2008-2009 OEC PRACTICAL FINAL EVALUATION

INTRODUCTION

In the interest of quality assurance of the OEC Program, the practical final exam is now prepared for each Instructor of Record (IOR). When an OEC course is ordered (registered) and course and challenge enrollment fees are submitted, this practical evaluation is sent to the IOR along with the final written evaluation.

This packet includes a series of scenarios and skill stations that enable instructors to evaluate the individual skills of an OEC technician trainee (referred to as "trainee"). Skills to be evaluated are the trainee's ability to:

- assess the patient/problem,
- determine the appropriate emergency care for the patient, and
- carry out and/or direct that emergency care.

According to NSP guidelines, the following skills must be evaluated for each candidate (refer to 2002 OEC instructor manual, page 48):

1. Patient assessment and vital signs
2. Airway management, oxygen equipment
3. Bleeding management and bandaging
4. Fracture management skills, upper and lower extremities
5. Spinal immobilization
6. Extrication, lifting, transport techniques (should include moving patient into toboggan)
7. Ski boot and helmet removal per local protocols

There are two options for final evaluation. One option includes two scenarios and four skill stations. This is very useful for larger trainee classes because it is less time-consuming. The scenarios would require the trainee to perform full assessments, obtain vital signs, and determine and provide the required emergency care. The skill stations are designed for the trainee to perform specific skills, without requiring an assessment of the patient prior to treatment. This option gives evaluators more opportunity to evaluate the trainee's ability to provide adequate treatment in more injury-specific situations. Another advantage of this option would be easier re-evaluation of a single skill set for a trainee who did not pass a skill station, versus having to set up an entire scenario. It also reduces the trainee's chance of not passing due to missing one facet of an assessment or treatment. A disadvantage would be that this option could require more participants than the second option.

The second option presented includes four scenarios requiring full assessments, vital signs determination, emergency care, and transport. The advantages to this option are that the evaluators have four opportunities to evaluate the complete skills of a trainee. The disadvantage of this option is that it is very time consuming and could require many more helpers, patients, and evaluators. This option works well with small trainee classes.

You, as the IOR, are encouraged to review this packet and become familiar with its contents. Blank evaluation forms are provided for you to copy and use throughout your course for practice scenarios and/or skill stations. The final practical evaluation packet and its contents (except for the blank forms) should not be used as a tool for the trainee prior to the final evaluation.

Your feedback on this "packaged" evaluation is welcome. Please direct your comments to education@nsp.org.

The National OEC Committee

OUTDOOR EMERGENCY CARE COURSE OR CHALLENGE
STANDARDIZATION OF PRACTICAL EVALUATION

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INSTRUCTOR OF RECORD (IOR) TIPS

IORs must submit course paperwork to the national office and others as required locally within two weeks of course completion. Paperwork should not be held up while waiting for any incomplete trainees, but should be updated when those trainees convert to a pass or fail.

The OEC Instructor Trainer (IT) assigned to the course must be present to ensure the quality of the final.

To familiarize trainees with the final evaluation format, practice scenarios should be performed as often as possible throughout the OEC course. Instructors will show trainees samples of the evaluation form, so the trainee knows what the evaluators are looking for.

A minimum of one evaluator is required at each station; however it is preferable to have multiple evaluators. There must be a minimum of one OEC instructor evaluating for each station. If multiple evaluators are used, a simple majority of evaluators passing a trainee is required (2 of 3 evaluators). If multiple evaluators are present at a station and cannot reach a pass or fail consensus, the OEC instructor/evaluator at that station would render the final decision regarding the trainee's status. The use of assistants or the patient to verify that a step was completed is acceptable. It is recommended that some evaluators from other patrols be used as evaluators whenever possible. This is key to the quality assurance of the OEC Program and recognizes that a "fresh set of eyes" can see things from a different perspective. For quality assurance purposes the IOR MAY NOT evaluate at their own OEC class final.

It is advisable to use evaluators as evaluators only. When used as bystanders or patients, evaluators cannot always observe all aspects of the trainee's activities thoroughly.

On the evaluation form, place a checkmark in the column next to the action/skill performed. If an action/skill was not performed, leave the box blank.

Trainees must achieve a score of at least 80 percent of the points assigned to the station and all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.

The environment of a scenario may be adapted to meet the particular needs of the evaluation; however, the injury or illness must remain the same. Example: Rather than a skier who is found off the trail and unresponsive, the scenario could involve a mountain biker in the same situation.

Color coding the evaluation forms so that each "station" has a different color will help you keep track of what forms go with each scenario or skill station.

Trainees MUST be tested individually in each station.

In stations that require additional personnel to complete the skill (lifting, traction splints, etc.), current OEC technicians should be used to reduce the chance of a trainee not passing due to the inexperience of a fellow trainee. This allows evaluators to assess the trainee's ability to direct experienced participants and the trainee's ability to verbalize instructions. Scenarios requiring additional assistants will allow those assistants to be available on the scene within 2-4 minutes after the trainee's radio call is made. If the trainee does not request assistance, it should not be sent.

Read "Information given to the trainee" prior to the trainee entering the scenario. Ask the trainee if he or she understands or if there are any questions.

Maximum timing for each station depends on the injury or illness, and should reflect appropriate patient treatment in an actual situation, but is not to exceed 20 minutes. The time starts when the trainee reaches the patient and ends at a point where loading the patient into a toboggan is apparent.

Patients do not have to be OEC technicians; however, if non-OEC technicians are used as patients, they need to be adequately coached on the injury and how they should act, including the amount and type of movement allowed with their type of injury, how much pain should be expressed, etc. All patients must be coached to provide the proper responses to trainee questions and actions.

In cases where there is a large group of trainees, duplicate scenarios may be set up to reduce the amount of time needed to move all trainees through the scenarios.

