

Patient Assessment – Trauma

Instructions to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the instructions for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- 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. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the National Registry. Skill Examiners must limit conversation with candidates to the communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the instructions for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the National Registry Representative

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multiple systems trauma. A high-fidelity simulation manikin capable of responding as a real patient, given the scenario(s) utilized today, may also be used as the Simulated Patient. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information are read, the time limit starts when the candidate turns around and begins to approach the Simulated Patient.

Today, you may evaluate candidates who were trained over several different curricula and have different scopes of practice. You should determine the level at which each candidate is testing before beginning his/her actual evaluation so that you do not mistakenly hold a candidate responsible for a level of care which he/she may not have been trained. The instructions you read to the candidate will assist you in determining his/her level of training.

Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required.

Due to the limitations of moulage, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses, or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate inspects the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was assessing the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound, and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs listed with the scenario have been provided as a sample of acceptable changes in the Simulated Patient's vital signs based on the candidate's treatment. They are not comprehensive, and we depend on your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step "Obtains, or directs assistant to obtain, baseline vital signs" has been placed in the "History Taking" section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where vital signs may be accomplished. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based on the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed, and an accurate BP could be obtained by sphygmomanometer during transport of the Simulated Patient.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.

Currently, there are many appropriate and acceptable out-of-hospital treatment protocols for hypovolemic shock. There is still debate about fluid resuscitation and the use of the pneumatic anti-shock garment (PASG). In general, the PASG should be applied and inflated to stabilize the pelvis. Fluid resuscitation should not delay transport of the patient to the nearest appropriate facility. Generally, out-of-hospital treatment for hypovolemia is initiated with one large-bore IV and a fluid bolus of 10 – 20 mL/kg of isotonic crystalloid solution. The patient's vital signs should be rechecked every five minutes and additional boluses of fluid might be administered based upon the patient's response. Aggressive out-of-hospital resuscitation of patients with intrathoracic pathologies may be detrimental. You must be mindful of these variations when awarding the point for "Initiates shock management" and reviewing

the critical statement, "Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)."

Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, "You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?" This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the National Registry Representative for clarification prior to beginning any evaluation. We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes four distinct categories of assessment, namely the "Scene Size-Up," "Primary Survey/Resuscitation," "History Taking," and "Secondary Assessment." However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. In accordance with the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, the most seriously injured patients should be rapidly identified based on an assessment of the anatomy of injury and measured vital signs, including a calculated Glasgow Coma Score. Perhaps the most appropriate assessment occurs when the candidate integrates portions of the "Secondary Assessment" when appropriate within the sequence of the "Primary Survey/Resuscitation." For example, it is acceptable for the candidate who, after appropriately opening and evaluating the Simulated Patient's airway, assesses breathing by exposing, palpating, and auscultating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax/lumbar area into the "Primary Survey/Resuscitation" portion as outlined on the evaluation form. This integration should not occur in a haphazard manner but must fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Survey/Resuscitation." However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step, "Considers stabilization of spine," mark the appropriate statement under "Critical Criteria" and document your rationale as required.

Immediately upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. Transport to the nearest appropriate facility should not be delayed for establishment of peripheral IVs or detailed physical examination if prolonged extrication is not a consideration. You must inform the candidate to continue his/her assessment and treatment while transporting the Simulated Patient. Be sure to remind the candidate that both "partners" are available during transport. You must stop the candidate promptly when the 10 minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a simulated patient. **You are not permitted to alter any patient information provided in the scenario other than age and gender to coincide with today's Simulated Patient.**

Be sure to train your Simulated Patient to respond as a real patient would, given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients must be adults or adolescents who are at least 16 years of age. All Simulated Patients must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill.

All Simulated Patients must wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments must be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you must pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient.

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the examination.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as a real patient of a similar multiple trauma situation would. The Skill Examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you must act out and the degree of pain that you exhibit as the candidate palpates those areas must be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a Simulated Patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until the National Registry Representative has provided you with a trauma scenario. You must also have 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 today may also be used as the Simulated Patient. The following equipment must also be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

Instructions to the Psychomotor Skills Candidate Patient Assessment – Trauma

Welcome to the Patient Assessment – Trauma skill. Before we begin, I need to know the level of testing that you need to complete today. Are you testing at the Advanced Emergency Medical Technician level, Intermediate/99 level, or Paramedic level today?

This is the Patient Assessment – Trauma skill. In this skill, you will have 10 minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following demonstration of how you would normally obtain that information in the field. You may assume you have two partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

[Skill Examiner now reads "Mechanism of Injury" from prepared scenario and begins 10 minute time limit.]