the Examination Coordinator and thank the staff for participating.

General Instructions

- Project a professional image prior to, during, and after the examination.
- Evaluate all candidates fairly, consistently, and objectively.
- Read all instructions to each candidate in the same manner to ensure consistency and fairness.
- Ensure all BLS assistants and simulated patients have been oriented to their roles and inspect all equipment.
- Rehearse the scenario prior to evaluating the candidates.
- Simulate reality at each skill station as much as is reasonable.
- Do not teach or coach candidates prior to, during, or after the examination.
- Clarify for the candidates which skills should be performed and which skills should only be verbalized.
- No pictures or videos are to be taken of the station or candidate performance for any reason.
- Keep all examination materials confidential and in a secure location.

Documentation

- Document each candidate's performance on the score form.
- Ensure that each score form is completed in its entirety and includes:
 - a. A scenario number
 - b. A score for each measurement
 - c. The exact time the scenario starts and ends. Do not start at zero and use a stop watch.
- Only whole points are to be awarded, not fractions of a point. Total the final score.
- Provide a written explanation on the back of the score form if a critical failure is marked.
- Enforce the time limit. Mark a zero for any steps that were omitted or not completed within the allotted time frame.
- Ensure the candidate cannot directly observe you completing the form.
- Print legibly.

Communication

- Discuss candidate performance only with me.
- Direct all questions regarding scoring to only me.
- Ask candidates to clarify or elaborate if you do not understand what they are performing.

Examiners and Assistants

- If the candidate provides incomplete, inappropriate, or incorrect treatment, the assistant can ask up to two times for confirmation then perform the task. Evaluator should grade appropriately.
- If a candidate states, "I'd apply high flow oxygen," the evaluator should ask the candidate to explain how that will be done. If the candidate verbalizes "I'd do a quick assessment of the legs," the evaluator should ask the candidate to perform the assessment as done in the field.
- Read the Examination Instructions to all candidates exactly as printed. Allow the candidate two minutes to inspect the equipment and to ask questions.

BLS Assistants

- Don gloves
- Greet the candidate in the area identified and introduce yourself.
- Remain in contact with the candidate during the examination
- Follow the candidate's patient care directions.

Simulated Patients

- Act appropriately for the situation.
- Ensure responses are consistent with every candidate throughout the day.
- Remember what was assessed and/or treated to assist the Evaluator and Assistant in grading.

Other Information

- Candidates are allowed to only use the State approved non-electronic Field Guide or blank paper provided in the station.
- Collect all notes taken by the candidate and turn them in to me at the end of the examination.
- The same evaluator cannot retest a candidate for the same scenario type that the candidate previously failed.
- I will be visiting your skill stations throughout the examination.

Ask if there are any questions before testing begins.

Distribute examination material to the assigned evaluators and direct examination staff to their assigned station.



BLS Psychomotor Examination

Candidate Orientation

- Welcome the candidates and introduce yourself as the Examination Coordinator. I am responsible for ensuring a fair, objective, and impartial examination today.
- Check attendance.

General Expectations

- Do not attempt to make copies or recordings during the examination.
- Do not discuss any details of any skill station with anyone other than myself.
- Be respectful of other by keeping noise and disruptions to a minimum and be prompt when reporting to a station.
- Non-compliance of any policy will result in immediate dismissal from the remainder of the examination and the Office of Emergency Health Systems may take further action.

Evaluators

- Have been chosen for their expertise in the out of hospital setting.
- They will be documenting throughout the examination. Do not let this influence your performance.
- They will not provide positive or negative feedback about your performance. Do not assume the questions they ask imply any feedback about your performance.
- They have been instructed to avoid any casual conversation with the candidates.
- Will ask for your name and proper spelling when you enter the station.

General Information

- Remain in the staging area unless taking a restroom break. The use of tobacco products is prohibited.
- Remain at the testing facility until you have received your results. You will not be able to continue or resume testing if you leave this site for any reason during the examination.
- No cell phones or other digital devices are permitted during the administration of this examination. You can lock them in your car or leave up front with the examination staff.
- Only the State approved non-electronic Field Guide can be used in the station.
- Scratch paper and a writing utensil is provided in the station. Do not bring in your own. All notes must be left with the evaluator when completed with the scenario.
- If you brought any of your own equipment to use, I must inspect and approve it before you enter the station.