If a trainee does not pass a scenario or skill station, he or she is allowed one (1) retest opportunity. Options for retesting include:

- A retest on the same day with a different evaluator
- Retesting at a later date after remediation with an instructor

Challenge students (applicants) are NOT allowed to retest a failed station or scenario. If a challenge candidate fails any portion of the test, they must enroll in a full OEC course. For complete information regarding a Challenge Course, see Chapter 14 of the current edition of the NSP Policies and Procedures Manual.

If possible, the final evaluation should occur in an outdoor environment appropriate to the needs of the trainee, such as on snow, in backcountry areas, on mountain bike trails, etc.

IOR's should review "Evaluator, Patient and Trainee Tips" sheets with appropriate participants prior to commencing the final. Evaluators should be "calibrated" prior to the beginning of the test.

Remind evaluators and patients to refrain from discussing trainees amongst themselves, diminishing pre-conceived notions. They should also avoid coaching and providing unsolicited feedback to trainees.

MOULAGE TIPS

Moulage for the OEC practical final is an important part of the evaluation.

You or one of your instructors may already be experienced in moulage techniques. You can find moulage techniques and information in the *OEC Instructor's Manual*.

Included with each OEC final scenario are detailed moulage instructions.

As you practice moulage, you may develop techniques that work just as well or better than those given. A basic moulage kit will include the following:

- Van Aken Plastalina modeling clay, flesh colored or morticians wax
- Clown white greasepaint (Ben Nye, professional clown white FP-102)
- Purple greasepaint (Ben Nye, cream color liner CL-18 purple)
- Blue greasepaint (Ben Nye, cream color liner CL-23 blue-grey)
- Red greasepaint; 2 shades (Ben Nye, cream color liner CL-14 blood red; and CL-131 fresh cut)
- Flesh-tone foundation make up (a couple of shades to blend clay pieces to the patient's skin)
- Black or brown eyebrow pencil
- Texas dirt (powder)
- Ground ashes (crushed, burnt wood works well)
- White PVC, or plastic tubes about ½ inch in diameter and about 1 ½ inches long (for making bones)
- Alene's tacky glue or Elmer's craft glue
- Medical alert tags, blank on the back
- Cotton tip applicators
- Make-up sponge wedges
- Stipple sponges
- Toothbrush with clumps of bristles removed
- Artificial blood—-Simulaids powdered, or ready to use. (A good time to stock up on artificial blood, which can be purchased at many retailers, is around Halloween.)
- Petroleum jelly (Vaseline)
- Cold cream for removing make-up
- Plastic knife
- Cotton batting or gauze to insert into clay "lacerations"
- Simulaids—casualty simulation wax
- ALLERGY ALERT: Be sure to inquire about patient allergies before using/applying any product.

Note: Costume shops have many of these supplies available.

Specific instructions for scenarios will be described later in this presentation.

EVALUATOR TIPS

Maximum timing for each station depends on the injury or illness, and should reflect appropriate patient treatment in an actual situation, but is not to exceed 20 minutes. The time starts when the trainee reaches the patient and ends at a point where loading the patient into a toboggan is apparent or performed.

Scenarios requiring additional assistants, can allow those assistants to be available on the scene within 2 to 4 minutes after the radio call for assistance is made. If the trainee does not request assistance, it should not be sent.

Please be objective, with no discussion about trainees, attitudes, personal likes or dislikes.

Be attentive and in position to see what the trainee is doing. Refrain from conversation.

On the evaluation form, place a checkmark in the column next to the action/skill performed. If an action/skill was not performed, leave the box blank.

If you think you missed something, ask the patient or other assistants for clarification, after the trainee leaves the scenario.

Do not engage in discussion or feedback with the trainees.

Ask yourself three questions:
- Was the objective met?
- Was the patient compromised in any way?

Come to your own decision regarding a pass or fail.

Trainees must achieve a score of at least 80 percent of the points assigned to the station and all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.

Finally, thank you very much for your help!

PATIENT TIPS

You are a critical component to a trainee passing or not passing a scenario or skill station. Your actions and reactions cause a trainee to react appropriately for the specific situation you are in. Some reminders are presented here to help you help the trainees do the best they can.

Try not to over act, but understand that some acting is necessary. Depending upon your injury, some reaction to pain may be necessary—some severe reaction to pain may be necessary. For extremity injuries, determine the range of motion for your specific injury. Discuss your degree of acting with your moulage person and/or the evaluators.

Stay in character, i.e., joking around with evaluators or even trainees when the trainee is trying to complete his or her tasks can be very distracting and may affect the trainee's actions.

Watch your facial expressions and comments if a trainee makes a mistake or is struggling to complete a task. Frowning, inappropriate smiling, etc., again, can be very distracting.

Offer information regarding any medical condition only when asked.

Avoid giving specific instructions or hints.

ALLERGY ALERT: Be sure to inform the moulage person of any allergies you have (such as latex) before using or having any product applied.

Check the moulage of your injury to assure it has the same appearance and is secure prior to the start of each scenario or skill station. If the moulage needs to be re-done this should be accomplished before the trainee arrives at the scenario.

Be consistent with each trainee you see, i.e., same reactions to actions, same injuries at the same locations on the body, same starting position, etc.

TRAINEE TIPS

Make sure your pack is well stocked. Have a watch with a second hand on it to track vitals.

Wear exam gloves (due to latex allergies, vinyl or nitrile gloves should be used if available). Latex gloves should not be used.

Ensure the scene is safe. Verbalize this fact to the evaluators, i.e., "The scene appears to be safe."

Scenarios vs skill stations: A scenario requires full assessment and treatment of the "patient's" injury /illness, including, but not limited to: focused and total body survey, exposure of any injury, "radio" call for assistance, obtaining SAMPLE information, etc. In a skill station you do not have to do an assessment. You are told what the injury is, you must still introduce yourself, check CMS, select the right equipment and properly treat the injury and then recheck CMS.

Do your focused exam and history, treat life-threatening injuries, take pulse and respirations, and call out your findings to the evaluators.

