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 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.
# TABLE OF CONTENTS

**DESCRIPTION OF BLS PSYCHOMOTOR EXAMINATION** ................................. 5

- Patient Management .................................................................................................................. 5
- Examination Process .................................................................................................................... 6
- Candidate Orientation .................................................................................................................. 6
- Examination Outcomes ................................................................................................................. 6

**SO/SOEC RESPONSIBILITIES** ............................................................................................... 7

- Requesting to Host BLS Examination ......................................................................................... 7
- SOEC/Alternate SOEC Responsibilities ....................................................................................... 7
- Examination Enrollment Roster ..................................................................................................... 9
- Examination Scheduling Roster ...................................................................................................... 9
- Minimum Examination and Candidate Scheduling ......................................................................... 9
- Equipment/Facilities ....................................................................................................................... 9

**REQUIRED STAFFING** ........................................................................................................... 10

- Examiner Qualifications/Responsibilities .................................................................................... 10
- EMT Assistant Qualifications/Responsibilities ........................................................................... 11
- Simulated Patient Qualifications/Responsibilities ....................................................................... 11
- Prohibited Examination Staff Activities ....................................................................................... 11
- Roster for Skills Examiners and Simulated Patients ................................................................... 12
- Sick Policy .................................................................................................................................. 12

**KBEMS RESPONSIBILITIES/POLICIES** ............................................................................ 13

- Examination Administration ....................................................................................................... 13
- General Responsibilities ............................................................................................................... 14
- BLS Examination Results ............................................................................................................. 14
- Examination Accommodations ...................................................................................................... 15
- Examination Complaints ............................................................................................................... 15
- False Identification ....................................................................................................................... 15
- Late Arrivals ............................................................................................................................... 16
EXAMINATION INTERRUPTION ............................................................................................................ 16
USE OF PROHIBITED MATERIALS .................................................................................................. 16
PROHIBITED BEHAVIOR .................................................................................................................. 17
DISMISSAL FROM THE EXAMINATION ............................................................................................ 18
REPORTING OF EXAMINATION RESULTS ...................................................................................... 19
COMPLETION OF THE PSYCHOMOTOR EXAMINATION .............................................................. 19
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 have been developed in accordance with Kansas Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) Education Standards. Examination materials will be revised periodically to assure evaluation of current guidelines.

This examination is designed as 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.** Errors in candidate performance shall not be discussed with any candidate, instructor, Sponsoring Organization (SO) or Sponsoring Organization Examination Coordinator (SOEC).

Examination forms have been designed to evaluate terminal performance expectations of an entry-level provider upon successful completion of a Kansas-approved BLS initial course of instruction, not for use as “teaching” forms. If knowledge and skill mastery was achieved in the initial course of instruction, the candidate should be prepared for successful completion of the psychomotor examination.

Successful completion is defined as the coordination and provision of appropriate entry-level BLS patient care, based on the candidate’s level of training. Failure to direct and provide appropriate care as a lead provider will result in an unsuccessful BLS psychomotor examination attempt. If the candidate is unsuccessful, remedial training and practice is strongly encouraged prior to subsequent attempts.

BLS psychomotor examination candidates will demonstrate an acceptable level of competence in the following:

**Patient Management**
The candidate shall complete a 15-minute assessment, treatment and management of a moulaged simulated patient for a given scenario. This examination may include:

a. Scene Size-up
b. Primary Survey/Resuscitation
c. History Taking/Secondary Assessment
d. Vital Signs
e. Implementation of treatment modalities
f. Reassessment
g. Coordination of partner activities
h. Radio Communication with receiving facility
i. Hand-off of patient to receiving facility staff

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 will have a minimum of two patient management stations. Stations will approximate realistic out-of-hospital situations. Candidates are examined individually. The candidate will draw a token which will determine the type of scenario to be examined. Candidates will be evaluated solely on his/her actions and decisions.

Candidates will be provided their scheduled Examination time by the SOEC prior to the examination. Candidates should arrive and check-in within 30 minutes of their scheduled examination. Candidates will be advised of approval to depart from the examination site by the KBEMS Representative.

Candidate Orientation
Candidates must view and understand the BLS Examination Orientation video available at www.ksbems.org. It is encouraged that viewing of the video be conducted during the initial course with facilitation by the initial course instructor. At the examination site, candidates will complete and sign a Candidate Affirmation Form (Appendix F), verify identity by presentation of a government-issued photo ID and draw the type of scenario to be examined. To ensure consistency in the exam process, candidate’s will not be advised what type of scenario they have drawn.

