

EMA Licensing Board – ACP Practical Examination Grading Criteria

Marking Deduction System

The Practical Evaluation Grading Form is a standardized document that will be used to capture candidate performance on practical evaluations. This form uses a percentage-based marking criterion to evaluate candidate performance based on the criteria described in this reference manual.

Candidates enter each practical evaluation with 100%. The deductions are taken from each component or criterion where deficiencies are noticed and documented. Criteria are weighted according to both the severity and relevance of their impact in the scenario.

The criteria are grouped in to 3 categories.

Major Deficiency***

- Failing to perform a skill or task when indicated by patient presentation.
- Failing to meet the standards required of the skill.
- Performing an indicated skill or task with multiple or gross errors regardless of the outcome to patient care.
- Performing a non-indicated skill to the detriment of patient care either directly or by cause of delay.
- Incorrect sequencing of skills or tasks resulting in detriment to patient care.

Moderate Deficiency**

- Performing an indicated skill or task with single or minor errors with the potential to be detrimental to patient care.
- Performing a non-indicated skill with the potential to be detrimental to patient care either directly or by delay.
- Incorrect sequencing of skills or tasks not resulting in detriment to patient care.
- Performing skills or tasks detrimental to staff, patient, and other safety but without detriment to patient care.
- Failure to provide critical information in a record or report.

Minor Deficiency*

- Performing an indicated skill or task appropriately but with insufficient evidence to justify the action.
- Performing a skill or task with single or minor errors without detriment to patient care.
- Failure to provide non-critical but pertinent information in a record or report.

Key Performance Standards

When evaluating candidates, evaluators should focus on the concept of “outcome-based” performance. Outcome-based performance identifies key performance criteria that the candidate should demonstrate to effectively assess, manage, or treat a patient.

The following pages summarize the marking and grading criteria that will be used for practical evaluations. To ensure provincial consistency, all Evaluators must use the Marking and Grading Guide when determining candidate performance.

It is important to note that, although the Marking and Grading Guide provides examples of the type of errors common to each criterion, the list is by no means exhaustive, and Evaluators are expected to ‘round table’ based on the key performance standards noted above.

Clarification: Where an Evaluator is unsure whether a candidate has missed or appears not to have heard or understood a piece of information, it is recommended that the Evaluator have the candidate repeat the information back to ensure it was heard and understood. For example, “I provided you with information about what you saw when you exposed the chest. Can you please repeat it back to me?”

Progressive Goals

There are three areas in which evaluators can assess overall candidate performance:

- 1) Overall Call Management
 - a. Assesses candidate’s ability to demonstrate efficient and effective assessment and management of the flow and organization of the call.
- 2) Sequencing
 - a. Assesses candidate’s ability to demonstrate overall efficiency in the effective assessment, treatment, and management of the patient.
- 3) Overall Patient Care
 - a. Assesses candidate’s ability to demonstrate patient-centred care with a focus on patient safety.

Scene Assessment (SA)

Rescue Scene Evaluation

ACP	5%	3%	1%
Hazards, Env., MOI, # of patients	<ul style="list-style-type: none"> Fails to recognize hazards that may result in harm to the paramedic team or the patient 	<ul style="list-style-type: none"> Performs a SA with some components late, or evaluated after beginning patient assessment and/or Performs a SA with one or more components missed and/or Performs SA with minor deficiency in three or more components	Performs SA with minor deficiencies in one or two components

Personal Protective Equipment (PPE)

ACP	5%	3%	1%
Gloves, goggles, and mask	<ul style="list-style-type: none"> Fails to don ANY PPE when needed prior to assessing the patient and/or Does not verbalize that they would don PPE when required	Fails to don AN appropriate item of PPE when required given the MOI. (e.g., not verbalizing would wear mask with infectious respiratory patient)	Dons PPE with incorrect technique

Primary Survey

ACP	100%	25%	5%
Approach and Complete Assessment	Fails to complete an adequate ACP primary survey assessment consisting of LOC D-Spine Airway Breathing Circulation RBS Skin Which may result in patient harm or death	Fails to complete a major component of the primary survey adequately which may result in harm or death to the patient	Fails to complete a component of the primary survey that would likely not result in patient harm

ACP	15%	5%	3%
Patient Position	<ul style="list-style-type: none"> Does not position the patient into the appropriate position at any time during the initial assessment which may result in patient harm and/or Positions the patient incorrectly detrimental to patient care 	<ul style="list-style-type: none"> Positions the patient incorrectly with the potential to be detrimental to patient care 	<ul style="list-style-type: none"> Positions the patient into the appropriate position but there are minor deficiencies in the technique (e.g., did not support or assist the patient during any movement)

Primary Survey

ACP	100%	15%	3%
Critical Interventions	<ul style="list-style-type: none"> 100% deduction for critical interventions during the primary survey that would result in patient harm or death <p>Eg. Failure to manage an airway, failure to control massive hemorrhage</p>	<ul style="list-style-type: none"> Interventions that are not adequately performed and may result in harm to the patient <p>Eg. Failure to appropriately re-align a patient fracture adequately</p>	<ul style="list-style-type: none"> Deduction if candidate intervenes on all life-threatening conditions found during the Primary Survey but they are performed with minor deficiencies (e.g., unnecessary injury aggravation while applying a pressure dressing)