Expose the injury site.

Radio for help; give patient's gender, approximate age, injury, and location; request appropriate equipment and assistance (O_2 and splints such as traction, backboard, c-collar, additional help, etc.).

Check SAMPLE and do a rapid body survey; remember to check for medical-alert tags.

Be sure to communicate continually with your patient, even if unresponsive—reassure your patient. Also communicate effectively with your help when they arrive.

Remember that you are in charge. Be confident, decisive, and swift. Show the evaluators and helpers that you know what the problem is, and how to provide the necessary emergency care.

Don't *tell* the evaluators you would do something, just *do it*, as long as the appropriate equipment is available.

If you think you forgot something, go back and do it.

Check CMS before and after splinting.

Check all splints to be sure they are secure.

Trainees must achieve a score of at least 80 percent of the points assigned to the station and all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.

Relax, take a deep breath, and remember the basics: ABC's.

OPTION 1: TWO SCENARIOS AND FOUR SKILL STATIONS

Scenarios require full assessments and vital signs determination.

At skill stations, the trainee is told what the injury is and is instructed to provide emergency care for the injury. Trainees are not required to perform an assessment and are informed of this prior to entering the skill station.

The descriptions shown on page 17 indicate which skills need to be demonstrated. The evaluation forms list specific CPI's for those skills.

If a re-evaluation is needed for a skill station the IOR would need to re-set the same station, i.e., still assessing the same skill.

The scenarios shown are **new scenarios and are for TEST PURPOSES ONLY.**

EVALUATION SCENARIO #	DEGREE OF DIFFICULTY	TYPE OF INJURY/SKILL	WHAT IT EVALUATES
Scenarios			
OPTION 1-1	**3**	**Knee injury**	**Lower extremity**
OPTION 1-2	**3**	**Dislocated elbow, Deaf patient**	**Upper extremity**
Skill Stations			
		O_2 and Airway Management	**O_2 tank assembly/airway insertion and airflow application/suction**
		Laceration to forearm	**Bleeding and bandaging**
		Boot and Helmet Removal	**Skills in removing boots and helmets**
		C-Spine Injury	**Spinal immobilization, extrication, lifting and transport**

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 1-1 **Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Knee injury (2)	Moderate slope in trees off of trail (1)	Single Patient (0) Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

A first time teen-age boarder is playing around with another friend. The friend pushes the patient before the patient was able to re-secure their boot into the binding. The snowboarder looses their balance, causing a twisting of the free boot. He/she hears a pop in their knee.

Commented [E1]: As a general comment should we consider offering summer scenarios with the same injuries but the description would be base on non snow activities. (this would obviously be a suggestion for future years)

INFORMATION GIVEN TO TRAINEE

You are called to the scene of an injured snowboarder in the trees.

PATIENT SUMMARY

Patient complains of significant knee pain. Patient heard and felt a "pop".

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	86 16
5	90 18
10	88 18

SCENARIO OBJECTIVES

Assessment

Scene size-up/initial assessment:
Focused history and exam: exposes injury and finds pain and tenderness in knee area
Rapid body survey finds no other injuries

Rote Skills

BSI precautions
Injury management; provide lower extremity support, immobilization, and splinting of knee;
Boot removal, including stabilization of limb during removal (can be done once patient inside)

Problem Management

Scene safety
Direct help appropriately
Communicate with patient
Ongoing assessment as needed
Transportation plan verbalized
Notification of responsible adult (parent/guardian/chaperone)

Evaluation Scenario #: Option 1-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS
Location/terrain:

Slightly off trail in/near a tree

Equipment:

Toboggan
Splint

Moulage:.

None

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT
Position:

Sitting, one foot strapped in, injured foot is out of binding, sitting at a slight bend.

Answers to SAMPLE

Signs and symptoms:	complaining of knee pain, heard it pop
Allergies:	None
Medication:	Adderal
Past history:	ADHD
Last meal:	actual
Events leading:	friend pushed me before my foot was strapped in to binding

Behaviors:

Patient is using rental boots and board

SPECIFIC COMMENTS FOR EVALUATORS

Patients:	1
Helpers/Bystanders	1
Evaluators	1-3
Total personnel needed:	3-5

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 1-2 **Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Dislocated elbow (2) Deaf patient (1)	Chalet/lodge, wet floor (0)	Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

Patient slipped on wet floor in chalet/lodge, fell backwards and put hand back to catch self, causing dislocation of elbow.

INFORMATION GIVEN TO TRAINEE

You are called to the main chalet/lodge on a report of an injured adult.

PATIENT SUMMARY

Patient is in significant pain and has a deformity of the posterior elbow, CMS is intact. Patient is deaf but can read lips very well and speak some, but is hard to understand.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	86 18
5	96 22
10	90 20

SCENARIO OBJECTIVES

Assessment

Scene size up finds patient on floor near wet area in chalet.
Initial assessment reveals significant pain at elbow.
Focused history and exam finds deformity of posterior elbow after exposure of injury,
Rapid body survey finds no other injuries.

Rote Skills

BSI
Fracture management of upper extremity—correctly splints elbow.

Problem Management

Communication with patient—be sure to speak clearly and make sure patient can see your face.
Direction of additional help.
Transportation plan verbalized.
Notification of management regarding wet floor.
Ongoing assessment as needed.

Evaluation Scenario #: Option 1-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS
Location/terrain:

In chalet/lodge, a wet area.

Equipment:

Splint
Sling and swathe
Wheelchair

Moulage:.

Deformity of posterior elbow

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT
Position:

Sitting on floor, cradling forearm

Answers to SAMPLE

Signs and symptoms:	Pain in elbow
Allergies:	None
Medication:	None
Past history:	Deaf, reads lips, can speak some
Last meal:	Actual
Events leading:	Walking to table, slipped on wet floor

Behaviors:

Complaining of pain, speech is somewhat difficult to understand. Do not respond to patroller unless he/she is directly facing you.

