

Skills Testing Breakout

Check Off Sheets

EMSC Performance Measure 3

- ▶ % of agencies with a process requiring providers to physically demonstrate the correct use of pediatric-specific equipment
- ▶ **Goal: by 2020, 30% of agencies will meet this measure (with a score of 6 or more)**
- ▶ Current National Median Score = 3 (out of 12)

	Two or more times per year	At least once per year	At least once every two years	Less frequency than once every two years
How often are your providers required to demonstrate skills via a SKILL STATION?	4	2	1	0
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	4	2	1	0
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	4	2	1	0

Check Off Sheets: Background



Checklist vs rating
scale



Checklist basics



Rating scales basics

Value of Skills Checklists

- ▶ Assessment of real life patient encounter and simulation scenarios
- ▶ Provide a more *objective* evaluation tool for observers
- ▶ Allows students to understand expectations prior to evaluation
- ▶ Help track a providers performance over time
- ▶ Research shows that sustained deliberate practice improves skills proficiency

Checklist

- ▶ List of behavior related to the performance observed
- ▶ Simply - Was it completed or not?
- ▶ Clearly able to see deficiencies
- ▶ Sets expectations
- ▶ Follows outcomes
- ▶ MOST objective evaluation form

Rating Scale

- ▶ Typically a scale to rate a behavior
- ▶ More subjective
- ▶ Allows observer to make observations about behavior
- ▶ Able to assess quality

1. Please rate your overall satisfaction:

Highly Dissatisfied					Highly Satisfied
1	2	3	4	5	

Feedback

- ▶ Must have free-write section
- ▶ Provides ability to give constructed feedback



Resource Examples



NREMT Practical Exam Skill Sheets

PEDIATRIC INTRAOSSEOUS INFUSION

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing IO puncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit

PediSTEPPS Skills Stations Checklists

SKILLS STATION 1-Airway 1

PRACTICE

- Examine airway
- Place oral airways
- BVM ventilation
- Discuss oxygen delivery

OBJECTIVES

- Discuss the differences in pediatric vs. adult airways
 - **Shape** The pediatric airway is more funnel-shaped as compared to the adult airway which is more like a straight cone. This means that the areas where things narrow and get stuck are different. Because of this, the cuff of an ET tube could potentially cause more harm and inflammation if placed incorrectly. The pediatric airway approached adult around age 8.
 - **More anterior** The pediatric airway is more anterior than in adult airways. This means that when you look down the airway with a laryngoscope, the glottis will be located more to the top (12 o'clock position) than in an adult. This may mean that cricoid pressure or external laryngeal manipulation (applied by you or a colleague) may be helpful when intubating.
 - **Large floppy epiglottis** The pediatric epiglottis will be floppier and relatively larger than the adult epiglottis. A Miller blade will make it easier to see the glottis in children, because the epiglottis is lifted with a Miller (straight) blade.

STAT - Simulation Team Assessment Tool

- ▶ Develop and evaluate the inter-rater reliability and validity of a team performance assessment tool during simulated pediatric resuscitations
- ▶ Management (Team members)
 - ▶ Carry out tasks in appropriate sequence
 - ▶ Stay in roles, appropriately
 - ▶ Adjust roles to address urgent events, appropriately
 - ▶ Verbalize questions/info to team leader
 - ▶ Use closed loop communication (confirm orders, task completion)
 - ▶ Ask for assistance if unable to complete task/balance workload
 - ▶ Engage in decision making
 - ▶ Suggest additional resources (personnel, etc) appropriately

Scenario Checklist

Cognitive Objectives

- Recognize behavioral distress due pain
- Identify appropriate age-based pain scale to use
- Recognize contraindications to treatment with opioid narcotics in prehospital setting

Technical Objectives

- Assessing level of GCS
- Assessing pain score with age appropriate scale
- IV access

Behavioral Objectives

- Teamwork including closed-loop communication
- Gathering of critical resources-calling for additional help for critically ill patient

Expected Scenario Interventions

- Recognize significant distress due to pain
- Review contraindications to treatment
- Accurately assess GCS and pain score in patient
- Appropriately measure with length based tape
- Attempt IV access,
 - If successful, administer IV dose of appropriate medication
 - If unsuccessful, recognize intranasal route an option
- Correctly calculate appropriate dose of medication based on weight and route
- Administer correct dose of medication
- Reassess pain score in 5 minutes
- Monitor for serious adverse events: rash, decreased respiratory effort

Expected Endpoint

- Improved pain score
- Appropriate interventions per protocol
- Uneventful transport to medical facility

Simulation Checklists

Other Ideas?

