

Junior Membership Program

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STANDARDIZED PATIENT'S INFORMATION

The Newark-Arcadia EMS Junior Membership Program is committed to excellence in teaching students the science and art of pre-hospital medicine. To learn to assess and diagnose patients, it is important that students have the opportunity to conduct physical examinations. Standardized patients (SPs) are sought by medical training institutions throughout the nation to undergo interviews, physical examinations, and experience provider-patient interactions. These examinations provide an opportunity for students to receive feedback from SPs and to become more aware of the interests and needs of prospective patients.

Newark-Arcadia Volunteer Ambulance and the Newark High School Drama Club are cooperating to bring this innovative experience to a broad range of students in the community. Mr. Shawn Flanagan and Ms. Emily Howard are cooperating in the development of this opportunity. Participants who are registered students at Newark High School qualify for Capstone Program volunteer service hours for participation in the program. Both training and actual simulation will count towards the earning of hours.

As a SP, participants must be aware that they are expected to work in a professional manner, which will require flexibility and commitment to meet the program needs. Participation in any facet of the program takes into consideration both the needs of the students and the interests, skills, and availability of the SPs. Scenarios and detailed characteristics of patient portrayal will be provided along with workshop time for character development. Please note, that any invasive interventions (vascular access, airway management, medication administration, surgical procedures, etc.) will be simulated or verbally taken. SPs will be advised of proper clothing to be worn and may be provided with needed clothing as a scenario may dictate. The New York State Patient Assessment Skills Worksheet (Medical and Trauma) is attached for your review.

STANDARDIZED PATIENT'S CONSENT

I agree to act as a SP in the role(s) for which I will be specifically trained. In this capacity I understand that I will be interviewed and/or examined by junior members, EMT and paramedic students, or health professionals in the same manner that would occur if I were an actual patient having informed consent. This may include but not be limited to interviewing and physical examination procedures/techniques that are normally part of a provider-patient encounter.

I understand that these standardized patient sessions are for instructional, demonstrational, practice, and evaluation purposes only.

I agree to photography, video and/or audiotaping of sessions for teaching purposes including review of tapes by faculty, students, and other standardized patients.

I certify that I have read all of this information and the consent form and reviewed the attached New York State Patient Assessment Skills Worksheet. I understand the nature and purpose of the program and its potential benefits associated with participation as a standardized patient have been explained to me. I understand that I may ask questions and I am free to withdraw from the program at any time.