SPECIFIC COMMENTS FOR EVALUATORS

Candidate must recognize patient's deafness and ability to read lips.

Patients:	1
Helpers/Bystanders	1
Evaluators	1-3
Total personnel needed	3-5

NSP OUTDOOR EMERENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 1-1 Knee Injury

Trainee: _____

SAMPLE: **S**= complaining of knee pain, heard it pop; **A=** none; **M**=Adderal; **P**=ADHD; **L**=report actual; **E**= friend pushed before foot was strapped in to binding

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Surveys scene	1		Stabilize and manually immobilize above and below the injury(knee) providing proper support of leg/knee during splinting	
Initiates BSI precautions	**CPI**			
Introduces self	1			
Asks permission to help	1			
INITIAL ASSESSMENT			Applies splint correctly	
AVPU	1		Checks CMS after splinting	
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**			
Circulation: Assesses pulse rate & quality	**CPI**			
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1			
HISTORY & EXAM				
major complaint & MOI Determines or NOI	**CPI**			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score 30)		(38)		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 1-2 Dislocated Elbow, Deaf Patient

Trainee: _____

SAMPLE: **S**= pain at elbow; **A=** none; **M**=none; **P**=Deaf, reads lips, can speak some; **L**=report actual; **E**= Walking to table, slipped on wet floor

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Surveys scene	1		Correctly immobilizes elbow with splint above and below injury site	
Initiates BSI precautions	**CPI**		Correctly applies sling and swathe	
Introduces self	1		Checks CMS after splinting	
Asks permission to help	1			
INITIAL ASSESSMENT				
AVPU	1			
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**			
Circulation: Assesses pulse rate & quality	**CPI**			
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1			
HISTORY & EXAM				
Determines major complaint & MOI or NOI	**CPI**			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score 29)		(37)		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

MOULAGE

Scenarios

EVALUATION SCENARIO #: OPTION 1-1 Knee Injury
The use of ski boots in this scenario is not needed. The required testing of the boot removal skill is done as a skill station. There is no moulage for this injury.

EVALUATION SCENARIO # OPTION 1-2 Dislocated Elbow, Deaf Patient
Form clay deformity and affix with Alene's glue (or other non-toxic glue), or tape to posterior elbow.
Create a wet spot on the floor. Be sure this is not a hazard during the scenario for the patient, rescuers or evaluators.

Skill Stations

SKILL STATION #1 SPINAL IMMOBILIZATION, EXTRICATION AND LIFT INTO TOBOGGAN (Pain in mid-back/spine)

NOTE: <u>Cross out</u> lifts not being used under Specific CPI column & determine points accordingly

- Use manual stabilization techniques to firmly stabilize the head and neck
- If using log roll, roll patient toward rescuers on command from the leader (at the head) onto uninjured side if possible, keeping the body in line. Patient's arm may be along side or elevated per local protocol. Roll patient onto device on command from the leader, keeping the spine/body in line.
- If using a lift, execute the lift and slide the device into place, lifting the patient as a unit.
- If using a long-axis drag, maintain manual stabilization of the patient's head and neck throughout the maneuver.
- Apply a rigid/c-collar according to manufacturer's instructions and according to local protocol
- Adequately secure torso and pelvis to spinal immobilization device. Note: the torso and extremities must be mechanically secured before the head and neck.
- Secure the patient's head to the spinal immobilization device.
- Perform lift into toboggan smoothly without compromising injury.
- Ensure that the patient clears the side of the sled.

SKILL STATION #2 BLEEDING AND BANDAGING (2 inch laceration to forearm)

- Apply direct pressure with a sterile dressing.
- Bandage wound and immobilize as necessary.

SKILL STATION #3 BOOT AND HELMET REMOVAL

<u>BOOT</u>:

Trainee is required to correctly remove a downhill ski boot, cross country ski boot, or snowboard boot.

- Stabilize and manually immobilizes the lower leg and ski boot.
- Assess distal circulation, motion and sensation (CMS), swelling, displacement, bruising, etc. in injured extremity.

<u>HELMET</u>:

Trainee is required to correctly remove a fully applied ski, bike, motorcycle, or water-sports helmet (chin strap snapped).

- The second rescuer manually stabilizes the patient's head and neck at the occiput and chin.
- The first rescuer spreads the sides of the helmet and begins to ease it off the patient's head.

SKILL STATION #4 O_2 AND AIRWAY MANAGEMENT

- Trainee is required to assemble an oxygen tank and demonstrate proper application to a patient/mannequin.
- Trainee is required to correctly measure and apply either an oropharyngeal or nasal airway to a mannequin.
- Trainee is required to demonstrate adequate ventilation (rate and depth) on a mannequin, with a bag valve and pocket mask
- Trainee is required to make sure oxygen is being received by patient/mannequin.
- Trainee is required to demonstrate the proper procedure for suctioning using the appropriate equipment.

Moulage and Equipment Required For Skill Stations

Skill Station #1 Spinal Immobilization and Lift into Toboggan

- No moulage is needed for injury to mid-back/spine.
- Equipment needed is an immobilization device (backboard), rigid/c-collar, and toboggan.

Patients:	1
Helpers/Bystanders	3-5
Evaluators	1-3
Total personnel needed	5-7

Skill Station #2 Bleeding and Bandaging

- Affix a 2-inch laceration to patient's forearm, simulating moderate bleeding.

Patients:	1
Helpers/Bystanders	0
Evaluators	1-3
Total personnel needed	2-4

Skill Station # 3 Boot and Helmet Removal

- Patient or evaluator with boot and helmet fully applied (boots buckled, helmet chin strap snapped).

