**OEC Module of the Senior Program (OEC MSP)**

**Program and Process**

***As Presented at the PNWD Convention – 8/11/2023***

***By:***

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**OEC MSP Program and Process**

**Program Overview**

The program focus is on **Leadership**, **Decision Making** and **Problem Management** (LDP). Eligible candidates will have **high level** OEC skills before entering the program and they will need to be recommended by their patrol director or patrol representative.

**Leadership**

 *Communication with Patient(s), Helpers and Bystanders*

* Informs patient of what is happening
* Gives appropriate instructions to helpers
* Directs bystanders without introducing confusion

*Attitude*

* Demonstrates positive, reassuring and outgoing manner

*Ability to Direct*

* Demonstrates assertiveness; not helper directed
* Demonstrates ability to use resources
* Provides clear direction and instruction to helpers

Demonstrates confidence; knows what to do and how to do it

*Team Interaction*

* Builds and uses controlled team approach
* Avoids trying to do everything alone

**Decision Making**

*Problem Assessment*

* Approaches incident appropriately
* Evaluates situation
* Determines all essential issues & safety needs

*Patient Assessment*

* Conducts appropriate surveys
* During patient interview, considers trauma and medical outcome

*Appropriate Prioritization*

* Determine single patient, hurry case or not
* Assignment of multiple patients, triage

*Overall Safety*

* Takes all actions to identify, protect, mark and move patients

**Problem Management**

*Problem Plan of Action*

* Manages problem flow
* Avoids repeating actions
* Directs logical follow through given the patient condition
* Allots appropriate amount of time for actions/activities

*Anticipation*

* Plans for what will follow
* Avoids common problems and duplication of services
* Avoids unnecessary movement of patient

*Resources – People*

* Requests, uses & directs available resources appropriately
* Keeps people busy without allowing independent actions

*Resources – Equipment*

* Requests & uses appropriately; ensures patrollers apply correct OEC Skills
* Directs or applies appropriate skills according to patient need & in accordance with OEC skill performance objectives

*Transportation*

* Arranges transport using planned, supportive, appropriate means
* Positioned correctly in toboggan
* Indicates hurry case or not
* Secures adequate number of helpers

**OEC MSP Candidate**

Candidate Eligibility

* Meet requirements stated in Ski Patrollers Manual
* Recommendation from Patrol Representative.
* Cannot apply until after achieving patroller status
* Must have completed one full year of ski patrol season (candidate year does not count).
* Be in good standing in their patrol along with **strong** OEC skills.
* Must make a significant time commitment.

**Program Prerequisites**

* Each patrol participating in training must have an approved OEC MSP Trainer/Evaluator (T/E) or Senior Training Coordinator (STC) responsible for the training of their candidates.
* Candidate must demonstrate OEC competency by successfully completing the OEC Skills Performance Check-off sheet~~.~~
* Candidate must demonstrate **Leadership**, **Decision Making, and** **Problem Management** skills throughout the training process.
* Candidate must complete the written answers to 2 open-ended scenarios (See Appendix G in the Ski Patroller’s Manual [located on nsp.org])
* Create an original senior level training scenario (level 5/6) (See Ski Patroller’s Manual for a matrix and blank form).
* Candidate must pass four complex on-snow scenarios prior to attending the final evaluation.

**Final Prerequisites and Evaluation**

* Completion of the prerequisites listed above
* Successfully lead and pass two on-snow final evaluation scenarios (level 5/6).

**Retest (if needed)**

If the candidate does not pass one of the two final evaluation scenarios, they may have the opportunity to retest on a similar scenario. The retest may take place the same day, or on another mutually agreed upon date, by all the involved parties and the Division OEC Supervisor or the appointed Division Representative. The retest must be on snow and within a year from the date of the original final evaluation.

**Roles and Responsibilities**

**OEC Instructors**

* *Teaching*
	+ Help candidates work on OEC skills, sign-off on completion of basic OEC skills.
	+ Maintain cooperative relationship with Senior Training Coordinator/Region OEC Advisor (ROA)
	+ Teach only from current OEC materials and require students to use current materials
	+ Help during training sessions as an injured or ill patient
* *Other support*
	+ Can assist in final evaluation as a station manager
	+ Moulage manager
	+ Injured/ ill patient, bystander, or OEC- trained helper if they have passed OEC MSP

**Trainer/Evaluator (T/E)**

* Division-trained individual, has attended a T/E clinic (every three years), specifically supports training and evaluation of Senior OEC candidates.
* May lead smaller team for the STC/ROA conducting training clinics.
* Attend and support training clinics and final evaluations.

**Senior Training Coordinator for the OEC MSP (STC), Senior Trainer or ROA** (may be interchangeable titles)

* Appointed by the Region Director (RD)
* Responsible for managing the program for the Region
* Establishes course and dates through Division per Division guidelines
* Pre-registers all clinics, meetings and final evaluation clinic with the national office
* Facilitates the provision of the required training materials and evaluation materials
* Organizes and plans clinics with assistance from other T/Es
* Matches new T/Es with a T/E mentor and explains the mentoring process.
* Distributes education certificates to students who successfully complete the OEC MSP
* Collates course and instructor evaluations and forwards them to the Division OEC Supervisor
* Completes course records and emails them within two weeks of the course completion.

**Region OEC Administrator (ROA)**

* Supports the OEC MSP and Senior Trainer Coordinator (STC)
* The ROA/STC informs the Division OEC Supervisor when a new T/E has entered the mentoring process, as well as when all the requirements have been completed. ***A new form is being developed for registering and mentoring a new TE. Contact the Division OEC Supervisor for more information.***
* May be responsible for above duties, depending on your Region.

