

## **EETC Committee Meeting**

John Ralston - Chair

### **AGENDA**

**April 4, 2024**

**1:00 PM – 2:30 PM (CDT)**

Landon State Office Building  
900 SW Jackson, Room 509, Topeka, Kansas

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**Please join my meeting from your computer, tablet or smartphone.**

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**Access Code:** 217-015-189

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#### **1. Call to Order**

#### **2. Public Comment upon Items Not Appearing on Agenda**

#### **3. Old Business**

##### **3.1 AEMT Portfolio**

Review of the attached AEMT portfolio for comments and revisions

#### **4. New Business**

##### **4.1 Sponsoring Organization 70% Compliance 1<sup>st</sup> attempt Cognitive Examination**

Listing of services required by regulation to have submitted an improvement plan by March 1, 2024 and discussion on how to proceed with non-compliant organizations.

##### **4.2 BLS Exam Guidebook Update**

Provided for information only – changes are highlighted in yellow – mostly technical. Change in equipment, making a pulse oximeter required and adding a glucometer to equipment that must be at the examination site.

#### **5. Adjournment**

**NOTES:** Those desiring to provide information or comment upon an item appearing on the Agenda shall submit that information in writing via email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov) by 4:30pm on **April 1, 2024**.

**Committee: Education, Examination, Training and Certification**  
**Agenda Item: AEMT Portfolio**

### **BACKGROUND**

The National Registry of EMTs (NREMT) announced the sunset of their psychomotor skills examinations for the ALS levels beginning on July 1, 2024. The ALS levels include both the Advanced Emergency Medical Technician (AEMT) and Paramedic.

The Board made the decision in their February 2024 meeting to move forward with the regulatory process to eliminate the requirement of an ALS skills examination for the AEMT and Paramedic levels.

In late 2023, the Board thought it to be premature to sunset the skills examination at the AEMT level without assurance of the mastery of skills being verified. Currently, Paramedic programs utilize a program developed student minimum competency (portfolio approach) as the desired end point for psychomotor skills. As testing rates show, students who have met this program developed student minimum competency at the paramedic level have demonstrated extremely high success in passing the state's examination for psychomotor skills at the paramedic level (in excess of 98% consistently over the past 10 years).

Paramedic programs, through virtue of their accreditation, are required to develop these student minimum competencies. Currently, the Board does not require AEMT programs to be accredited and there will not be accreditation available for such programs until at least January 1, 2025. Due to the success shown by the portfolio approach to skills at the paramedic level, the EETC directed Board staff to develop a student minimum competency and portfolio approach for the AEMT level.

The attached document was developed after the February Board Meeting and is consistent with the minimum course completion requirements listed within K.A.R. 109-11-8, to include where the skill may be performed.

- 20 venipunctures, of which at least ten shall be for the purpose of initiating IV infusions
- 5 intraosseous infusions
- 15 complete patient assessments, of which at least ten shall be accomplished during field internship training
- 10 ambulance calls while being directly supervised by an AEMT, paramedic, physician, APRN, or RN
- 10 intramuscular or subcutaneous injection procedures
- 10 completed patient charts or patient care reports, or both
- 8 electrocardiogram applications and interpretations during clinical training and field internship training.

These completion requirements do not appropriately address advanced airway procedures/management or medication administrations that are allowed within the authorized activities of the AEMT and none of them ensure the individual is competent and/or proficient to perform or has reached a mastery level of the skill, simply achieved a minimum number.

## **DISCUSSION**

This document has no regulatory weight, but rather acts as a guidance, best practice, and tool for the educational process of being able to demonstrate a student's achieving mastery of a skill. As such, the document does not require a formal adoption by the Board, but should still achieve their overall desire to proceed with this as a tool.

The expectation for this document would be for an AEMT program to utilize this, or a very similar approach, upon all skills taught through the duration of the AEMT program. It would be a regulatory expectation for the program to be able to utilize this document for verification of successful completion of course requirements pursuant to K.A.R. 109-11-8.

This is the first draft by Board staff. What changes and/or revisions are needed?

## **ALTERNATIVES**

The Committee has the following alternatives concerning the matter at hand. The Committee may:

1. Offer amendments and proceed by recommending adoption to the Board (as amended).
2. Offer amendments and place on a future meeting agenda (as amended).
3. Seek additional public comment and place on a future meeting agenda.
4. Recommend adoption of the portfolio to the Board as provided.
5. Table the item until a future meeting.

## **RECOMMENDATION**

If there are minimal changes, Staff recommends proceeding by recommending adoption to the Board listing the changes to be made.

If there are extensive changes, Staff recommends proceeding by directing staff to make the changes and return to a future meeting agenda item.

Staff believes this to be appropriate due to the absence of clear evidence or opinion supporting a change at this point. Additionally, there is no clear evidence to support a benefit to aligning the processes.

Enclosures:

1. 2024 AEMT Portfolio

# Kansas Emergency Medical Services Education Standards

## ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)

# PSYCHOMOTOR SKILLS PORTFOLIO

**This document outlines minimum psychomotor skills competencies for entry-level AEMT clinicians in Kansas.**

## Advanced Emergency Medical (AEMT) Skills Portfolio

The AEMT skills portfolio is a tool for evaluating AEMT student competency in the performance of skills & procedures the AEMT may implement if directed by protocol or direct medical contact during an out-of-hospital emergency medical or trauma situation. This portfolio outlines minimum requirements for the entry level AEMT.

All EMR, EMT, & AEMT skills addressed in Kansas Statutes Annotated, Kansas Administrative Regulations, 2021 National EMS Education Standards, & the Kansas AEMT Education Standards must be evaluated during the initial course of instruction with inadequate performance or application addressed in the training environment to ensure protection of the public through appropriate determination of patient needs & application of appropriate, technically sound patient care in the out-of-hospital setting.

Completion of this AEMT skills portfolio, in its entirety is one of the requirements for successful course completion. This document must be provided to the Kansas Board of EMS for evaluation prior to issuance of certification.

Course planning should include application and evaluation of the following procedures in the laboratory, hospital/clinical, & field phases of the AEMT course:

- Patient assessment including scene, primary & secondary assessments & vital signs
- Stable patients: a minimum of 2 complete sets of vital signs
- Oxygen administration to target minimum pulse ox of 94-98%
- Establish IV access
- If cardiac or respiratory in nature: pulse oximetry, 12-lead ECG within 10 minutes of patient contact, cardiac monitoring & waveform capnography
- Critical patients: vital signs every 5 minutes minimum
- CO2 monitoring
- Administer fluid bolus if appropriate
- If altered level of consciousness: blood glucose check, waveform capnography
- Airway management appropriate for patient condition
- Geriatric patient: consider co-morbidities
- Pediatric/Neonate management

TOTAL MINIMUM PATIENT CONTACTS	EXPOSURES
Pediatric patients with pathologies or complaints (Birth to 18 y/o)	<b>5</b> (10%)
Adult patients with pathologies or complaints (19-65 y/o)	<b>15-30</b> (30-60%)
Geriatric patients with pathologies or complaints (over 65 y/o)	<b>15-30</b> (30-60%)
<b>Minimum Total Contacts</b>	<b>50</b>

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

### COMPONENT SKILLS EVALUATION

Component skills evaluations must be conducted by the Instructor, the Medical Director or trained Lab Instructors to ensure correct application & technique for patient safety. Skills must be evaluated by a minimum of 2 different individuals with no skill evaluated more than once on a given date. **Rationale for outcome is required documentation and must outline the reason for the documented outcome.**

#### VENOUS BLOOD SAMPLING

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			

#### INTRANASAL MEDICATION ADMINISTRATION (must include drug dose calculation, verification of 5/6 rights, drawing of medication, & administration)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**INTRAMUSCULAR and/or SUBCUTANEOUS MEDICATION ADMINISTRATION – K.A.R. 109-11-8** (must include drug dose calculation, verification of 5/6 rights, drawing of medication, & administration)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
9. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
10. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**INTRASSEOUS INFUSION – K.A.R. 109-11-8**

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

**INTRASSEOUS MEDICATION ADMINISTRATION** (must include drug dose calculation, verification of 5/6 rights, drawing of medication, & administration)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**END-TIDAL CO2 MONITORING & INTERPRETATION OF WAVEFORM CAPNOGRAPHY**

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**INITIATION OF VENOUS ACCESS – at least 10 must be for initiating intravenous infusion pursuant to K.A.R. 109-11-8.**

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
9. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
10. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**INITIATION OF VENOUS ACCESS (continued)**

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
11. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
12. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
13. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
14. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
15. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
16. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
17. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
18. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
19. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
20. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**IV BOLUS MEDICATION ADMINISTRATION** (must include drug dose calculation, verification of 5/6 rights, drawing of medication, & administration)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
9. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
10. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**ELECTROCARDIOGRAM APPLICATION & INTERPRETATION – required to be completed during clinical or field training pursuant to K.A.R. 109-11-8**