Examination Outcomes
Following notification to candidates, KBEMS will provide SOs aggregate data reference candidate outcome and frequently occurring errors or omissions.
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 Sponsoring Organizations. Requests to host must be made by email or received via USPS at least 60 calendar days prior to the desired examination date.

SOEC/Alternate SOEC Responsibilities
The SOEC and an alternate SOEC are appointed by the SO and one 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 examiner. The SOEC is responsible for planning, staffing, and assisting with quality control of the examination site as follows: Requests must include: the anticipated number of candidates to examine and the number of stations the SO is planning to have.

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:

- Ensure all examiners, assistants and simulated patients have read and understand the information outlined in the Preparing for Your Role as a BLS Examination Staff Member.
- Ensure availability of clean, functional equipment for each station as listed in the Equipment List.
- Develop the exam roster in Public Portal as soon as possible with all potential exam candidates. KBEMS Staff will complete validation of successful course completion for all candidates entered on the roster and will remove any student who has been reported as failing the initial course.
- Provide the final Examination Roster to KBEMS at least 7 days prior to the scheduled exam date. NO candidate will be added to the roster after less than 7 days prior to the exam date.
- Develop the Examination Scheduling Roster and provide a copy to the KBEMS Rep no later than the morning of the examination.
- Develop the Exam Staff Roster, including all examiners, assistants and simulated patients, and provide to KBEMS seven days prior to the examination date.
- Maintain a complete candidate roster. In the event of inclement weather, power failure or other reasons that may compromise staff or candidate safety or prevent the examination
be conducted, 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.

- 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 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)

- Submit a list of desired examiners for KBEMS approval, at least 30 days prior to the examination. To ensure adequate numbers of examiners to support the examination site, it is recommended that additional examiners be included in the list submitted for validation in case primary examiners are ill or have conflicts arise. Examiners must have a minimum of two years of experience, hold current certification at or above the level of EMT, and not be currently in an investigations process.

- Contract with Examiners approved by KBEMS.

- 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. It is recommended that such persons 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 of the need to wear snug-fitting shorts and tank tops to facilitate exposure down to such garments. Simulated patients must be advised that the possibility of clothing becoming stained by makeup and/or simulated blood exists and that neither the SO nor KBEMS shall be responsible for replacement of such garments. KBEMS shall provide outer garments.

- Ensure exam-related activities are conducted without discrimination or prejudice.

- Ensure Examiners, 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 this or another Examination Scheduling Roster should be presented to the KBEMS Rep no later than the morning of the examination.

Any candidate not on the final examination enrollment 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 Enrollment Roster or being ineligible to test.

**Minimum Examination and Candidate Scheduling**

Examination sites must be scheduled for a minimum of 10 candidates. Each examiner can examine 2 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, 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 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 plugins and extension cords, if necessary, to plugin and position video cameras and for KBEMS Rep tablet/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 Examiner Orientation and prepare simulated patients.
8. A table and chair in each station for Examiners.
9. A secure room for KBEMS use.

**REQUIRED STAFFING**
Each examination room shall be staffed by one examiner, one assistant, and one simulated patient. Individual examiners can examine a maximum of 10 candidates at any examination site. All exam staff shall be located 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.

**Examiner Qualifications**
Examiners 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 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 Examiner at an examination site where their students are being examined.**

Examiners 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 thoroughly, fairly, consistently, and objectively document a candidate’s performance. Examiners 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 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 examiners due to their familiarity with course content.

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

**Examiner Responsibilities**
Examiner responsibilities include:
- Understand the content of Preparing for Your Role as a BLS Examination Staff Member and the BLS Psychomotor Skills Examination Guidebook.
- 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 station
• Maintain security of all examination material, equipment, supplies, and return to the KBEMS Rep at end of exam

EMT 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 the candidate being examined.

Assistants will greet the candidate outside the station or in the candidate check-in area, introduce themselves and as a team will enter the examination station. 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, preferably trained at or above the EMT level, 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 moulaged injuries. Simulated patients cannot be related to the candidate examining or be biased towards 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 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 examiner’s vehicle or with the SOEC throughout the examination.

- Copying or recording of examination material
- Sharing of information acquired in the examination station

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 Examiners and Simulated Patients**

To facilitate room coordination, a complete Exam Staff roster will be provided KBEMS staff. The roster will contain groupings for each exam station as approved for the exam site including the Examiner, Assistant and Simulated Patient for each station. This roster shall be provided by the SOEC and maintained by the KBEMS Representative 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:

- Close contact with someone who has been diagnosed with, or is 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 emergency event.