**Division OEC Supervisor**

* Responsible for quality assurance of the OEC MSP final evaluation.
* Supervisor or appointed representative must be present at the final evaluation
* Ensure all course requirements and the program process of the OEC MSP final evaluation are being met
* Ensure all successful candidates have met all requirements of the program
* Can recommend appointment and removal of a T/E in collaboration and discussion with the ROA/STC
* Has authority to certify or reject all final evaluations/clinics.
* Acts as the IT for the final evaluation
* Key participant along with ROA/STC in resolving pass/no pass issues

**OEC MSP T/E Pre-requisites and Expectations**

* OEC instructor in good standing and active in teaching OEC courses
* Must have successfully completed the OEC MSP Program (does not need to have completed the entire NSP Senior program)
* Must be recommended and accepted into the mentoring program by ROA/STC (not all areas need new T/Es every year)
* ***A new form is being developed for registering and mentoring a new T/E. Contact the Division OEC Supervisor for more information.***
* ROA/STC sets up the mentoring program and assigns a mentor
* Mentee T/E can be involved in the OEC MSP training program and begin the mentoring process before completing the OEC MSP T/E training clinic. All other criteria must be met prior to being allowed to evaluate at a senior final evaluation.
* Complete the OEC MSP T/E clinic conducted by Division, or conducted by ROA/STC, who has completed the Division clinic
* Documents and gives feedback to the ROA/STC on any candidate’s lack of readiness to continue in the program, based on the senior candidate’s performance at a mid-term/training clinic ***(Document will be developed)***
* Complete certification training every three years

**T/E Removal by ROA/STC**

* The ROA/STC must inform the Division OEC Supervisor if an OEC MSP T/E status is being removed and the reasons for removal
* All removals should be documented to support future reinstatement possibilities.

**T/E Responsibilities**

* Train candidates
* Sign-off on OEC Skills Performance Check-off and required “on snow” scenario
* Teach and evaluate skills from most current OEC textbook - *excluding local protocols*
* Provide objective, constructive performance feedback. Evaluate what is observed and how candidate responds – not what you think *should* have occurred
* Emphasize **Leadership**, **Decision Making** and **Problem Management** as foundation for supporting fundamental OEC skills
* Evaluate **different** lead candidates during final scenario evaluations.

**Assigned T/E (ATE) Responsibilities at Final Evaluation)**

* Same as T/E, **plus**
* Travel with same candidate team
* Keep team on time and working together
* Evaluate the **same** lead candidates (in their group) during final scenarios

**Evaluation Score Card (See the OEC MSP Scenario Evaluation Card on page 31)**

* Must complete entire top section
* Must select one score for each component: **Leadership,** **Decision Making** and **Problem Management**
* Must select one Overall Score – lowest score of three components is Overall Score
* One minus score for Leadership, Decision Making and Problem Management is a Minus Overall Score
* All minus scores must be clearly documented to defend the decision to be able to provide feedback to the candidate
* Cards must be scored individually by each T/E without discussion
* If all cards are Plus or Equal, no discussion is necessary
* Discussion may occur among the three T/Es, **after** the cards are scored, and if the scores are not in agreement.

Then only 5 minutes of discussion is to take place during the evaluation round (do not delay start of next rotation).

* If still no consensus after 5 minutes, then further review will occur later in the day with the Division Representative/ROA/STC.
* If consensus is reached, no discussion is needed.
* Per NSP P&P, the Division OEC Representative will make the final evaluation determination if T/E consensus is not possible.

**Final Evaluation**

* Each candidate completes two on-snow final scenarios, and may request a warm up scenario, but this needs to be communicated well in advance of the final evaluation for preparation.
* Final Scenarios:
	+ One multiple injury scenario
	+ One multiple patient scenario
	+ One of these must incorporate spinal immobilization
* T/Es and ATEs should not have access to, or be able to view the scenarios, and are instructed to only score what they see, not what they think they should have seen
* The Station Manager ensures proper scenario staging and accuracy with the written scenarios, along with patient moulage and scripted patient presentations of the various medical injuries/ illnesses.
* Once the final test scenario round starts, there is no feedback given to the candidates.
* A private location is secured (usually done by the ROA/STC) for discussing the final outcome with each candidate at end of day. The discussion should not start until all the Division representatives are present and there has been a review with the T/Es of how to frame candidate feedback with LDP.
* Present evaluation results to “No Pass” candidates before “Pass” candidates
* Retesting may occur the same day for candidates who did not pass one of the two scenarios. There needs to be mutual agreement between the Division OEC Supervisor/ Representative, ROA/STC and candidate for the timing of the retest, which can be arranged for a future date, but needs to occur within one year from the original evaluation date.
* The Candidate will be briefed using LDP criteria on why they did not pass their scenario. They will retest on a scenario that is similar to the one they did not pass, i.e. single patient with multiple injuries or multiple patient scenario. The retest scenario will be provided by the Division OEC Supervisor or Division representative. If a candidate does not retest within one year, then they will need to restart the OEC MSP in the following year.

**New OEC MSP Program Enhancement**

**Why the change?**

* To revitalize the program and increase interest
* To reduce resources needed for the final evaluation, without compromising the standards of the program
* To provide more flexibility for all involved
* To provide a retest option

The “new” OEC MSP has been approved and adopted by the NSP Supervisors and Division Directors and will be implemented in the PNWD as the standard OEC MSP program.

**Summary of the “new” OEC MSP program**

* OEC Skills Performance Check-off sheet to be completed at the start of the program, before beginning the on-snow training
* Review LDP in depth
* Complete two written, level 5/6, scenarios
* Submit an original OEC MSP, level 5/6, scenario
* Successful completion of a variety of at least four on-snow scenarios
* Optional warm-up on the final evaluation day; this must be communicated in advance by the candidate for planning purposes.
* May use two T/Es during the final evaluation, one is the assigned T/E who travels with the candidate team.
* Retest option for **one** “No Pass” final evaluation scenario, up to one year to complete, contingent on available resources and environmental conditions for a retest.

 **“Train the Trainer”**

***Learning Review***

**Learning Styles:**

* Visual – see
* Auditory – hear
* Kinesthetic – touch / feel
* Present various teaching techniques to hit multiple learning styles

**Points to Ponder about Adult Learning:**

* Get and maintain their visual and auditory attention
* Relate lesson to something familiar
* Get students emotionally involved
* Plan enough time to cover material
* Want clear goals
* Want to provide input
* Integrate new information with past learning
* Like to know the “why”
* Have a 15–20-minute attention span, so vary activities
* Tend to challenge instructor

**Retention:**

* 10% of what we read
* 20% of what we hear
* 30% of what we see
* 50% of what we hear & do
* 70% of what we say
* 90% of what we say & do

**Instructor Capabilities:**

* Encourage student participation
* Demonstrate fairness, consistency, reliability
* Practice what they preach
* Self-confident
* Use a variety of teaching methods
* Constructive feedback in a positive manner

**Constructive Feedback:**

* Clear, concise objectives & expectations
* Effective, specific, ongoing feedback
* Praise goal achievement
* Involve student in their evaluation of their performance
* Be an active listener
* Provide immediate feedback – be descriptive
* Relate feedback to established objectives
* Concentrate on correcting the skill or performance, not the individual