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (clinical or field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
9. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
10. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**NEBULIZED MEDICATION ADMINISTRATION – at least one (1) must be completed in the clinical or field setting pursuant to K.A.R. 109-11-8** (must include drug dose calculation, verification of 5/6 rights, drawing of medication, & administration)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (lab, simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**PATIENT CONTACT EVALUATIONS** must be conducted by the Instructor, and the Medical Director to ensure the student has met minimum entry level competency. Regulatory requirements for evaluation location is noted, if applicable. Other evaluations should be conducted in the clinical or field setting, with simulation used as a last resort. **At least 10 of the patient assessments evaluated must have been conducted during field training. The student must complete a minimum of 10 ambulance calls while under direct supervision of an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse.**

**Rationale for outcome is required documentation & must include information that outlines the reason for the outcome determination.**

**Psychiatric/Behavioral** (must include complete call from dispatch through written patient care report)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			

**OB/GYN** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Childbirth
- Eclampsia/Pre-eclampsia
- Other OB/GYN conditions
- Distressed neonate

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**TRAUMA** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Shock
- Crush injury
- Facial/Dental injury
- Electrical injury
- Drowning
- Lightning strike
- Altitude illness
- Bites & envenomations
- Hyperthermia
- Hypothermia
- Blast injury
- Extremity trauma/hemorrhage
- Head injury
- Dive injury

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**CARDIAC** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Chest pain/ACS/STEMI
- Bradycardia
- LVAD
- Pulsatile Tachycardia

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**CARDIAC ARREST/RESUSCITATION** (must include complete call from dispatch through written patient care report)

Scenarios should address a variety of the following:

- VF/VT/Asystole/PEA
- Post-ROSC
- Neonatal resuscitation

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**MEDICAL** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Syncope/Pre-syncope
- Pain management
- Cyanide exposure
- Radiation exposure
- Hyperglycemia
- CVA/TIA
- Sickle cell crisis
- Beta Blocker OD
- Non-traumatic back pain
- Hypoglycemia
- Altered LOC
- Nerve agent exposure
- Calcium channel blocker OD
- Abdominal pain
- Seizures
- Stimulant OD
- Opioid OD
- Anaphylaxis/Allergic reaction

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**RESPIRATORY** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Bronchiolitis                      • Croup
- Bronchospasm/Asthma/COPD                      • CO poisoning/Smoke inhalation

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**TRAUMA** (must include complete call from dispatch through written patient care report)

**Scenarios should address a variety of the following:**

- Shock
- Crush injury
- Facial/Dental injury
- Electrical injury
- Drowning
- Lightning strike
- Altitude illness
- Bites & envenomations
- Hyperthermia
- Hypothermia
- Blast injury
- Extremity trauma/hemorrhage
- Head injury
- Dive injury

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (simulation, clinical, field)
1. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
2. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
3. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
4. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
5. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
6. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
7. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			
8. Date:	<input type="radio"/> Fail <input type="radio"/> Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_ Student cert #: \_\_\_\_\_

**PATIENT CARE REPORT – K.A.R. 109-11-8** (should be for actual calls in which the student functioned as the AEMT)

AEMT	Outcome	Evaluator cert/license # & initials	Location of evaluation (clinical or field)
1. Date:	O Fail    O Pass		
Rationale for outcome:			
2. Date:	O Fail    O Pass		
Rationale for outcome:			
3. Date:	O Fail    O Pass		
Rationale for outcome:			
4. Date:	O Fail    O Pass		
Rationale for outcome:			
5. Date:	O Fail    O Pass		
Rationale for outcome:			
6. Date:	O Fail    O Pass		
Rationale for outcome:			
7. Date:	O Fail    O Pass		
Rationale for outcome:			
8. Date:	O Fail    O Pass		
Rationale for outcome:			
9. Date:	O Fail    O Pass		
Rationale for outcome:			
10. Date:	O Fail    O Pass		
Rationale for outcome:			

Student name: \_\_\_\_\_ Course number: IC20 \_\_\_\_ - \_\_\_\_

Student cert #: \_\_\_\_\_

**ADDENDUM – note evaluation section and attempt number**

**Committee: Education, Examination, Training and Certification**  
**Agenda Item: Sponsoring Organization 70% Compliance – 1<sup>st</sup> attempt**  
**Cognitive Examination (by level)**

### **BACKGROUND**

K.A.R. 109-17-3 requires each Sponsoring Organization that fails to meet or exceed an average 70% pass rate on the cognitive examination for certification at each level of certification for the first attempts made by the students in the preceding calendar year to submit to the Board a plan for ensuring future first-time cognitive examination pass rates meet or exceed this average.

Those plans are due to the Board by March 1 each year. As of March 1, staff has only received 2 of the 38 plans and both were from the same organization (1 for the AEMT level, the other for the EMT level).

Non-compliant programs by level of certification are:

**Paramedic (2 of 6):**

Cowley College and Garden City Community College

**AEMT (8 of 18):**

Soldier Township Fire Department, Independence Community College, Great Bend Fire Department, Junction City Fire/EMS, Concordia Fire Department, Franklin County EMS, Ellinwood EMS, and Logan County EMS

**EMT (25 of 46):**

Cloud County Community College, Garden City Community College, Scott County EMS, Frankfort Ambulance Service, USD 443/Dodge City High School, Manhattan Area Technical College, Coffeyville Community College, Miami County EMS, Washburn Institute of Technology, Butler Community College, Finney County EMS, Logan County EMS, Independence Community College, Neosho County Community College, Quinter EMS, Allen County EMS, Cowley College, Wichita State University Tech, Salina Area Technical School, Fort Scott Community College, Crawford County EMS, Lane County EMS, Grant County EMS, Meade County EMS, and Anderson County EMS

**EMR (1 of 6):**

Consolidated Fire District #1

### **DISCUSSION**

The EETC approved the Performance Improvement Plan tool in August 2022 for sponsoring organizations to use when needing to complete and submit these plans.

This is the 3<sup>rd</sup> year of having a requirement for submission of a plan.

The requirement is very clear for Sponsoring Organizations. No communication was sent individually by Board staff to each program asking for a plan, but there is also no requirement for staff to send such

communication as the requirement is clearly listed as necessary in 109-17-3 and includes a deadline for submission (March 1).

How should the Board proceed with ensuring compliance with this regulation? Available means: Civil fine (\$350-\$2500), Denial of Renewal, Withdrawal of Approval.

Civil fine is consistent with the range for an operator and should it be incremented upon offense? The Board has the authority to deny or withdraw approval of a sponsoring organization. The Board has no clear authority for any other type of action such as limiting or modifying as there is no certificate, license, or permit granted for being a sponsoring organization, simply an approval.

### **ALTERNATIVES**

The Committee has the following alternatives:

1. Recommend to the Board a graduated method of ensuring compliance specific to 109-17-3 via the levying of a civil fine.
2. Recommend to the Board the denial of renewal for a sponsoring organization in non-compliance with this portion of 109-17-3.
3. Recommend to the Board a practice of immediate withdrawal of approval for a sponsoring organization in non-compliance with this portion of 109-17-3.
4. Table the item.

### **RECOMMENDATION**

Staff recommends proceeding with the development of a graduated fine method as follows:

- 1<sup>st</sup> violation - \$350
- 2<sup>nd</sup> violation - \$1250
- 3<sup>rd</sup> and subsequent violation - \$2500

Staff believes this to be a reasonable alternative minimizing the impact to the student as withdrawal or denial of a sponsoring organization status would render the organization unable to continue any initial course of instruction currently being offered or conducted and unable to authorize a completed student the ability to challenge for state certification. Staff believes the approach of levying a fine, although potentially causing future increased indirect costs to the student, is the most appropriate and reasonable choice of all provided alternatives.