- I will be visiting the stations throughout the examination. I am only there to monitor the examination staff, not candidate performance.

Complaints

- Complaints can only be filed today **before** you receive your results. Complaints will not be accepted after you receive your results or leave this site. A complaint can only be filed for two reasons: You feel you have been harassed or discriminated against, or there was an equipment malfunction.
- You must notify me immediately if you believe you have experienced either of these two situations.
- If you wish to file a complaint, notify me immediately and I will provide you with the complaint form.
- A Quality Assurance (QA) Committee will review your concerns and make a final determination of your complaint today. The QA Committee is comprised of the Physician Medical Director, the Examination Coordinator, and the OEHS Education Manager or designee.

Results

- Results will be reported to you today as Pass or Fail.
- You will not receive an explanation of specific errors in your performance.

Retest Policy

- Passed portions of the BLS psychomotor examination will remain valid for 24 months from the examination date.
- This host site does not mandate or guarantee same-day retest opportunities.
- If we conduct a same-day retest and you are eligible, you will have one attempt to retest today.

-
- Hand out the Candidate Report/Candidate Affirmation Form and instruct candidates to fill out the top portion and read the retest information.
 - Instruct candidates to read the affirmation statement, print name legibly on the top line, and sign and date the bottom.
 - Ask if there are any questions.
 - Collect the form and check the candidate's government issued ID. Ensure form is filled out in its entirety.
 - Inspect equipment the candidate is taking into the scenario.



BLS Psychomotor Examination

Evaluator and Station Instructions

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

Evaluator Responsibilities

- Act in a professional and unbiased manner toward all involved in the exam including candidates.
- Limit conversation with candidates in 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 Exam Coordinator.
- 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 all exam materials always remain in a secure place.
- Return all exam materials, including candidate notes, to the Exam Coordinator.
- Thoroughly document justification for the candidate's score 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.

Evaluator 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 candidates is testing.
- The chronological order in which a candidate performs each step for a skill is only important if performing steps out of order would cause harm.
- Report all equipment failures immediately to the Exam Coordinator and promptly replace defective equipment.
- Inform the candidate that their performance must continue for exactly 15 minutes.
- Assess the candidate's ability to function as a professional team leader by communicating with and directing additional personnel appropriately.

Information for the Evaluator (cont'd.)

- Candidates may only use the State approved non-electronic Field Guide or blank paper provided in the station to take notes and for reference.
- Candidates may use their own equipment if approved by the Exam Coordinator prior to testing.
- Do not deviate from the patient progression as outlined in the scenario based on the candidate's correct or incorrect treatments.
- The BLS assistant should know and provide vital signs upon candidate request.
- The age and gender of the patient in the scenario may be altered to match today's simulated patient when appropriate.
- Do not allow candidates to remove clothing or expose the simulated patient beyond a level previously agreed upon.
- Transport begins upon the candidate's request and the remaining time is spent during transport with the candidate continuing to provide patient care.
- Score all candidates consistently to ensure that everyone is tested fairly. Converse with the BLS assistant and simulated patient for candidate performance.

Information for the BLS Assistant

Thank you for serving as the BLS assistant at today's examination. Please take a few moments to review some key points about your role.

BLS Assistant Key Points

- You are expected to work as a team member.
- Maintain professional conduct and follow the candidate's orders as appropriate.
- Provide patient care and skills to the level of the candidate being tested.
- 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 candidate direction with which you do not agree, express this concern to the candidate. You can ask the candidate up to two times for clarification.
- Simulate reality when possible. This includes performing actual tasks on the simulated patient or task trainer as appropriate.
- This station must last exactly 15 minutes.
- Transport begins upon the candidate's request and the remaining time is spent during transport with the candidate continuing to provide patient care. The assistant can only help verbally after transport begins.
- Be familiar with the details of the scenario and all equipment to avoid delaying the scenario.
- Introduce yourself to the candidate before beginning the scenario.

Information for the Simulated Patient

Thank you for serving as the simulated patient 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.

Station Set Up

- Do not begin testing until the Exam Coordinator has provided you with the scenario. Ensure all equipment is readily, accessible, working, and assembled in such a way that facilitates transport of the equipment from the “vehicle” 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, evaluator, and Exam Coordinator must agree with the level of exposure required to expose moulaged injuries.
- Manikins may be used as a simulated patient especially for young pediatric patients.