 **Constructive Feedback -cont.**

* Correct one skill at a time
* Avoid generalities, be specific
* End on a positive note

**Six-Pack Lesson Plan:**

* Set – grab attention, motivate focus
* Concluding objectives – what to know by the end
* Content delivery – new information
* Learning activities – student practice skills, instructor monitoring of students and give feedback
* Student summary – students reiterate essential parts of lesson / skill
* Monitoring & Evaluation – formal or informal evaluation process to determine if student has learned skill / obtained knowledge

**Teaching Methods:**

* Demonstrate /model
* Scenarios
* Skill stations
* Role playing
* Skit
* Games
* Audio-visual aids

**Types of Evaluations:**

* Knowledge-based – measure of knowledge thru objective / subjective questions
* Performance-based - performance of a skill

**Bias:**

* Check yourself for potential bias while evaluating.
* Leave personal feelings / attitudes out of the evaluation process.
* Assess student’s performance on objective observations.

**OEC MSP Training**

**“Train the Trainer”**

**OEC MSP Evaluation**

* Successfully demonstrate **Leadership**, **Decision Making**, and **Problem Management** **(LDP)** while caring for a patient(s) in need of medical assistance for an **injury and/or illness** in the **outdoor winter setting.** You will have a **single patient** with multiple medical conditions scenario **and** a **multiple patient** injury/illness scenario, with a backboard component to successfully pass.

**How is the Final Evaluated?**

* **Score sheet** with **LDP descriptors** and **evaluator’s observations** on the candidate’s **overall performance**.

**The Training Process – “*Train for Success”***

* **Clarify/discuss the Final Evaluation Expectations –** pass testing scenarios, demonstrating **LDP**
* **Clearly define/discuss the course objectives** – OEC skills, LDP skills, written scenarios, original scenario
* **Produce & provide a training schedule w/time allocations** – calendar of training times / locations /events / assignment due dates.
* **Incorporate different learning styles into teaching** – Visual, Auditory, Kinesthetic
* **Integrate adult learning strategies –strive for** training exercises yielding the highest learning retention (90%) with students verbalizing information and demonstrating skill, experienced instructors with comparable instructor capabilities, the art of giving constructive feedback, avoid / minimize bias, use a variety of teaching methods & tools, design lesson plans with the Six-Pack format in mind.

**Sample OEC MSP Training Program**

**See page 30 for the OEC Skills Performance Check-off Sheet**

**See page 29 for the Leadership, Decision Making, Problem Management Sheet**

**Program Pre-requisites**

Sign-off by patrol representative, who should consult with their patrol’s training advisor, that the candidate has

**solid/proficient OEC skills** (usually acquired through multiple seasons as a patroller). The candidate is aware of the **time commitment** for the training program and can make the commitment to follow through.

The candidate seeks to develop their **Leadership, Decision Making, and Problem Management skills** while demonstrating **medical management of critical patient incidents in the outdoor winter setting.** *(This is not a course to hone your OEC skills to become a better OEC technician).*

**Program Expectations**

* Plan to **attend at least 80%** of the training sessions to become proficient in LDP skills while working as a team, to successfully pass the final evaluation. Candidates not regularly attending trainings and/or not demonstrating skill proficiency by midway through the training program, will be given feedback, asked to return another year, and not continue forward in the program.
* **OEC skill proficiency checkoffs** to be done at the beginning of the program and candidates with weak skills will be asked to come back another year after working on their skills. *(This is not the program to development basic OEC skills, as this happens in the initial OEC class and with patrolling).*
* Top portion of OEC Skills Performance Checkoff Sheet (with the OEC skills listed) needs to be completed **before** starting the OEC MSP training. The check off can be completed by an OEC Instructor. Make sure the OEC Instructor is one of your Lead OEC Instructors who you know will make sure the candidate’s skills are at a high level.
* **“Train to the Test for Success”** – review & understand the evaluation card as far as how candidates will be evaluated – **Leadership, Decision Making, Problem Management,** with OEC intermixed.
* **Complete** the **required written scenarios**, develop an **original written** **scenario**, and successfully pass at least **4 practical scenarios on-snow**, in order to move on to the final evaluation.
* **Be prepared for upcoming training sessions –** review skills, dress for conditions, participate.
* **The lead trainer** can and should discern whether a candidate is appropriate to continue in the program and **can remove a candidate from the program at any time**.

**Training Sessions**

* Establish a **schedule of sessions** with topics to be covered for candidate preview / preparation.
* Adhere to **scheduled time** frame, incorporate breaks / changes in activities.
* **Beginning sessions** will focus on completing the **OEC Skill Proficiency Checkoffs.**
* Consider integrating **written scenario assignments before** moving into hands-on scenario practice *(this piece can help the candidate understand the “big picture” of the program and the final evaluation expectations)*
* Review **LDP in depth**
	+ Provide candidates with a **written handout of** LDP **during the training session** to refer to *(perhaps a laminated card to carry with them).*

**Review LDP in depth – cont.**

* + **Breakdown the parts** of **Leadership,** **Decision Making**, and **Problem Management** and **demonstrate** what this looks like **in a practical scenario**.
		- Consider presenting a **correct scenario** using LDP, and an **incorrect scenario** to see the **contrast** between the two.
	+ **Integration of LDP with OEC**

** Scenario Skills**

**Leadership**

Communication

Attitude

Ability to Direct

Confidence

Team Interaction

* + **Systematic Approach to Scenarios – the 5 W’s + H**
		- **Where?** –Spider trail
		- **What?** – Skier collision
		- **Who?** – Two skiers? skier vs tree?
		- **When?** – Unknown time, 10 minutes ago
		- **How?** – Out-of-control skier left the scene after collision.
	+ **“Big Picture” view** – the entire scene/scenario
		- **Scene safety**
		- **Environment**
		- **Personal safety**
		- **General First Impression**
			* **The Problem … the patient(s)**
		- **Transport**
			* **Multiple patients, who goes in first toboggan** (with life threats)
	+ **“Laser Focus” view** – the patient, the injury/illness
		- **Patient(s) assessment**
		- **Patient(s) treatment**
		- **Toboggan /equipment placement**





 **Scenario**

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**Big Picture**



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**Laser Focus**

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**Illness**



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**Transport**

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**Integrate Big Picture/ Laser Focus Skills**

* + - **Consider an exercise** with a candidate covering one eye with a dressing and then stage a scenario with one injured person with a simple injury. Have bystanders milling around the scene and present a safety hazard that is not totally obvious. Have the candidate come upon the incident with no radio report or added information and note what he does because of **what he “sees.”** Review the scenario afterwards with the candidate unmasking his covered eye.
		- **Don’t get “sucked” into laser focus view –** maintain a **big picture** view for hazards and additional patients/ changing conditions, etc.
		- **Formulate practice scenarios** that call for **using both skill sets** – i.e., wandering / dazed 2nd patient, snow about to unload from rooftop, patient laying on an electrical cord that is “live,” impaled object in a patient who is unconscious and positioned in a way that the object cannot be seen without repositioning the patient, drips of “blood-like” substance in the snow leading up to an injured patient who is unaware of his injury, the screaming patient with a minor injury with the quiet patient who needs to be repositioned to open his airway.