Patients:	1
Helpers/Bystanders	1
Evaluators	1-3
Total personnel needed	3-5

Skill Station #4 O_2 and Airway Management

- Oxygen tank with regulator and means to dispense oxygen (non-rebreather mask, bag-valve mask or nasal cannula)
- Various sized airways (oral and nasal). If possible, a mannequin used for CPR may be used; otherwise, trainee will measure on available patient or evaluator.
- Suction devices

Patients (use mannequin):	0
Helpers/Bystanders	0
Evaluators	1-3
Total personnel needed	1-3

NSP OUTDOOR EMERENCY CARE SKILL STATION

SKILL STATION # 1 Spinal Immobilization, Extrication and Lift into Toboggan

NOTE: <u>Cross out</u> lifts not being used under Specific CPI column & determine points accordingly

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	**<u>Skill Station Specific CPI's</u>** (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<u>SCENE SIZE-UP</u>			Checks CMS before splinting	
Initiates BSI precautions	**CPI**		Directs/maintains manual stabilization of head and neck	
Introduces self	1			
<u>GENERAL OBSERVATIONS</u>			Aligns all parts of body into position 1	
Chooses correct equipment	1		If using log roll, rolls patient toward rescuers on command from leader onto uninjured side if possible, keeping the body in line	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1		Rolls patient onto immobilization device on command from leader, keeping the body in line	
Directs other capably	1			
			If using a lift, executes the lift and slides the immobilization device into place, lifting the patient as a unit	
			If using long-axis drag, maintains manual stabilization of head and neck throughout the maneuver	
			Correctly measures and applies C-collar (per area protocol)	
			Secures torso & pelvis to backboard	
			Secures head to backboard	
			Performs lift into toboggan smoothly without compromising injury	
			Ensure the patient clears the side of sled	
TOTAL POINTS (minimum passing score __)		**(__)**	Checks CMS after splinting	

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE SKILL STATION

Skill Station #2 Bleeding and Bandaging

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	**Skill Station Specific CPI's** (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Controls bleeding with a dressing and direct pressure	
Initiates BSI precautions	**CPI**		Bandages wound	
Introduces self	1		Checks CMS before splinting	
GENERAL OBSERVATIONS			Immobilize laceration as necessary if splinted must sling and swathe	
Quickly deals with the situation	1		Checks CMS after splinting	
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score 9)		**(12)**		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE SKILL STATION

Skill Station #3 Boot Removal

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before removing boot	
Initiates BSI precautions	**CPI**		Stabilizes and properly removes boot	
Introduces self	1		Checks CMS after removing boot	
GENERAL OBSERVATIONS				
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score 8)		**(10)**		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE SKILL STATION

Skill Station #3 Helmet Removal

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Provides cervical stabilization for strap removal	
Initiates BSI precautions	**CPI**			
Introduces self	1		Directs transfer of cervical stabilization	
GENERAL OBSERVATIONS			Removes helmet with minimal cervical movement	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score 8)		**(10)**		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERERNCY CARE SKILL STATION

Skill Station #4 Oxygen and Airway Management

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Properly assembles oxygen tank	
Initiates BSI precautions	**CPI**		Inserts an airway using the proper technique	
Introduces self	1			
GENERAL OBSERVATIONS			Demonstrates adequate ventilation with barrier device (BVM/pocket mask)	
Chooses correct equipment	1			
Quickly deals with the situation	1		Chooses appropriate O_2 delivery device by patient needs	
Correctly handles patient and injury	1			
Demonstrates skill competency	1		Applies O_2 delivery device and verifies patient is receiving O_2	
Communicates with patient	1			
Directs other capably	1		Demonstrates use of suction device	
TOTAL POINTS (minimum passing score 11)		**(14)**		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

OPTION 2: FOUR SCENARIOS

Scenarios for Option 2 all require full assessments and vitals; and therefore those skills are not listed in the "What it Evaluates" section on the following table.

The scenarios shown are **new scenarios and are for TEST PURPOSES ONLY.**

EVALUATION SCENARIO #	DEGREE OF DIFFICULTY	INJURIES	WHAT IT EVALUATES
Scenarios			
OPTION 2-1	**4**	**Fractured wrist, Laceration on palm w/ moderate bleeding**	**Upper extremity Bleeding control and bandaging**
OPTION 2-2	**4**	**Mid-back injury**	**Spinal immobilization, lifting, extrication and transport, O_2 airway and application, helmet removal**
OPTION 2-3	**3**	**Knee injury**	**Lower extremity, boot removal**
OPTION 2-4	**3**	**Dislocated elbow, Deaf patient**	**Upper extremity**

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 2-1 **Degree of Difficulty =4**

INJURY	ENVIRONMENT	PERSONNEL
Fractured right wrist, closed (2) Laceration left palm, moderate bleeding (2)	Cross country trail, with a gentle slope (0)	Single patient (0) Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

Nordic skier is nearing the end of the trail on a gentle slope. There are twigs and small branches littering the trail. The patient trips and falls forward on outstretched arms injuring right wrist and cut left palm on a fallen branch.

INFORMATION GIVEN TO TRAINEE

You are dispatched to the end of the cross country trail that circles the perimeter of the ski area.

PATIENT SUMMARY

You were completing the trail loop on a gentle slope and nearing the chalet. There are a lot of twigs and fallen branches on the trail. You tripped on a branch and fell forward on your outstretched hands. You injured your right wrist, and your left hand landed on a branch, cutting your left palm. You are in a lot of pain from the wrist injury and haven't realized you cut your left palm.

VITAL SIGNS

Time in minutes	Pulse and respirations
Throughout	As found

SCENARIO OBJECTIVES

Assessment

Scene size-up reveals one patient on a wooded cross country trail. There are branches and twigs strewn about.
Initial assessment reveals normal ABC's, pain in right wrist, and moderate bleeding on left palm.
Focused history and exam reveals bleeding from a laceration on left palm and bruising on right wrist.
Rapid body survey finds no other injuries.

