

OEC Module of the Senior Program (OEC MSP) Program and Process for the Pacific Northwest Division

Marianne Becker – Division OEC Supervisor
oeCadvisor@nsp-pnwd.org

Kathy Lee – Assistant Division OEC Supervisor
oeCadvisor2@nsp-pnwd.org

Contributors:
Leisa Garrett, Hyak Ski Patrol
Gerry Gallagher, Alpental Ski Patrol

Glossary of Role Abbreviations

OEC MSP – OEC Module of the Senior Program

ROA – Region OEC Advisor/Administrator

RD – Region Director

T/E – Trainer/Evaluator

ATE – Assigned Trainer/Evaluator (travels with the same candidate group)

STA – Senior OEC Training Advisor for the OEC MSP

OEC MSP Program and Process

This document has been developed in accordance with the National OEC MSP standards and is the process to be followed in the PNWD for OEC MSP program.

Program Overview

The program focuses on **Leadership, Decision Making and Problem Management (LDP)** while caring for one or more patients in need of medical assistance for an **injury and/or illness** in the **outdoor winter setting**. 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 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

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 OEC Training Advisor (STA) responsible for the training of their candidates.
- Candidate must complete a Senior Candidate Application.
- 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. These scenarios can **ONLY** be signed off by an approved OEC MSP Trainer/Evaluator (T/E).
- Must attend one Region OEC MSP clinic

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 OEC Training Advisor (STA)/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 a smaller team for the STA/ROA conducting training clinics.
- Attend and support training clinics and final evaluations.

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

- Appointed by the Region Director (RD) but must have approval from the Division OEC Supervisor.
- MUST have taken a T/E course, been mentored by other T/E's and approved by the Division OEC Supervisor before being able to be in this position.
- Responsible for managing the program for the Region. If not an approved T/E, this designation will go to the OEC Advisor for the Region. If the OEC Advisor is not a Senior Patroller, then it will need to be managed by an approved Senior OEC Advisor under the direction of the Division OEC/Senior Supervisor.
- Establishes all course and final evaluation dates through Division per Division guidelines, by completing the OEC MSP Evaluation Application, Appendix G. The form is also on the PNWD website.
- Registers all clinics and the final evaluation with national office/Learning Center.
- 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 and must fill out the OEC MSP Trainer/Evaluator – Training Mentoring from Appendix E. The form is also on the PNWD website.
- 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 OEC Trainer Advisor (STA)
- The ROA/STA 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 form for registering and mentoring a new TE must be completed and sent to the Division OEC Supervisor. See Appendix E.*** The form is also on the PNWD website.
- 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/STA
- Has authority to certify or reject all final evaluations/clinics.
- IS the IT for the final evaluation
- Key participant along with ROA/STA 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/STA (not all areas need new T/Es every year)
- Complete the form for registering and mentoring a new T/E. **See Appendix E.** The form is also on the PNWD website.
- ROA/STA 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 a clinic conducted by ROA/STA with approval by the Division OEC Supervisor.
- Documents and gives feedback to the ROA/STA 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. **See Appendix D.** The form is also on the PNWD website.
- Complete certification training every three years

T/E Removal by ROA/STA

- The ROA/STA 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 Appendix C)

- 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 and 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 there is still no consensus after 5 minutes, then further review will occur later in the day with the Division Representative/ROA/STA.
- 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 warmup 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/STA) for discussing the final outcome with each candidate at the 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/STA 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.

OEC MSP Training and Final Evaluation

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.

OEC MSP Evaluation

- For the final evaluation, candidates need to pass a scenario that has a **single patient** with multiple medical conditions **and** a **multiple patient** injury/illness scenario, with a backboard component.

How is the Final Evaluated?

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

Sample OEC MSP Training Program

See Appendix A for the Leadership, Decision Making, Problem Management Sheet

See Appendix B for the OEC Skills Performance Check-off Sheet

Program Pre-requisites

Sign-off by patrol representative, who should consult with their patrol's Senior OEC 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 training sessions and/or not demonstrating skill proficiency 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 develop 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*).
 - **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

- **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**

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.”** The 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**
 - **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)

Common OEC MSP Candidate “Trip-up” Issues

- 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 must be taken and then communicated to the station manager in order to receive subsequent vitals.

