



**Government of the
District of Columbia**



Department: Department of Health
Administration: Health Emergency Preparedness and Response Administration
Section: Emergency Medical Services
Policy Name: EMT Practical Skill Examination Procedures
Policy Number: 2012-0020
Effective Date: 06 July 2012

Approved By: Brian W. Amy, MD, Interim Senior Deputy Director, HEPRA 
Applies To: EMS Educational Institutions & Instructors
Purpose: Define Procedures to be used during EMT Practical Skill Testing for NREMT Certification
Reference: Emergency Medical Services Act of 2008, Section 8
Policy 2010-0001 "Transition to NREMT Certification Policy"
Policy 2010-0011 "EMS Educational Institution Standards"
Policy 2011-0015 "EMS Curriculum and Course Standards"
Revision: Original

Introduction

With the adoption of the National Registry of Emergency Medical Technicians (NREMT) certification requirement in the District, HEPRA has also adopted the NREMT practical examination standard. In November of 2011 the NREMT issued the updated Basic Life Support (BLS) psychomotor examination guidelines for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT). This policy outlines the EMT examination standards adopted by the District of Columbia, based on the NREMT guidelines. These standards will be put into effect on 01 October 2012.

Certification Examination Requirements

All EMT certification courses seeking NREMT certification are required to conduct a practical skill examination in addition to a written examination. These examinations must comply with both District and NREMT standards.

Examination Stations

The EMT practical examination consists of seven (7) stations, six (6) mandatory and one (1) random skill station, which include:

- Mandatory Stations
 - Patient Assessment/Management – Trauma
 - Patient Assessment/Management – Medical
 - BVM Ventilation of an Apneic Adult Patient
 - Oxygen Administration by Non-rebreather Mask

- Cardiac Arrest Management/AED
- Spinal Immobilization (Supine Patient)
- Random Stations
 - Spinal Immobilization (Seated Patient)
 - Bleeding Control/Shock Management
 - Long Bone Immobilization
 - Joint Immobilization

The skill stations consist of both skill based and scenario based testing. The candidate will be tested individually in each station and will be expected to direct the actions of any assistant EMTs who may be present in the station. The candidate should pass or fail the examination based solely on his/her actions and decisions.

Examination Coordinator

When an educational institution desires to conduct a practical exam, they must designate an instructor to be the Examination Coordinator. This person is responsible for all activities related to the planning, staffing and implementation of the exam. The Exam Coordinator must maintain a list of all candidates who will be testing and report that list to the EMS Division no later than 7 (seven) days prior to the psychomotor exam.

The Examination Coordinator is responsible for selecting Skill Examiners (each examiner must be certified or licensed to perform the skill that he/she is to evaluate) and each examiner must be approved by the educational institution's Medical Director. The Examination Coordinator cannot serve as a Skill Examiner during the examination. The Examination Coordinator must be present at the site during the examination.

The Examination Coordinator will select the personnel who will act as simulated patients and Assistant EMTs. The Coordinator is also responsible for the equipment used in the stations. He/she is responsible for the flow of candidates through the skill stations and ensuring that candidates do not discuss the examination materials, scenarios, etc., during the examination period.

Skill Examination Staff

Skill Examiners can only be people who are currently certified or licensed to perform the skill they will evaluate. We encourage recruitment of currently Nationally Registered EMTs to serve as Skill Examiners as they are already familiar with the examination process and possess a previously demonstrated expertise in the skill. Careful attention should 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.

Exam Candidates

There are issues that can arise either before or during the testing process that will need to be addressed. Additionally, while the overwhelming majority of candidates who will be challenging the Psychomotor Exam will do so in an ethical manner, there is a small minority who will try to work around or cheat the process.

Late Arrivals

Situations such as inclement weather conditions or ambulance runs are typical examples in which the candidate may be granted permission to begin the psychomotor examination late. If admitted into the examination, candidates arriving late must be afforded the opportunity to complete all of the psychomotor examination he/she needs. If the facility cannot ensure that the candidate will be able to complete all portions of the psychomotor examination he/she needs, the candidate must be dismissed from the examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

False Identification

If at any time it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the District's EMS Official must be immediately notified and attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to fully indicate that the candidate identified on the EMT Psychomotor Examination Report Form did not actually complete the psychomotor examination. The District EMS Official will dismiss the impersonator from the examination site. A report must be filed with the District's EMS Division to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the true identity of the impersonator if it can be determined.

Photocopies of any ID are not official and will not be accepted. If a candidate has no acceptable form of ID and the Examination Coordinator, Physician Medical Director, or any other person in an official capacity at the examination site cannot verify his/her true identity, the District EMS Official will immediately dismiss the candidate from the psychomotor examination.

Use of Prohibited Materials

Candidates are not permitted to use notes of any type that were brought into the examination and they are not permitted to take any study materials into any skill station when testing. Candidates must not copy any material from the examination or make recordings of the examination at any time or in any way. The use of calculators, pagers, cellular telephones, personal digital assistants, or any other mechanical or electronic communication device is strictly prohibited throughout the psychomotor examination.

If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any

other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate will be dismissed from the examination process by the District EMS Official.

If any candidate is suspected of committing any of the above actions, immediately notify the on-site District EMS Official. The following actions will be taken:

1. Immediate suspension of the administration of the psychomotor examination to all candidates at that site.
2. Interview any and all candidates suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.
3. Attempt to obtain all copies of such notes or recordings for inspection.
4. Enlist the assistance of law enforcement personnel to assist with retrieval of the copyrighted property of the NREMT.

After all materials have been retrieved, all interviews completed, and the District EMS Official is reasonably satisfied that all candidates involved have been dismissed, administration of the psychomotor examination may resume at the discretion of the District EMS Official.