Comments:

- If candidate has to perform more than one Critical Intervention, then marks can be deducted for each, but this would need to be clearly documented under the Comments section of the Evaluation form
- Because the simulated patients may not accurately depict life threatening conditions, the evaluator may have to prompt the candidate to demonstrate how he/she would expose and assess injuries/conditions. No deductions should be made if the error is caused by the patient

Transport Criteria

ACP	15%	10%	3%
Transport Decision	<ul style="list-style-type: none"> Fails to place the patient in the correct category (Priority or Non-Priority - Medical/Trauma) at the end of the initial assessment and treats as such detrimental to patient care and/or Makes decision to transport a patient as Priority prior to treatment potentially detrimental to patient care 	<ul style="list-style-type: none"> Delay in transport for non-priority items 	<ul style="list-style-type: none"> Places the patient in the correct category without sufficient assessment to justify the decision
<p>Comments:</p> <ul style="list-style-type: none"> Depending on the scenario the candidate may need to obtain more patient history and possibly vital signs before being able to make a decision regarding RTC/non-RTC. No deductions should be made if this is the case. If the candidate is required to perform ACP applicable protocols, then the decision between stable and unstable may change accordingly. 			

History

ACP	25%	10%	3%
Patient History	<p>Failure to complete a sufficient patient history prior to implementation of ACP treatments including:</p> <ul style="list-style-type: none"> C/C Hx of C/C PMH Medications Allergies <p>That may result in significant harm or death to the patient</p>	<ul style="list-style-type: none"> Failure to complete a sufficient history prior to implementation of ACP treatment that has the potential for patient harm prior to implementation of ACP treatment. 	<ul style="list-style-type: none"> Obtains and inaccurate history that is unlikely to result in patient harm

Vital Signs

ACP	15%	5%	3%
	<ul style="list-style-type: none"> Fails to complete the required vital signs prior to implementation of an ACP treatment that would result in patient harm 	<ul style="list-style-type: none"> Fails to complete a full set of vital signs including: <ul style="list-style-type: none"> GCS HR RR SPO2 B/P Skin Pupils Temperature 	<ul style="list-style-type: none"> Incorrectly performs the assessment of vital signs in one category

Functional Enquiries

ACP	15%	3%	1%
	<ul style="list-style-type: none"> Fails to complete a functional enquiry when possible 	<ul style="list-style-type: none"> Misses components of the functional enquiry 	<ul style="list-style-type: none"> Missing information available during the functional enquiry
<p>Comments:</p> <ul style="list-style-type: none"> If the Focused Assessment is not done due to a lack of available history, or unresponsive patient (unable to answer correctly), no deduction should be made. 			

Physical Examination

ACP	15%	3%	1%
Physical Examination	<ul style="list-style-type: none"> Fails to complete a physical examination prior to implementation of ACP treatment that would result in patient harm or death 	<ul style="list-style-type: none"> Fails to complete a physical examination prior to ACP treatment that is unlikely to cause patient harm. 	<ul style="list-style-type: none"> Missing components of the physical exam that are unlikely to cause patient harm

Progressive Goals

ACP	15%	5%	3%
Overall Call Management	<ul style="list-style-type: none"> Does not manage the simulation effectively or efficiently: including not using additional resources causing excessive delays, or not communicating with patient, partner, or bystander that would have benefitted patient care. Displays poor management and indecisiveness, does not display sufficient control or direction throughout the simulation detrimental to patient care or outcome (e.g. excessive delays spent locating equipment) 	<ul style="list-style-type: none"> Manages the simulation to the desired outcome but with moderate deficiencies in call management. (e.g. little to no communication with patient, partner or bystanders, poor decision making, indecisiveness) 	<ul style="list-style-type: none"> Manages the simulation to the desired outcome but with minor deficiencies (e.g. neglected to inform patient on one or two procedures that were occurring, minor communication errors or indecisiveness)
<p>Comments:</p> <ul style="list-style-type: none"> The candidate should display appropriate call management for the complexity of the simulation, and patient presentation. The candidate should display appropriate stress management and communication to facilitate the simulation to the desired outcome. This component should be used to capture errors not captured elsewhere. 			