Rote Skills

BSI
Control bleeding—direct pressure with sterile dressing, bandaging and elevation of left hand
Splint right wrist fracture
CMS before and after splinting and bandaging

Problem Management

Find both injuries, patient is sitting up, holding right wrist with left hand; recognize that blood on right wrist is from laceration on left palm. Right wrist is not bleeding. Avoid exposure to blood.
Ongoing assessment as needed.
Transportation plan verbalized.

Evaluation Scenario #: Option 2-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Cross country trail on a gentle slope near the chalet

Equipment:

Toboggan
Sterile dressings and bandages
Splint
Sling and swathe

Moulage:.

1.5 inch laceration on left palm
Bruising on right wrist
Small branch with blood on it, lying on ground near patient

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting up, holding right wrist with their left hand

Answers to SAMPLE

Signs and symptoms:	pain in right wrist
Allergies:	penicillin
Medication:	none
Past history:	heart murmur, no impact on scenario
Last meal:	actual
Events leading:	as above

Behaviors:

Your right wrist is causing you a great deal of pain, you don't even realize you cut your left palm when you fell.

SPECIFIC COMMENTS FOR EVALUATORS

Candidate must find both injuries. The bleeding is from the left palm. Candidate must find the source of the bleeding and control the bleeding promptly.

Patients:	1
Helpers/Bystanders:	1
Evaluators:	1-3
Total	3-5

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 2-2 **Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Mid-back injury (3)	Terrain Park Feature (1)	Single Patient (0) Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION
A snowboarder/skier was attempting a rail(feature) maneuver and he/she slipped off the feature, striking mid-back on the feature.

INFORMATION GIVEN TO TRAINEE
You are called to the terrain park for an injured snowboarder/skier.

PATIENT SUMMARY
Patient is complaining of pain in mid-back with a deformity. Patient is lying on his/her side and is afraid to move because of pain in back. Patient is wearing a helmet.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	100 24
5	110 26
10	110 26

SCENARIO OBJECTIVES
Assessment

Scene safety—secure scene in terrain park
Initial assessment identifies patient injury
Focused history and physical exam reveals deformity of mid-back
Rapid body survey reveals no other injury
Rote Skills
BSI
Request equipment, help, EMS
Administer O_2, with high flow
Spinal alignment, from position 2A to position 1
Helmet removal
Spinal immobilization
CMS before and after splinting
Transportation plan verbalized
Extrication/lift

Problem Management
Maintain spinal stability throughout
Direct help with confidence\
EMS transport
Notify management of park feature incident (per area protocol)
On-going assessment as needed

Evaluation Scenario #: Option 2-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS
Location/terrain:

Terrain park, just below a rail (feature)

Equipment:

Back board, c-collar
O_2

Blanket

Moulage:.

Lump on back

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT
Position:

Patient is laying on side

Answers to SAMPLE

Signs and symptoms:	As above
Allergies:	Penicillin
Medication:	None
Past history:	Concussion 1 year ago
Last meal:	Actual
Events leading:	As above

Behaviors:

Complain of pain mid-back, fears paralysis, afraid to move

SPECIFIC COMMENTS FOR EVALUATORS
Candidate must assure maintenance of spinal immobilization

Patients:	1
Helpers/Bystanders:	2-3
Evaluators:	1-3
Total	5-7

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 2-3 **Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Knee injury (2)	Moderate slope in trees off of trail (1)	Single Patient (0) Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

A first time teen-age boarder is playing around with another friend. The friend pushes the patient before the patient was able to re-secure their boot into the binding. The snowboarder looses their balance, causing a twisting of the free boot. He/she hears a pop in their knee.

INFORMATION GIVEN TO TRAINEE

You are called to the scene of an injured snowboarder in the trees.

PATIENT SUMMARY

Patient complains of significant knee pain. Patient heard and felt a "pop".

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	86 16
5	90 18
10	88 18

SCENARIO OBJECTIVES

Assessment
Scene size-up, initial assessment
Focused history and exam
Exposed injury
Rapid body survey, no other injuries found

Rote Skills

Assessment,
Provide lower extremity support, immobilization, and splinting of knee;
Boot removal, including stabilization of limb during removal. (can be done once patient inside)

Problem Management

BSI
Scene safety
Direct help appropriately
Communicate with patient
On-going assessment as needed
Transportation plan verbalized

Evaluation Scenario #: Option 2-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS
Location/terrain:

Slightly off trail in/near a tree

Equipment:

Toboggan
Splint

Moulage:.

None

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT
Position:

Sitting, one foot strapped in, injured foot is out of binding, sitting at a slight bend.

Answers to SAMPLE

Signs and symptoms:	complaining of knee pain, heard it pop
Allergies:	None
Medication:	Adderal
Past history:	ADHD
Last meal:	actual
Events leading:	friend pushed me before my foot was strapped in to binding

Behaviors:

Patient is using rental boots and board

SPECIFIC COMMENTS FOR EVALUATORS

Patients:	1
Helpers/Bystanders:	1
Evaluators:	1-3
Total	3-5

OUTDOOR EMERGENCY CARE

Evaluation Scenario #: Option 2-4 **Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Dislocated elbow (2) Deaf patient (1)	Chalet/lodge, wet floor (0)	Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

Patient slipped on wet floor in chalet/lodge, fell backwards and put hand back to catch self, causing dislocation of elbow.

INFORMATION GIVEN TO TRAINEE

You are called to the main chalet/lodge on a report of an injured adult.

PATIENT SUMMARY

Patient is in significant pain and has a deformity of the posterior elbow, CMS is intact. Patient is deaf but can read lips very well and speak some, but is hard to understand.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	86 18
5	96 22
10	90 20

SCENARIO OBJECTIVES

Assessment

Scene size up finds patient on floor near wet area in chalet.
Initial assessment reveals significant pain at elbow.
Focused history and exam finds deformity of posterior elbow.
Rapid body survey finds no other injuries.

Rote Skills

BSI
Fracture management of upper extremity—correctly splints elbow.

