



CLINICAL LAB INSTRUCTOR (CLI) COURSE REQUIRED PRACTICAL EXAM PRESCREENING STATIONS:

Station 1 -

- Patient Assessment (either trauma or medical) as outlined in NYS Basic Practical Skills Administrative (PSA) Manual

Station 2 -

- Bag-valve-mask usage on both a simulated trauma patient and on a simulated non-traumatic patient

Station 3 -

- Demonstration of 2 random skills from the following list:
 - Demonstrate measurement and application of a correct size c-collar
 - Demonstrate the correct insertion technique for an oropharyngeal airway in an infant.
 - Demonstrate obtaining a pedal pulse and performing neurological checks on a foot
 - Demonstrate one technique for immobilizing a painful deformed upper arm
 - Demonstrate assisting with the administration of nitroglycerine and the ongoing assessment for the patient
 - Demonstrate the Initial Assessment of a conscious patient with respiratory difficulty
 - Demonstrate an abdominal assessment in the Detailed Physical Exam
 - Demonstrate obtaining a carotid pulse

For the Patient Assessment (trauma or medical) and BVM usage on a non-traumatic patient – use the sheets provided in the NYS Basic PSA Administrative Manual.

For the demonstration of the BVM on a traumatic patient and for the random skills listed, use the sheets on the following pages.



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

BAG-VALVE-MASK APNEIC TRAUMA PATIENT

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points: Possible	Awarded
Takes or verbalizes BSI	C	
Takes spinal stabilization	C	
Opens the airway	1	
Directs assistant to inserts an airway adjunct	1	
Directs assistant to selects appropriately sized mask	1	
With assistant, creates a proper mask-to-face seal	1	
Maintains mask seal and spinal stabilization	C	
Directs assistant to ventilate the patient while the candidate controls the mask, airway, and spinal stabilization	1	
Assures ventilation of the patient at no less than 800 ml volume (The examiner must witness for at least 30 seconds)	C	
Candidate directs ventilation of the patient prior to connecting supplemental oxygen	C	
Directs assistant to connects reservoir and oxygen	1	
Directs assistant to adjust liter flow to 15 liters/minute or greater	C	
Reopens the airway maintaining spinal stabilization	C	
Creates a proper mask-to-face seal	1	
Maintains mask seal and spinal stabilization	C	
Directs assistants to resume ventilation at proper volume per breath (The examiner must witness for at least 60 seconds)	1	
Did not allow interruption of ventilation for more than 20 seconds	C	
Allows for adequate exhalation	C	
Patient ventilated without spinal compromise	C	
Candidate must complete the station within the 5 minute time limit	C	

Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.

Total to pass 6 Total 8

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

MEASUREMENT & APPLICATION of EXTRICATION COLLAR

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points: Possible Awarded

Comments	Points	Possible	Awarded
<i>Takes, or verbalizes, body substance isolation precautions</i>	C		
<i>Directs assistant to place and maintain head in the neutral in-line position</i>	C		
Reassesses motor, sensory and circulatory function in each extremity	1		
Measures patient for extrication collar	1		
Matches measurement to appropriate extrication collar	1		
Tightens collar & secures in place	1		
<i>Appropriate size collar applied to the patient</i>	C		
Reassesses motor, sensory and circulatory function in each extremity	1		
<i>Patient was not manipulated or moved excessively, to cause potential spinal compromise</i>	C		
<i>Upon completion of application, head is in the neutral position</i>	C		
<i>Candidate must complete the station within the 5 minute time limit</i>	C		

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.
Total to pass 3 Total 5

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

OPA INSERTION IN AN INFANT

Pass _____
Fail _____

Please Print

Candidate _____
 Examiner _____ Initials _____
 Date _____ Start Time _____ Stop Time _____

Comments	Points: Possible	Awarded
<i>Takes, or verbalizes, body substance isolation precautions</i>	C	
Selects appropriately sized airway	1	
Measures airway	1	
<i>Uses tongue-blade to depress tongue</i>	C	
Inserts airway without pushing the tongue posteriorly	1	
Note: The examiner must advise the candidate that the patient is gagging and becoming conscious		
Removes the oropharyngeal airway	1	
<i>Candidate must complete the station within the 5 minute time limit</i>	C	