**Practical Scenarios**

* + **Start with single patient w/ multiple medical conditions scenarios.**
	+ **Use basic moulage** where called for (***“we perform how we practice”*** and *if we only* ***imagine*** *that there is a bony deformity or blood, then we do not get actual tangible feedback that it is present).*
	+ **Incorporate all candidates into practice scenarios** – **active role** for candidates as patient(s) in the scenario, candidates evaluating the scenario performance, and candidate(s) presented with scenario. *(People can learn things from being involved in the process, not just from performing the skill).*
	+ **Don’t limit the scenario to 20 minutes initially, but** work up to this.
	+ **Retention Aids during Training:**
		- **Copies of evaluation card** to score.
		- **Verbal feedback** from “evaluating” candidates to performing candidates – OREO feedback of “positive, learning point, end on the positive,” specific & tied to LDP context.

**Written progress index card** handed to performing candidate for areas of improvement – i.e., “check for scene safety,” “need to check CMS on both sides.”

* + - **Candidate** makes up his/her **own scenario “drill process card”** and hands it to an evaluator to mark while they perform scenario and then it is handed back to the candidate to review (see attachment).
		- **To sharpen an OEC skill**, have a candidate present a skill to the group and lead them through it – ***“each one, teach one.”***Trainer can clarify points as needed.
		- **Pick a random OEC skill** and ask for a volunteer to demonstrate it / highlight the important points.
		- **Repeat missed skills** in future scenarios.
	+ **Progress to multiple patient scenarios –**
		- Follow level 5/6 scenario parameters.
		- **Don’t limit the scenario to 20 minutes initially, but** work up to this.
		- **Incorporate all the candidates and basic moulage.**
		- **Practice a variety of different kinds of scenarios:**

**traumatic injuries:** extremity dislocations/fractures, head /eye/neck/chest/abdominal/ pelvic injuries, airway obstruction, jams & pretzels, **medical conditions:** SOB, Asthma, COPD, chest pain, abdominal pain, back pain, dizziness, confusion, unresponsiveness, diabetes, seizure, drug-induced psychiatric paranoia /aggressiveness / over-sedation /confusion.

* + - **Elicit types of scenarios which the candidates would like extra practice on**

**Progress to multiple patient scenarios – cont.**

* + - **Practice scenarios without full complement of needed equipment or with broken equipment** (improvise with equipment in your backpack, realization that you may want to add equipment to your pack now)

**Practice, Practice, Practice, Practice Scenarios**

**Sample OEC MSP Training Schedule**



**2 Minute Drill Card** (front of card)

* **On / Safe Scene**
* **BSI / Permission –** glove changes
* **Who is on Scene?** – multiple patients / bystander
* **Chief Complaint** – injury vs. illness
	+ **Immediate action** – control **bleeding, airway / breathing**
	+ **Assessment of patient(s) condition** –
		- Initial Pulse and Respirations
		- Find injuries, medical history, SAMPLE
* **ASSISTANCE CALL** – for equipment, patrollers, risk management, BLS/ALS

**Next Steps** (back of card)

* **Continued Assessment** – ongoing vitals, reassess presenting conditions
* **Team Arrives** – update members on patient conditions, direct members what to do and to update back to you
* **Constant Communication**
* **Transportation** – priority patient

**“Putting on the Main Event”**

**Points to Keep in Mind:**

* Put on a **fair and equitable final evaluation for all**, while maintaining the established standards of the OEC MSP Program.
* **Flexibility** in putting on the program should not compromise the standards of the OEC MSP Program.
* **Conflict of interest and bias** should be minimized/avoided as much as possible. (Example: married candidate going through final evaluation and their spouse is a patient).
* **Debriefing at the start of day** to review the agenda for the day and clarify any last-minute questions / concerns.
* **ROA/STC to briefly review Division-wide specific OEC MSP policies (see page 17).**

**Station Set-Up:**

* **“Ski into the Scene”** *(helpers ski in toboggan w/ equipment)*
* **Scenario environment/site reflective of written evaluation** scenario description, attention to props needed for the scenario
* **Space-out scenario sites** to avoid any “previewing” from other testing groups
* **Establish a staging area** for helpers/equipment/toboggan.
* **Candidates review and be familiar with all the available equipment.**
* **Everyone may hear the scenario introduction given by the station manager.**
* **Minimize extraneous people at the stations.**

**Players and Roles:**

* **ROA** clarifies the staging of candidate groups & T/Es, general locations of stations, and how the start time will be implemented. The layout of meeting places, testing scenarios, and moulage prepping (which should be out-of-sight of the candidates), is orchestrated by the ROA. Additionally, the ROA is to orchestrate having a moulage kit at the final evaluation and pads/tarps for the patients to lie on in the snow.
* **Candidate lead trainers** not allowed to mingle among stations/interact with candidates during the final evaluation to avoid any inadvertent feedback. The trainers, in concert with the ROA, are responsible for facilitating that all the required equipment is brought to the final evaluation to complete each scenario station.
* **Experienced** **T/Es** must have completed the T/E clinic every three years, and been calibrated prior to evaluating at the final evaluation.
* **New T/Es** should be paired with an experienced T/E and have participated as a T/E during several practice scenarios before the final evaluation
* The new T/E mentee form will be reviewed by the Division OEC Supervisor prior to the final evaluation, in order to ensure that all T/Es at the final evaluation are adequately prepared to evaluate.
* T/Es should not have access to, or be able to view the scenarios, and are instructed to only score what they see, not what they think they should have seen. They are to evaluate candidate performance objectively, in the context of LDP.
* **Station Managers** know the scenarios and they are not to disclose any confidential scenario information and/or pose a conflict of interest by having been largely involved in the candidate training program
* **Station managers** do not play a part in the evaluation of the candidate’s performance; however, they may be consulted by a T/E for clarifications.
* **Division OEC Supervisor representatives** are present for quality assurance of the NSP event to ensure that the event is set-up and conducted within the parameters prescribed in the OEC MSP program. Only a Division OEC Representative can sanction a “quality assurance” retest on the grounds of an unfair disadvantage.This retest situation is different than a retest due to the candidate’s performance resulting in a “no pass.”

