



# EMS Evaluator Curriculum

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# Course Guide

## Background / Scope

This curriculum was developed by the EMS Education and Certification workgroup to provide a consistent minimum standard for state EMS evaluator courses.

The purpose of evaluator workshops is to teach methods and techniques to enable people to provide fair, reliable, objective practical skill evaluations while properly using evaluation skill forms identified by the Department of Health.

EMS evaluator workshops must be conducted by people experienced in EMS practical skill instruction, demonstration and evaluation, such as senior EMS instructors or other people approved by the medical program director.

Successful completion of an EMS evaluator workshop is required in order to function as an evaluator. EMS evaluators must be certified at or above the certification level of the people being evaluated. In 2006, the Washington State EMS Education Committee determined that while diversity in presentation techniques is appropriate, a minimum standard needed to be identified for these workshops.

In 2006 the curriculum was presented at the State Education TAC and June MPD conference. All MPDs present at this conference agreed on the following recommendations:

1. The only approved curriculum for initial EMS evaluator workshops will be the one available from the Department of Health. EMS evaluator workshops conducted from this time forward will all use this curriculum.
  - a. Additional information (local protocols, moulage, etc.) can be referenced but should not be included as a focus for the initial curriculum.
  - b. Additional subject matter could be offered during annual refresher training or other workshops that may be required locally.
2. All EMS evaluators must be evaluated and demonstrate competency prior to evaluating another person's ability to properly perform that same skill. As many of these evaluations as possible should be accomplished during an annual instructor or evaluator update.
3. Training facilities for CPR instructors offer quality education and training, which includes evaluation skills, those who are CPR instructors but not approved EMS evaluators may evaluate CPR skills.

## Presentation

There are photographs throughout the presentation. In most cases it doesn't matter who the people are. However, if the presenter thinks a local photograph would be more beneficial, please insert it.

Photographs may be changed, but the actual presentation should not be changed. It is recommended for liability purposes to obtain releases to use the pictures of any people you use. If there are areas where a presenter would do something differently, that information needs to be included in the post-course evaluation.

## **Objectives**

These are the individual objectives of the curriculum. Mastery of each of these objectives provides the foundation for the higher order learning that is expected of the entry level provider. The EMS evaluator course instructor and EMS evaluator student should strive to understand the complex interrelationships between the objectives. These objectives are not discrete, disconnected bits of knowledge, but rather fit together in a mosaic that is inherently interdependent. The objectives are divided into three categories: cognitive, affective, and psychomotor.

## **Participant Requirements**

Any currently certified EMS provider who has completed at least one certification cycle at or above the level of certification being evaluated is eligible to participate in the workshop.

## **Course Length**

Initial courses recommended length is eight hours, this may vary depending on number of students. An adequate amount of time should be allowed to meet course objectives and skill evaluations.

Renewal course recommended length is two to four hours, this may vary depending on number of students. An adequate amount of time should be allowed to meet course objectives and skill evaluations.

## **Course Completion Requirements**

1. Evaluator course participants must successfully complete all course objectives.
  - As many evaluations as possible should be accomplished during the EMS evaluator course.
  - EMS evaluators may evaluate only those practical skills (on other people) for which they have completed a successful evaluation.

## **Course Instructor**

EMS evaluator workshops must be conducted by people experienced in EMS practical skill instruction, demonstration and evaluation, such as senior EMS instructors or other people approved by the medical program director.

## **Course Application**

To conduct an EMS Evaluator course, submit a course application through an approved training program. The course application can be found on [here](#).

## **Educational Materials**

This curriculum is on the [DOH website](#). It can also be requested by contacting DOH Emergency Care System at 360-236-2840 or by sending an email to [HSQA.EMS@doh.wa.gov](mailto:HSQA.EMS@doh.wa.gov).

## **EMS Course Completion Verification (Graduation) Form**

The verification form should be completed by indicating all students enrolled in the class (whether they successfully completed or not) and submitted to the department. It can be found [here](#).

## **Certificate or Letter of Course Completion**

The lead instructor must document successful course completion prior to issuing a certificate of course completion. Certificate of completion must meet the requirements listed in DOH 530-126.