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 4

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

PEDAL PULSE & NEURO CHECKS ON A FOOT

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points: Possible	Awarded
<i>Takes or verbalizes BSI</i>	C	
Places tips of two or more fingers on pulse point	1	
Compresses pulse without completely occluding blood flow	1	
Counts pulse for 15 seconds and multiples x 4	1	
<i>Reports pulse rate within 10 BPM</i>	C	
Reports pulse quality	1	
<i>Determines movement in foot</i>	C	
<i>Determines sensation in foot</i>	C	
<i>Candidate must complete the station within the 5 minute time limit</i>	C	

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 4

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

UPPER ARM IMMOBILIZATION

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points: Possible Awarded

Comments	Points	Possible	Awarded
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"			
Measures the splint	1		
Applies the splint	1		
Immobilizes the joint above the injury site	C		
Immobilizes the joint below the injury site	C		
Secures the entire injured extremity	1		
Immobilizes the hand/foot in the position of function	1		
Reassesses motor, sensory and circulatory function in the injured extremity	C		
Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"			
Candidate did not grossly move the injured extremity	C		
Candidate must complete station within 10 minute time limit	C		

Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.

Total to pass 4 Total 5

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

NITROGLYCERIN ADMINISTRATION

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points:	Possible	Awarded
Takes or verbalizes BSI	C		
Confirms patient exhibits signs/symptoms of chest pain	C		
Confirms nitroglycerine is prescribed for patient	C		
Confirms standing order for assisted administration	1		
Establishes patient's BP greater than 120mmHg systolic	C		
Determines no contraindications are present	C		
Checks expiration date	1		
Checks medication name	1		
Questions patient about last administration and effects	1		
Directs patient on administration route	C		
Assists patient with administration	1		
Records administration time	1		
Recheck BP within 2 minutes	C		
Questions patient about effects of this administration	1		
Repeats QRS in OPQRST questioning	1		
Records effects of administration	1		
Verbalizes repeat administration up to maximum dose q 3-5 minutes	1		
Candidate must complete the station within the 10 minute time limit	C		

Note: Candidate must complete all critical criteria and receive at least 7 points to pass this station.
Total to pass 7 Total 10

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

INITIAL ASSESSMENT ACUTE RESPIRATORY DIFFICULTY

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points: Possible	Awarded
<i>Takes or verbalizes BSI</i>	C	
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life threats	1	
Airway and breathing		
<i>Assesses and maintains airway</i>	C	
<i>Initiates appropriate oxygen therapy</i>	C	
<i>Assures adequate ventilation</i>	C	
Circulation		
<i>Assesses/controls major bleeding</i>	C	
<i>Assesses pulse</i>	C	
<i>Assesses skin (color, temperature and condition)</i>	C	
<i>Assesses airway breathing & circulation prior to focused history/physical exam</i>	C	
<i>Identifies priority patients/makes transport decision</i>	C	
<i>Candidate must complete the station within the 2 minute time limit</i>	C	

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.

Total to pass 3 Total 3

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

DETAILED PHYSICAL EXAM - ABDOMEN

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points:	Possible	Awarded
<i>Takes or verbalizes BSI</i>	C		
Exposes abdomen	1		
<i>Visually inspects abdomen for signs of injury</i>	C		
<i>Palpates entire abdomen</i>	C		
Reports abdomen quality	1		
<i>Calls for treatment of all injuries identified according to NYS Protocol</i>	C		
<i>Candidate must complete the station within the 5 minute time limit</i>	C		

Note: Candidate must complete all critical criteria and receive at least 2 points to pass this station.
 Total to pass 2 Total 2

