

## TECHNICIAN-PARAMEDIC EXAMINATION

Welcome to the Technician-Paramedic examination. We hope that this will be a comfortable opportunity to exercise your skills and establish your level of competency.

All exam candidates are required to complete the following:

### **Medical scenario**

Focused assessment and management of a patient in a medical crisis

### **Trauma scenario**

Focused assessment and management of a trauma patient.

In addition, exam candidates that have been previously licensed as a technician or are re-licensing candidates must complete **one** skill station. Exam candidates that are currently unlicensed will be required to complete **three** skill station:

The skill stations may include:

- traction splinting
- written report/verbal report
- childbirth
- airway management
- recovery position
- vital sign assessment
- identified weakness from previous year

At each of the stations, candidates will be asked a short series of questions about the scenario, skill, or situation. The questions are intended to assess knowledge, judgment, or decision-making and are conducted orally.

This format provides an opportunity to demonstrate competence in a combination of separate settings, with each setting contributing to a candidate's overall performance rating.

- Candidates that are successful in overall points without missing any required elements will receive a "successful" performance rating.
- A candidate that misses a required element, may receive a "re-demonstrate" performance rating in that particular station. (Required elements are identified as something that could potentially further injure the patient. Eg: administering nitro to a patient without first taking a blood pressure; not checking a pulse pre and post management of a fracture.) Candidates will be required to re-demonstrate the entire station.
- An overall score will be calculated, candidates must achieve 80%. An "unsuccessful" performance rating means that the candidate must redo the entire practical examination.

All Technician-Paramedic candidates are expected to demonstrate the ability to perform complete physical assessments. However, a focused approach, based on assessment and history findings, is appropriate for the scenario settings. For example, if the patient presents with a lateral eversion injury of the ankle after having stepped on a baseball, it would be appropriate for the candidate to focus on the ankle. In the real world, it would be unlikely for a paramedic to perform a full head to toe assessment for an isolated ankle injury, unless time permitted and the history was suspicious for an episode of vertigo.

### **Equipment**

- All necessary equipment to successfully complete your station is supplied.
- The examination is not based on your ability to remember where the equipment is in the room. If during your scenario you cannot find a piece of equipment, please ask your examiner or partner to point it out.
- A clipboard with paper/pen will be made available for recording of information.
- You will be required to verbalize the steps for use of the glucometer, pulse oximeter, cardiac monitor, etc.
- As in the real world, occasionally equipment fails or is unavailable. You will not be penalized in these situations.

## Your Partner

- The purpose of the exam is to provide you with your personnel license therefore you will be required to perform the majority of the skills.
- It is very important to note that in this artificial atmosphere your partner needs to be directed.
- Your partner will assist you, at your direction, as an unmotivated partner.
- If you ask your partner to perform a skill that is a required part of the examination, they will redirect you to perform it, or ask you to direct them on how it should be done. All “directions” will be performed exactly as you have demonstrated/requested.

## Simulation

**Treat the scenario as you would an actual call as per the Manitoba Emergency Treatment Guidelines.** Please note that some areas must be simulated.

- Scene safety is done verbally.
- Sternal rubs, or any other procedure that may cause real pain to the simulated patient **must** be verbalized or simulated and not actually performed.
- The patients are wearing cut away clothing with bathing suits underneath. You may cut off the clothes however please do not cut their bathing suits, shoes or socks.
- Casualty simulation make-up is also used. As long as the make-up is in place and appropriate for the scenario the examiner will again indicate “as found”. Example: The patient is made up with a pale and diaphoretic face with cyanosis around the lips. You indicate that the patient’s skin is pink and dry, the examiner will indicate “as found”. No points will be awarded, as the information was not reported appropriately.
- During the primary you must identify what you found during your assessment. (e.g. airway is open and patient is breathing shallow and rapidly, pulse is strong and regular). The patient will breath appropriately for the scenario however the patient is not able to change their pulse therefore the correct information for the scenario will be provided. (e.g. respirations are as found, pulse is weak and rapid)
- During your secondary assessments verbalization is not required (e.g. verbalizing BLS, TIC, DCAP). All injuries will be found if your assessment is performed correctly. If a sign cannot be simulated the examiner will automatically provide you with the information when you assess a particular area.