Enclosures:

1. 2023ExamAttempts\_1<sup>st</sup>Pass
2. SO Performance Improvement Plan

## Paramedic NREMT Cognitive

Sponsoring Organization	CY 2023		CY 2022	
	Hutchinson Community College	97.2%	36	100%
Johnson County Community College	95.2%	21	93%	15
Kansas City Kansas Community College	81.3%	16	82%	17
Barton County Community College	72.7%	22	73%	11
Cowley College	68.8%	16	75%	28
Garden City Community College	0.0%	2	75%	8
<b>STATEWIDE</b>	84.1%	113	83.5%	97

Programs below the double line failed to meet the 70% requirement in 109-17-3 for this level  
 Column 1 is percent of individuals that passed on their 1st attempt during that calendar year  
 Column 2 is total number of individuals making a 1st attempt during that calendar year

## AEMT NREMT Cognitive

Sponsoring Organization	CY 2023		CY 2022	
	Pass Rate	Count	Pass Rate	Count
Morton County EMS	100.0%	3	NA	NA
Stafford County Emergency Services	100.0%	2	NA	NA
Arkansas City Fire / EMS	100.0%	4	NA	NA
Phillips County EMS	90.0%	10	NA	NA
Butler Community College	83.3%	6	100%	3
Tech's Inc Education	81.3%	16	NA	NA
Flint Hills Technical College	80.0%	5	NA	NA
Ford County Fire & EMS	80.0%	10	NA	NA
Barton County Community College	76.5%	17	100%	10
Soldier Township Fire Department	60.0%	10	NA	NA
Hutchinson Community College	50.0%	8	73%	16
Independence Community College	50.0%	4	NA	NA
Great Bend Fire Dept.	50.0%	6	100%	7
Junction City Fire/EMS	50.0%	2	67%	3
Concordia Fire Department	50.0%	8	NA	NA
Franklin County EMS	40.0%	5	NA	NA
Ellinwood EMS	37.5%	8	NA	NA
Logan County EMS	22.2%	9	100%	1

American Medical Response			67%	3
Thomas County EMS			57%	7
Haskell County EMS			67%	15
Cheyenne County EMS			45%	11
Meade County EMS			0%	1
Clay County EMS			80%	5
Republic County EMS			57%	7
Pottawatomie County EMS			78%	9

<b>STATEWIDE</b>	<b>66.2%</b>	<b>133</b>	72.4%	98
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Programs below the double line failed to meet the 70% requirement in 109-17-3 for this level  
 Column 1 is percent of individuals that passed on their 1st attempt during that calendar year  
 Column 2 is total number of individuals making a 1st attempt during that calendar year

## EMT NREMT Cognitive

Sponsoring Organization	CY 2023		CY 2022	
	Percentage	Count	Percentage	Count
Flint Hills Technical College	100.0%	3	86.0%	7
Stafford County Emergency Services	100.0%	2	NA	NA
Great Bend Fire Dept.	100.0%	3	NA	NA
Pawnee County EMS	100.0%	2	100.0%	1
Tech's Inc Education	92.9%	14	72.0%	32
Central Rush County EMS	88.9%	9	NA	NA
Johnson County Community College	87.7%	106	79.0%	107
Thomas County Emergency Medical Service	85.7%	7	50.0%	6
Kingman EMS	81.8%	11	NA	NA
Wichita Fire Department	81.8%	44	NA	NA
Clark County EMS	81.8%	11	NA	NA
Kansas City Kansas Community College	81.7%	60	66.0%	56
Concordia Fire Department	80.0%	5	50.0%	4
Leoti EMS	80.0%	5	NA	NA
Labette Community College	80.0%	5	50.0%	6
Barton County Community College	75.0%	36	67.0%	18
Waverille EMS Service	75.0%	4	33.0%	3
Clay County EMS	75.0%	12	NA	NA
Northwest KS Ambulance Service	75.0%	12	40.0%	5
Stevens County EMS	70.0%	10	NA	NA
Cloud County Community College	66.7%	6	50.0%	2
Garden City Community College	66.7%	6	100.0%	3
Scott County EMS	66.7%	6	NA	NA
Frankfort Ambulance Service	66.7%	3	NA	NA
USD443 / Dodge City HS	63.6%	11	0.0%	1
Manhattan Area Technical College	63.2%	19	50.0%	20
Hutchinson Community College	60.2%	83	48.0%	105
Coffeyville Community College	60.0%	5	0.0%	5
Miami County EMS	60.0%	5	83.0%	6
Washburn Institute of Technology	57.8%	45	65.0%	57
Butler Community College	57.1%	63	61.0%	74
Finney County EMS	57.1%	7	NA	NA
Logan County EMS	57.1%	7	NA	NA
Independence Community College	53.3%	15	50.0%	4
Neosho County Community College	50.0%	4	0.0%	5
Quinter EMS	50.0%	2	100.0%	2
Allen County EMS	40.0%	5	NA	NA
Cowley College	39.5%	43	42.0%	31
Wichita State University Tech	38.0%	50	54.0%	41
Salina Area Technical School	33.3%	6	50.0%	2
Fort Scott Community College	33.3%	6	60.0%	5
Crawford County EMS	33.3%	6	0.0%	4
Lane County EMS	33.3%	6	100.0%	3
Grant County EMS	33.3%	3	25.0%	4

Meade County EMS	33.3%	6	25.0%	4
Anderson County EMS	0.0%	3	NA	NA

Highland Community College			100.0%	1
Coffey County EMS			50.0%	2
Gray County EMS			50.0%	4
Phillips County EMS			82.0%	11
Sheridan County EMS			67.0%	3
City of Washington			50.0%	10
Decatur County EMS			33.0%	3
Jefferson County EMS			69.0%	13
Morton County EMS			0.0%	3
Ellinwood EMS			86.0%	7
Ness County EMS			100.0%	2
Norwich EMS			38.0%	8
Barber County EMS			25.0%	4
Bourbon County Fire District #3			33.0%	3
Atchison County EMS			67.0%	3

<b>STATEWIDE</b>	66.40%	782	59.9%	700
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Programs below the double line failed to meet the 70% requirement in 109-17-3 for this level  
Column 1 is percent of individuals that passed on their 1st attempt during that calendar year  
Column 2 is total number of individuals making a 1st attempt during that calendar year

## EMR NREMT Cognitive

Sponsoring Organization	CY 2023		CY 2022	
Flint Hills Technical College	100.0%	3	100.0%	1
Johnson County Community College	100.0%	2	66.7%	3
Kansas City Kansas Community College	100.0%	5	50.0%	2
Morton County EMS	100.0%	3	NA	
Clark County EMS	88.9%	9	NA	
Consolidated Fire District #1	50.0%	2	NA	

AMR	NA	100.0%	5
Cowley College	NA	100.0%	6
Kingman	NA	100.0%	3

<b>STATEWIDE</b>	91.7%	24	90.0%	20
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Programs below the double line failed to meet the 70% requirement in 109-17-3 for this level  
 Column 1 is percent of individuals that passed on their 1st attempt during that calendar year  
 Column 2 is total number of individuals making a 1st attempt during that calendar year



# Kansas Board of Emergency Medical Services

## Sponsoring Organization Performance Improvement Plan

This document is provided as a tool to assist a Sponsoring Organization with the development of a performance improvement plan.

The Board believes all facets of the sponsoring organization should be involved in the process of developing a performance improvement plan. This includes, but is not limited to, the organization's medical director, program manager, and all qualified instructors (didactic, medical skills, nonmedical skills, clinical training, and field internship training).

This document provides the Board's expectation for a plan they request to be submitted as well as sample questions designed to stimulate thoughts and discussion in the evaluation of the sponsoring organization.

**The overarching goal of any performance improvement plan is to develop and implement measurable action items designed to improve upon a specified outcome(s) utilizing the organization's identified strengths, weaknesses, and opportunities.**

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The Board would expect any performance improvement plan they request for submission to address and include at least the following:

- Identification of the specified outcome(s).
- Provide the date(s)/time(s) the organization met to discuss or develop this plan, listing those in attendance, and including a copy of the tool sent to each of its facets to incorporate their observations and input, if a tool was used.
- From the meeting(s) and/or tool(s):
  - Identification and listing of the organization's strengths and weaknesses
  - Identification and listing of action items the organization will implement in an effort to achieve the intended outcome
- Describe the organization's process for measuring the successful implementation of the action items (identifying major milestones, processes involved for measurement, frequency of meeting to monitor progress, who is involved, etc.)
- Provide the documentation from the previous calendar year of the content and actions taken during all quality improvement meetings/review between the medical director and program manager.
- Identify any state statute or regulation that may be inhibiting the organization from achieving this outcome, if any, including a description of the concern and any suggested changes/ideas to address the concern the organization would ask the Board to consider.

To assist in the development of this plan, the following questions may be used to stimulate thoughts and discussion.

### **Staff**

Does the medical director, program manager, and/or qualified instructor(s) attend trainings focused towards improving teaching practices?

Are expectations of your assigned role(s) (medical director, program manager, qualified instructor) clear?

Are there resources needed to improve knowledge and comfort within your assigned role(s)?

Do qualified instructors feel as though they have adequate time to research, plan, and prepare the course offering?

Do qualified instructors feel as though they are prepared, capable of, and supported by the organization in identifying and addressing poor performance in the classroom or laboratory setting?

Is there a standardized training for laboratory instructors to ensure consistent content training?

Is there evaluation by the program manager and/or medical director of qualified instructors to ensure consistent content training?

Are students evaluating qualified instructors (didactic and laboratory) on a regular basis?

Are student evaluations or complaints reviewed in a timely manner and feedback provided to qualified instructors?

Do qualified instructors have access to de-identified student evaluations?

### **Facilities, Equipment, and Resources**

Are the classroom and laboratory facilities adequate to meet the needs of the program?

Are the classroom and laboratory facilities adequate to meet the needs of the student?

Is the classroom environment conducive to learning?

Are there sufficient learning resources available to provide the offered courses?