## **Initial EMS Evaluator Recognition**

1. Complete an initial EMS evaluator course.
2. Complete the EMS Evaluator Application, [DOH 530-012](#).
  - This application must be submitted to the MPD for recommendation and sent to the DOH for approval.

## **Renewal of EMS Evaluator Recognition**

1. Complete an EMS evaluator refresher course in-person or partial online renewal option; which can be found [here](#) on the DOH website during the 3-year recognition period.
  - EMS evaluators should participate in skills evaluations periodically to maintain proficiency in the techniques and methods of evaluation.
2. Complete an online renewal of EMS evaluator at the time provider renew their primary EMS certification or renew by submitting an application [DOH 530-012](#) to the department.

## **Evaluation Forms**

Evaluation forms are available for both the course and the instructor. The information obtained from these evaluation forms will assist course personnel in quality improvement efforts.

## **Instructional Needs**

1. Classroom large enough to allow for skills to be demonstrated or breakout rooms sufficient for the number of students.
2. Enough medical equipment based on class size to enable participants to demonstrate competence on all skills they will be asked to evaluate.
3. PowerPoint presentation and IT capability
4. Copy of local protocols (for student reference)
5. Copies of the following documents for each participant:
  - If participating in an MPD-approved OTEP that has skill sheets included with it, a copy of each of the skill sheets should be available for all participants
  - PowerPoint notes and/or “EMS Evaluator Course Curriculum”
  - Resource material available at [DOH Website](#) (NOTE: Always obtain these materials from the website so you are using the most current forms and materials).
    - [Education Requirements for the Recertification of EMS Personnel](#)
    - [EMS Instructor Manual](#)

- Related Forms:
    - EMS Skills Evaluator Workshop Course Roster
    - EMS Evaluator Application ([DOH 530-012](#))
    - Training, CME, and Skills Maintenance Documentation ([DOH 530-022](#))
  - The Uniform Disciplinary Act (UDA) (informational questions and answers)
  - Basic Moulage Techniques
  - Current department-approved skill sheets
  - Practical Evaluation Guidelines and Skill Sheets
6. Midway through the workshop there will be an opportunity for participants to practice evaluation techniques. The instructor should review that activity and be prepared to give instructions to the participants.

### **Who is Authorized by WAC to Perform EMS Skill Evaluations?**

1. A medical program director (MPD), or MPD-delegated training or supervising physician.
2. An MPD- and Department of Health-approved EMS evaluator, certified at or above the level of EMS certification being evaluated.
3. A qualified non-physician delegated by the MPD.
4. Instructors credentialed through nationally recognized training programs, although not approved as an EMS evaluator, i.e., CPR, ACLS, PHTLS, PALS, etc., when approved by the MPD. Evaluations of skills must use the nationally recognized training program's practical skill evaluations sheets.
5. Guest lecturers must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the MPD to instruct or evaluate EMS topics. An SEI (initial EMR or EMT classes) or EMS evaluator (for OTEP classes) should be present during the guest lecturer's presentation.

# EMS Evaluator Course Curriculum

## Workshop Goals

At the conclusion of the workshop, the evaluator candidate will:

### Cognitive Goals

- Identify resources for accurate information
- Know the difference between:
  1. Individual skills evaluations during an initial EMS course
  2. The comprehensive end of course evaluation
  3. OTEP practical skill evaluations
- Know how to apply for approval as an EMS evaluator
- List the components of a practical skills evaluation
- Understand legal considerations
- Discuss the role of the evaluator in EMS education
- Understand how to perform an objective skill evaluation

### Affective Goals

- Be aware of the importance of understanding the policies and procedures related to EMS education in Washington
- Participate in this class in a way that exemplifies a commitment to excellence when conducting practical skill evaluations

### Psychomotor Goals

- Demonstrate the ability to use practical skill evaluation sheets approved by the department as well as those which have been approved by the MPD to perform objective skill evaluations
- Demonstrate the ability to remediate a student who is having difficulty

## **Module 1 – Roles & Responsibilities of the EMS Educator/Evaluator**

### **Senior EMT Instructor**

- Responsible for initial emergency medical responder (EMR) and EMT training
- Not required for OTEP/CBT
- Prerequisites
  - EMS evaluator
  - DOT instructor course (or equivalent)
  - Mentoring
  - MPD recommendation and DOH approval
  - Examination