## Talk to the patient as you would on an actual call.

- Information is available about the scenario “on scene”. If the patient is conscious talk to them. Otherwise a bystander, friend or family member of the patient will be available, the examiner will assume this role. Information will not be volunteered, you must ask for it.

## Load & Go

Treat the patient as you would on an actual call.

- Some scenarios require “Load & Go”, you must actually achieve this to receive points.

## Time frames

- You will have 15 minutes for the scenario.
- You can ask how much time is left at any time in the scenario. If you wish you may indicate that you have completed the scenario before the allotted time.
- An additional 5 minutes for questioning is provided immediately after the scenario. During this time the examiner will also have an opportunity to provide feedback to you on your performance. Due to time constraints only limited information may be provided.

## Results

Do **not** phone the office. Results will be processed as quickly as possible and will be mailed within two weeks of the examination. The examiners are unable to give you the results. **Examination results will not be given out over the phone in any circumstance. There are no exceptions to this policy.**

## Scenario Tips

- Assessment and management is based on application of the Emergency Treatment Guidelines and Protocols to a “real life” situation.
- Scene safety is done verbally. Ensure you check for safety as you would an actual scene, nothing will be hidden from you. If there is a safety concern it will be very visible or verbal queues will be provided by your examiner.
- All patients require a primary assessment: level of consciousness, assessment of airway and breathing for presence and quality; assessment of pulse for presence and quality; assessment for deadly bleeds if visual and verbal queues indicate; assessment of chest if visual and verbal queues indicate. Please verbally indicate your finding for the primary survey.
- A focused approach, based on assessment and history findings, is appropriate for the scenario settings. For example, if the patient presents with shortness of breath with no history of trauma or mechanism of injury for trauma, it would be appropriate to adapt your secondary assessment to be relevant to the shortness of breath, it would be unlikely for a paramedic to perform a full head to toe assessment for a patient with shortness of breath with no indication of trauma.
- Prior to administering drugs an assessment of the patient, their vital signs, as well as a check for contraindications is required.
- Successful completion of this exam will provide you as an individual with a licence to practice; therefore your partner/examiner is unmotivated and will only assist as directed. Direct them to work for you – it will save you time. If you ask for a bulky dressing you will receive a bulky dressing. If you ask for something that is unavailable or that you are required to demonstrate the examiner will direct you accordingly.
- Vital signs will be assessed by the examiner upon your direction, you must be specific in your direction. e.g. Please obtain pulse, respirations and blood pressure is appropriate versus please obtain a set of vitals.
- Time plays a factor during the examination. Questioning should be quick, clear and concise, especially when dealing with a seriously ill patient that would benefit for lifesaving interventions being delivered in a timely manner.

## Exam equipment for scenario's

### Trauma Bags

#### Main Section:

- oxygen tank
- regulator
- OPA's
- NPA's
- ResQVac-suction
- non-rebreath
- nasal cannula
- BVM
- 4 x 4's
- tape
- triangular bandages
- pressure dressings
- occlusive dressing
- kling
- donuts
- towels
- ABD's
- clipboard, pen
- saline

#### Front Pockets:

- sissors
- BP cuff
- stethoscope
- pulse oximeter
- glucometer kit - oral paste, lancet, 2x2, alcohol
- cold pac
- penlight

### Other equipment for trauma scenario

- speed clip belts
- 9 ft belts
- c-collars
- scoop
- longboard
- B splints
- frac-pac & splints
- stretcher
- blankets
- pillow

### Other equipment for medical scenario

- stretcher
- monitor
- 2 blankets
- 1pillow

### Drug Kit for medical scenario:

- epinephrine
- salbutamol
- nitro
- ASA
- acetaminophen
- benydryl
- glucagon
- glucose paste