Standardized Patient Signature

Date

Parent Signature

Date

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

EMT - Basic Practical Examination

| | | | [| | | | | | |
|---|---|--|---|----------------------|----------|---------|------------------|--|--|
| STA | TION DATIENT ASSE | SSMENT/ | Pass | Candidate | | | | | |
| | MANAGEM | | | Examiner | Initials | | | | |
| EMT - | Basic TRAUM | 4 | Fail | | | | | | |
| | | - | | Date Start | Time | St | | | |
| | St | uden | t Shee | も Points: | Possible | Awarded | Comments | | |
| шд | Takes, or verbalizes, body subs | С | | | | | | | |
| SCENE SIZE-UP | Determines the scene is safe | С | | | | | | | |
| | Determines the mechanism of i | 1 | | Dispatch | | | | | |
| | Considers stabilization of spine | С | | | | | | | |
| L, | Verbalizes general impression of the patient | | | | | | | | |
| ASSESSMENT | Determines responsiveness/level of consciousness (AVPU) Person, Place, Thing Determines chief complaint/apparent life threats What hurts the most? | | | | | | | | |
| Σ | Determines chief complaint/app | 1 | | | | | | | |
| SS | Airway and Breathing | | and maintains airway | nt C | | | | | |
| Ш | Expose chest here ? | | appropriate oxygen the | C | | | | | |
| SS | - | | adequate ventilation | - | | | | | |
| A S | Circulation | | s life threats to airway/ | 5 | C C | | | | |
| | Circulation | | s/controls major bleed | and Radial | C C | | | | |
| NITIAL | | Assesse | es skin (color, temperat | | C C | | | | |
| E | Assesses airway, breathing & c | с С | | | | | | | |
| Z | | C | | | | | | | |
| | Identifies priority patients and m | | | | | | | | |
| | Selects appropriate assessmen Obtains baseline vital signs | Pulse | • • • | e & quality (+/- 10) | 1 C | | <u>C-collar</u> | | |
| FOCUSED HISTORY/ Physical EXAM/ Rapid Assmnt. | | | ions Determines rat | | C | | Remember quality | | |
| | | | | | C | | Remember quality | | |
| RAF F | Blood Pressure systolic & diastolic (+/- 10) Obtains S.A.M.P.L.E. history | | | | | | | | |
| | Assesses the head | Insports and | h palpatos the scalp an | doors Doplight | 1 | | | | |
| | | Inspects and palpates the scalp and ears Penlight Assess the eyes Penlight | | | | | | | |
| 5 | Palpate /penlight | | eyes Penligh facial area including ora | 1 | | | | | |
| _ < | Assesses the neck | Inspects and | | 1 | | | | | |
| DZ | | Assess for J | | 1 | | | | | |
| | C-collar | | r tracheal deviation | 1 | | | | | |
| а Ш | Assesses the chest | 1 | | | | | | | |
| | | 1 | | | | | | | |
| ₽ ₽ | | Auscultates | Auscultates va | | | | | | |
| 00 | Assesses the abdomen | 2 | | Distended? | | | | | |
| Ĕ H | and pelvis Stable? | Verbalizes a | ssessment of genitalia | /perineum AS NEEDED | 1 | | | | |
| S S | Assess the extremities | Inspects and | d palpates all 4 extremi | ities (1pt. ea.) | 4 | | | | |
| HISTOR HYSICA | | Check motor | , sensory, distal circula | 4 | | | | | |
| <u>т</u> | Assess the posterior | Assesses th | orax | 1 | | | | | |
| | | Assesses lu | mbar | 1 | | | | | |
| | Manages secondary injuries & wounds appropriately Splint here | | | | | | | | |
| | Ongoing Assessment | Repeats init | ial assessment | | 1 | | | | |
| | verbalized) Repeats vital signs | | | | | | | | |
| | Every 5 / 15 minutes | | used assessment | 1 C | | | | | |
| | Candidate completed station within 15 minute time limit | | | | | | | | |
| | Note: Candidate must complete all critical criteria and receive at least <u>23</u> points to pass this station. | | | | | | | | |