KBEMS will provide feedback to the SOEC regarding the performance of examination staff and aggregate data reference examination outcomes and repetitively noted errors or omissions.

**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
  - Examiner comments
  - Examiner signature

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

During video reviews, the KBEMS Rep shall review:

- Exam staff performed as directed by KBEMS staff
- **Use of prohibited equipment in the exam room**
  - Consistency of equipment and supply reset
  - Examiner, assistant and simulated patient verbal and non-verbal communication
  - Consistency of examination instruction and scenario presentation by the examiner, 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 examiners, 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 Examiner 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 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 examiner 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 examiner.
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 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
Candidate’s not checked in and available to examine at their scheduled time may not be allowed to examine.

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 examiner 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, Examiners, 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, are prohibited at 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 reasonably 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. Observation of giving, receiving or aiding in a candidate’s examination
2. Accessing, possessing, reproducing, disclosing or using any examination materials, during 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, other examination staff or other candidates.
6. Use of unprofessional (foul) language when interacting with the KBEMS Rep, 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:

Examination staff failing to abide by the policies outlined in the Examination Guidebook can result in written counseling and/or suspension from the examination process.

Penalties for violations include:

- Prompting, coaching, and/or lack of engagement in the examination process shall result in:
  - 1st offense:
    - 1-year deferment; and
    - Board-approved SOEC remediation
  - 2nd offense
    - Permanent deferment
• Failure to comply with rules outlined in this Examination Guidebook, failure to perform and/or provide scenario or scenario content in consistent manner:
  o 1st offense:
    ▪ Counseled by SOEC
  o 2nd offense:
    ▪ 1-year deferment: and
    ▪ Board-approved SOEC remediation
  o 3rd offense:
    ▪ Permanent deferment

• Unprofessional conduct including rude, offensive, sarcastic comments to candidate questions/actions or to others present at the examination site:
  o Minor infraction
    ▪ 1-year deferment; and
    ▪ Board-approved SOEC remediation
  o Infraction resulting in potential increased anxiety for candidate
    ▪ Permanent deferment

**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)
- Examiner 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 examiners, including:
   a. Scenario
   b. Examiner 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.
# Kansas Board of Emergency Medical Services
## BLS Examination Scheduling Roster

Exam Location: __________________________ Exam Date: __________ Cut-off Date: __________

KBEMS Rep: ____________________________ Phone: __________________

SOEC: ________________________________ Phone: __________________

Alternate SOEC: ______________________ Phone: __________________

<table>
<thead>
<tr>
<th>SCHEDULED EXAM TIME</th>
<th>NAME</th>
<th>CERTIFICATION #</th>
<th>PHONE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
- 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 (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)

Medication Administration -Simulated or Empty:
- Aspirin
- Albuterol
  - Metered-dose
  - Nebulized
- Oral glucose
- Naloxone
- Atropine/Pralidoxime chloride containers & equipment appropriate for BLS administration

Other
- Sterile Water/NS Bottle
- Blanket
- Monitor cable and electrodes
- Trauma Shears
**Equipment**
- Penlight
- Blood Pressure Cuff
- Trauma Sheers
- Stethoscope

**Medication Administration**
- Simulated or Empty
  - Aspirin
  - Albuterol
    - Metered-Dose
    - Nebulized
  - Oral Glucose
  - Naloxone
  - Atropine/Pralidoxime chloride containers and equipment
  - Nitroglycerine
  - Epi-Pens
  - Activated Charcoal

**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

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

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

**Long Spine Board**
### PATIENT MANAGEMENT – TRAUMA

<table>
<thead>
<tr>
<th>Scenario # ____</th>
<th>Examiner: ___________________________ Cert # __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant: _______________________________</td>
<td></td>
</tr>
<tr>
<td>Simulated Patient: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Initial B/P _______ Resp _____ HR _______</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario # ____</th>
<th>Examiner: ___________________________ Cert # __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant: _______________________________</td>
<td></td>
</tr>
<tr>
<td>Simulated Patient: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Initial B/P _______ Resp _____ HR _______</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario # ____</th>
<th>Examiner: ___________________________ Cert # __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant: _______________________________</td>
<td></td>
</tr>
<tr>
<td>Simulated Patient: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Initial B/P _______ Resp _____ HR _______</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario # ____</th>
<th>Examiner: ___________________________ Cert # __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant: _______________________________</td>
<td></td>
</tr>
<tr>
<td>Simulated Patient: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Initial B/P _______ Resp _____ HR _______</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario # ____</th>
<th>Examiner: ___________________________ Cert # __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant: _______________________________</td>
<td></td>
</tr>
<tr>
<td>Simulated Patient: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Initial B/P _______ Resp _____ HR _______</td>
<td></td>
</tr>
</tbody>
</table>
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) Trained EMT assistant working with you. This person will follow your direction.