Practice, Practice, Practice, Practice Scenarios

Sample OEC MSP Training Schedule

Topics	Time	Date	Session #1
Course Intro., OEC Skills Check-Off (Pt. Assessment, Vitals, O2/Airway Adjuncts/Suctioning, Bleeding control & Bandaging)	3.0 hours	December '23	1
OEC Skills Check-Off (Fracture Management - various locations/considerations, Traction Splinting)	3.0 hours	December '23	2
OEC Skills Check-Off (Spinal Motion Restriction, Lifting Techniques, Medical Emergencies)	3.0 hours	December '23	3
Intro to Leadership, Decision-Making, Problem- Management (LDP), Scenario Evaluation Card, 2- Minute Drill Card	3.0 hours	January '24	4
Written Scenarios Due, "Big Picture" / "Laser Focus" Skill Exercises, Single Patient/Multiple-Injuries Scenarios	3.0 hours	January '24	5
Written Scenario Rewrites handed back, Single Patient/ Multiple-Injuries Scenarios	3.0 hours	January '24	6
Review "Big Picture/"Laser Focus" Skills, Single Patient / Multiple Patient Scenarios	3.0 hours	January '24	7
OEC-MSP Clinic / MID TERM	All Day	February '24	8
Review Clinic "take-aways", Single Patient / Multiple Patient Scenarios	3.0 hours	February '24	9
Original Scenario Due, Single Patient / Multiple Patient Scenarios	3.0 hours	February '24	10
Single Patient / Multiple Patient Scenarios, All Practical "On-Snow" Scenarios Check-Off Completed	3.0 hours	March '24	11
Single Patient / Multiple Patient Scenarios	3.0 hours	March '24	12
80% attendance required (9.5 training sessions) in order to go on to the final evaluation & be successful			
FINAL EVALUATION	All Day	March '24	13

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, OPQRST
- **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/STA to briefly review Division-wide specific OEC MSP policies (see page 17).**
- **Senior OEC Training Advisor, ROA, and IT for the final evaluation work closely to review scenarios and clarify questions on scenario staging, moulage, prep, etc.**

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/STA** 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/STA. Additionally, the ROA/STA is to orchestrate having a moulage kit at the final evaluation and pads/tarps for the patients to lie on in the snow.
- **Trainers for the Candidate** are not allowed to mingle among stations or interact with candidates during the final evaluation to avoid any inadvertent feedback. The trainers, in concert with the ROA/STA, are responsible for ensuring 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 – this role is critical to the success of consistent and quality scenario practices and the final evaluation - see next page for Duties and Responsibilities**
- **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.

- **Station Manager Duties and Responsibilities**

- **Overall**

- Ensure consistent scenarios that present the intended situation without unwanted or unexpected distractions
 - Clear, consistent, repeatable situation so each candidate sees the same scenario and sees the scenario is as intended
 - Remove as many variables as possible that are not part of the scenario so the candidate can focus on what is the goal of the scenario

- **Preparation**

- **Site**

- Does the location meet the requirements and goals of the scenario? If not, what can be done so it meets the requirements and goals?
 - Things to consider. For example:
 - Is it intended to have tight quarters, e.g. jams and pretzels? If not, ensure there is an appropriate amount of space to work the scenario
 - Is there room for more than one patroller?
 - Does it have additional constraints not intended for the scenario, e.g., dog poop, water, hillside, etc.
 - Will it remain consistent for all the candidates?

- **Patient**

- Read the scenario together: Patient, Station Manager and assistant
 - Make sure everyone understands exactly what is intended to be presented as the situation
 - Go over "SAMPLE" and "OPQRST", review other questions that the candidate might ask and make sure all agree on the response so there is no question of the response
 - Verify patients are consistent and act the same way each time. Don't add any other signs or symptoms; be deliberate and complete
 - Patient performance should be the same every time for each candidate, and the candidate is presented with what the scenario has intended, not more, not less
 - Is the patient cold? Are things changing, when, how much, how to describe?
 - Is the patient confused, lightheaded? Does it change and when?
 - How will the patient describe the pain? **Use the same words each time.**
 - Ensure that the candidate does not go down the wrong path due to the patient incorrectly presenting signs and symptoms, e.g., the level of pain, location of the pain, or the patient not understanding key differentiators like defining a hip versus a pelvis injury
 - As a team, need to make sure the patient knows how to give the clues that add clarity
 - If the patient does not have a medical background, this can take extra work. Do the work, make sure the patient understands how to act and knows what to say