### **Instructor Requirements**

- EMS evaluator
- Competence as an instructor
- Knowledgeable in the topic content
- Approved by the MPD

### **EMS Evaluator**

- Responsible for evaluation of skills in initial EMR and EMT courses and OTEP
- Requirements
  - Complete at least one certification cycle and have recertified. Certification must be at or above the level of certification being evaluated
  - Complete approved EMS evaluator workshop
  - Application
  - MPD and DOH approval
  - CPR instructor highly recommended, but not required

### **Evaluating the Evaluator**

- Evaluators should demonstrate proficiency on any skill they will evaluate before performing the evaluation on another.
- Performing skill evaluations as an EMS evaluator does not meet the requirement to be competent in any skill for recertification purposes.
- Each EMS evaluator must perform each skill, be evaluated by another EMS evaluator, and determined successful in the performance of each skill to meet competency requirements for recertification.



## Module 2 – Administrative Issues

### Identify resources for obtaining information in Washington and local area

- [DOH](#)
  - State EMS/Trauma program staff –360-236-2842
  - Revised Code of Washington (RCW)
  - Washington Administrative Code (WAC)
  - EMS personnel certification applications and forms
  - EMS evaluator course roster and application
  - Senior EMS instructor qualification process and SEI examination
  - Policies, procedures and protocols (DOH and local)
- State staff, MPD, local SEIs, representatives to the local and regional EMS council, and local, regional and state committees

### Understand differences between an initial EMS course individual practical skills evaluation, an initial EMS course comprehensive end-of-course evaluation and an OTEP/CBT evaluation.

- Initial course evaluations and end-of-course practical skills evaluations
  - Practical skills evaluations are conducted during an initial EMS course using department-approved practical skill evaluation sheets.
  - End-of-course practical skills evaluations are conducted after all the individual skills have been successfully completed, using medical and trauma comprehensive end-of-course practical skill evaluation sheets.
    - Four scenario-based role-play stations with moulaged patients.
    - Evaluated as a team with a time limit.
    - Students are scored. No instruction or feedback is given.
    - No errors are allowed in the critical criteria section.

### Recertification Requirements

- CME and examination method
  - Under the direction of an SEI
  - Requires CME (hours dependent upon skill level)
  - Practical skills examination using department-approved practical skills sheets for the level of certification
    - Students are scored. No instruction or feedback is given.
    - Must demonstrate 100 percent of the critical criteria
  - Pass the written DOH certification examination with a score of 70 percent or better
- OTEP skills evaluation
  - Local direction. SEI not required
  - Department-approved or an alternate skill sheet approved for use by the MPD
  - An evaluation that is performed after the completion of the didactic portion of an OTEP module
  - Provides feedback to the EMS provider regarding the depth of skill mastery

- Each student must demonstrate individual proficiency
- Remediation and reevaluation are allowed – the goal is learning

### **Course paperwork and documentation after initial training or education for recertification**

- Initial courses
  - Graduation forms and course completion certificates for initial courses
  - People submit initial certification application and required documents
- Recertification
  - People submit recertification application and required documents
  - Retain verification of training for four years
- Training record retention requirements should be aligned with Washington State retention policies.

## **Module 3 – Legal Issues in EMS Education**

### **Understand legal issues related to EMS education and the importance of documenting evaluations, remediation, and other evidence of education and training**

- Liability
  - Falsification of documentation
  - HIPPA
  - Discrimination
  - Harassment
  - UDA
  - Incorrect information
  - Poor adherence to educational concepts
  - Not following the approved Washington State curricula
  - Not teaching to the approved standard of care
- Negligence
  - Not keeping or retaining proper records
  - Release of confidential information
    - The Family Educational Rights and Privacy Act of 1974 requires confidential storage of student records.
    - Instructors who routinely release student information to people other than the student might find themselves at risk for a lawsuit.
- Risk Management Considerations
  - Development of a course guide that includes:
    - Rules for course attendance, behavior
    - Course completion requirements
    - Policies and procedures
  - Evaluations help determine the effectiveness of teaching strategies

