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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02852 (07/2021) | | | | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wisconsin Technical College System | | | | |
| **NREMT LEVEL PSYCHOMOTOR EXAMINATION**  **Out of Hospital Scenario** | | | | | | | | |
| Candidate Name | | | | | Date | | | |
|  | | | | |  | | | |
| Scenario | | Initial  Retest | | | Ped  Adult  Geriatric  Trauma  Medical | | | |
|  | |
| Actual Clock Time Started | | | | | | | Possible Points | Points Awarded |
| **Leadership and Scene Management** | | | | | | | | |
| Thoroughly assessed and took deliberate actions to control the scene, encourage feedback from Team Members. | | | | | | | 3 |  |
| Assessed the scene, identified potential hazards. Advocated for safety at all times | | | | | | | 2 |
| Incompletely assessed or manage the scene | | | | | | | 1 |
| Did not assess or manage the scene | | | | | | | 0 |
| **Patient Assessment** | | | | | | | | |
| Completed an organized assessment and integrated findings to expand further assessment while maintain situational awareness | | | | | | | 3 |  |
| Completed primary survey, secondary assessment and reassessment given 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 and rapidly intervened after confirming critical interventions with partner | | | | | | | 3 |  |
| Appropriately managed the patient’s presenting condition with appropriate timeliness, prioritization/sequence, adapted treatment plan as information became available | | | | | | | 2 |
| Performed an incomplete or disorganized management | | | | | | | 1 |
| Did not manage life-threatening conditions | | | | | | | 0 |
| **Interpersonal relations** | | | | | | | | |
| Encouraged feedback, took responsibility for the team, established rapport and interacted in an organized, therapeutic manner | | | | | | | 3 |  |
| Interacted and responded appropriately with patient, crew, and bystanders using closed loop and communication and appreciative inquiry | | | | | | | 2 |
| Used inappropriate communication techniques | | | | | | | 1 |
| Demonstrated intolerance for patient, bystanders, and crew | | | | | | | 0 |
| Actual Clock Time Patient Transported: | | | | | | | | |
| **Integration (Field Impression and Transport Decision)** | | | | | | | | |
| Provided appropriate management, offered a brief summary of prioritized differential diagnoses and considered alternate transport options | | | | | | | 3 |  |
| Provided appropriate management and identified appropriate field impression, patient acuity and transport destination to team | | | | | | | 2 |
| Provided correct management but did not identify appropriate field impression, patient acuity or transport destination | | | | | | | 1 |
| Did not provide correct management appropriate field impression, patient acuity or transport destination | | | | | | | 0 |
| Actual Clock Time Ended: | | | | | | | | |
| **Critical Criteria**  Failure to appropriately address any of the scenario’s “Mandatory Actions”  Failure to manage the patient as a competent EMT  Uses or orders a dangerous or inappropriate intervention  You must factually document your rationale for checking any of the above critical items on the bottom of this page. | | | | | | | | |
| Station Evaluator | | | **SIGNATURE** — Station Evaluator | | | | | |
|  | | |  | | | | | |
| Patient | | | **SIGNATURE** — Patient | | | | | |
|  | | |  | | | | | |
| Professional Partner | | | **SIGNATURE** — Professional Partner | | | | | |
|  | | |  | | | | | |
| **OFFICE USE ONLY** | **Examiner Designee Initials** | | | | | **Pass**  **Fail** | | |
|  | | | | |