- **Responses**
 - The candidate needs to get appropriate answers from the patient(s) so they can make decisions and demonstrate their skills
 - Listen to the questions the candidate asks the patient(s) and the responses throughout the scenario
 - As much as possible, all answers should come from the patient(s), but if something unexpected or unknown comes up, can step in with definitive clarity
 - If the patient is asked something that was not pre-planned or reviewed, and ***if the patient does not know the answer***, may need to step in.
 - ***Comments like the following might be appropriate.***
 - “What you see is what you have”
 - “Yes, it continues to bleed”
 - “Yes, that is a bruise and discoloration”
 - “No, they are not getting better or responding”
 - Minimize the unknowns other than those which are intended
 - Evaluators cannot say anything during the scenario
- **Equipment**
 - Teams will have reviewed all available equipment at the beginning of the day
 - If there is no Equipment Manager, ensure the equipment required for the scenario is available
 - If something is missing that might be reasonably requested, verify with the IT and Senior OEC Training Advisor if it is intended to be missing as part of the scenario and the goal is to adapt or get that equipment.

Process

- Start with a Station team meeting to review the scenario (patient, Station Manager and assistant)
- Completely understand intent, responses, reactions of the patient, (what are the injuries), site and equipment so all agree
- If conditions are intended to change during the scenario, when and how?
- How to describe pain, specific SAMPLE and OPQRST answers, etc.
- Be as complete as possible. Ask questions and make sure all agree.
- Candidates need to be waiting in a location where they cannot see the scenario
- Before the scenario starts, Candidates and Evaluators are given a pre- scenario briefing by the station manager
 - Let the Candidate know that the help and equipment will arrive 2 minutes after the call for resources is completed. If you don’t ask for it, it won’t come
 - State that they will have 20 minutes to complete from the time they arrive on scene
 - Verify site, patient and all evaluators are present and ready. Verify the Candidate team is ready
 - Read the information provided from the scenario section titled ‘Information for the Trainee’ to the Candidate and Evaluators
- Evaluators should proceed to the scene and position themselves so they are out of the way of the Candidate and patient(s) but still able to hear and observe the Candidate
- Start the scenario time when the Candidate arrives on the scene and position yourself to stay out of the way of the candidate and patient
- When the Candidate calls for equipment and resources, mark what was requested on the provided form. Read back to the Candidate the equipment and resources they requested, then give the form to the assistant. The assistant relays the list to the Candidate’s helper team so they can gather the equipment and prepare to respond
- When the Candidate has completed the call for resources, start the two-minute time

- At the end of the two minutes, signal the assistant to release the Candidate helper team
- If the Candidate makes a second call for additional equipment and it is within two minutes, it will be provided. If the second call is after two minutes and the helpers and equipment are on their way, they will not receive the additional equipment
- Keep track of critical times for the scenarios in case the evaluators ask for them:
 - Start time
 - Time of call for resources
 - Time equipment arrived
 - Time each set of vitals is provided
 - Time the Candidate says they are done if completed earlier than 20 mins
 - In multi-patient scenarios, time when the priority patient is complete and ready to transport
- Acting as Dispatch, provide radio responses to the candidate. They are the dispatch, confirming equipment requested, reading back vitals from the scenario when vitals are given, confirm BLS or ALS has been called if requested
- Vitals can change based on treated or untreated injuries, so make sure the correct information is read back from the scenario
 - Note: only confirm the information provided, for example, if the candidate only provides a pulse, respond with only the scenario pulse. If they provide pulse, respiration, pulse oxygenation, then read them all back but only confirm what they provide

When Scenario is Complete

- With help from the assistant, repack the toboggan packs and equipment and confirm it is the same for each scenario
- The team cleans up their personal equipment and returns to the waiting area
- The candidates can help with station equipment if they have time but ensure it is the same for each scenario
- No feedback is given to the Candidate at the end of the scenario
- If Evaluators ask, can confirm what was seen or not seen, and times something occurred, but only if requested.
- Review moulage with the patient. Ensure it is good and back to original quality before the next Candidate starts the scenario

