



RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 10, 2015

Subject: BLS Psychomotor Examination Deficiency Assessment Feedback Form

VTR#: 0615-04

Committee/Task Force: EMS Education Task Force

☐ Recommended Goal

☒ Recommended Policy Change

☐ Other:

Recommendation:

The Department should adopt the use of a BLS psychomotor examination deficiency assessment feedback form

Rationale [Background]:

Currently education institutes receive aggregate feedback data from the National Registry of EMTs as to how their students perform on the NREMT cognitive exams, but there is no mechanism to provide feedback on psychomotor exams. Education institutes have expressed concern that this lack of feedback inhibits their ability to improve the delivery of their programs and ultimately better serve the students. Providing feedback on psychomotor exams will complete the feedback loop and allow continuous quality improvement of EMS certification programs.

This recommendation is limited to BLS psychomotor exams. The task force sees merit in such a form for both ALS and BLS psychomotor exams; however, the ALS psychomotor exams are strictly regulated by the NREMT. In addition, the NREMT is currently in the process of modifying the ALS psychomotor exams, resulting in fewer testing stations, transitioning many of the current ALS psychomotor skills testing stations to "sign offs" to be completed by the educational institute in a portfolio throughout the ALS program.

A sample form has been included with this VTR, the task force encourages the Department to modify the form as necessary to meet the needs of exam coordinators and education institutes.

Fiscal Concerns:

The fiscal impact would be nominal in terms of additional staff time required to complete the aggregate data form by psychomotor exam coordinators.

Educational Concerns:

Exam coordinators would need minimal education on completing the form. It is expected that the form would be very similar to the critical criteria already documented on NREMT evaluation forms.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

No board comments. VTR passed unanimously.

Signed: David Jones
President

Date 6/30/15

For PEHSC Use Only – PA Department of Health Response

Accept: _____

Table: _____

Modify: _____

Reject: _____

Comments:

Date of Department Response: _____

PSYCHOMOTOR EXAMINATION DEFICIENCY ASSESSMENT

TRAINING INSTITUTE: _____

EXAMINATION DATE: _____

CARDIAC ARREST MANAGEMENT / AED

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to operate the AED properly
- ___ Failure to deliver shock in a timely manner
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

Total Failure: _____

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to assemble the oxygen tank and regulator without leaks
- ___ Failure to prefill the reservoir bag
- ___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ___ Failure to assure a tight mask seal to patient's face
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

Total Failure: _____

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 10 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to determine scene safety
- ___ Failure to assess for and provide spinal protection when indicated
- ___ Failure to voice and ultimately provide high concentration of oxygen
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ___ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

Total Failure: _____

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 15 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to determine scene safety before approaching patient
- ___ Failure to voice and ultimately provide appropriate oxygen therapy
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ___ Orders a dangerous or inappropriate intervention
- ___ Failure to provide accurate report to arriving EMS unit
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel

Total Failure: _____

SPINAL IMMOBILIZATION (SUPINE PATIENT)

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise
- ___ Head immobilized to the device before device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel

Total Failure: _____

BVM VENTILATION OF AN APNEIC PATIENT

CRITICAL CRITERIA

- ___ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to suction airway before ventilating the patient
- ___ Suctions the patient for an excessive and prolonged time
- ___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- ___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel

Total Failure: _____

SPINAL IMMOBILIZATION (SEATED PATIENT)

Total Failure: _____

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to the torso
- _____ Device moves excessively up, down, left or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

JOINT IMMOBILIZATION

Total Failure: _____

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the bone above and below the injury site
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Total Failure: _____

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the joint above and the joint below the injury site
- _____ Did not immobilize the hand or foot in a position of function
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

BLEEDING CONTROL/SHOCK MANAGEMENT

Total Failure: _____

CRITICAL CRITERIA

- _____ Did not take or verbalize appropriate body substance isolation precautions
- _____ Did not administer high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

RECOMMENDATIONS/SUGGESTIONS FOR IMPROVEMENT:

EXAM COORDINATOR: _____

STATE OFFICIAL: _____