Problem Management

Communication with patient—be sure to speak clearly and make sure patient can see your face.
Direction of additional help.
Transportation plan verbalized.
Notification of management regarding wet floor.
On-going assessment as needed.

Evaluation Scenario #: Option 2-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS
Location/terrain:

In chalet/lodge, a wet area.

Equipment:

Splint
Sling and swathe
Wheelchair

Moulage:.

Deformity of posterior elbow

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT
Position:

Sitting on floor, cradling forearm

Answers to SAMPLE

Signs and symptoms:	Pain in elbow
Allergies:	None
Medication:	None
Past history:	Deaf, reads lips, can speak some
Last meal:	Actual
Events leading:	Walking to table, slipped on wet floor

Behaviors:

Complaining of pain, speech is somewhat difficult to understand. Do not respond to patroller unless he/she is directly facing you.

SPECIFIC COMMENTS FOR EVALUATORS

Candidate must recognize patient's deafness and ability to read lips.

Patients:	1
Helpers/Bystanders:	1
Evaluators:	1-3
Total	3-5

NSP OUTDOOR EMERENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-1 Fractured wrist, laceration on palm w/moderate bleeding

Trainee: _____ **Date**:_____

SAMPLE: **S**= pain in right wrist, **A=** penicillin; **M**=none; **P**=heart murmur-no impact on scenario, **L**=report actual; **E**=Tripped and fell forward on outstretched arms injuring right wrist and cut left palm on a fallen branch.

	Point Value (CPI's 1 point)	✓ = done
SCENE SIZE-UP		
Surveys scene	1	
Initiates BSI precautions	**CPI**	
Introduces self	1	
Asks permission to help	1	
INITIAL ASSESSMENT		
AVPU	1	
Airway: Assesses and maintains	**CPI**	
Breathing: Assesses respirations rate & quality	**CPI**	
Circulation: Assesses pulse rate & quality	**CPI**	
Circulation: Assesses & manages any severe bleeding	**CPI**	
Stabilizes ABC's	1	
HISTORY & EXAM		
Determines major complaint & MOI or NOI	**CPI**	
Obtains SAMPLE history	1	
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1	
Calls for help and equipment	**CPI**	
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM Conducts systematic body check		
Head (ears, pupils)	1	
Neck & cervical spine	1	
Clavicles and shoulders	1	
Chest and ribs	1	
Abdomen	1	
Pelvis	1	
Lower limbs	1	
Upper limbs	1	
Back (T through S spine)	1	
Finds all injuries	1	
Checks pulse and respirations	1	
GENERAL OBSERVATIONS		
Correctly prioritizes emergency care	1	
Treats for shock	1	
Quickly deals with the situation	1	
Correctly handles patient and injury	1	
Demonstrates skill competency	1	
Communicates with patient	1	
Directs other capably	1	
Performs ongoing assessment	1	
TOTAL POINTS (minimum passing score *31-32)	**(*39-40)**	

Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
Controls bleeding with a dressing and direct pressure	
Bandages wound	
Checks CMS before splinting	
*Immobilize laceration as necessary-- if splinted must sling and swathe	
Correctly applies splint to arm/wrist, ensuring immobilization of injury	
Applies sling and swathe	
Checks CMS after splinting	
*If laceration is not immobilized, take away one point	

Does trainee demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-2 Mid-back Injury

Trainee: _____ Date:_____

SAMPLE: **S**= mid-back pain with a deformity; **A=** Penicillin; **M**=none; **P**=concussion 1 year ago; **L**=report actual; **E**=attempting a rail (feature) maneuver and slipped off the feature, striking mid-back on the feature

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Surveys scene	1		Directs/maintains manual stabilization of head and neck	
Initiates BSI precautions	**CPI**		Aligns all parts of body into position 1	
Introduces self	1		If using log roll, rolls patient toward rescuers on command from leader onto uninjured side if possible, keeping the body in line	
Asks permission to help	1			
INITIAL ASSESSMENT				
AVPU	1			
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**		Rolls patient onto immobilization device on command from leader, keeping the body in line	
Circulation: Assesses pulse rate & quality	**CPI**			
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1		If using a lift, executes the lift and slides the device into place, lifting the patient as a unit	
HISTORY & EXAM				
Determines major complaint & MOI or NOI	**CPI**			
Obtains SAMPLE history	1		If using long-axis drag, maintains manual stabilization of head and neck throughout the maneuver	
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM Conducts systematic body check			Spreads the sides of the helmet and eases helmet off of patient's head	
Head (ears, pupils)	1		Correctly measures and applies C-collar (per area protocol)	
Neck & cervical spine	1			
Clavicles and shoulders	1		Secures torso & pelvis to backboard	
Chest and ribs	1		Secures head to backboard	
Abdomen	1		Performs lift into toboggan smoothly without compromising injury	
Pelvis	1			
Lower limbs	1		Ensures patient clears the side of sled	
Upper limbs	1		Checks CMS after splinting	
Back (T through S spine)	1		Properly assembles oxygen tank	
Finds all injuries	1		**Verbalizes** proper technique of insertion of airway	
Checks pulse and respirations	1			
GENERAL OBSERVATIONS			Demonstrates adequate ventilation with barrier device (BVM/pocket mask)	
Correctly prioritizes emergency care	1			
Treats for shock	1		Chooses appropriate O_2 delivery device by patient needs	
Quickly deals with the situation	1			
Correctly handles patient and injury	1		Applies O_2 delivery device and verify patient is receiving O_2	
Demonstrates skill competency	1			
Communicates with patient	1		Demonstrates use of suction device	
Directs other capably	1		***NOTE: Cross out lifts not being used in this column & determine points accordingly.**	
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score __)		(__)		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERERNCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-3 Knee Injury

Trainee: _____

SAMPLE: **S**= complaining of knee pain, heard it pop; **A=** none; **M**=Adderal; **P**=ADHD; **L**=report actual; **E**= friend pushed before foot was strapped in to binding

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Surveys scene	1		Stabilize and manually immobilize above and below the injury(knee), providing proper support of leg/knee during splinting of lower leg and during ski boot removal* (Can perform boot removal on injured or un-injured leg, depending on area protocol)	
Initiates BSI precautions	**CPI**			
Introduces self	1			
Asks permission to help	1			
INITIAL ASSESSMENT				
AVPU	1			
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**		Applies splint correctly	
Circulation: Assesses pulse rate & quality	**CPI**		Checks CMS after splinting and after boot removal	
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1			
HISTORY & EXAM				
Determines major complaint & MOI or NOI	**CPI**			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1		***Boot removal may be performed once patient is transported to aid room**	
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score 29)		**(37)**		

Commented [E2]: Why would you remove the boot from the uninjured leg?