Testing Interruption:

- Primarily called for by the Division OEC Representative for an extraordinary reason.
- Maintain test integrity by 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:

- When setting up the schedule for final evaluation day, consider time constraints and needs for setting up a retest scenario, **including the possibility that re-tests may need to occur on a different day**
- Candidate(s) being retested will have helpers assigned by the Division OEC Representative, with assistance from the ROA/STA, 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:

- **Occurs 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

- **Candidate Format**

The group candidate format must be used. The single candidate format is not allowed, unless there is only one candidate testing. All helpers on a candidate team must have passed OEC MSP.

- **Evaluation Cards**

Each evaluator must independently complete their evaluation card. Inform the Senior OEC Training Advisor if there is no consensus on a score. Inform the Senior OEC Training Advisor/ROA if the consensus is No Pass for the scenario.

- **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 could** 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, **but they must have been fully assessed, treated, and ready to load into the toboggan.** 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.

- Appendix F has a sample card to use for marking the requested equipment and resources.

- **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. Also use standard terms for things such as area management, advance life support / EMS, etc.

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

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

- **Reasonable accommodations**

An accommodation can 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.

- **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. The Senior OEC Training Advisor, ROA, or the patrol director must vet all OEC MSP candidates as to their skills, before signing their registration paperwork.

- **Candidate Readiness**

If the candidate has been identified as not ready to continue to the final evaluation, the OEC MSP Candidate Readiness Form must be completed and submitted to the Division OEC Supervisor. There must be thorough documentation to support the decision to not advance the candidate to the final evaluation.

- **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.

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 to 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 1 st 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 2 nd patient that you will be there to help as soon as the bleeding is under control. While talking to the 2 nd patient and attending to the 1 st 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 2 nd 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 CNS 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 demeanor, 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 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 told 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
APPENDIX A - EXPLANATION OF TERMS

<u>Objective</u>	<u>Components</u>	<u>Evaluation Criteria for Acceptable Performance</u>
Leadership	Communication with patient, helpers, bystanders	<ul style="list-style-type: none"> * Informs patient of what is happening * Gives appropriate instructions to helpers * Directs bystanders without introducing confusion
	Attitude	<ul style="list-style-type: none"> * Demonstrates positive, reassuring and outgoing manner
	Ability to Direct	<ul style="list-style-type: none"> * Demonstrates assertiveness; not helper directed * Demonstrates ability to use resources * Provides clear direction and instruction to helpers
	Confidence	<ul style="list-style-type: none"> * Demonstrates confidence; knows what to do and how to do it
	Team Interaction	<ul style="list-style-type: none"> * Builds and uses controlled team approach * Avoids trying to do everything alone
Decision Making	Problem Assessment	<ul style="list-style-type: none"> * Approaches incident appropriately * Evaluates situation * Determines all essential issues & safety needs
	Patient Assessment	<ul style="list-style-type: none"> * Conducts appropriate surveys * During patient interview, considers trauma and medical outcome
	Appropriate Prioritization	<ul style="list-style-type: none"> * Determine single patient, hurry case or not * Assignment of multiple patients, triage
	Overall Safety	<ul style="list-style-type: none"> * Takes all actions to identify, protect, mark and move patients
Problem Management	Plan of Action	<ul style="list-style-type: none"> * Manages problem flow * Avoids repeating actions * Directs logical follow through given the patient condition * Allots appropriate amount of time for actions/activities
	Anticipation	<ul style="list-style-type: none"> * Plans for what will follow * Avoids common problems and duplication of services * Avoids unnecessary movement of patient
	Resources – People	<ul style="list-style-type: none"> * Requests, uses & directs available resources appropriately * Keeps people busy without allowing independent actions
	Resources – Equipment	<ul style="list-style-type: none"> * Requests & uses appropriately; ensures patrollers apply correctly
	OEC Skills	<ul style="list-style-type: none"> * Directs or applies appropriate skills according to patient need & in accordance with OEC skill performance objectives
	Transportation	<ul style="list-style-type: none"> * Arranges transport using planned, supportive, appropriate means <ul style="list-style-type: none"> * Positioned correctly in toboggan * Indicates hurry case or not * Secures adequate number of helpers

APPENDIX B - 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 #		

APPENDIX C - 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.