Is there an adequate amount of equipment and supplies available for use?

Is the equipment clean, in good working order, and well organized?

Are there additional resources that could be helpful to the student or staff?

Are state cognitive examination topic area results reviewed to identify potential program strengths/weaknesses?

Are there any tools being utilized by the organization designed to allow the qualified instructors to focus their instruction upon areas and topics where a student may have an identified weakness?

Does the organization share resources (policies, best practices, equipment, personnel, etc.) with other like organizations?

### **Organizational**

Are course examinations regularly assessed or reviewed to ensure they appropriately assess comprehension of the educational standards?

Are there periodic assessments/examinations to ensure student comprehension of course content?

Are there any tools being utilized to ensure students are aware of course and classroom expectations and goals?

Are there any tools being utilized by the organization designed to frequently assess a student's topic strengths and weaknesses?

Does the organization provide additional resources or time to students for remediation?

Are there frequent or repeated situations being encountered with no policy to support a standardized approach by the organization?

Are there adequate funds to achieve the program's goals?

Does the organization have a means to obtain additional funding to achieve their goals?

Does the organization encourage networking with peers from other like organizations?

Are there other areas where this organization could grow to provide for better student outcomes?

# Kansas Board of Emergency Medical Services



## Basic Life Support Psychomotor Examination Guidebook

The Kansas Board of Emergency Medical Services (KBEMS) is dedicated to ensuring standardized and uniform criteria for basic life support (BLS) psychomotor examinations. To reach this end KBEMS has developed this BLS Psychomotor Examination Guide.

The KBEMS BLS Psychomotor Examination is designed to assure protection of the public through measurement of entry-level BLS knowledge and psychomotor competencies. Each candidate is evaluated as the lead team member as they assess and care for one simulated patient and direct the actions of one trained assistant during the examination.

Each candidate will complete a 15-minute patient management scenario blindly selected by the candidate during check-in to the examination. Evaluation of the candidate is based on their ability to correctly provide and manage treatment of a patient based on Mechanism of Injury (MOI) or Nature of Illness (NOI) and other assessment findings.

**Reminder: This is an examination of the candidate's ability to manage a patient for 15 minutes. For this reason, candidates should be performing initial assessments and needed treatments. If the candidate is engaged in the provision of a treatment, they may direct the assistant to perform assessments to facilitate further patient care. Candidates should not direct assistants to perform assessments and treatments that the candidate could be performing themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed, if requested by the Exam Facilitator.**

## BASIC LIFE SUPPORT (BLS) PSYCHOMOTOR EXAMINATION

The KBEMS BLS Psychomotor Examination evaluates a candidate's ability to manage a simulated patient in the out-of-hospital setting. Scenarios are developed in accordance with Kansas Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Education Standards and the National Association of EMS Officials National Model EMS Clinical Guidelines. Examination materials are revised periodically to assure evaluation of current guidelines.

This examination is a formal verification of candidate knowledge and psychomotor abilities to assist in assuring public safety. **It is not a teaching, coaching, or remedial training session.** Candidate performance is documented on Examination Check Sheets designed for the purpose of recording a candidate's performance. Errors in candidate performance shall not be discussed with any candidate, instructor, Sponsoring Organization (SO) or Sponsoring Organization Examination Coordinator (SOEC).

**~~Reminder: This is an examination of the candidate's ability to manage a patient for 15 minutes. For this reason, candidates should be performing initial assessments and needed treatments. If the candidate is engaged in the provision of a treatment, they may direct the assistant to perform assessments to facilitate further patient care. Candidates should not direct assistants to perform assessments and treatments that the candidate could be performing themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed, if requested by the Exam Facilitator.~~**

Successful completion of the examination consists of the appropriate coordination, assessment, and treatment of a simulated patient, based on the candidate's level of training. If the candidate is unsuccessful, remedial training and practice is strongly encouraged prior to subsequent attempts.

Candidates shall demonstrate competence in the management of a patient for 15 minutes, as determined by the level of certification for which they are testing.

Patient management may include any or all of the following; assessment, coordination, and treatment of a simulated patient for a given scenario. Candidates are expected to perform the necessary assessments and treatments as needed for the patient's simulated condition. Their assistant can be used to complete processes, as directed, when the candidate is actively engaged in another assessment or treatment of the simulated patient.

Candidates may use their personal stethoscope during the examination. Any other equipment or supplies must be prior-approved by KBEMS before the examination date.

## Examination Process

Candidates **WILL NOT** receive examination results on the day of the exam.

**Staff and/or Candidates who are “Sick” will not be allowed into the exam.**  
(See Sick Policy)

Examination sites have a minimum of two patient management stations. Both stations are to be setup with the same equipment and supplies to approximate those available on a BLS ambulance.

Candidates are examined individually. The candidate will draw a token which will determine which assistant the candidate will interact with during the examination. **Candidates are A candidate is** evaluated **solely** on his/her actions and decisions, therefore the candidate should be completing the majority of the assessments and treatments, only delegating such to their assistant when they are actively engaged in patient care. In the event of delegation of assessment or treatment the candidate must explain in detail how they want such to be completed.

Candidates are provided their scheduled Examination time by the SOEC prior to the examination and should arrive and check-in **15-30** minutes prior to their scheduled examination. Candidates should leave the examination site upon completion of their exam.

### Candidate Orientation

Candidates should view the BLS Examination Orientation video available at [www.ksbems.org](http://www.ksbems.org). It is encouraged that viewing of the video be conducted during the initial course to allow instructor vetting of questions. At the examination site, candidates will complete and sign a Candidate Affirmation Form and Health Attestation (Appendix F), verify identity by presentation of a government-issued photo ID and draw a color to determine which assistant they will be interacting with for the examination.

**~~Reminder: This is an examination of the candidate’s ability to manage a patient for 15 minutes. For this reason, candidates should be performing initial assessments and needed treatments. If the candidate is engaged in the provision of a treatment, they may direct the assistant to perform assessments to facilitate further patient care. Candidates should not direct assistants to perform assessments and treatments that the candidate could be performing themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed, if requested by the Exam Facilitator.~~**

## SO/SOEC RESPONSIBILITIES

Sponsoring Organizations are responsible for ensuring a non-discriminatory environment. In the event a discrimination complaint is deemed valid, the SO shall accept responsibility and cost associated with the candidate's re-examination for the nullified attempt only.

### Requesting to Host the BLS Examination

BLS examinations may only be hosted by Kansas-approved Sponsoring Organizations. Requests to host must be made ~~by email or received via USPS~~ through the Board's license management system and at least 60 calendar days prior to the desired examination date. Exam date approval is first come, first serve. Availability is limited due to staff and equipment.

### SOEC/Alternate SOEC Responsibilities

The SOEC and an alternate SOEC are appointed by the SO, **one of these individuals must be present and accessible at the examination site during the entire exam. Neither the SOEC nor the Alternate SOEC will be allowed to serve as an Examination Facilitator.** The SOEC is responsible for planning, staffing, and assisting with quality control at the examination.

The Alternate SOEC shall be pre-assigned by the SOEC at the time of the examination request. *The Alternate SOEC will fill the responsibilities of the SOEC in an emergency. This person's name and phone number shall be included in the Request for Examination.*

The SOEC's responsibilities include, but are not limited to:

- Ensuring all Examination Facilitators, assistants and simulated patients have read and understand the information outlined in the current version of Preparing for Your Role as a BLS Examination Staff Member and have no conflicts of interest with persons examining.
- Ensuring availability of clean, functional equipment and supplies for each station as listed in the Equipment List.
- Developing the exam roster in the Public Portal. KBEMS Staff will complete validation of successful course completion for all candidates entered on the roster and will withdraw any student who has been reported as not successfully completing the initial course.
- Providing the final Exam Candidate Roster to KBEMS at least 7 days prior to the scheduled exam date. **NO candidate will be added to the roster in the 7 days prior to the exam date.**
- **Postponing or canceling the site** in the event of inclement weather, power failure or other reasons that may compromise staff or candidate safety or prevent the examination from being continued, ~~the examination may be postponed or cancelled.~~ In the event of such an occurrence, the SOEC is responsible for notification of KBEMS, candidates, and all exam staff. The examination shall be rescheduled at the first available date agreeable between KBEMS and the SOEC.
- Developing the Examination Scheduling Roster and provide a copy to the KBEMS Rep no later than the morning of the examination.
- Developing the Exam Staff Roster, including all Exam Facilitators, Assistants, and

Simulated Patients, and provide to KBEMS **seven days** prior to the examination date **as further noted**.