- Evaluations contribute to instructor performance evaluations
- Proper procedures to handle grievances
- Remediation documentation

## **Module 4 – The Evaluator is an Educator**

- Adult Learners
- Cone of Learning/Learning Styles from Edgar Dale
- Learning Styles
  - Visual/Spatial
  - Auditory
  - Verbal/Linguistic
  - Kinesthetic
  - Logical/Mathematical
  - Interpersonal
  - Intrapersonal
- Domains of Learning/Blooms Domains of Learning
  - Cognitive
    - Memorizing
    - Categorizing
    - Problem Solving
  - Affective
    - Receiving
    - Valuing
    - Organization
    - Behavior
  - Psychomotor
    - Imitation
    - Manipulation
    - The ‘whole-part-whole’ technique

## **Module 5 – Evaluation Techniques**

### **Why evaluate**

- Increase learning and improve performance
- Test learning
- Determine if a person meets the criteria to qualify for or retain certification
- Determine teaching effectiveness
- Gather information for decision making

### **Characteristics of Skill Evaluations**

- Know and watch for the critical errors
- Accept the fact that there is more than one way to do a task correctly
- Keep it positive
- Be fair and impartial
- Involve everyone
- Be objective
- Be consistent and reliable from one evaluation to the next
- Fair standards
- Avoid labeling students

### **Two types of Evaluation Techniques**

- Situational
- Rote

### **A Successful Evaluator**

- Ensures that the participant understands how, why and when to do a skill
- Doesn't give up on self or the student

### **Brainstorming Session**

- Traction Splint
  - Use the splint the students have available to them
  - Teach the ankle harness and it will enhance retention of the entire skill
  - Discuss which pieces of equipment require traction to be pulled
  - Discuss critical criteria
- Extrication
  - Rapid or cautious
  - Set up the scenario so the student will demonstrate what needs to be evaluated
  - Opportunity to teach alternative techniques (tricks of the trade)
  - Visual aid – A PVC pipe vehicle
- Open Extremity Wound
  - Don't always combine this with the traction splint. There are other extremities.
  - Good opportunity to discuss universal precautions
  - Consider forcing the students to improvise – such as might be required during a MCI

- Open Chest Wound
  - Scavenger hunt for occlusive dressings
  - Emphasize the gloved hand as the first dressing
  - Easy to create a portable open chest wound for those who have never seen one – Plumbers Putty, artificial blood and an Alka Seltzer
- Oxygen Therapy
  - Combine with other stations (See Medical Assessment ideas)
  - Give the student all the pieces unassembled
- BVM Ventilation
  - Let students ventilate each other.
  - Practice in the back of a moving ambulance – fun with a “Recording Annie.”
- CPR
  - EMS evaluator not required, may use CPR instructor.
  - In the dark with only the strobe from a vehicle for light.
  - On the move – while transferring a patient to the ambulance.
- Scenario Exercises
  - Must be prepared in advance. Moulage helps create the scene.
  - All parties need to know what is wrong with them and how to act.
  - What if the students do well? What if they make a mistake?
  - Have vital signs written in advance.
- Medical Assessments
  - Combine with oxygen therapy.
  - Ask every participant to be prepared to be a patient. One at a time a participant will evaluate one patient. Everyone watches multiple assessments and reviews multiple medical conditions.

The Goal of OTEP Evaluations is Learning

- Feedback should be given at the most appropriate time.
- Students who fail are allowed additional attempts.
- Evaluations should offer tricks of the trade.
- Watch for teaching moments.

Understand the importance of ethical standards in EMS evaluations.

## **Module 6 – Feedback**

### **Research into Feedback**

- Given readily, it produces better immediate post-training performance but poorer long-term retention of knowledge or skills.
- Given less frequently or in summary form, the performance is poorer immediately after training, but retention is improved.

### **Guides for giving feedback**

- Praise in public, punish in private.
- Provide feedback as soon as possible after an action.

- Use the “sandwich” technique (positive – negative – positive).
- Check for understanding in the message you send.
- Listen to what another is saying.
- Use open body language.