Equipment List

- ◇ Examination gloves
- ◇ Penlight
- ◇ Alcohol preps/disinfecting wipes to clean stethoscope and other equipment between candidates
- ◇ Blood pressure cuff
- ◇ Stethoscope
- ◇ Sterile water bottle
- ◇ Scissors
- ◇ Scratch paper and pen/pencil
- ◇ Blanket
- ◇ Tape
- ◇ Bandages
- ◇ Assorted dressings, Coban
- ◇ Rigid or semi-rigid splints of various sizes
- ◇ Long spine board with functional straps and head immobilizer
- ◇ C-collars
- ◇ Tourniquet
- ◇ Simulated or empty aspirin, nitroglycerine, oral glucose, naloxone, Albuterol, Epinephrine
- ◇ Oxygen cylinder with regulator (assembled, may be empty)
- ◇ Bag-valve device with masks (assembled)
- ◇ OPAs, NPAs
- ◇ Nasal cannulas
- ◇ Non-rebreather mask
- ◇ Cravats
- ◇ Towels (for bleeding control or padding)
- ◇ CPAP
- ◇ Pulse oximeter
- ◇ Suction device (manual or electronic) and catheters
- ◇ AED
- ◇ CPR manikin (For candidate use if CPR is required.)
- ◇ Full body manikin: adult, child, infant (To be used as Simulated Patient, optional)
- ◇ Additional blanket for patient to lay on (optional)



BLS Psychomotor Examination

Candidate Examination Instructions

(To be read by the Evaluator)

Welcome to the Basic life Support Psychomotor Skills examination station.

You have fifteen minutes to assess, manage, and treat discovered conditions and/or injuries. If equipment needed is not present, verbalize the use of the equipment unless otherwise advised.

You should communicate with and manage your patient as you would in a real out of hospital situation. I will document your treatments and may ask questions if clarification is needed.

You may remove and/or cut the Simulated Patient's clothes, if necessary, to facilitate assessment. Clinical information not obtainable by visual or physical inspection, for example blood pressure, will be provided only after demonstration of how you would obtain that information.

You have one trained BLS assistant working with you. This person will follow your direction and perform as directed by you. The assistant can only provide care at the level your are being tested.

You may take the next two minutes to review the available equipment. This time cannot be used to prepare, position, or set up equipment and cannot be used to begin documentation.

Do you have any questions?

- After the candidate completes the equipment review, read the dispatch information from the scenario sheet and begin the 15 minute time limit.



BLS Psychomotor Examination

Candidate Score Form

Candidate: _____

Evaluator: _____

Date: _____

Signature: _____

Scenario #: _____

Start Time: _____

Points Possible Points Awarded

Leadership and Scene Management		
Thoroughly assessed and took actions to control the scene and encouraged feedback from assistant.	3	
Assessed the scene, identified potential hazards, maintained scene safety	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		
Completed an organized assessment and utilized findings to expand further assessment while maintaining situational awareness	3	
Completed primary survey, secondary assessment, and reassessed based on patient condition	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary survey or reassessment of the patient	0	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified changes, adapted treatment plan based on patient's condition, and coordinates treatment(s) with partner	3	
Appropriately managed the patient's condition timely, adapted treatment plan based on patient's condition	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal Relations		
Encouraged feedback, established patient relationship, and interacted in an organized manner	3	
Interacted and responded appropriately with patient, team and/or bystanders	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, team, and/or bystanders	0	
Integration (Field Impression and Transport Decision)		
Provided appropriate management, offered a brief summary of diagnoses. Considered alternate transport options within 10 minutes. Detailed transfer of care report given	3	
Provided appropriate management and identified appropriate field impression. Transport decision made within 10 minutes. Transfer of care report given	2	
Provided correct management but did not identify appropriate field impression or transport decision. Transfer of care report not adequate	1	
Did not provide correct management, appropriate field impression, transport decision, or report	0	
End Time: _____	15	

Critical Failure

- ___ Failure to appropriately address any of the scenario's "Mandatory Actions"
- ___ Failure to manage the patient as a competent BLS Provider
- ___ Exhibits unacceptable affect with patient or team
- ___ Uses or orders a dangerous or inappropriate intervention

You must document your reason for checking any of the above critical items on the back side of this form.