- Secure KBEMS Representation at least 60 days prior to preferred exam date. If a KBEMS Representative is not available, the examination must be rescheduled. The request for an examination must include:
  - Exam location address
  - Exam date & time (please remember to include 1.5 hours for examinations with 4 or less stations and 2 hours for examinations with more than 4 stations, before the first candidate is scheduled to examine, for event briefings and set-up. Examination for the first scheduled candidates will begin **at 0930 no earlier than 0920** hours.
  - Number of examination stations shall not exceed 10 (must be in multiples of 2)
  - Number of candidates allowed to examine at the site (include number of retest slots that will be available, if applicable) **(no more than 10 per station)**
- Submit a list of desired Exam Facilitators ~~for KBEMS approval~~ at least 30 days prior to the examination **to receive KBEMS approval**. To ensure adequate numbers of Exam Facilitators to support the examination site, it is recommended that additional Exam Facilitators be included in the list submitted for validation. Exam Facilitators must have a minimum of two years of experience at or above the EMT level, hold current certification at or above EMT, and not be currently in an investigations process.
- Contract with Exam Facilitators approved by KBEMS.
- **Submit a list of Assistants and Simulated Patients at least 7 days prior to the examination date.**
- Contract with Assistants certified at or above the level of EMT, who are physically able to perform as an assistant for the entirety of the scheduled examination. One assistant must be present in each examination station.
- Secure/contract with Simulated Patients. Such persons must be at least 18 years of age, of average height and weight, and capable of being coached to realistically simulate a patient.
- **Candidates registered for the examination may not serve as patients or assistants at the exam site.** Students currently enrolled in EMR and/or EMT courses cannot be used as patients for the examination.
- Advise persons serving as patients that they must wear snug-fitting shorts and tank tops to facilitate exposure down to such garments. Simulated patients must be advised **that of** the possibility of clothing becoming stained by makeup and/or simulated blood **exists utilized** and **that** neither the SO nor KBEMS shall be responsible for replacement of such garments. KBEMS shall provide outer garments.
- Ensure Exam Facilitators, Assistants and Simulated Patients can conduct themselves in a consistent, objective, professional manner throughout the examination. Should a discrimination complaint be deemed valid, the SO shall be responsible for the cost for the candidate to re-examine.
- The SOEC shall develop a remediation plan for any examination staff member(s) found to have participated in any of the Prohibited Behaviors outlined in this document. **This plan will be developed on a form provided by the Executive Director, submitted to the Board for**

~~approval and provide approved remediation to the examination staff member(s) identified.~~

- Ensure facilities meet KBEMS requirements.
- Assist with ensuring timely flow of candidates through the examination process.
- Ensure candidates do not discuss scenarios, materials, etc., while at the exam site.

### **Examination Scheduling Roster**

The Examination Scheduling Roster was developed to assist with scheduling candidates for the examination. Candidate scheduling is the responsibility of the SOEC. A copy of an Examination Scheduling Roster should be presented to the KBEMS Rep on the morning of the examination.

Any candidate not on the final examination roster, or those on the roster that are not eligible to test, will be dismissed from the examination site by the SOEC. KBEMS staff will not be responsible for dismissal of candidate(s) from an examination site due to the candidate not being included on the Examination Roster or being ineligible to test.

### **Minimum Examination and Candidate Scheduling**

Examination sites must be scheduled for a minimum of 10-20 candidates. Each Exam Facilitator can examine 2-3 candidates per hour and stations must be planned in multiples of two.

### **Equipment**

The SOEC is responsible for ensuring availability of supplies, functionable equipment, and station setup for the exam. KBEMS will provide patient scrubs, notepads, pens, timing devices, examination scenarios, and examination forms. Equipment must include all equipment noted on the Equipment list and be arranged per the diagram provided in Appendix B.

### **Facilities**

The exam facility must meet the following:

1. At least 100 square feet of floor space that is clear of all physical obstructions that restrict examination staff and/or candidate visibility or movement for each station. Each station shall be partitioned in a manner to allow ease of entry and exit and prohibit observation by others.
2. All rooms used as part of the examination process, must have electrical plug-ins and extension cords, if necessary, to plug in and position video cameras and for the KBEMS Rep's laptop.
3. An environment free of undue noise and distraction.
4. A climate-controlled environment with adequate lighting.
5. A waiting area that will accommodate twice as many candidates as available examination stations.
6. Restroom facilities, drinking water (fountain or bottled) and adequate parking.
7. Space to conduct the Exam Staff Orientation and prepare simulated patients.
8. A table and chair in each station for Exam Facilitators.
9. A secure room for KBEMS use.

### **REQUIRED STAFFING**

Each examination room shall be staffed by one Exam Facilitator, one assistant, and one simulated patient. Individual Exam Facilitators can examine a maximum of 10 candidates at an

examination site. All exam staff shall be present in their assigned room throughout the scheduled examination, unless advised otherwise. KBEMS staff or the SOEC must be notified of the need for breaks prior to leaving the examination area. Should the examination day include a meal break, exam staff will be notified by KBEMS staff or the SOEC when they must return to their station for completion of remaining exams.

### **Exam Facilitator Qualifications**

Exam Facilitators are recruited by the SO and approved by KBEMS. Only EMS providers, professional nurses or other allied health professionals with a minimum of two years of experience at or above the level of EMT and holding current certification or license, with no pending disciplinary actions and without conflicts of interest associated with any candidate(s) should be considered. **No primary instructor will be allowed to serve as an Exam Facilitator at an examination site where their students are being examined.**

Exam Facilitators shall be selected for their expertise and understanding that there is more than one acceptable method to perform Patient Management. Further they must possess the ability to provide thorough, consistent, and objective documentation of a candidate's performance. Exam Facilitators are responsible for conduct within their station and must ensure the integrity and reliability of the examination and maintain strict security of all examination material.

The examination station team may be a combination of out-of-hospital providers, nurses, physicians and other trained allied health personnel, shall have experience working with or teaching pre-hospital BLS providers, and have experience in the formal evaluation of BLS psychomotor patient management skills. It is recommended to recruit currently certified Kansas EMTs or higher to serve as Exam Facilitators due to their familiarity with course content.

Final confirmation of selected Exam Facilitators is at the discretion of KBEMS. The KBEMS Rep has the authority to dismiss any Exam Facilitator for due cause during the examination.

### **Exam Facilitator Responsibilities**

- **Reminder: This is an examination of the candidate's ability to manage a patient for 15 minutes. For this reason, candidates should be performing initial assessments and needed treatments. If the candidate is engaged in the provision of a treatment, they may direct the assistant to perform assessments to facilitate further patient care. Candidates should not direct assistants to perform assessments and treatments that the candidate could be performing themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed, if requested by the Exam Facilitator.**
- Understand the content of Preparing for Your Role as a BLS Examination Staff Member, the BLS Psychomotor Skills Examination Guidebook and the NASEMSO National Model EMS Clinical Guidelines relevant to the exam scenario.
- Ensure the examination is conducted equally for all candidates without discrimination due to race, color, national origin, religion, sex, gender, age, disability, or position within the EMS system.
- Ensure professional, unbiased, non-discriminatory evaluation of all candidates
- Read Instructions, Scenario and other information exactly as printed to every candidate
- Verbalize the candidate's identification number for recording on the video

- Monitor and record all performances on examination forms
- Ensure consistent presentation of all equipment, props, and moulage during the examination
- Coach/program the simulated patient for the assigned scenario
- Maintain security of all examination material, equipment, supplies, and return to the KBEMS Rep at end of exam
- At his/her discretion for any or all tasks the candidate assigns the Assistant, request the candidate to provide step by step instructions on how the task is to be performed.
- At his/her discretion, direct the candidate to perform any delegated task assigned to the Assistant.
- **Reminder: The facilitator shall not provide information to a candidate for skills/assessments not performed and shall not coach or prompt a candidate.**

### Assistants

One person trained at or above the EMT level, must be selected to serve as a trained EMT Partner/Assistant for each examination station. Assistants cannot be related to the candidate examining or be biased towards or against the candidate being examined.

~~Reminder: This is an examination of the candidate's ability to manage a patient for 15 minutes. For this reason, candidates should be performing initial assessments and needed treatments. If the candidate is engaged in the provision of a treatment, they may direct the assistant to perform assessments to facilitate further patient care. Candidates should not direct assistants to perform assessments and treatments that the candidate could be performing themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed, if requested by the Exam Facilitator.~~

Assistants will greet the candidate outside the station or in the candidate check-in area, introduce themselves and with the candidate enter the examination station as a team. Assistants will don gloves prior to beginning each examination. Assistants will position themselves on the floor, either beside or across the patient from the candidate, throughout the examination.

Any person selected as an assistant should not have mobility restrictions and should understand the content of the Preparing for Your Role as a BLS Examination Staff Member and the BLS Psychomotor Skills Examination Guidebook.

### Simulated Patients

One person must be selected to serve as a simulated patient for each examination station. Persons selected as simulated patients must be clothed in shorts and tank tops to facilitate application of moulage. Simulated patients cannot be related to the candidate examining or be biased towards or against the candidate being examined.