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
• Have you read Exam Staff brochure and do you understand your responsibilities for today?
• This is a formal verification of competency. There is NO teaching, coaching, or remedial training allowed
• DO NOT indicate satisfactory/unsatisfactory performance
• DO NOT discuss performance outside examination room
• Unprofessional conduct, discrimination or harassment is not tolerated of candidates or Exam Staff.
• Ensure consistency of the following throughout the day:
  o Patient actions
  o Props
  o Moulage
  o Equipment
• NO written materials or electronic devices (smart watches, cell phones, etc.) in the station.
• Report equipment failures immediately.
• Scenario time is fifteen (15) minutes
• Candidates are not allowed to write any notes prior to exam start.
• Ensure candidates do not take anything (including notes) from the station.
• Exam staff discussion of Candidate performance must be of an objective nature ONLY
• Return all exam materials to KBEMS staff before leaving exam site.
• Patients should be the one interacting with the candidates, the examiner should only interject when the patient does not

EXAMINER

• **Verbalize candidate identification number for recording on video.** Failure to do so will result in not being approved as an examiner for future exams.
• 5 sets of vital signs are provided in the scenario (initial, 2 sets for appropriate Tx and 2 sets for inappropriate Tx), **DO NOT** provide scenario VS until physically assessed (initial set by candidate, subsequent sets as directed by the candidate) and actual VS have been provided to you.
• Maintain security of exam materials throughout the day
• Objectively record performances on evaluation forms provided
• Document examiner information, scenario number, etc., on evaluation form
• Monitor time closely.
• 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 candidate 2 minutes to inspect equipment and ask questions.

EXAMINERS AND ASSISTANTS

If the Candidate provides incomplete, inappropriate or incorrect treatment:
• Repeat the request to the candidate for confirmation, and/or request an explanation of how they would do the task, for instance:
  o If a candidate states, “I’d apply high flow oxygen,” respond, “Please demonstrate” or “Please explain how you would do that.”
  o If the candidate verbalizes; “I’d do a quick assessment of the legs,” ask the candidate to perform the assessment as he/she would in the field.

ASSISTANTS

• Ensure the Examiner has read the candidate number out loud
• 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 patient care directions. When specific care is requested (whether correct or incorrect), restate the request so the candidate can confirm that is what they want done.

SIMULATED PATIENTS

• Ensure the Examiner has read or shown the candidate number into the camera
• You are a simulated “real” patient, act appropriately for the situation/etiology. If uncertain how to act, discuss with the examiner or KBEMS Rep.
• Ensure responses are consistent with every candidate throughout the day.
• Remember what has been assessed/treated to assist the Examiner.
• If you are moulaged today, KBEMS staff has makeup remover.

Any questions?
Appendix F
Kansas Board of Emergency Medical Services

BLS CANDIDATE AFFIRMATION FORM

By my signature, I ________________________________ affirm that I understand my responsibilities today and all of my questions have been answered relative to the examination process, and:

<table>
<thead>
<tr>
<th>Statement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to fully abide by all policies of the Kansas Board of EMS (KBEMS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that KBEMS reserves the right to invalidate/nullify my examination results if I have not complied with all rules/policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that my attendance at today’s examination does not guarantee my certification by KBEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand all decisions made by the Kansas Board of EMS are final</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that I must contact the KBEMS Representative immediately if I feel I have been discriminated against during the examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that my complaint WILL NOT be accepted if I do not file such before leaving this site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that KBEMS and examination staff, will not provide any information reference errors in my performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that all official examination results will be provided in writing, either electronically or via USPS following formal processing by KBEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I agree to and understand my performance today will be video and audio recorded for review by KBEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that making threats toward KBEMS or Examination staff, use of unprofessional (foul) language, or committing other prohibited behavior may be sufficient cause to invalidate/nullify the results of my examination, terminate participation in the examination, or take other actions as the situation warrants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I assume all responsibility for completing the examination as required by policies and procedures of KBEMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continue to back)
## HEALTH SCREENING QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been in close contact with someone who has been diagnosed with, or is suspected of having COVID-19, within the past 14 days?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you experiencing any of the following symptoms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stiffness / Rigidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle aches or pains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath / Difficulty breathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden loss of smell or taste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently experiencing any symptoms associated with contact, airborne or droplet pathogens or toxins which cannot be contained to ensure protection of others?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby affirm and declare that all information I have provided on this document is truthful, correct, and my identification document matches my true identity which coincides with my information on the official roster for this examination.