Patient Name _____

Age _____

Chief Complaint _____

S _____

A _____

M _____

P _____

L _____

E _____

O _____

P _____

Q _____

R _____

S _____

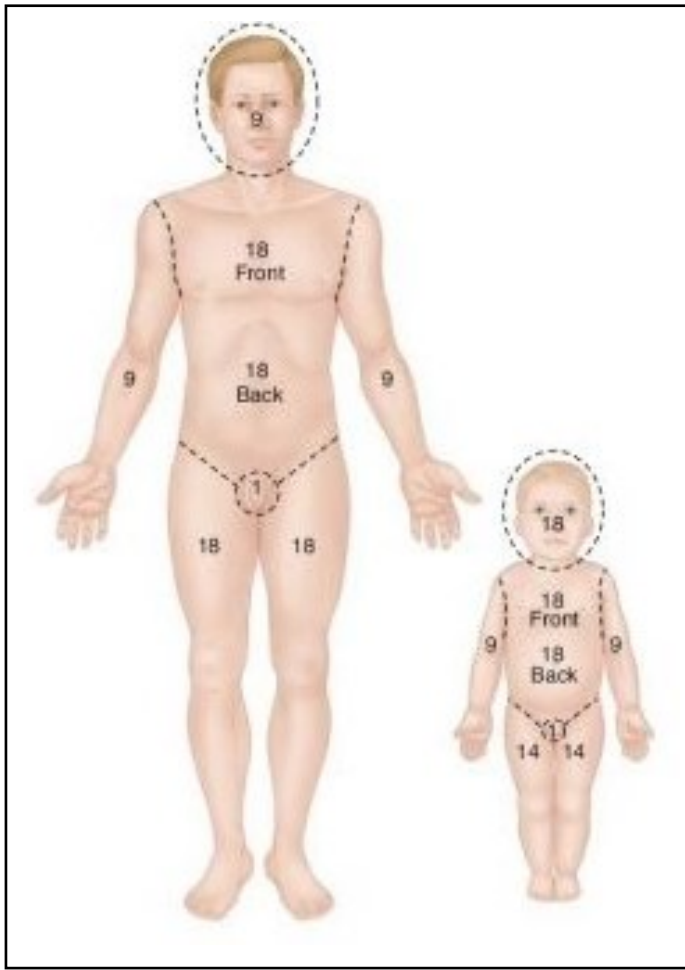
T _____

Time:	Time:	Time:
BP:	BP:	BP:
Pulse:	Pulse:	Pulse:
SpO2:	SpO2:	SpO2:
Resp:	Resp:	Resp:

Notes:

Glasgow Coma Scale

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	<i>Best response</i>	15
	<i>Comatose client</i>	8 or less
	<i>Totally unresponsive</i>	3



Vital Signs in Children

Normal Heart Rates* (beats/min)

Age	Awake Rate	Sleeping Rate
Neonate	100-205	90-160
Infant	100-180	90-160
Toddler	98-140	80-120
Preschooler	80-120	65-100
School-aged child	75-118	58-90
Adolescent	60-100	50-90

Normal Respiratory Rates (breaths/min)

Age	Rate
Infant	30-53
Toddler	22-37
Preschooler	20-28
School-aged child	18-25
Adolescent	12-20

Normal Blood Pressures

Age	Systolic Pressure (mm Hg) [†]	Diastolic Pressure (mm Hg) [†]	Mean Arterial Pressure (mm Hg) [‡]
Birth (12 h, <1000 g)	39-59	16-36	28-42 [§]
Birth (12 h, 3 kg)	60-76	31-45	48-57
Neonate (96 h)	67-84	35-53	45-60
Infant (1-12 mo)	72-104	37-56	50-62
Toddler (1-2 y)	86-106	42-63	49-62
Preschooler (3-5 y)	89-112	46-72	58-69
School-aged child (6-7 y)	97-115	57-76	66-72
Preadolescent (10-12 y)	102-120	61-80	71-79
Adolescent (12-15 y)	110-131	64-83	73-84