Progressive Goals

ACP	100%	25%	10%
Overall Patient Care	<ul style="list-style-type: none"> Performs an act that may jeopardize the life of the patient that is not already captured in the major performance criteria and/or Displays behaviour that is unacceptable towards the patient (e.g. un-ethical remarks or inappropriate behaviour) Candidate fails to perform an act that may jeopardize the life of the patient that is not already captured in the major performance criteria 	<ul style="list-style-type: none"> Performs an act that could aggravate the patient's condition or injury that is not already captured in the major performance criteria (e.g. excessively bumping a fractured leg which causes gross movement and pain) Displays poor regard for patient care (e.g. gross delay in recognizing a decline in patient presentation, or ignoring voiced complaints from a patient) 	<ul style="list-style-type: none"> Performs an act with minor deficiencies that is not listed in the major performance criteria Repeated questioning not detrimental to patient care (does not listen to the patient requiring repeated investigation/history)
<p>Comments:</p> <ul style="list-style-type: none"> Deductions within this performance criterion should only occur if the candidate's performance can not be captured elsewhere. The candidate should always display respect and professionalism towards the patient. It is expected the candidate will treat the patient as real as possible and act as such throughout the evaluation. If candidate has to perform more than one Critical Intervention, then marks can be deducted for each, but this would need to be clearly documented under the Comments section of the Evaluation form Because the simulated patients may not accurately depict life threatening conditions, the evaluator may have to prompt the candidate to demonstrate how he/she would expose and assess injuries/conditions. No deductions should be made if the error is caused by the patient 			

Skills and Treatments

ACP	25%	10%	3%
All ACP skills performed	<ul style="list-style-type: none"> Performs the skill with gross incompetence and/or with two or more errors that would result in patient harm or death 	<ul style="list-style-type: none"> Performs the skill with an isolated error with the potential to be detrimental to patient care 	<ul style="list-style-type: none"> Performs the skill with an isolated error not detrimental to patient care
Comments: <ul style="list-style-type: none"> If a skill is not performed the candidate may not be marked down for the performance of that skill. Instead, a deduction should be made in overall patient care. Deductions in this section must not include airway issues previously resulting a decrease in marks 			

Skills and Treatments

ACP	25%	15%	5%
Drug Administration	<ul style="list-style-type: none"> Performs the skill with gross incompetence and/or with two or more errors Administers a medication by the incorrect route That would result in patient harm or death 	<ul style="list-style-type: none"> Performs the skill with an isolated error with the potential to be detrimental to patient care 	<ul style="list-style-type: none"> Performs the skill with an isolated error not detrimental to patient care
Comments: <ul style="list-style-type: none"> If a skill is not performed the candidate may not be marked down for the performance of that skill. Instead, a deduction should be made in overall patient care. 			

Protocols

ACP	100%	25%	5%
Protocols	<ul style="list-style-type: none"> Initiated protocol without proper indications (e.g. patient is not DLOC) That is likely to result in significant patient harm or death 	<ul style="list-style-type: none"> Performs the protocol with isolated error with potential to be detrimental to patient care 	<ul style="list-style-type: none"> Minor protocol violations that would be unlikely to result in patient harm
Comments: <ul style="list-style-type: none"> Protocols should be referenced as per the EMALB Examination Guidelines. 			

Records and Reports – Notification

ACP	5%	3%	1%
Notification	<ul style="list-style-type: none"> Fails to notify the hospital at any time for a critical patient Report given with gross deficiencies 	<ul style="list-style-type: none"> Failure to provide critical information potentially detrimental to patient care (e.g. not reporting ventilating the apneic patient) Fails to notify the hospital at any time for a non-critical patient Delay in notification of a critical patient potentially detrimental to patient care Notification is disorganized 	<ul style="list-style-type: none"> Failure to provide non-critical information in a record or report Notifies with inaccuracies not detrimental to patient care
Comments: <ul style="list-style-type: none"> A hospital notification should include: the patient's age and gender, the patient's chief complaint, the mechanism of injury if applicable, the history of chief complaint, patient vital signs, any treatments/protocols given, and relevant physical findings. 			

Records and Reports – Hand-Off Report

ACP	10%	5%	3%
Hand-off Report	<ul style="list-style-type: none"> Fails to provide a report and/or is unsure how to provide a handover report Report given with gross deficiencies 	<ul style="list-style-type: none"> Fails to provide critical information in a record or report potentially detrimental to patient care Report is disorganized 	<ul style="list-style-type: none"> Failure to provide non-critical information in a record or report Reports with inaccuracies not detrimental to patient care
<p>Comments:</p> <ul style="list-style-type: none"> A verbal hand-off report should include: the patient’s age and gender, the patient’s chief complaint, the mechanism of injury if applicable, the history of chief complaint, patient initial and final vital signs, medical history, patient medications, patient allergies, any treatments/protocols given, and relevant physical findings 			

Records and Reports – Documentation

ACP	10%	5%	3%
Documentation	<ul style="list-style-type: none"> deduction if the candidate does not submit a PCR corresponding to the evaluation simulation deduction if the candidate submits a PCR but it is illegible 	<ul style="list-style-type: none"> deduction if the candidate misses significant data fields that are relevant to the simulation (e.g., missing three or more data fields) deduction if the data entered does not match what occurred in the simulation (e.g., medications and allergies don’t match between the scenario and the documentation) 	<ul style="list-style-type: none"> deduction if the candidate submits a PCR but it contains minor deficiencies (e.g., missing one or two data fields that are relevant to the simulation)
<p>Comments:</p> <ul style="list-style-type: none"> The evaluator may have to remind the candidate to complete the PCR – this documentation should be provided to the evaluator before the next scenario begins. When reviewing the PCR the focus should be on the patient’s History (C/C, HxC/C, Past Med. Hx, Medications, and Allergies), Vital Signs, treatments, and relevant findings. 			