**SIGNATURE: ________________________________  DATE: ___________**

Revised August 2020
Appendix G
Kansas Board of Emergency Medical Services

Psychomotor Examination
Complaint Form

I desire to file a formal complaint based upon the following information in accordance with KBEMS policy as explained in the “Candidate’s Examination Orientation” video. I fully understand that the KBEMS decision is final and agree to abide by the final and official decision. I further understand that this complaint will not be resolved today and that I will receive final disposition within 15 days of this examination date.

This complaint is due to my belief that I was discriminated against in the examination station.

Summary of Circumstances:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Printed Name: ________________________________
Signature: ___________________________________
Date: ______________________________

NOTE: Please do not leave the examination site until released by the KBEMS Representative following review of this complaint and determination of need for more information.

Revised May 16, 2018
We the Examination Complaint Committee, met for review of the following situation and all related facts as attached:

Nature of Situation:

______________________________________________________________________________

______________________________________________________________________________

Summary of Facts (use back of form if necessary):

______________________________________________________________________________

______________________________________________________________________________

After reviewing the facts as presented, the Examination Complaint Committee’s official decision is as follows:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Exam Site: _________________________________________ Date: ____________________

This form shall become part of the candidate’s examination documentation.
Appendix I

Kansas Board of Emergency Medical Services

Examination Complaint
Final Report Form

Candidate: ______________________________ Exam Site: ___________________________

Date: ________________________________ □ Medical □ Trauma

Examiner: _____________________________ Examiner Contact: ______________________

Following consideration of the facts as presented, the Examination Complaint Committee’s official decision is as follows:

_____ Nullify the results of the examination regardless of the score and candidate repeat of the examination at no charge at a future examination site.

_____ Invalid complaint, all results in question stand as reported.

We the undersigned have reviewed the candidate’s complaint and all presented facts.

The candidate was advised in writing on the ___ day of _____________, 20__. by electronic media and USPS mail.

____________________________________________

____________________________________________

____________________________________________

This form shall become part of the candidate’s examination documentation.
By my signature, I ______________________________ Certification #____________ affirm that I understand the information presented in the Examination Staff Orientation, Preparing for Your Role as a BLS Examination Staff Member brochure, and:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that I represent the Kansas Board of EMS (KBEMS) and may be removed from participation in the examination process if warranted for this and future examinations.</td>
<td></td>
</tr>
<tr>
<td>I have read the Preparing for Your Role as a BLS Examination Staff Member brochure and the BLS Psychomotor Examination Guidebook and agree to fully abide by all policies of KBEMS.</td>
<td></td>
</tr>
<tr>
<td>I understand that electronic devices (smart watches, cellphones, etc.), whether belonging to exam staff or candidates, are not allowed in the examination stations.</td>
<td></td>
</tr>
<tr>
<td>I understand that personal belongings are not to be in the exam stations and should be locked in my vehicle, left in the KBEMS Rep room or left with the SOEC.</td>
<td></td>
</tr>
<tr>
<td>I agree to and understand my performance today will be recorded for further review by KBEMS&gt;</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on back)
<table>
<thead>
<tr>
<th>HEALTH SCREENING QUESTIONNAIRE</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been in close contact with someone who has been diagnosed with, or is suspected of having COVID-19, within the past 14 days?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you experiencing any of the following symptoms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stiffness / Rigidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle aches or pains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath / Difficulty breathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden loss of smell or taste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently experiencing any symptoms associated with contact, airborne or droplet pathogens or toxins which cannot be contained to ensure protection of others?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby affirm that I have advised KBEMS of my personal or employment related involvement with any candidate(s) examining today and will not participate in examination of such person(s).

**SIGNATURE:** __________________________________________________________

**DATE:** ________________
Appendix K

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

EXAMINATION SURVEY

This is an anonymous evaluation of your experiences today and will in no way effect your examination results. The Kansas Board of EMS will use this information as part of the examination quality improvement process.