It is recommended that Simulated Patients be certified EMS professionals at or above the EMT level, or other emergency healthcare professionals, capable of being coached/programmed to effectively act out the role of a real patient in a similar out-of-hospital situation. Currently enrolled

EMR or EMT students may not be used as simulated patients. It should be remembered that the more realistic the Simulated Patient presentation, the more realistic the simulated event and the fairer the evaluation process.

### **Prohibited Examination Staff Activities:**

- Accessing electronic devices in the examination station, to include cellular devices, hand-held computer devices, laptops, tablets or other electronic devices, pagers, or smart watches. (If video review shows exam staff accessing these devices in the exam room, they may be denied for use with future exams.) All personal property, i.e., any of the above or wallets, purses, firearms or other weapons, hats, bags, coats, jackets, eyeglass cases, books, notes, pens and pencils are to be secured in the Exam Facilitator's vehicle or with the SOEC throughout the examination.
- Copying or recording of examination material
- Sharing of information acquired in the examination station
- **Coaching or prompting of a candidate**

If failure to comply with these responsibilities is suspected; the KBEMS Rep may implement actions identified under Prohibited Behavior & Dismissal from Examination sections of this document.

### **Roster for Skills Exam Facilitators and Simulated Patients**

To facilitate room coordination, a complete Exam Staff roster will be provided to KBEMS staff. The roster will contain groupings for each exam station as approved for the exam site including the Exam Facilitator, Assistant and Simulated Patient for each station. This roster shall be provided by the SOEC for use by the KBEMS Rep during the examination and for future reference.

### **“Sick” Policy**

Staff or candidates who are sick upon arrival to the examination site or who become sick during the examination will be required to leave the examination immediately upon recognition of such.

“Sick” is identified as anyone suspected of illness attributed to contact, airborne or droplet pathogens or toxins which cannot be contained to ensure protection of others. **including, but not limited to, any of the following:**

- **Unprotected close contact with someone diagnosed with, or suspected to have, COVID-19 within the past 14 days.**
- **Chills**
- **Stiffness/Rigidity**
- **Muscle aches or pains**
- **Fatigue/Weakness**
- **Headache**
- **Sore throat**
- **Cough**
- **Shortness of breath/Difficulty breathing**
- **Sudden loss of smell or taste**
- **Temperature in excess of**

## **KBEMS RESPONSIBILITIES**

Ensure protection of the public through validation of a candidate's ability to manage a simulated pre-hospital medical or trauma event.

KBEMS will provide information to the SOEC in the event of anomalies in the examination process.

### **Examination Administration**

The KBEMS Representative (Rep) is responsible for examination administration and assurance that all candidates complete the examination in the same standardized format in accordance with approved policy and procedure.

The KBEMS Rep shall visit all stations to ensure compliance with approved exam criteria and processes. The KBEMS Rep shall review station set-up and equipment prior to the examination, noting the following:

- Testing environment comfort
- Unnecessary noise or distraction
- Candidate entry or exit effect on other's performance
- Presence and functionality of required equipment
- Required Simulated Patient presence
- Any alteration from the directed station setup per Appendix B
- Examination forms for:
  - Areas left blank
  - Exam Facilitator comments
  - Exam Facilitator signature

The KBEMS Rep may discuss documentation abnormalities with the Exam Facilitator and/or other examination staff to obtain clarification/correction. Identified errors require the Exam Facilitator to make necessary corrections to the examination form and initial such changes.

During video reviews, the KBEMS Rep shall review:

- Exam staff performed appropriately
- Use of prohibited equipment in the exam room
- Consistency of equipment and supply reset
- Exam Facilitator, Assistant and Simulated Patient verbal and non-verbal communication
- Consistency of examination instruction and scenario presentation by the Exam Facilitator, Assistant and Simulated Patient
- Security of scenario information or documentation
- Time limits enforced
- Exam staff is courteous, professional, non-discriminatory and non-threatening
- Activities addressed in the Prohibited Behaviors section below will be shared with the SOEC and the Examination staff member(s) involved.

## General Responsibilities

The KBEMS Rep is responsible to:

- **Ensure the exam remains on schedule**
- Ensure all stations are conducted in the same standardized format. Administration of any part of the exam in any manner different from those prescribed constitutes an exam accommodation. Accommodation requests must be made to KBEMS and be prior approved to be used during the examination. **NO accommodation authorization will occur at the exam site.** Should a candidate make such a request, the KBEMS Rep must advise the candidate that fees collected for the examination are those determined by the SOEC for expenses associated with conducting the examination site and it is solely at the SOEC's discretion whether such fees are refundable.
- Inspect facilities
- Address possible cases of dishonesty or discrimination
- Inspect candidate government-issued photo ID, and signed Affirmation form
- Orient Exam Facilitators, assistants and simulated patients
- Address prohibited behavior during the exam, such as threats towards staff, use of unprofessional (foul) language, or any other prohibited behavior inconsistent with behavior of EMS professionals.
- Ensure collection of all documentation, video equipment, scrubs, moulage kit, etc.
- Acquire Exam Facilitator clarification and/or correction on examination forms
- **At NO Time** is a KBEMS Rep permitted to change examination documentation.
- **At NO Time** will the KBEMS Rep, SOEC, or exam staff inform candidates of unofficial examination results, provide opinion as to candidate performance, allow candidate to review completed examination forms, provide recommendation to improve performance, indicate perceived candidate outcome.

## BLS Examination Results

**KBEMS reserves the right to nullify any psychomotor examination that does not meet acceptable criteria for validation as outlined herein.**

Candidates are required to complete one Patient Management examination and the NREMT cognitive examination to obtain KBEMS certification. Candidates are eligible for up to **four complete psychomotor examination attempts**, provided all other "Entry Requirements" are met. Graduates from a BLS initial course of instruction have two years from the date of course completion to successfully complete all components of the KBEMS certification process as outlined below:

1. Passed cognitive and psychomotor examination results are valid for twelve months from the date of the examination, provided all other requirements are met.
2. Candidates are eligible for up to three retest attempts (4 total attempts), provided all other requirements are met.
3. Complete both the cognitive and psychomotor components of the examination within two years of date of course completion.

## **Psychomotor Examination Accommodations**

All candidates must complete the psychomotor examination in the same standardized format. The presentation of any station shall not be altered to accommodate candidate request(s) without prior approval from KBEMS. Alternative equipment or supplies shall not be allowed for use during the examination without prior approval from KBEMS. The onsite KBEMS Rep is not authorized to make determination for accommodation or use of alternative equipment at the psychomotor examination.

## **Examination Complaint(s):**

Examination complaints **are for potential discrimination only and** will be reviewed onsite by the SOEC and the KBEMS Rep. Information gathered and reviewed by this team will be forwarded to the KBEMS Examination Specialist and Education Manager for final resolution.

Should the KBEMS Rep receive a complaint that may be valid, he/she shall provide the candidate with the Examination Complaint Form. The candidate will be permitted adequate time, in a secluded area, to complete the form. **The KBEMS Rep shall only permit a candidate to file a complaint based upon discrimination.** The KBEMS Rep shall under **NO** circumstances inform the candidate or anyone else of the candidate's pass/fail status. Please ensure the candidate has provided contact information should more questions arise during the complaint review process and advise that the final decision will be provided in writing within 15 days.

Examination complaint review guidelines include:

1. The KBEMS Rep shall inform the SOEC that a formal complaint has been initiated.
2. The KBEMS Rep shall notify the involved Exam Facilitator that a complaint has been filed and advise that he/she shall remain on-site for an interview by the KBEMS Rep, if necessary.
3. Results of the examination, either pass or fail, cannot be changed by the KBEMS Rep, SOEC, or any other exam staff. Should the complaint be deemed valid the examination results will be nullified.
4. Any candidate whose results have been nullified shall complete the examination attempt again, at no charge to the candidate, at an upcoming examination site, by a different Exam Facilitator.
5. The final KBEMS decision shall be sent to the candidate within 15 days of the examination via electronic communication and USPS.
6. All documents including the Complaint Form and KBEMS final report shall be maintained as part of the candidate's examination record.

## **False Identification**

Any candidate attempting the use of false identification shall be dismissed from the examination site. A report will be filed with the KBEMS investigator documenting all individuals involved, including the candidate scheduled to take the examination and the true-identity of the individual attempting to take the exam, if it can be determined.

If a candidate has no acceptable form of ID, they will be dismissed from the examination.

## **Late Arrival**

A candidate not checked in 30 minutes early and or not available to examine at their scheduled time may not be allowed to examine. This is determined by the SOEC.

## **Examination Interruption**

If a candidate withdraws from the examination for any reason prior to completion:

- Candidate examination materials will be delivered to the KBEMS Rep.
- The Exam Facilitator will provide written explanation of the events leading up to the candidate's withdrawal on the Examination Form.

In the event of interruption of an examination station, the KBEMS Rep shall use best judgment and nullify results if it is believed the interruption adversely impacted the candidate's performance.