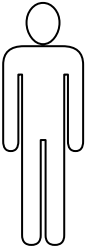
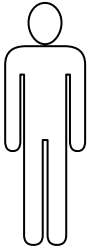
<p><u>Leadership</u></p> <ul style="list-style-type: none"> • Communicates regularly & appropriately with patients, helpers, bystanders & evaluators • Demonstrates a confident, calm & assertive approach in problem direction • Demonstrates a positive supportive attitude with patients, helpers, bystanders • Displays effective delegation & appropriate personnel direction and oversight • Accomplishes successful management of team interaction and performance 	<p><u>Comments:</u></p> <p style="text-align: right;">Overall Leadership score, choose one [+ = -]</p>
--	--

<p><u>Decision Making</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Comments:</u></p> <p style="text-align: right;">Overall Decision Making score, choose one [+ = -]</p>
---	---

<p><u>Problem Management</u></p> <ul style="list-style-type: none"> • Articulates and executes a well-formed and appropriate plan of action • Anticipates and creatively approaches future needs and potential problems or outcomes • Make 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 	<p><u>Comments:</u></p> <p style="text-align: right;">Overall Problem Management score, choose one [+ = -]</p>
---	--

OVERALL SCORE: + = -

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

<p>Patient #1</p> <p style="text-align: right;">Vitals Times</p> <p>S</p> <p>A</p> <p>M</p> <p>P</p> <p>L</p> <p>E</p> <p>CMS</p> <p>C-Spine / Back</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Patient #2</p> <p style="text-align: right;">Vitals Times</p> <p>S</p> <p>A</p> <p>M</p> <p>P</p> <p>L</p> <p>E</p> <p>CMS</p> <p>C-Spine / Back</p> <div style="text-align: center; margin-top: 20px;">  </div>
--	--

APPENDIX D - Evaluation of Candidate Readiness to Continue OEC MSP Program

(Submit completed form to ROA/STA)

Based on the senior candidate's performance at the mid-term or a training clinic, the following candidate

Candidate Name: _____ Patrol Name / Region: _____

has not demonstrated readiness to advance to the final evaluation. The reasons are documented below.

Trainer Evaluator Name: _____ Date: _____

Leadership: Check one or more boxes and provide specific examples (use back side if necessary)

- Does not consistently communicate regularly and appropriately with patients, helpers and evaluators
 - Does not consistently demonstrate a confident, calm and assertive approach to problem management
 - Does not consistently display effective delegation, and appropriate personnel direction and performance
 - Other
-

Decision Making:

- Inconsistent in taking appropriate actions to identify safety hazards and make the scene safe
 - Incomplete and or inaccurate patient assessment
 - Unable to consistently and correctly identify and prioritize all injuries / illnesses / patients
 - Unable to consistently demonstrate timely decision making and subsequent follow through
 - Other
-

Problem Management

- Unable to consistently articulate and execute plan of action
 - Unable to consistently complete evaluation of problem(s) in a timely manner to request needed personnel/equipment
 - Unable to consistently execute correct application of OEC skills
 - Unable to consistently adjust to changing conditions and new information with flexibility and confidence
 - Other _____
-

Candidate Signature _____ Date _____

Trainer/Evaluator Signature _____ Date _____

APPENDIX E - OEC MSP Trainer Evaluator / Trainee Mentoring Form

(Completed form must be submitted to Division Supervisor)

Application Date:						
Trainee Name		NSP #	Division	Region	Patrol	
Address			City	State	Zip Code	
Email		Home Phone		Cell Phone		
Recommended By (ROA/STA)		NSP #	Phone	Email		
Mentor Name		NSP #	Phone	Email		
Date:		Initial mentoring meeting with Trainee				
Date:		Reviewed OEC MSP Program Process document during a Trainer Evaluator Clinic				
		Mentee and Mentor Evaluate Practice Scenarios (minimum of four). Each practice followed with a performance conference between Mentee and Mentor			(To select: Double Click Inside Box)	
					Practice	Conference
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
		Recommend:	<input type="checkbox"/> Trainer Evaluator Appointment <input type="checkbox"/> Further mentoring			
Date:		Comments*:				
Date:		Mentee Signature:				
Date:		Mentor Signature:				
Date:		ROA/STA Signature:				
Regional Administrator Approval						
As the _____ Program Supervisor/Regional Administrator for the _____ Division, I approve the listed trainer evaluator mentee for appointment to the status of trainer evaluator.						
Division Supervisor Name		NSP #	Phone	Email		
Date:		Division Supervisor Signature:				

*The back of this form may be used for additional comments.