Examples:

* + a patient becomes ill during the testing scenario
	+ patient does not perform appropriately for the scenario (not giving correct information or answering questions appropriately, not wearing hearing aids, etc.)
	+ there is an unexpected interruption during the testing time
	+ scenario not staged appropriately to the 5/6 senior level
* A Division OEC Representative may remove a T/E and/or a Station Manager out of the testing area/process for not following OEC MSP final evaluation protocols/guidelines, and/or hindering the evaluation process.

**Testing Interruption:**

* Primarily called for by the Division OEC Representative for an extraordinary reason.
* Maintain test integrityby separating moulaged patients from the view of testing candidates, advise patients/candidate participants/ station managers/ T/Es to not discuss any scenario-related details

**Unsuccessful Candidate Performance Retests:**

* Candidate(s) being retested will have helpers assigned by the Division OEC Representative, with assistance from the ROA, to make up their team
* Retest scenarios are provided by the Division OEC Representative only

**Evaluators Unable to Reach “Pass”/ ”No Pass” Consensus:**

* **After multiple attempts to sort out differences of opinion among evaluators to arrive at a final “pass”/ ”no pass” determination, the decision goes to the Division OEC Representative to make, whether they saw the testing scenario or not, per NSP P&P**

**End-of-Day Debrief:**

* **When all vested parties are available to gather for candidate notifications**
* **Designated facilitator,** usually the ROA
* **Debrief T/Es on giving LDP-focused feedback**
* **No Challenging /reconsidering the Final Decision** at the candidate’s request,as this sets a precedent and undermines the evaluation process and the entire program.
* **Hostile candidate interaction –** de-escalation with candidate’s trainer escorting the candidate out of the meeting place

**OEC MSP Program**

**PNWD - Specific Policy**

* **One toboggan, prioritize patients, lose a helper -**

The candidate is to call for all the equipment that they deem necessary to treat their patient(s), however only one toboggan will **be deployed during practice scenarios** and **the OEC MSP final evaluation**.  **After the priority patient has been loaded into the toboggan and the patroller is “in the handles”, then the toboggan, patient, and patroller are considered gone from the scene. The toboggan can** then be used for the second patient. There is no expectation that the second patient must be loaded in the toboggan by the end time of the scenario. Any candidate/helper patroller(s) leaving with the first toboggan is/are gone out of the scenario and cannot come back in to help with the remaining patient.

* **One call for equipment during practice scenarios and the OEC MSP final evaluation -**

If a candidate **makes an additional equipment call within the 2-minute** **waiting time**, then the requested equipment will be brought to the scene, along with the original equipment requested during the initial call.

* **Request specific equipment that is not in a standard toboggan pack -**

A standard toboggan pack comes with one quick splint and at least one blanket. Specify other needed equipment by name, e.g., traction splint, oxygen, backboard. Do not call for a “Trauma Kit”, “Red Bag” or other ski area specific kit, since not all ski areas bundle their equipment the same.

* **Put on medical gloves after arriving on scene**

No double-gloving under ski gloves before the scenario starts. (*Practice how you patrol*)

* **Reasonable accommodations -**

 Accommodations will be made, when appropriate, for injured/ impaired OEC MSP candidates as long as the Division OEC Representative has reviewed the request and circumstances ahead of time (example – not skiing into the scene because of a knee injury).

* **No “cheat sheets”-**

There is no place for “cheat sheets” at the OEC MSP final evaluation, as this is a testing environment. A blank piece of tape may be placed on the pant leg or jacket arm, but it cannot be prefilled with prompts like “SAMPLE”.

* **“Treat the patient how they present” -**

During the final evaluation scenario, treat the patient and manage the scenario problem as presented. The station manager will make any needed corrections to stay in alignment with the written scenario, in between candidate groups going through the station.

* **Lead senior trainers**

May circulate around clinic/midterm scenario stations/candidates, **but NOT during the final evaluation.**

* **Scenario time – 20 minutes**

The clock starts for the scenario when the candidate arrives on scene.

T/Es will need to arrive at the testing scenario site in a timely manner after the reading of the scenario introduction and in conjunction with the candidate to start the clock.

**Candidate Evaluation Feedback**

**General Points**

* Focus feedback on the candidate’s specific actions, which are objective, and not on their personality or character.
* Avoid globalizing the behavior (don’t use “always/never”)
* Don’t say “I really liked” or “I really loved” …… *this does not tell the candidate anything useful*
* Provide positive, objective, specific feedback.

Objective observations can be:

* Observed
* Seen
* Heard
* Counted
* Touched
* Tasted
* Smelled
* Offer specific actions for improvement

**Debriefing Candidate Feedback**

* Put the candidate at ease:
* Friendly eye contact and smile
* Don’t have them sit in the “hot seat”
* Set the agenda for discussion by immediately informing candidate if their performance was a “Pass” or “No Pass”
* Do not ask the candidate “how do you think you did?” but ask the candidate to evaluate one or two specific aspects of their performance.
* T/Es present their feedback of the candidate’s performance
* Discuss the candidate's strengths and any areas needing improvement

*Offering feedback to others can be more successful, if we understand how we like to receive feedback.*

**Typical responses to feedback**

* Fight (I'm above feedback)
* Flight (I am out of here)
* Evaluate (I seek to understand and evaluate).