For any interruption, the KBEMS Rep, Exam Facilitators, and SOEC must secure examination materials until the examination can continue. Consider nullifying the results of candidates testing when the interruption occurred and permit restart and completion after order is restored.

Decisions to interrupt an examination should be based on ensuring the health and safety of everyone involved.

## **Use of Prohibited Materials**

Candidates are prohibited from:

- Bringing notes, study materials or personal items, including, but not limited to cellular devices, hand-held computer devices, laptops, tablets or other electronic devices, pagers, watches, wallets, purses, firearms or other weapons, hats, bags, coats, jackets, eyeglass cases, books, pens and pencils, to the exam site. Wedding rings and other religious items are allowed, but may be checked for any electronic capabilities
- Copying or recording examination material
- Sharing of information acquired in the examination station

If such activity is suspected by the exam staff or SOEC; immediately notify the KBEMS Rep. At the discretion of the KBEMS Rep the following may be initiated:

1. Immediate suspension of all examination activities if more than one candidate is suspected
2. Interview all candidate(s) suspected of using prohibited materials.
3. All suspected candidates shall be interviewed separately.
4. Attempt to obtain all notes or recordings in question for further inspection.
5. Dismiss suspect candidates
6. After all materials are retrieved, interviews completed, and the KBEMS Rep is satisfied that all involved candidates have been dismissed, resume the examination

For any incident identified above, the KBEMS Rep, all exam staff, witnesses and the SOEC shall prepare signed, written documentation of the following:

- Name, address, email and phone number for witnesses
- Purpose/function at the exam site
- A summary of facts associated with the situation
- Identification of violator by name and/or ID#
- Explanation of each candidate's involvement in the misconduct

### **Prohibited Behavior**

KBEMS has disciplinary policies in place addressing prohibited behavior of candidates and examination staff.

Prohibited behavior may include, but is not limited to:

1. Being observed giving, receiving or aiding in a candidate's examination
2. Accessing, possessing, reproducing, disclosing or use of any examination materials outside the examination
3. Evidence of sharing examination information with other candidates
4. Disturbing or preventing others from an equal opportunity for exam completion
5. Making threats toward the KBEMS Rep, the SOEC or other examination staff or candidates.
6. Use of unprofessional (foul) language when interacting with the KBEMS Rep, the SOEC, examination staff or other candidates.
7. Offering any benefit to the KBEMS Rep, SOEC and/or examination staff in return for aid or assistance for completion of an exam.

The above behaviors constitute sufficient cause to:

- Bar candidate and/or examination staff participation at the examination site
- Terminate participation in an examination
- Invalidate examination results
- Withhold or revoke scores or certification
- Take other appropriate action

To ensure objective and accurate candidate evaluations, the following actions may be implemented:

Unprofessional conduct or failure to comply with the Examination Guidebook can result in written counseling and/or suspension from the examination process.

Penalties for violations include:

- 1-year suspension;
- Board-approved SOEC remediation  
or
- Permanent suspension

## **Dismissal from the Examination**

The KBEMS Rep possesses the authority to dismiss staff or candidates for misconduct as outlined above. However, dismissal should be a last resort.

The KBEMS Rep must use best judgment in handling the situation. Take no action until there is certainty:

- Candidate or staff has given or received assistance;
- Prohibited aids, including electronic communication devices were used
- Disturbance of others ability to examine
- Making of threats toward the KBEMS Rep or examination staff
- Use of unprofessional (foul) language at the examination site
- Removal of examination materials from a station
- Engaging in prohibited behavior during examination

When a violation is substantiated, immediately collect all examination material from the station and dismiss the violator(s) from the examination site. Advise candidate(s) or staff being dismissed that this action is due to failure to abide by examination policy(s). Provide a full written account of the incident. For candidate(s): indicate on the Examination Form that the candidate's results are subject to misconduct as documented in your incident report.

## **Reporting Examination Results**

The KBEMS Rep shall verify accuracy and completion of all examination results. This may be accomplished at the examination site or following, at the discretion of the KBEMS Rep.

All official written records shall be retained by KBEMS in accordance with KBEMS license management system policy and include the following:

- Identification Number (State Certification #, Assigned Candidate #, etc.)
- Examination Date (Month, Day, Year)
- Exam Facilitator Name
- Examination Site (Name of Facility, City, State)
- Retesting (Yes or No)
- Identify Medical vs. Trauma

## **Completion of the Psychomotor Examination**

The KBEMS Rep will ensure examination security as follows:

1. Collection of all examination material from Exam Facilitators, including:
  - a. Scenario
  - b. Exam Facilitator notes
  - c. Candidate notes
  - d. Video equipment
  - e. Scrubs
  - f. Moulage kit
  - g. Any other KBEMS or SO provided equipment or supplies
2. Before dismissing Exam staff, the KBEMS Rep will briefly interview for problems or areas of concern/confusion that may have occurred.



Appendix B  
**Kansas Board of Emergency Medical Services**

**PSYCHOMOTOR EXAMINATION**

**EQUIPMENT LIST**

- Alcohol preps/Sanitizer to clean stethoscope/other equipment after each candidate
- Scratch paper & pencil/pen
- Examination gloves

**Vital Signs**

- Penlight
- Blood pressure cuff
- Stethoscope
- **Glucometer**
- Pulse Oximeter **(Optional)**

**Airway**

- Oxygen cylinder w/regulator (assembled)
- Bag-valve device w/mask (assembled)
- Nebulizer
- Non-invasive positive pressure ventilation device (CPAP)
- Nasal cannulas
- Non-rebreather mask
- Oxygen tubing

**Medication Administration -Simulated or Empty:**

- Aspirin
- Albuterol
  - Metered-dose
  - Nebulized
- Oral glucose
- Naloxone
- Atropine/Pralidoxime chloride containers & equipment appropriate for BLS administration

**Medication Administration**

**(Continued)**

- Nitroglycerine
- Epi-Pens
- Activated charcoal

**Bleeding/Hemorrhage-control tourniquet**

- Tape
- Bandages
- Hemorrhage-control tourniquet
- Dressings

**Immobilization**

- Rigid or semi-rigid splints (various adult sizes)
- Long Spine Board w/functional straps (assembled)
- Head immobilization supplies for LSB
- Towels
- C-collars
- Cravats
- Pillow (optional)

**Other**

- Sterile Water/NS Bottle
- Blanket
- Monitor cable and electrodes
- Trauma Shears

## Long Spine Board

### Medication Administration – Simulated or Empty

- Aspirin
- Albuterol
  - Metered-Dose
  - Nebulized
- Oral Glucose
- Naloxone
- Atropine/Pralidoxime chloride containers and equipment
- Nitroglycerine
- Epi-Pens
- Activated Charcoal

### Equipment

- Penlight
- Blood Pressure Cuff
- Trauma Sheers
- Stethoscope
- Glucometer
- Pulse Oximeter

### Bleeding/Hemorrhage-Control

- Tape
- Bandages
- Hemorrhage-Control Tourniquet
- Dressings

### Airway

- Oxygen Cylinder w/Regulator (Assembled)
- BVM (Assembled)
- Nebulizer
- Non-invasive positive pressure ventilation device (CPAP)
- Nasal Cannula
- Non-rebreather Mask
- Oxygen Tubing

### Other

- Sterile Water/NS Bottle
- Blanket
- Monitor Cables and Electrodes

### Immobilization

- Rigid or semi-rigid splints
- Head Immobilization supplies for LSB
- Towels
- C-Collars
- Cravats
- Pillow (Optional)



Appendix D  
Kansas Board of Emergency Medical Services

**CANDIDATE EXAMINATION INSTRUCTIONS**  
**PSYCHOMOTOR SKILLS EXAMINATION**

**\*\*READ CANDIDATE NUMBER OUT LOUD\*\***

Welcome to the Basic Life Support Psychomotor Skills examination station.

For the next 15-minutes you will demonstrate your ability to assess, manage and treat discovered conditions and/or injuries. If equipment is not present, verbal patient management is expected, unless advised otherwise.

You should communicate with and manage your patient as you would in a real situation. I will document your treatments and may ask questions if clarification is needed.

You may remove the Simulated Patient's scrubs, to facilitate assessment. Clinical information not obtainable by visual or physical inspection, for example blood pressure, will be provided only after demonstration of the procedure for obtaining that information.

You have one (1) assistant that is trained to the level for which you are examining. This person will follow your direction, but please realize I may direct you to perform anything you direct the assistant to do or to provide your assistant with step-by-step instructions.

You may take the next two (2) minutes to review the available equipment. This time cannot be used to prepare, position or setup equipment and cannot be used to begin documentation.

Do you have any questions?