APPENDIX F - Sample Candidate Request for Equipment/Resources

_____ Toboggan(s): Number _____

_____ Number of Helpers

_____ Backboard (includes supplies for Backboard, e.g., c-collar, head blocks, straps)

_____ Oxygen (includes all adjuncts)

_____ Traction Splint: Type requested _____

_____ Pelvic Binder

_____ AED

_____ Ambulance

_____ Life Flight

_____ Area Management/Operations _____

_____ Other: _____

APPENDIX G - OEC MSP EVALUATION APPLICATION

NATIONAL SKI PATROL PACIFIC NORTHWEST DIVISION

SPONSORING REGION: _____

ONLY THE CANDIDATE TEAM FORMAT MAY BE USED

NUMBER OF CANDIDATES: Registered _____ + Potential _____ = Total _____

TRAINING SESSIONS:

<u>Date</u>	<u>Time</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Senior OEC Training Advisor for OEC MSP, Senior OEC Trainer or ROA

Name _____

Address _____

City/State/Zip _____

Phone: _____

FINAL EVALUATION DATE(S):

<u>Date</u>	<u>Time</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: Senior OEC Training Advisor for OEC MSP, Senior OEC Trainer or ROA _____

Date _____

.....
Date Received _____

Approved _____

Signature: Division OEC Supervisor

APPENDIX H – OEC MSP PROGRAM EVALUATION FORM
NATIONAL SKI PATROL
PACIFIC NORTHWEST DIVISION

To continually serve our patrollers, we need your input into this program. Please fill out and return this form.

1. I am a(n): _____Candidate _____ Evaluator _____ Patient _____ Station Manager

2. How many training sessions did you attend this season before the final evaluation?

Region _____ Patrol _____

	Excellent		Poor	
3. How would you rate the OEC MSP <u>Regional</u> Training Session?	5	4	3	2 1

a) What did you find most helpful about these sessions?

b) What did you find least helpful about these sessions?

c) What changes (additions, deletions, revisions) would you make to improve these sessions?

	Excellent		Poor	
4. How would you rate the OEC MSP <u>Patrol</u> Training Sessions?	5	4	3	2 1

a) What did you find most helpful about these sessions?

b) What did you find least helpful about these sessions?

c) What changes (additions, deletions, revisions) would you make to improve these sessions?

	Excellent		Poor	
5. How would you rate the OEC MSP <u>Final Evaluation</u> ?	5	4	3	2 1

a) What did you like best about this evaluation?

b) What did you like least about this evaluation?

c) What changes (additions, deletions, revisions) would you make to improve the Final Evaluation?

(Continue on other side)

APPENDIX H – OEC MSP PROGRAM EVALUATION FORM (continued)

- | | Excellent | | | Poor | |
|---|-----------|---|---|------|---|
| | 5 | 4 | 3 | 2 | 1 |
| 6. How would you rate the Evaluators at the Final Evaluation ? | | | | | |
| a) What was most helpful about these evaluators? | | | | | |
| b) What was the least helpful about these evaluators? | | | | | |
| c) What changes (additions, deletions, revisions) would you make to improve the evaluators? | | | | | |
-

- | | Excellent | | | Poor | |
|--|-----------|---|---|------|---|
| | 5 | 4 | 3 | 2 | 1 |
| 7. How would you rate your Assigned Evaluator? | | | | | |
| a) What did you like best about your Assigned Evaluator? | | | | | |
| b) What did you like least about your Assigned Evaluator? | | | | | |
| c) What changes (additions, deletions, revisions) would you make to improve your Assigned Evaluator? | | | | | |
-

8. Location of Final Evaluation:

Date:

9. Additional Comments:

THANK YOU FOR YOUR INPUT