### **Feedback to Adult Learners**

- Encourage.
- Be a role model.
- Interrupt and correct wrong behavior in beginners before they master a wrong technique.
- Once mastery of skill has been obtained:
  - Do not interrupt skilled providers unless there is a safety issue.
  - Comment on timing and decision-making later.
  - Allow adults to develop their own style.
  - Allow advanced students to correct their own mistakes with only limited supervision.
- Ensure practice sessions end with a correct skill performance.

## **Module 7 – Remediation**

Remediation is a deliberate educational activity designed to correct deficits identified during formal and informal evaluations.

### **Systematic plan for remediation**

- Identify the problem
  - Understand the problem
  - Comment on what was done well
- Identify where the deficits came from
- Retrain the student
- Re-evaluate the student

## **Review – A Good EMS Evaluator**

- Understands the roles of an SEI, instructor and evaluator
- Uses accurate resources for information
- Knows how to perform the different types of evaluations
- Knows how to perform the skills
- Knows how to use the equipment
- Knows how adults learn
- Works professionally and always seeks self-improvement

## **Complete the Paperwork**

Course Evaluation  
Instructor Evaluation  
Evaluator Application

## **Module 8 – Hands on Practice**

### **Hands On – Practice Time**

- The class should be broken into groups of four. Four skills will be performed with two evaluators taking a turn performing one evaluation with department-approved skill sheets and one using a local form (if no local form, the department-approved form can be used twice). After one group has performed two evaluations, the teams should switch roles and the second group will evaluate the performances of the other team, again using each form. Teams being evaluated should make at least one error for remediation. Following each evaluation, the group will critique each evaluator.
- OPTIONAL ACTIVITY: The instructor could arrange for non-participating rescuers to perform skills. Coach them to make at least one critical error. The entire group should, individually, evaluate this team. The goal of this exercise is to offer an opportunity to discuss objectivity in evaluations. Once the evaluations are completed, compare the results. It would be appropriate to perform one evaluation as a group and one as described above. If this method is selected, an isolated department-approved skill sheet should be evaluated as a group and a scenario-based skill should be evaluated by teams.

## **Appendices**



# Basic Moulage

## A Summary of Techniques and ideas

By Geri Chumley

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### Abrasions

Place a little red and a little brown or black on a pot scrubber. Drag it across the area where the abrasion is required. An alternate method is to mix red food coloring into baby powder to create a thick, pasty mixture, and drag a comb through the mixture. Apply makeup to the knuckles, if an altercation is being simulated.

### Amputations

It is easy to find artificial body parts at Halloween. To simulate an amputation of a hand or foot, pull the sleeve or leg of the shirt or pants over the extremity. Seal the garment and apply blood to the edge. Full extremities amputations can be simulated by placing the arm inside the body of the shirt, or both legs in one pant leg.

### Black Eyes

Only blue and black colors are needed. Put a little blue around the eye, followed by the black.

### Blood

Blood, which is safe to use in the mouth, but which might stain the skin, can be created with red food coloring and Karo syrup. To create blood with a variety of degrees of coagulation, create it by mixing corn starch and water and bringing to a boil. Arterial blood (bright red) requires only red food coloring. Venous blood (which has a blue tinge) should have a few drops of blue food coloring added to the red. Thick blood which can be used to simulate nose bleeds, bleeding from the ears or eyes, or blood clots if mixed by stirring into baby powder.

### Bruise

While this is not a life-threatening medical problem, it is often an effect which gives dramatic realism to a practice scenario. It is created by applying a light coat of red, blue and yellow. Begin with either the yellow or white, followed by the blue and then red around the outside. Each color should be blended separately, pulling the color from the middle to the outside. Use caution with the red, a little really does go a long way. If trying to simulate old wounds, skip the red and add a little green.