**Feedback examples:**

|  |  |
| --- | --- |
| **Subjective/Non-specific Feedback** | **Objective / Specific Feedback** |
| “I liked that you found a medical alert bracelet.” | “You quickly completed a secondary assessment and found a medical alert bracelet. This gave you information to follow up on with the SAMPLE questions.” |
| “I loved how you handled the obnoxious witness; well done.” | “You asked the obnoxious witness to help you and go stand slightly above the scene to keep skiers from coming into the area. As soon as your helpers arrived, you asked one of them to interview and take a statement from the witness. These actions kept the witness from interfering with your assessment and treatment, as well as kept the witness under the supervision of a helper and not let the witness leave the scene.” |
| “It was good you fixed the bleeding.” | “I observed that you immediately applied a pressure dressing and it controlled the bleeding.” |
| "Good job with your helpers.” | “When your helpers arrived, you immediately informed them what the patient’s injuries were and stated what you wanted each of them to do to assist you.” |
| “Putting on the c-collar didn’t go well.” | “As the c-collar was placed behind the patient’s neck, I saw the head moving several times to the left and right.” |

**Framing feedback example 1:**

**Focus on Leadership, Decision Making, Problem Management**

|  |  |
| --- | --- |
| One thing that went well | “You identified a witness to the accident and told them to stay on scene.” |
| Correction / feedback | “You focused your attention on the patient, turned your back on the witness, and the witness left the scene. A decision to consider next time is ask the witness to stay and help by going slightly above the scene and keep others from coming into the area. While tending to the patient, position yourself so you can stay in visual and audio contact with the witness.” |
| Summarize how making the correction will result in a positive outcome | “Keeping the witness engaged in helping with the scene will reduce the likelihood the witness will leave the scene. It will also show that you identified a problem and took steps to address it.” (Problem Assessment, Decision- Making) |

**Framing feedback example 2:**

**Focus on Leadership, Decision-Making, Problem Management – cont.**

|  |  |
| --- | --- |
| One thing that went well | “You recognized one of the patients was bleeding severely.” |
| One thing that needs correction and a suggestion on a correction | “You started towards the bleeding patient, but the other patient was complaining loudly of pain in their arm and you turned to help that patient, leaving the 1st patient to bleed for 2 minutes before you started to control the bleeding. In order to quickly address a severe bleed the next time, continue to the bleeding patient, pulling out your bleeding control materials, while calling out to the 2nd patient that you will be there to help as soon as the bleeding is under control. While talking to the 2nd patient and attending to the 1st patient, ask them if they have any serious bleeding from their injured arm.” |
| Summarize how making the correction will result in a positive outcome | “Continuing with your plan to control severe bleeding, while also staying in verbal contact with the 2nd patient, demonstrates you identified and treated the priority patient without neglecting the second patient with non-life-threatening injuries. This was excellent facilitation of prioritization.” (Problem Assessment and Decision Making) |

**Feedback Exercise – A1**

**Scenario Summary:** (read by moderator)

Two friends are skiing together when one of them “catches” a tree branch with his shoulder, spins around and falls on an outstretched hand. He is screaming in pain with an obvious “bump” in the middle of his clavicle. The friend is so freaked out by the sight and the screaming, that he starts to panic and sets off an asthma attack. Luckily, he has an inhaler with him.

**T/E** (giving feedback)

“Strong effort today, Jake, however unfortunately you did not successfully pass. Leadership was outstanding with communicating with your team and both patients. The decision to send the patient with the wrist and clavicle injuries with intact CMS as the priority patient in the first toboggan was not the correct priority patient. The asthma patient was unstable, and his inhaler was not working. A more thorough assessment of the patient's respiratory condition would have been the key indicator that the patient was still in respiratory distress. This issue was the crux of you not passing the scenario. Your problem management was spot on by requesting all the needed equipment and your leadership qualities of delegating duties to your helpers was very clear.”

After candidate comment.

T/E question:

“Did you get a respiratory rate on this patient?”

T/E comment

“The respiratory rate is an objective finding that factors into a patient being stable or not.”

**Candidate** (receiving feedback)

“I appreciate your feedback. I would like to say that the patient was not portraying respiratory distress to indicate that they were unstable.”

Back to T/E for comment

Answer to T/E question

“No.”

T/E comment

Candidate response to above comment

“My bad.”

“Thanks for the feedback.”

**Feedback Exercise – A2**

**Scenario Summary:** (read by moderator)

Two friends are skiing together when one of them “catches” a tree branch with his shoulder, spins around and falls on an outstretched hand. He is screaming in pain with an obvious “bump” in the middle of his clavicle. The friend is so freaked out by the sight and the screaming, that he starts to panic and sets off an asthma attack. Luckily, he has an inhaler with him.

**T/E** (giving feedback)

“Jake, unfortunately you did not pass today. You needed to prioritize your patients better. The patient with the asthma attack was clearly the priority patient as he was very anxious about his injured friend. You forgot to assess for respiratory distress and take the respiratory rate, which reflects poor OEC skills. The second patient had good CMS in the extremity with the wrist injury, but you never checked CMS in the other arm with the clavicle injury. In terms of LDP, you did direct your helpers ok and you did find all the injuries, but you are lacking in your confidence. Try coming back next year.”

**Candidate** (receiving feedback)

Not saying anything until the T/E is done and seated with his head held low.

“I dedicated 3 months of my life to training for this, and you nitpick my OEC skills? I did get the respiratory rate on the asthmatic patient. You must not have been paying attention. This is crap. No thanks, I will not be back next year.”

**Feedback Exercise – B1**

**Scenario Summary:** (read by moderator)

A mother is watching her child in a ski school lesson while standing near the magic carpet, when she is “taken out” by an out-of-control snowboarder. The mother hit her head and is unconscious, while the snowboarder is holding his right knee, writhing in pain. A group of people start to form around the mother and are yelling “do something” to you as it appears that you are taking your time taking off your skis.

**T/E** (giving feedback)

“Tony, it has been a long and challenging day. I am sorry to say that you were not successful in passing today. I want to compliment you on your composure with dealing with the rowdy crowd surrounding the mother, this was not easy. You showed incredible restraint with the rude comments directed toward you and you were calm and assertive as you went about managing the scene and calling for help. In formulating your plan of action, more time assessing both patients, the scene, and available resources in the base area, would have yielded better problem management. There was a significant delay in getting oxygen to the scene secondary to you getting caught up in the details ensuring risk management was notified and asked to respond to the scene. The better decision making would have been to assign another patroller to make radio contact while you focused on your two patients. Overall, it was a very emotionally taxing scenario, and know that you have a great base to build on with your calm demeaner, ability to lead, and knowing what you want to have happen, which just requires some reshuffling of the priorities.”