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

EMT - Basic Practical Examination

| Bureau of Emergency Medical Services | | | | | | | | | | | | | |
|--------------------------------------|---|--|------------------|------------------------------|----------------|-----------|--|----------------|-----------------------|---|---|-------------------------------------|--|
| | | | | | | | | | | Please Print | | | |
| STA | TION | | | MENT/ Pass | | Candidate | | | | | | | |
| 2 | | PATIENT ASS | | 1 033 | | | | | | | | | |
| | | MANAGE | | Fail | | Exami | ner | | Initials | | | | |
| EMT - | Basic | MEDIC | AL | Fail | | | | | | | ~ | | |
| | | | ~ . 7 | <u> </u> | ~ 1 | Date | S [.] | tart Ti | me | Stop Time | | | |
| | | | Stude | ent | She | et | Points | : P/ | ossible | Awarded Comment | | nments | |
| | Takos o | | | | | | | | C | Awarue | u | | |
| Ψ5 | Takes, or verbalizes, body substance isolation precautions | | | | | | | C C | | | | | |
| Щ | Determines the scene is safe How many patients? | | | | | | | | | | | | |
| SCENE SIZE-UP | Determines the mechanism of injury / nature of illness Scenario information | | | | | | | 1 | | Dispate | ch | | |
| | Considers stabilization of spine if indicated <u>Did patient fall/injury?</u> | | | | | | | 1 | | | | | |
| SESSMENT | Verbalizes general impression of the patient | | | | | | | 1 | | | | | |
| Ш | Determines responsiveness/level of consciousness (AVPU) Person, Place, Time | | | | | | | 1 | | | | | |
| Ξ | Determines chief complaint/apparent life threats What hurts most? | | | | | | | 1 | | | | | |
| S | Airway a | Airway and Breathing Assess and maintains airway Penlight | | | | | | | С | | | | |
| с П | Evnoge | as necessary | Initiates | s approp | oriate oxyger | therapy | NRB @ 151 | pm | С | | | | |
| SI | пирове | ub necessary | Assure | Assures adequate ventilation | | | | | | | | | |
| St | Circulatio | on | Assess | es/conti | rols major ble | eding L | ook / verb | alize | С | | | | |
| < < | | | Assess | es pulse | e Caroti | d / ra | dial | | С | | | | |
| AL | | | | | | | and condition) |) | С | | | | |
| INITIAI | Assesse | Assesses airway, breathing & circulation prior to focused history/physical exam | | | | | | | С | | | | |
| Ī | Identifies | Identifies priority patients and makes transport decision Load & go / Stay & play | | | | | | | С | | | | |
| = | Assesses history of present illness – ask required questions | | | | | | | | С | | | | |
| ٦ | Respiratory | Respiratory Cardiac Altered Mental Allergic Reaction Poisoning / Enviro | | | | | | Environ | | Obstetri | cs | Behavioral | |
| EXAM | Onset? Provokes? | □ Onset? □ Onset? Status □ History of Overdose Emern □ Provokes? □ Provokes? □ Description of Allergies? □ Substance? □ Sub | | | | | | | | | u pregnant? | How do you feel? Determine suicidal | |
| X | □ Quality? | Quality? the episode What were you When did you Envi | | | | | | Enviro | iment? been pregnant? | | | Tendencies? | |
| Ш | Radiates? Severity? | □ Radiates? □ Severity? | Onset? Duration? | 1 | exposed to? | | st/become exposed? much did you ingest? | □ Duratio | | | □ Pain or contractions? □ Is patient a threat □ Bleeding or discharge? self or others? | | |
| _ | Time? Interventions | □ Time? □ Time? □ Associated symptoms? exposed? □ Over what time period? consc | | | | | | | sness? | □ Has water broken? □ Is there a medical □ Do you feel the problem? | | | |
| A C | (5) | (5) □ Interventions? □ Progression? □ Estimated weight? gene | | | | | | genera | al or | or need to push? | | | |
| ĕ | □ Seizures? □ Interventions? (5) local? □ Fever? (4) (4) | | | | | | | Last me (5) | enstrual period? | (4) | | | |
| PHYSICAL | (6) | | | | | | | | | | | | |
| Ĩ | Signs / Symptoms | | | | | | | 1 | | | | | |
| | Allergies | | | | | | | 1 | | | | | |
| AND | Medications | | | | | | | 1 | | | | | |
| Z | Past pertinent history | | | | | | | 1 | | | | | |
| 4 | Last oral intake | | | | | | | 1 | | | | | |
| ~ | | Events leading to present illness (rule out trauma) | | | | | | | 1 | | | | |
| Ö | | Performs focused physical exam (consistent with scenario) | | | | | | | 1 | | | | |
| Ĕ | | ns (obtain baseline | | | | | | | | | | | |
| <u>S</u> | Re | espirations | | | | | emember qua | 1 | | | | | |
| I | | llse | | | | | emember qua | lity | 1 | | | | |
| Q | Bl | Blood Pressure Determines Systolic & Diastolic (+/- 10) | | | | | | | С | | | | |
| Ш Ш | TREAT | IENTS / INTERVE | INTIONS | | | | | | | | | | |
| Š | (Consist | (Consistent with New York State Protocols) Verbalize protocols | | | | | | | 1 | | | | |
| Ū | Did not administer a dangerous or inappropriate intervention | | | | | | | С | | | | | |
| FOCUSED HISTO | Transport (re – evaluate the transport decision) | | | | | | | 1 | | | | | |
| 11 | Verbalizes the consideration of completing a detailed physical examination | | | | | | | 1 | | | | | |
| | ONGOING ASSESSMENT (verbalized) | | | | | | | | | | | | |
| | Repeats Initial Assessment Repeats vital signs Repeats focused assessment regarding patient complaint or injuries | | | | | | | | 1 | | | | |
| | | | | | | | | 1 | | | | | |
| | | | | | | | | 1 | | | | | |
| | Candida | te completed station | on within 15 m | ninute tii | me limit | | | | С | | | | |
| | Note: | Note: Candidate must complete all critical criteria and receive at least <u>13</u> points to pass this station. | | | | | | 18 | | | | | |
| | | | | | | | | ΠŎ | | | | | |
| | | <u>-</u> | | | | | | | | | | | |

Total to pass: 13