Candidates Suspected of Dishonest Action

A written report must be submitted to the District EMS Officer in all suspected cases of dishonesty in the psychomotor examination. Reports must be submitted by any proctor(s), the Examination Coordinator, and all other personnel who witnessed the occurrence. The report must include the following:

- Name, address, and phone number of the person who witnessed the occurrence
- Purpose/function at the examination site
- A summary of all facts concerning the situation

Prior to returning completed examination materials, the District EMS Official will clearly mark the EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report. ***The Report Must Be Submitted to the District's State EMS Officer.***

Irregular Behavior

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, the candidate must be warned that he/she will be dismissed if the behavior persists.

The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

- The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
- The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination questions or answers before, during or after the examination.
- The making of threats toward NREMT staff, District EMS Division staff, and/or Examination staff.

- The use of unprofessional (foul) language when interacting with NREMT and/or District EMS Division staff or Examination staff.
- The offering of any benefit to any agent of the NREMT, District EMS Official, Examination Staff or the testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
- The engaging in irregular behavior in connection with the administration of the examination.

Dismissal from the Psychomotor Examination

Because of the need to maintain order and examination security in the examination process, a candidate may be dismissed for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a candidate and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or physical reprisal.

Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward NREMT or District EMS Officials or Examination Staff; used unprofessional (foul) language when interacting with NREMT or District EMS Officials or Examination Staff; attempted to take or took any copyrighted NREMT examination materials; or engaged in irregular behavior in connection with the administration of the examination.

When there is a violation, all of the candidate's psychomotor examination material completed up until that point must be immediately collected and the candidate is dismissed from the examination site.

Complaints

Exam candidates can file a complaint for two (2) reasons:

1. The candidate feels they have been discriminated against.
2. There was an equipment problem or malfunction during the performance in any skill.

The candidate must contact the on-site District EMS Official immediately to initiate the complaint process. The complaint must be in writing. ***Complaints will not be valid after completion of testing and will not be accepted after the candidate learns of their test results or leaves the testing site.*** The District EMS Official present during testing will make the final determination on the complaint.

Examination Results

The Skill Station Examiners observe the candidate's performance and record the observations on the Skill Station Testing Sheets. These skill sheets are collected by the Examination Coordinator and graded according to the pass/fail criteria provided by the Department of Health. The District EMS Official will review the grading and enter the information on the Exam Roster and the Candidate Reporting Form. The Skill Station Testing Sheets are to be kept on file with the class

records at the educational institution. The skill sheets must be kept on file at least one year (12 months).

Exam Failures

If a candidate fails three (3) or less skill stations, they are entitled to retest those skills on the same day. If the candidate fails four (4) or more skill stations, it shall be considered a failure of the entire practical exam. He/she will be required to retest the entire practical skill examination at a later date.

Retests of failed skills can be done on the same day if the hosting institution is able to accommodate the additional testing. Educational institutions are not required to host same day retests. Additionally, retesting can only be performed if the institution can accommodate all students in need of retesting.

The following candidates would be eligible for a same-day retest if administered:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail three (3) or less skills
- EMT candidates on Retest #1 attempt who fail any of the three (3) skills tested

The following candidates *are not* eligible for any same-day retesting:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail four (4) or more skills
- EMT candidates on Retest #2 who fail any of the three (3) or less skills tested

Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all seven [7] skills) on the next full attempt after officially documenting remedial training in all skills. Remember that the retest must be within 12 months of the initial psychomotor examination (all seven [7] skills) to be accepted.

No candidate is permitted to complete the entire EMT Psychomotor Examination again during a same-day retest attempt.

Reporting the Examination Results

The Examination Coordinator will receive a copy of the Practical Exam Roster with the individual skill station results. The Examination Coordinator must report the results to the Program Director and the Medical Director of the education institution. Upon completion of the practical exam, the results must be reported to the National Registry. The District EMS Official has the responsibility of reporting the results to the National Registry.

Examination Station Reference Chart

Skill Station Time Limits and Minimum Passing Scores

Station	Skill to be Tested	Max Time Limit	Minimum Score
1	Patient Assessment Management – Trauma	10 minutes	33 points
2	Patient Assessment Management – Medical	15 minutes	33 points
3	Bag-Valve-Mask Ventilation of an Apneic Patient	5 minutes	13 points
4	Oxygen Administration by Non-rebreather Mask	5 minutes	8 points
5	Cardiac Arrest Management/AED	10 minutes	14 points
6	Spinal Immobilization Station - Supine Patient	10 minutes	11 points
7	<i>Random Skill Verification</i>		
	a. Spinal Immobilization Station - Seated Patient	10 minutes	9 points
	b. Bleeding Control/Shock Management	10 minutes	5 points
	c. Long Bone Immobilization	5 minutes	8 points
	d. Joint Injury	5 minutes	7 points

Skill Station Staffing

Station	Skill to be Tested	Examiners	Assistants	Sim Patients	Candidates/ Hour
1	Patient Assessment Management – Trauma	1		1	4
2	Patient Assessment Management – Medical	1		1	3-4
3	Bag-Valve-Mask Ventilation of an Apneic Patient	1			4-5
4	Oxygen Administration by Non-rebreather Mask				
5	Cardiac Arrest Management/AED	1	1		4
6	Spinal Immobilization Station - Supine Patient	1	1	1	4
7	<i>Random Skill Verification</i>				
	a. Spinal Immobilization Station - Seated Patient	1	1	1	4-5
	b. Bleeding Control/Shock Management				
	c. Long Bone Immobilization				
	d. Joint Injury				
		Total Staff			Flow
		6	3	4	4/hour