

Outdoor Emergency Care (OEC) Practical Skills Test Study Guide

Test Information

1. According to NSP guidelines, the following skills must be evaluated for each trainee:
 - a. Patient assessment and vital signs
 - b. Airway management, oxygen equipment
 - c. Bleeding management and bandaging
 - d. Fracture management skills for upper and lower extremities
 - e. Spinal motion restriction
 - f. Lifting, transport techniques moving a patient into a transportation device
 - g. Ski/snowboard boot and helmet removal
 - h. Medical emergencies (e.g., asthma, diabetes, heart attack, stroke, etc.)
2. The exam will consist of two scenarios and four skill stations.
 - a. Scenarios require trainees to perform an assessment (scene size up, primary assessment, history taking, secondary assessment, and reassessment), obtain vital signs, determine and provide the required emergency care and transport.
 - b. Skill stations require the trainee to perform specific skills, without requiring an assessment of the patient prior to treatment.
3. Trainees must achieve a score of at least 80% of the points assigned to the station AND all critical performance indicators (CPIs) must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely manner that does not compromise patient care.
4. Examples of a CPI include: initiate standard precautions, determine general impression of the patient, perform an assessment, use SAMPLE/OPQRST, expose the injury site, control life-threatening bleeding, measuring vital signs, request assistance and transport, properly insert an OPA/NPA, properly assemble oxygen tank, apply oxygen delivery device, and verify patient is receiving oxygen, properly demonstrate use of a pulse oximeter, properly care for a patient suffering from hypothermia, stabilize the bones above and below injury, perform spinal motion restriction when required, correctly measure and apply a cervical collar, secure torso and pelvis to backboard prior to securing head to long spine board, correctly apply a quick splint, sling and swath, traction splint, check CMS before and after splinting, reassess patient.
5. Trainees will be tested individually in each station.
6. The time allotted for each station will be based on the injury or illness and should reflect appropriate patient care, but cannot exceed 20 minutes.
7. Trainees may fail 50% of the practical exam and be able to retest the failed stations on the same day. However, if a trainee fails more than 50% of the stations, they must retake the practical exam on another day and must be completed within 90 days of the original exam.
8. Failure of any retested final practical exam station will result in failure of the entire OEC course and the trainee must retake another full OEC course.
9. Each scenario or skill station may only be retested once.

10. OEC challenge applicants may fail a maximum of one practical or one skill station and retest on the same day. Failure of more than one skill station or scenario will result in overall failure and the applicant will have to successfully complete the full OEC program. If a challenge applicant fails any portion of the retest, they must enroll in the full OEC course.
11. If a trainee requests assistance and equipment, it will be made available within a few minutes, however if the trainee does not request assistance, it will not be provided.
12. During the evaluation, trainees will not engage in discussion with evaluators or request help or feedback on their performance.
13. Evaluators may ask trainees to clarify their actions and does not necessarily indicate pass/fail criteria, but is used to help the evaluator determine care provided to the patient.

Trainee Tips

1. Wear a watch to measure vital signs.
2. Don nitrile gloves prior to patient contact for standard precautions.
3. Verbalize "The scene appears to be safe" and note any action required to make it safe.
4. Scenario stations require full patient assessments and treatments based upon the patient's injury or illness.
 - a. Introduce yourself and obtain consent to provide care (e.g., *Hello, My name is Jim and I am with ski patrol, may I help you?*)
 - b. Perform your primary assessment, expose the injury site, identify and treat life-threatening injuries/illnesses, measure pulse and respirations and verbalize your findings to the evaluator.
 - c. Write down information (e.g., patient age, vital signs, chief complaint, etc.) in a notepad or on your gloves for your report.
 - d. Radio for help: provide pt age and gender, approximate age, chief complaint, and location. Request appropriate equipment and assistance (e.g., oxygen, splint, long spine board, vacuum splint, c-collar, additional help, toboggan).
 - e. Remember to check for medical alert tags during secondary assessment.
 - f. Communicate with your patient throughout care (even if unresponsive), reassuring them you are helping to care for them.
 - g. Communicate effectively with your team using closed-loop techniques.
 - h. Be confident, decisive, and swift. You are in charge. Show the evaluator you recognize the problem and demonstrate proper care.
 - i. Do not simply tell the evaluator what you would do, perform the proper action.
 - j. If you are not sure you performed a proper action, go ahead and do it.
 - k. For head and neck injuries, demonstrate proper spinal motion restriction.
 - l. Check CMS before and after splinting, to include spinal motion restriction on a long spine board or vacuum splint.
5. Skill stations do not require a full assessment.
 - a. The trainee is told what the injury/illness
 - b. The trainee must properly check CMS
 - c. The trainee must select the proper equipment

- d. Ask for assistance, if required
- e. Properly treat the injury/illness
- f. Recheck CMS