**Candidate** (receiving feedback)

“I totally agree with your feedback. The “mob mentality” that I was faced with was a bit daunting. I felt that it was important to have risk management on scene since we were in the base area, but now that you point it out, I guess I did focus on this a bit too much. This has been a valuable learning experience, and I look forward to returning next season to continue to sharpen my skills. Thank you.”

**Feedback Exercise – B2**

**Scenario Summary:**

A mother is watching her child in a ski school lesson while standing near the magic carpet, when she is “taken out” by an out-of-control snowboarder. The mother hit her head and is unconscious, while the snowboarder is holding his right knee, writhing in pain. A group of people start to form around the mother and are yelling “do something” to you as it appears that you are taking your time taking off your skis.

**T/E** (giving feedback)

“Tony, unfortunately you did not pass today. I will admit that you had a very challenging scenario, just as others testing today. Regardless, the ability to control your emotions is key. Your team members and the patients will lose confidence in you if you can’t “command” the scene. Demonstrating leadership is a large part of this program, as well as making good decisions. Perhaps, a better way to manage a chaotic scene is by delegating duties to your helpers or even to bystanders if they can help corral the accident scene. You need to see the “big picture” in order to anticipate resources needed and the eventual goal of transporting your patients to the FAR or an ambulance. As far as medical care is concerned, it took way too long to put oxygen on the mother, and this should be a priority in any unconscious patient. I would encourage you to revisit the LDP qualities and consider whether you are really cut out’ for this program, as certain qualities cannot be taught, but are born into a person.”

Response to last candidate comment:

“Yes, you did all of those things, however there is more to it. I really think that you would benefit from coming back next year and building from what you have learned this year.”

**Candidate** (receiving feedback)

“Wow, that was revealing. Everyone has a bad day now and again, but you make it sound like I totally froze and could not make any decisions. I felt that my direction of having the ski instructor keep back the mother’s daughter was good leadership and decision-making. My partner and I attended to the more critical patient, the mother, and this showed good prioritization over the “screaming” snowboarder. I am not sure what is expected of me when I totally prioritized the correct patient, got all the equipment and helpers to the scene, and then arranged for EMS transport.”

Back to T/E for response:

Back to Candidate for response:

“Well, I guess I can do that, even though I was really close this year.”

**Feedback Exercise – C1**

**Scenario Summary:** (read by moderator)

Two high school guys were messing around on the chairlift when one of them fell off several towers before the unloading ramp and did a head plant into soft powder while attached to his snowboard. The other boarder jumped off the chairlift before the unloading ramp to go dig out his buddy. The buried boarder is not moving, and the jumper boarder is very vocal about his right femur injury.

**T/E** (giving feedback)

“Today, put everything you have trained for, ‘into play.’ Unfortunately, Sam, you were not successful in the second scenario. I would like to give you some important feedback on how you could have been more successful. You were quick to realize that you had a lift-related incident with two patients, who were separated by a fair distance that you had to assess. This showed awesome decision-making and especially leadership when you commanded the lift operator to shut down the lift and call for additional help from patrol headquarters and risk management. You then went immediately to the motionless boarder, confirmed there was an open airway, and he was alert, verbal and responsive. You continued to focus on this patient by performing a full assessment. Being drawn to the motionless boarder, initially thought to be the priority patient, cost you time in controlling a bleed from an open femur fracture on the other patient. Had you verbalized to the injured patient where he was hurting, while on your way to the buried patient, you may have realized that he was bleeding. As it turned out, the delay in assessment of the open femur fracture, caused the patient to go into shock and become unconscious. This action accounted for you not being successful today. On a positive note, you directed bystanders and your team well once on scene. Putting a helicopter on stand-by was excellent foresight and problem management, and overall, you are a strong candidate and I anticipate that you will ‘nail it’ next year, so please come back.”

**Candidate** (receiving feedback)

“I have worked really hard to get this far and to ‘miss it’ by one little thing is disheartening. Once you put things into perspective, I can see what I could have done differently. When you consistently train a certain way (like textbook presentation), then thinking outside of the box is not so obvious. Of course, I could have talked out loud to the injured boarder while I was going to check on his buddy, and this could have made a difference in the outcomes, but I didn’t think of that. I was so focused on speed with snow immersion incidents, that I just reacted. Great learning lessons today and great scenarios. I will be back.”

**Feedback Exercise – C2**

**Scenario Summary:** (read by the moderator)

Two high school guys were messing around on the chairlift when one of them fell off several towers before the unloading ramp and did a head plant into soft powder while attached to his snowboard. The other boarder jumped off the chairlift before the unloading ramp to go dig out his buddy. The buried boarder is not moving, and the jumper boarder is very vocal about his right femur injury.

**T/E** (giving feedback)

“Well, it was a tough day, and unfortunately Sam you did not pass. Patient assessment was your major downfall. You ignored the injured jumper patient and prioritized the buried patient. Had you at least touched base with the injured patient, you would have known what his major issue was. It was not until your help came that they were telling you what was going on with the patient. You need to be able to multi-task in this program and juggle multiple issues and multiple patients. If you refer to your LDP sheet, you will see that thorough patient assessment falls under decision- making and when you have two patients, you need to know what is going on with both of them. You are very strong when it comes to formulating a treatment plan, using your resources, and anticipating what kind of transportation you will need. With more time, I bet you will be successful.”

**Candidate** (receiving feedback)

“Really, more time? I have just wasted the last 10 minutes listening to you cut me down on most everything I did, and your recommendation is more time? I would love to see you go through that scenario and do everything perfect! I have given enough time to this program, that I am done. I will continue to patrol at my same high standard that I always have, and I don’t need this critical feedback to make me a ‘better’ patroller. I am out of here and your program sucks!”

De-escalation of this candidate is welcomed during the role-playing

**OEC MSP Program**

**PNWD Trainer Reminders**

* **Do Not advance candidates in the program who clearly do not have the OEC skills to pass the final evaluation.**

OEC Skills Performance Checkoffs are to be done at the beginning of the training program and weak candidates are asked to step out of the program to work on their skills and to consider rejoining the next year. As an advanced NSP program, not everyone is suited to participate and be successful. A weak link affects the entire team of candidates going through the program, is why the patrol directors must vet all OEC MSP candidates as to their skills, before signing their registration paperwork.

* **Providing patients for the clinics/mid-term and the final evaluation is the responsibility of the candidate and/or trainer.**

Children are excluded as patients. Patrollers (in non-patrol jacket) are the preferred patients since they should know how to act out different medical conditions.