After candidate completes the equipment review:

**\*\*READ CANDIDATE NUMBER OUT LOUD(if not already done)\*\***

**Read "Dispatch" information from the prepared scenario and begin 15-minute time limit.**



## Appendix E

# Kansas Board of Emergency Medical Services

## Examination Staff Orientation

### GENERAL

- Introduce Rep(s) and SOEC
- Thank you for your assistance
- Do you understand your responsibilities for today?
- This is a formal verification of competency. NO teaching, coaching, or remediation.
- This is an examination for certification. Candidates should be performing patient management for 15 minutes, to include assessments and treatments. Candidates should not direct assistants to perform assessments and treatments that they could be conducting themselves. In the event the candidate is directing the assistant to perform a task they should be prepared to provide step by step instructions on how the assessment or treatment is to be performed at the Exam Facilitator's request.
- The Exam Comments/Staff Roster is for the collection of all staff names, the patient's initial vital signs and to provide comments and recommendations on the exam process.
- DO NOT indicate satisfactory/unsatisfactory performance to the candidate
- DO NOT discuss performance outside exam room
- Unprofessional conduct, discrimination or harassment is not tolerated
- Ensure consistency of the following throughout the day:
  - Patient actions
  - Props
  - Moulage
  - Equipment
- NO written materials or electronic devices (**smart watches, cell phones, etc.**) are allowed to be taken into the station. Noncompliance may result in denial of requests to be an exam staff member.
- **Report equipment failures immediately.** (Do not interrupt the exam, notify SOEC or KBEMS when appropriate to do so.)
- Scenario time is a full fifteen (15) minutes. **Candidates are scheduled 20 minutes apart, so please keep an eye on time.**
- Candidates are not allowed to write notes prior to exam start.
- Ensure candidates do not take anything (including notes) from the station.
- Return all exam materials to KBEMS staff before leaving exam site.
- Patients should be interacting with candidates, the exam facilitator will interject to assist the patient as needed.
- Assistant interaction should be limited to confirmation of requests and performance of the requested actions/processes
- Pillows and blankets that are not part of the scenario are to be moved from the exam area when a candidate enters.

## **EXAM FACILITATOR**

- **Verbalize and/or show candidate identification number into the camera.**
- Maintain security of exam materials throughout the day
- Document exam facilitator information, scenario number, etc., on evaluation form
- Monitor time closely.
- Objectively record **All candidate actions/procedures including verbalized treatments**
- **DO NOT Allow Oxygen or Oxygen Delivery Devices to Be Applied to Patient's Face**
- Read "Examination Instructions" to all candidates exactly as printed. Allow 2 minutes to inspect equipment and ask questions.
- **Do not tell a candidate to "Consider it done" unless the equipment/supplies are not in the station, it is a semi-invasive procedure (BG testing), or application of airway delivery devices/adjuncts to a patient face.**
- **Do not give assessment findings prior to the assessment actually being conducted.**
- If the Candidate provides incomplete, inappropriate or incorrect treatment: Confirm by repeating the request, and/or request an explanation of how they would do the task.

## **ASSISTANTS**

- You are an assistant certified at the level for which the candidate is testing.
- Ensure the candidate number has been read or shown to the camera
- Greet candidate in area identified.
- Introduce self, give candidate the provided watch.
- Don gloves
- Be on the floor with the candidate throughout the examination.
- Follow the candidate's directions. Restate all care/action requests so the candidate can confirm that is what they want done.

## **SIMULATED PATIENTS**

- Ensure the candidate number has been read or shown to the camera
- You are a simulated "real" patient, act appropriately for the situation/etiology. If uncertain how to act, discuss with the exam facilitator.
- Ensure responses are consistent with every candidate throughout the day.
- Remember what has been assessed/treated to assist the Exam facilitator.
- If you are moulaged today, KBEMS staff has makeup remover.

**Any questions? Throughout the exam site if you have anything positive or negative about the examination process that you would like to share with KBEMS staff please come talk with us or write it on the Staff Roster.**

## BLS Psychomotor Examination

### Candidate Orientation

- Verify: NO watches, cell phones, equipment (other than stethoscope) not preapproved by KBEMS, etc.
- Remind candidates to review email address in public portal. Recommend that work/school email addresses be changed to personal emails to prevent non-receipt of important communications.
- Explain, KBEMS has 14 days per internal policy to get exam results to candidates, but we make every attempt to get results out as quickly as possible. Remind, phone calls slow the review process since the reviewer has to restart a candidate's review every time they are interrupted.
- Explain, if exam results are not received in 14 days, to call KBEMS to ensure their exam has not been overlooked.
- The candidates will not discuss any part of the exam at any time.
- If the candidate receives a fail, they cannot call the office to find out the reason for failure.
- Give overview of what they can expect in the exam station, i.e., will be given brief instructions followed by 2 min. to review equipment, then 15 min. for exam.
- Assistants will do anything they ask of them (except first set of vitals), may repeat directions you have given for clarification.
- Remind time will start if they start writing anything, when 2 min. for equipment review is up, or when they indicate they are ready.
- Encourage to use time wisely, reminding they have 15 minutes.
- Advise they are to leave the exam site after completion of the survey. Do not meet with others that have not tested. Should we **learn** of such activity your exam will be nullified.
- Allow for questions.
- Encourage relaxation, deep breathing, emphasize they would not be here if their instructor did not feel they were competent and can pass the exam.



## BLS Examination Request & Management

This guidance document outlines the process for setting up and managing BLS examination sites. Please note, KBEMS cannot typically accommodate any examination site on a state holiday or from Wednesday through Saturday on a week when there is a scheduled KBEMS Board meeting (1<sup>st</sup> Friday of February, April, June, August, October, and December).

### **At least Sixty (60) days prior to desired exam date**

In your Public Portal:

- Select "Manage" from left menu
- Click "Add New Course" on right
- Select "Course Type" of "BLS Examination"
- Select "Course Name" of "BLS Examination"
- Select - Region where the Exam is being held
- "Sponsor" is the sponsoring organization holding the exam
- "Coordinator" is the SOEC for the exam site
- "Instructor" is the Alternate SOEC for the exam site
- In "Description" box add contact for exam information, if Retests are accepted, etc.
- "Start Date & Time" is the date & time of the 1<sup>st</sup> exams. 1<sup>st</sup> exams should be at ~~0930, 1330 or 1800~~ **no earlier than 0920 and 90-120 minutes after exam staff has arrived**. Unless other arrangements are made with KBEMS, remember exam staff needs to be there 1.5 hours before 1<sup>st</sup> exam for 2 station sites and 2.0 hours before 1<sup>st</sup> exam for 4 or more station sites.
- Check the Day of the week the exam is being held on
- Check BLS Examination Document
- Click on the "Documents" tab
- Click "Add a Document". Add a copy of a document, that indicates the number of stations, the number of candidates, and contact information for the SOEC and the Alternate SOEC
- Return to "Details" tab
- Click "Save & Continue"

### **REMEMBER:**

- Exams are not approved until you receive the approval letter **email**.
- Stations must be in multiples of 2.
- No examiner will be allowed to examine more than 10 candidates per exam site.

### **At least Thirty (30) days prior to the exam date**

Send Issuance staff ([carman.m.allen@ks.gov](mailto:carman.m.allen@ks.gov), [kim.cott@ks.gov](mailto:kim.cott@ks.gov) and [scott.hird@ks.gov](mailto:scott.hird@ks.gov)) a list of individuals **requested** to be approved to serve as Exam facilitators. It is recommended that this list include additional persons that may serve as exam facilitators in the event of exam facilitator cancellation or no-show.

### **Seven (7) days prior to the exam date**

- Send issuance staff a listing of exam facilitators, assistants, and simulated patients being utilized for the date of the examination.
- The Exam Roster is final and cannot be changed.

### **IMPORTANT:**

Sponsoring Organization Examination Coordinator (SOEC) is responsible for:

- Exam roster creation & management in the Public Portal
- Scheduling & notifying candidates of exam time. A copy of this schedule must be provided to the KBEMS Rep on exam day.
- Ensuring exam staff & candidates are advised that NO electronic devices are allowed in the exam stations and should be secured in their POVs.
- Ensuring simulated patients are advised of the need to wear tight-fitting shorts and tank tops to facilitate donning of removable scrubs.
- Any candidates on the exam roster who cannot be confirmed as having “Passed” their initial course 7 days prior to the examination date, will not be eligible to examine.

### **REMINDER: Initial Course Instructor should have candidates:**

- Watch the BLS Examination Student Orientation video available on the KBEMS website.
- Arrive at the exam site 30-45 minutes prior to their scheduled exam time. Candidates not checked in and ready to examine at their designated time will not be allowed to examine.
- Bring a government issued Photo ID.
- DO NOT bring personal items including: electronic devices, i.e., cellular devices, laptops, tablets, pagers, watches, purses, firearms or other weapons, hats, bags, coats, jackets, eyeglass cases, books, notes, pens and pencils as these are prohibited in the exam room. Wedding rings and religious items are allowed but will be checked for electronics.
- DO NOT bring equipment, other than personal stethoscopes, to the exam site unless they have been pre-approved by KBEMS.