### Burns

**First degree** burns are simply red skin. As a courtesy to the “victim”, be sure to apply some face cream before the red color. **Second degree** burns are highly inflamed and have blisters and oozing bodily fluids. Create this image by applying liquid latex (glue) and allowing to dry. Begin with red color to the entire area being simulated. Add blisters by covering petroleum jelly with a single ply tissue. Smooth the tissue into the Vaseline. Sprinkle or blow a small amount of charcoal powder around the edges. An alternate method is to apply Elmer’s glue to the burned area. After it has dried, (use a blow drier to speed up the drying) use color to create the desired effect. Note: If using the Elmer’s glue method, do not apply face cream before the glue. One last alternate technique is to first apply the redness, then put Vaseline on top of the color and cover it with a single lay of tissue paper or Kleenex. However, if the “patient” is likely to get hot, the Vaseline may melt, and the burn slide off. This can be prevented by carefully applying a layer of Elmer’s glue over the entire burn and allowing it to dry, then adding the additional colors which are required. A peeling burn can be created by lifting the edges of the glue. **Third degree** burns are a mixture of first and second combined with black lacerations. Begin by applying the redness. Highlight smoldering vessels with a make-up pencil. Darken around the edges of the burn by flicking charcoal over the area with cotton balls or a brush. This burn will appear a reddish-purple and may also include charred and peeling skin.

### **Dislocations or Closed Fractures**

Apply plumber's putty and match the skin color with make-up. Bruising and discoloration can be added as appropriate. This patient may also be in shock. Take the victim's shoe off, pad the sock with gauze to simulate the angulation. Put the shoe back on, but at the angle required to create the desired effect.

### **Fractures (Open)**

After creating a laceration, place a broken chicken bone or pieces of tic-tac candies in the wound. Pull the wax away from the bones to simulate torn skin. Apply blood to the jagged edges of the bone.

### **Impaled Object**

Cut the end which would be inside the skin off. Bury the remainder of the object in mortician's wax or plumber's putty. Add bruise colors and a little blood. Pencils, glass, nails, sticks and arrows are commonly impaled objects. Objects such as knives, screws, bolts, etc. can be welded onto metal plates which can be taped to skin. A little blood around the hole in the clothing gives a very realistic appearance.

### **Laceration**

A laceration is likely to expose bone, muscles and tendons. The amount of blood lost will determine the degree of shock which should be simulated. A simple laceration can be created by using a black eyebrow pencil to make a line the length of the desired laceration. Red can be smoothed in, around the edges of the black, with a Q-tip or knife. A more realistic approach is to apply a layer of latex glue to the selected area. Allow the glue to dry. Using mortician's wax or plumber's putty, (work it in your hands to soften) mold it to the area, smoothing edges so that they blend with the skin (again, cold cream will make it easier to smooth). Cover with liquid makeup. Using a sharp object, cut an even slit into the wax or putty. Put some skin tone into the wound and apply bruise coloring around the wound. Complete the effect by applying blood, allowing some to drip down the skin. To make the wound appear deep, put some black grease into the bottom of the wound first.

### **Open Chest Wound**

Create a small laceration; put a piece of an Alka Seltzer or some Alka Seltzer powder into the blood.

### **Pregnant Woman**

A pillow will not stay inside the clothing unless it is anchored. Be sure to include safety pins as a part of the moulage supplies. Remember that a pregnant woman will often have an increased blood pressure and may have swollen ankles.

### **Rigid Abdomen**

A piece of tag board, cut and placed inside the victim's swimming suit, will give the feel of a rigid abdomen.

### **Shock/Death**

A patient in shock will usually have a pale face with cyanosis on the lips and ears; and beads of perspiration on the face and possibly on the arms. To simulate shock, apply a light coating of white base makeup and set it with a neutral powder. An option is to use face cream and apply baby powder which has a small amount of charcoal in it. The powder is easily applied with a clean paint brush. To create diaphoresis, spray a mixture of 1/2 water and 1/2 glycerin, (available from most pharmacies) to the forehead and upper lip area.

### **Swelling**

Mortician's wax or plumber's putty (which is available at most hardware stores) can be applied to almost any area of the skin. It will stick best if applied to dry skin. It needs to stay on for quite a while, apply a layer of latex glue and let it get almost dry before applying the putty. Add coloration as needed to simulate the particular injury.

## **Teeth**

White “Tic Tac” candies simulate broken teeth. Bleeding can be added by combining a blood capsule (or artificial blood); and frothing blood can be created by adding some Alka Seltzer. Chicklet gum also looks like teeth. Lost teeth can be simulated by using black wax and placing it on the teeth which should be missing. If this is the result of a trauma, some blood would be expected to be found on the teeth on each side of the one(s) which are missing.

## **Vomitus**

If it is necessary to have the patient vomit, put soup in the patient’s mouth prior to the beginning of the drill.