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERERNCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-4 Dislocated Elbow, Deaf Patient

Trainee: _____

SAMPLE: **S**= pain at elbow; **A=** none; **M**=none; **P**=Deaf, reads lips, can speak some; **L**=report actual; **E**= Walking to table, slipped on wet floor

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked In this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Surveys scene	1		Correctly immobilizes elbow with splint above and below injury site	
Initiates BSI precautions	**CPI**		Correctly applies sling and swathe	
Introduces self	1		Checks CMS after splinting	
Asks permission to help	1			
INITIAL ASSESSMENT				
AVPU	1			
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**			
Circulation: Assesses pulse rate & quality	**CPI**			
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1			
HISTORY & EXAM				
Determines major complaint & MOI or NOI	**CPI**			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score 29)		**(37)**		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

MOULAGE

EVALUATION SCENARIO # OPTION 2-1 Wrist Fracture and Palm Laceration
Form a 1 ½ inch laceration out of clay, and apply to left palm. Note: due to sweaty palms, it may be difficult to adhere the laceration to the palm. Can try double stick tape, or use clear tape and tape the edges of the clay laceration to the palm. Use a small amount of fake blood on clay laceration and palm.
Apply blue and purple make up to the right wrist area to simulate bruising. A stipple sponge works well to create bruising. Place a small branch with fake blood on it near the patient.

EVALUATION SCENARIO# OPTION 2-2 Mid-back Injury
Apply a small (detectable through clothing) lump on the patient's mid-back. Affix a wad of clay, or paper with tape. No bleeding or bruising
Equipment needed is an immobilization device (backboard) and rigid/c-collar.

EVALUATION SCENARIO # OPTION 2-3 Knee Injury
The wearing of ski boots is needed for this scenario. There is no moulage for this injury. Equipment needed is a leg/quick/box splint.

EVALUATION SCENARIO # OPTION 2-4 Displaced Elbow, Deaf Patient
Form clay deformity and affix with Alene's glue, or tape to the posterior elbow
Wet spot on floor. Be sure this is not a hazard for either the patient, the rescuers or evaluators.

NSP OUTDOOR EMERENCY CARE PRACTICAL STATION (FORM FOR PRACTICE ONLY— SPECIFIC CPI'S MAY BE FOUND IN OEC INSTRUCTOR'S MANUAL, PG 82)

SCENARIO: _____

Trainee: _____

SAMPLE: S =_____; A =_____; M =_____; P =_____;
L =_____ E =_____

	Point Value	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section)	✓ = done
SCENE SIZE-UP				
Surveys scene	1			
Initiates BSI precautions	**CPI**			
Introduces self	1			
Asks permission to help	1			
INITIAL ASSESSMENT				
AVPU	1			
Airway: Assesses and maintains	**CPI**			
Breathing: Assesses respirations rate & quality	**CPI**			
Circulation: Assesses pulse rate & quality	**CPI**			
Circulation: Assesses & manages any severe bleeding	**CPI**			
Stabilizes ABC's	1			
HISTORY & EXAM				
Determines major complaint & MOI or NOI	**CPI**			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
Calls for help and equipment	**CPI**			
RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
TOTAL POINTS (minimum passing score ____)				

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERENCY CARE SKILL STATION (FORM FOR PRACTICE ONLY – SPECIFIC CPI'S MAY BE FOUND IN OEC INSTRUCTOR'S MANUAL, PG 82)
SKILL_____

TRAINEE NAME: _____ **DATE:** _____

	Point Value (CPI's 1 point)	✓ = done	**Skill Station Specific CPI's** (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP				
Initiates BSI precautions	**CPI**			
Introduces self	1			
GENERAL OBSERVATIONS				
Chooses correct equipment	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score ___)		___		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: _____ Score: _____

OEC FINAL EVALUATION FORM (QA)

AREA _____ DATE: _____

OBSERVING INSTRUCTOR TRAINER (IT) _____

1. How many candidates were tested? _____

2. Which option was used (please check)? _____ 2 Sceanrios/4 Skill Stations
   _____ 4 Scenarios

3. Did the IOR give thorough and appropriate instructions to participants? (patients, evaluators, helpers, candidates) _____YES _____ NO COMMENTS:

4. How many evaluators were used per station? _____

5. How many evaluators were from other areas? _____

6. Did the stations (scenarios or skills) meet criteria for the standardized test?
   _____YES _____ NO COMMENTS:

7. Were sufficient supplies/equipment provided for the candidates?
   _____YES _____ NO COMMENTS:

8. Was all equipment in good working order?
   _____YES _____ NO COMMENTS:

9. Did the IOR have any questions/problems with the standardized test/forms?
   _____YES _____ NO COMMENTS:

10. Did the IT have any questions/problems with the standardized test/forms?
    _____YES _____ NO COMMENTS:

11. Did the IT have need to resolve any issues with candidate performances?
    ____ YES ____ NO What were those issues?

OTHER COMMENTS: Was the final evaluation organized? What if any suggestions did you make to improve the overall organization of the final? Did the IOR review or hand out the appropriate tip sheets with those involved?