BLS Psychomotor Candidate Report

Candidate Name: _____

Examination Date: _____

Examination Site: _____

EMR

EMT

Are you retesting today? No

Yes

	Results of Full Attempt	
	Pass	Fail
Patient Management-Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Patient Management-Medical	<input type="checkbox"/>	<input type="checkbox"/>

Results of Retest	
Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Overall Results: **Pass**
 Retest

Pass
Fail

- You are required to complete a Medical or Trauma Patient Management scenario.
- You are eligible to retest a failed first attempt.
- You must retest a failed attempt for final results.
- Only one retest attempt can be completed at this examination if one is offered.
- Failure of both attempts during the first full attempt will require remedial training before attempting the examination on another date.
- Failure of an attempt on second full retest results in a final failure of the psychomotor examination.
- Passed psychomotor examination results are only valid for 24 months from the date of the examination.

Examination Coordinator Signature: _____

Comments: _____



BLS Psychomotor Candidate Affirmation

By my signature, I _____ affirm that I participated in and understand the information in the Candidate Orientation. I agree to fully abide by all policies of the Nebraska Office of Emergency Health Systems (OEHS). I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I understand that all decisions made by the OEHS are final. I also understand that my attendance at today's examination does not guarantee my eligibility for certification by the National Registry of EMTs or subsequent state licensure.

I understand that I must contact the Examination Coordinator immediately if I feel I have been discriminated against or experienced an equipment malfunction during the examination. I further understand that my complaints **will not be accepted** if I do not file my complaints today before receiving the examination results. I understand that the Examination Coordinator or staff will not explain any specific errors in my performance.

I understand that making threats toward the examination staff, use of unprofessional language, or committing other prohibited behavior may be sufficient cause to invalidate/nullify the results of my examination, terminate participation in the examination, revoke scores or eligibility in future examination attempts, or take other actions as the situation warrants. I assume all responsibility for competing the examination as required by policies and procedures established by the OEHS.

I affirm that all information entered on this form is truthful, correct, and matches my true identity which coincides with my information on the official roster for this examination.

Candidate Signature: _____

Date: _____



BLS Psychomotor Complaint Form

I wish to file a formal written complaint based upon the following information in accordance with the OEHS policy as explained in the Candidate Orientation. I fully understand that the decision by the Quality Assurance (QA) Committee is final and agree to abide by the final and official decision.

This complaint is due to by belief that I was discriminated against or their was equipment failure in the examination station.

Summary of Circumstances (Print Legibly): _____

Printed Name: _____ Signature: _____

Date: _____

NOTE: Do not leave the examination site until released by the Examination Coordinator following the review of this complaint and final determination of the QA Committee.



Quality Assurance Committee Review Form

Candidate: _____

Examination Site: _____

Date: _____

Station: Medical Trauma

Evaluator: _____

Evaluator Phone #: _____

Summary of Facts (use additional paper if necessary): _____

After review the facts as presented, QA Committee's official decision is as follows:

____ Nullify the results of the station(s) in question regardless of the score and repeat the station(s)

____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the QA Committee's decision by the Examination Coordinator.

Signature or name of Physician Medical Director: _____

Signature of Examination Coordinator: _____

Signature or name of OEHS Education Manager: _____

As the complainant, I have been informed of the Quality Assurance Committee's official and final decision.

Signature of Candidate: _____ Date: _____

This form shall become retained as part of the candidate's examination documentation.



BLS Psychomotor Examination Scheduling Roster

Examination Site: _____ Examination Date: _____

Cut-off Date: _____ Examination Start Time: _____

Examination Coordinator: _____ Alternate EC: _____

Name	Phone # or email	Level (EMR or EMT)	Full Exam or Retest
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Examination Coordinator Signature: _____ Date: _____

Name	Phone # or email	Level (EMR or EMT)	Full Exam or Retest
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			



BLS Psychomotor Staff Roster

Patient Management—Trauma

Evaluator: _____

Room #: _____

BLS Assistant: _____

Simulated Patient: _____

Patient Management—Trauma

Evaluator: _____

Room #: _____

BLS Assistant: _____

Simulated Patient: _____

Patient Management—Medical

Evaluator: _____

Room #: _____

BLS Assistant: _____

Simulated Patient: _____

Patient Management—Medical

Evaluator: _____

Room #: _____

BLS Assistant: _____

Simulated Patient: _____