**Common OEC MSP Candidate “Trip-up” Issues**

**Seen Across the PNWD**

* Candidates should ask the age of the patient(s), pediatric patients have different priorities to consider.
* Use emergency blankets on patients to keep warm
* Itemize equipment for the radio call, abandon local patrol terms for equipment kits / bundles.
* The lead candidate is to communicate patient vitals to the station manager and then will receive the “actual” vitals (per the written scenario) back. The vitals have to be taken and then communicated to the station manager in order to receive subsequent vitals.

**OEC MSP Program**

**EXPLANATION OF TERMS**

|  |  |
| --- | --- |
| **Objective Components**  | **Evaluation Criteria for Acceptable Performance**  |
| **Leadership** Communication with  | \* Informs patient of what is happening |
| patient, helpers,  | \* Gives appropriate instructions to helpers |
|  bystanders  | \* Directs bystanders without introducing confusion |
| Attitude  | \* Demonstrates positive, reassuring and outgoing manner |
| Ability to Direct  | * Demonstrates assertiveness; not helper directed
* Demonstrates ability to use resources
* Provides clear direction and instruction to helpers
 |
|  Confidence  | \* Demonstrates confidence; knows what to do and how to do it |
| Team Interaction  | \* Builds and uses controlled team approach \* Avoids trying to do everything alone |

|  |  |
| --- | --- |
| **Decision**  | Problem Assessment \* Approaches incident appropriately |
| **Making**  | * Evaluates situation
* Determines all essential issues & safety needs

Patient Assessment \* Conducts appropriate surveys* During patient interview, considers trauma and medical outcome

Appropriate Prioritization \* Determine single patient, hurry case or not \* Assignment of multiple patients, triage |
|   | Overall Safety \* Takes all actions to identify, protect, mark and move patients  |

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|  |  |
| --- | --- |
| **Problem** Plan of Action  | \* Manages problem flow |
| **Management**  | * Avoids repeating actions
* Directs logical follow through given the patient condition
* Allots appropriate amount of time for actions/activities
 |
| Anticipation  | * Plans for what will follow
* Avoids common problems and duplication of services
* Avoids unnecessary movement of patient
 |
| Resources – People  | * Requests, uses & directs available resources appropriately
* Keeps people busy without allowing independent actions
 |
| Resources – Equipment  | \* Requests & uses appropriately; ensures patrollers apply correctly |
| OEC Skills  | \* Directs or applies appropriate skills according to patient need & in accordance with OEC skill performance objectives |
| Transportation  | \* Arranges transport using planned, supportive, appropriate means |

* + - * Positioned correctly in toboggan
			* Indicates hurry case or not
			* Secures adequate number of helpers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C – OEC-MSP CANDIDATE**

**NATIONAL SKI PATROL – OEC-MSP**

**Basic Completion Log for OEC Skills Performance Check-off**

Senior Candidate

The following OEC skills have been demonstrated to an OEC Instructor and have been performed correctly, confidently, and in accordance with the appropriate skill performance guidelines. **Note:** an OEC instructor is required to observe the candidate’s performance and testify to the satisfactory completion.

|  |  |  |
| --- | --- | --- |
| Skill Performance Required  | OEC Instructor Name and Signature  | Date Completed  |
| Patient Assessment and Vital Signs  |  |  |
| Oxygen Administration, Airway Adjunct Use and Suctioning  |  |  |
| Bleeding control and Bandaging  |  |  |
| Fracture Management skills 1. Management near a joint
2. Alignment of angulated fractures
3. Open fracture management
4. Long bone management
5. Traction splinting
 |  |  |
| Spinal Immobilization  |  |  |
| Lifting Techniques  |  |  |
| Medical Emergencies  |  |  |

This patroller has adequately demonstrated to me the skills of Leadership, Decision Making and Problem Management in “on snow” OEC MSP practical scenarios. These scenarios must be signed off by an OEC MSP Trainer Evaluator.

|  |  |  |
| --- | --- | --- |
| Practical OEC–MSP Scenario  | OEC MSP Trainer Evaluator Name and Signature  | Date Completed  |
| Scenario 1 ID #  |  |  |
| Scenario 2 ID #  |  |  |
| Scenario 3 ID #  |  |  |
| Scenario 4 ID #  |  |  |

**NATONAL SKI PATROL OEC MSP SCENARIO EVALUATION CARD**

Date: \_\_ Start Time: \_\_ End Time: \_\_ Total Time: \_\_\_\_\_\_\_\_ Scenario # Station # \_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Leader: \_\_\_\_ Helper 1: \_\_\_ Helper 2: \_\_\_\_\_\_\_

NOTES TO EVALUATORS:

* **Evaluators must score each category and use the comment section to fully document any minus (-) in any section. Scores are not averaged, a minus (-) in any section is a must fail score.**
* **Bullet pointed items are to help evaluators consider the skill sets to look for in LDP.**
* **Evaluators as a team must arrive at a single pass/fail decision.**
* **Help normally arrives 2 minutes after being called and the scenario ends in 20 minutes.**

|  |
| --- |
| *Leadership Comments:* * Communicates regularly & appropriately with patients, helpers, bystanders & evaluators
* Demonstrates a confident, calm & assertive approach in problem direction
* Demonstrates a positive supportive attitude with patients, helpers, bystanders
* Displays effective delegation & appropriate personnel direction and oversight
* Accomplishes successful management of team interaction and performance

 Overall Leadership score, choose one **[ + = - ]**  |
| *Decision Making Comments:* * Ensures overall safety for bystanders, patrollers & patients
* Performs an accurate scene size-up and problem assessment
* Insures thorough and accurate patient assessment(s)
* Demonstrates timely decision-making & subsequent action follow through
* Performs appropriate resource prioritization and patient triage

 Overall Decision Making score, choose one **[ + = - ]**  |
| *Problem Management Comments:* * Articulates and executes a well-formed and appropriate plan of action
* Anticipates and creatively approaches future needs and potential problems or outcomes
* Makes an appropriate & timely request for personnel, equipment & other resources and effectively use each
* Executes treatment plan utilizing the correct application of OEC skill competence
* Articulates and executes an appropriate patient transportation plan
* Adjusts to changing conditions and new information with flexibility and confidence

Overall Problem Management score, choose one **[ + = -** **]** |
|  **OVERALL SCORE: + = -** |

Use this space for a timeline, action sequence, detailed notes, stick figures, etc.