## **After the Drill is Over – Clean up Supplies are Necessary**

Paper towels, Kleenex, cotton balls, make-up remover, soap and water, alcohol and lots of clean wash cloths and towels are all useful after the drill is over.

## **Where to get Supplies**

Everywhere, on the day after Halloween, and the prices are best then, too! Yard sales, any time!

Ben Nye Moulage (310-839-1984  
5935 Bowcroft Street; Los Angeles, CA 90016

Tribout’s Traumatic Technologies (618-234-7606)  
1711 West Main St., Belleville, IL 62223

Special Effect Supply  
[http://www.fxsupply.com/bn\\_catalog/bn\\_index.html](http://www.fxsupply.com/bn_catalog/bn_index.html)

## EMS Evaluator Workshop – Instructor Evaluation

Name (Optional):			Date	
Instructor:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Course Location:				
Course Level	EMR <input type="checkbox"/>	EMT <input type="checkbox"/>	AEMT <input type="checkbox"/>	Paramedic <input type="checkbox"/>
Was the instructor on time and prepared for the class?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the instructor knowledgeable?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the instructor present the lecture material in a manner that was clear and understandable?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this instructor use teaching techniques that were effective for you?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Identify:				
Does this instructor have mannerisms that you find distracting?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Identify:				
Elaborate on any advice you would give this instructor to improve his/her teaching style.				
Did you interact with this instructor during the skills portion?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the instructor competent in the demonstration (performance) of skills discussed or demonstrated?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elaborate on any advice you have for this instructor about things that could be done to improve his/her ability to work with evaluator workshop participants during the skills portion.				
Share your suggestions as to how this instructor could improve his or her ability to effectively teach the Evaluator Workshop?				

## EMS Evaluator Workshop – Course Evaluation

Name (Optional):		Date	
Instructor:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Course Location:			
Do you think this workshop will prepare you to be able to perform skill evaluations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, what would be helpful?			
Were there subject areas that you feel were not included or that should be expanded?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please elaborate:			
Was there subject matter that should be deleted or minimized?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please elaborate:			
Are the handouts useful?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please elaborate:			
Did you receive sufficient instruction and “hands on” time to feel comfortable performing a skill evaluation, remediation or simply helping another person to learn a skill?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please elaborate:			

## Evaluator Objective Quality Improvement Record

### “Peer Evaluation”

#### Instructions

Use the form below and evaluate the ability of a currently approved EMS evaluator to conduct an EMS ongoing training and evaluation program (OTEP) skills evaluation.

Discuss the results, sign and date the form, and give it back to the EMS evaluator for his or her personal records. He or she should also sign. This process should be completed one time per certification cycle at a time other than an instructor or evaluator workshop.

	Unsatisfactory			Adequate			Superior			
	1	2	3	4	5	6	7	8	9	
1. PRELIMINARY: Did not set up the student to succeed by giving clear preliminary instructions.										1. Clear, concise instructions given prior to beginning the scenario.
2. MEDICAL KNOWLEDGE Just referred to the skill sheet and checked off the participant.										2. Understood the cognitive, affective and psychomotor aspects of the skill.
3. OBJECTIVITY: Was not attentive during the skill. Had determined in advance how the student would perform.										3. Paid close attention to details. Able to give an individual and/or a team good feedback based on the actual performance.
4. KNOWLEDGE GAINED: No explanation, summary, tricks of the trade or review of the performance given.										4. Each participant is a better provider because of the after-scenario critique conducted by the evaluator.
5. REMEDIATION: There was no plan for remediation if necessary. The evaluator was not prepared to have anyone need additional help.										5. The evaluator had a plan for remediation and was prepared to handle such an event in a manner sensitive and supportive to the provider.

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Peer Evaluator

Date of Evaluation

EMS Evaluator

## References

[Washington State DOH EMS Education Requirements](#) (WAC 246-976-161)

[Education Requirements for the Recertification of EMS Personnel](#) (Guidelines)

Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) BLS Skill sheets

[2002 National Guidelines for Educating EMS Instructors](#)

Teaching EMS by Catherine A. Parvensky

Instructional Methods in Emergency Services by William D. McClincy