Thank You
Kansas Board of EMS

Exam Date: _______________            Exam Location: ____________________________________________

Circle answers or fill in the blank for each question

1. Is today’s examination a:
   a. 1st attempt for this level of certification   b. Retest for this level of certification

2. This examination is for __________ certification.
   a. EMR   b. EMT

3. Was the KBEMS Rep: (circle all that apply)
   a. Courteous   b. Knowledgeable   c. Professional   d. NA

4. Was the Examiner: (circle all that apply)
   a. Courteous   b. Knowledgeable   c. Professional   d. NA

5. Did the Exam Assistant follow your direction? (Please provide additional information in comments)
   a. Yes   b. No

6. Did the Simulated Patient respond to your questions and assessment? (Please provide additional information in comments)
   a. Yes   b. No

Comments: (Additional space on back) ________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Appendix L

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

AUTHORIZATION TO USE ALTERNATIVE EQUIPMENT

I, ______________________________________, have been scheduled to challenge
The Kansas Board of Emergency Medical Services: Basic Life Support Psychomotor
Examination for certification at ____________________________________________ on
__________________________, 20___.

I am requesting to use the following equipment during my examination for certification:

1. __ Approved    __ Denied
2. __ Approved    __ Denied
3. __ Approved    __ Denied
4. __ Approved    __ Denied

I understand that equipment approved for use, must be presented to the KBEMS
Representative during check-in for tagging as KBEMS authorized equipment. Failure to
ensure attachment of the KBEMS authorized tag will result in the Examiner denying use
of such equipment in the examination station.

____________________________________________      _______________________
Candidate Signature      Request date

____________________________________________      _______________________
KBEMS Signature       Authorized date
Appendix M

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

EXAM ASSISTANT SURVEY

This is an anonymous evaluation of your experiences today. The Kansas Board of EMS will use this information as part of the examination quality improvement process.

Thank You

Kansas Board of EMS

Exam Date: _______________            Exam Location: ____________________________________________

Circle answers or fill in the blank for each question

1. Your examination station today was for __________.
   a. Medical  b. Trauma

2. Was the KBEMS Rep:

3. Was the Examiner attentive to the candidate’s performance? (Please provide additional information in comments)
   a. Yes  b. No

4. Did the Simulated Patient respond to candidate questions and assessment findings when requested?
   (Please provide additional information in comments)
   a. Yes  b. No

5. Did the Exam Staff Orientation adequately prepare you for your role today? (Please provide additional information in comments)
   a. Yes  b. No

Comments/Recommendations: (Additional space on back) _________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Revised Sept 4, 2018
Appendix N
KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

SIMULATED PATIENT SURVEY

This is an anonymous evaluation of your experiences today. The Kansas Board of EMS will use this information as part of the examination quality improvement process.

Thank You
Kansas Board of EMS

Exam Date: _______________            Exam Location: ____________________________________________

Circle answers or fill in the blank for each question

1. Your examination station today was for __________.
   a. Medical     b. Trauma

2. Was the KBEMS Rep:

3. Was the Examiner attentive to the candidate’s performance? (Please provide additional information in comments)
   a. Yes                                                                b. No

4. Did the Exam Assistant perform assessment and treatment as requested by the candidate? (Please provide additional information in comments)
   a. Yes                                                                b. No

5. Did the Exam Staff Orientation adequately prepare you for your role today? (Please provide additional information in comments)
   a. Yes                                                              b. No

Comments/Recommendations: (Additional space on back) ____________________________

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Revised Sept 4, 2018
Appendix O
KANSAS BOARD OF EMERGENCY MEDICAL SERVICES
EXAMINER SURVEY

This is an anonymous evaluation of your experiences today. The Kansas Board of EMS will use this information as part of the examination quality improvement process.

Thank You
Kansas Board of EMS

Exam Date: _______________ Exam Location: ____________________________________________

Circle answers or fill in the blank for each question

1. Your examination station today was for __________.
   a. Medical            b. Trauma

2. Was the KBEMS Rep:

3. Were the Assistant and Patient attentive to the candidate’s performance? (Please provide additional information in comments)
   a. Yes  b. No

4. Did the Simulated Patient respond to candidate questions and assessment findings when requested? (Please provide additional information in comments)
   a. Yes  b. No

5. Did the Exam Staff Orientation adequately prepare you for your role today? (Please provide additional information in comments)
   a. Yes  b. No

Comments/Recommendations: (Additional space on back) _________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________