Practical Final: Hints to Success

For the final practical exam, the evaluator has a list about 35 things to check for a scenario. You get a point for each item the judge checks. If the judge fails to check more than about seven things, you do not pass.

Some of the items are marked as CPIs. If the judge fails to check any of the CPIs, you do not pass. For example, if you do not show the judge that you have checked a talking patient's ABCs, he may not check the boxes and down you go.

The evaluators at the practical exam will be patrollers you have not worked with who want to see things done RIGHT. I'd expect them to give you the benefit of the doubt, but, if you want to take chances, go to the craps table, not our OEC exam.

Here is the score sheet that will be used. Only the relevant CPI's at the bottom of the page will be used for a given scenario. You HAVE to know and check all the CPIs on these scenario sheets.

Talk a lot while doing scenarios and skill stations so the judge knows what you are thinking. Talk to the patient or trees but SPEAK UP! If you report something and the judge says nothing, report again LOUDER - I SAID "The patient's pulse is strong and regular, with normal rate" Respirations are hard to count but do your best and report SOMETHING!!

The table below shows some things that are frequent screw ups and how you must report. Otherwise the judge might not check a box and that would be very bad.

Surveys scene

"Scene is safe, there appears to be one patient, probable mechanism is ....."

Initiates BSI precautions (CPI)

Always be double gloved during the exam (and carry spares). If the judge asks you to change gloves, you can take off a pair rather than putting gloves on sweaty hands.

LOC/AVPU (level of responsiveness)

If patient talks, ask person, place, time, event & report. If Pt doesn't make sense but makes noise, report "Pt. responds to Verbal", if not, apply painful stimulus. If Pt reacts, report "Pt. responds to Pain" else report "Pt. is Unresponsive"

Airway (A) (CPI)

You must say, "Pt is speaking normally, A & B are OK"

Breathing: (B) (CPI)

You must say, "Pt is speaking normally, A & B are OK"

Circulation: (C) (CPI)

Check pulse character and Report; "pulse is normal rate & strong; No visible major bleeding, C appears OK"

Determines major complaint & MOI (CPI)

Ask Pt what is wrong & combine w/ survey. report "The patient says his forearm hurts. He fell on it. No other injuries were found"

Conducts a focused exam (Skin-to-Win)

SKIN TO WIN -ALWAYS and OFTEN. You must say "I am going to skin. What do I see?"

Calls for help and equipment (CPI)

Always report back quickly (2 min or less). At least "No further help or equipment needed" or else "I have a ...... with a .... I need ......"

Checks bleeding (CPI)

You must say "Bleeding is controlled; No blood is coming thru the dressing"

Checks CMS before & after (CPI)

What am I touching? Wiggle, distal pulse, cap refill or temperature. Do as much as you can for non-responsive Pt. Check CSM on EVERY backboard, EVERY limb injury, and EVERY skill station involving a limb. I can't say it loud enough.

OTHER HINTS THAT WILL HELP YOU

ALWAYS take TWO sets of counted vitals on EVERY scenario.

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

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

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

Radio for help; give patient's gender, approximate age, injury, and location; request appropriate equipment and assistance (O2 and splints such as traction, backboard, c-collar, additional help, etc.). Also request "Emergency Transportation" when it is appropriate

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

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

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

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

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

Check CMS before and after splinting.

Check all splints to be sure they are secure.

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