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremSCO.org

NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

CLI Candidate Screening Skill Examination

CAROTID PULSE CHECK

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Comments	Points:	Possible	Awarded
<i>Takes or verbalizes BSI</i>	C		
Places tips of two or more fingers on pulse point	1		
<i>Compresses pulse without completely occluding blood flow</i>	C		
Counts pulse for 15 seconds and multiples x 4	1		
<i>Reports pulse rate within 10 BPM</i>	C		
Reports pulse quality	1		
Checks pulse on same side as candidate is positioned	1		
<i>Does NOT check both sides at the same time</i>	C		
<i>Candidate must complete the station within the 5 minute time limit</i>	C		

Note: Candidate must complete all critical criteria and receive at least 3 points to pass this station.
 Total to pass 3 Total 4

COMMENTS:

Evaluator 1: _____

Evaluator 2: _____

Victim/ Assistant: _____

Please print.

STATION
1

**PATIENT ASSESSMENT
MANAGEMENT –
TRAUMA**

Pass _____
Fail _____

Candidate _____
Examiner _____ Initials _____
Date _____ Start Time _____ Stop Time _____

		Points:	Possible	Awarded	Comments	
SCENE SIZE-UP	Takes, or verbalizes, body substance isolation precautions		C			
	Determines the scene is safe		C			
	Determines the mechanism of injury / nature of illness		1			
	Considers stabilization of spine		C			
INITIAL ASSESSMENT	Verbalizes general impression of the patient		1			
	Determines responsiveness/level of consciousness (AVPU)		1			
	Determines chief complaint/apparent life threats		1			
	Airway and breathing	Assesses and maintains airway		C		
		Initiates appropriate oxygen therapy		C		
		Assures adequate ventilation		C		
		Manages life threats to airway/breathing		C		
	Circulation	Assesses/controls major bleeding		C		
		Assesses pulse		C		
		Assesses skin (color, temperature and condition)		C		
Assesses airway, breathing & circulation prior to detailed physical exam		C				
Identifies priority patients/makes transport decision		C				
FOCUSED HISTORY/ PHYSICAL EXAM/ RAPID ASSESSMENT	Selects appropriate assessment (focused or rapid assessment)		1			
	Obtains, baseline vital signs	Pulse Determines rate & quality (+/- 10)		C		
		Respirations Determines rate & quality (+/- 4)		C		
		Blood Pressure systolic & diastolic (+/- 10)		C		
Obtains S.A.M.P.L.E. history		1				
DETAILED PHYSICAL EXAMINATION	Assesses the head	Inspects and palpates the scalp and ears		1		
		Assesses the eyes		1		
		Assesses the facial area including oral and nasal areas		1		
	Assesses the neck	Inspects and palpates the neck		1		
		Assesses for JVD		1		
		Assesses for tracheal deviation		1		
	Assesses the chest	Inspects		1		
		Palpates		1		
		Auscultates		1		
	Assesses the abdomen/pelvis	Assesses the abdomen		1		
		Assesses the pelvis		1		
		Verbalizes assessment of genitalia/perineum as needed		1		
	Assesses the extremities	Inspects & palpates all 4 extremities (1 pt. ea.)		4		
		Check motor, sensory, distal circulation (1 pt. ea.)		4		
	Assesses the posterior	Assesses thorax		1		
Assesses lumbar			1			
Manages secondary injuries & wounds appropriately		1				
Ongoing Assessment (verbalized)	Repeats initial assessment		1			
	Repeats vital signs		1			
	Repeats focused assessment		1			
Candidate completed station within 15 minute time limit.		C				

Note: Candidate must complete all critical criteria and receive at least 23 points to pass this station.

Total to pass 23 Total 32

COMMENTS:

Please print.

STATION
2

**PATIENT ASSESSMENT
MANAGEMENT -
MEDICAL**

Pass _____
Fail _____

Candidate _____
Examiner _____ Initials _____
Date _____ Start Time _____ Stop Time _____

		Points:	Possible	Awarded	Comments						
SCENE SIZE-UP	Takes, or verbalizes, body substance isolation precautions		C								
	Determines the scene is safe		C								
	Determines the mechanism of injury/nature of illness		1								
	Considers stabilization of spine if indicated		1								
ASSESSMENT	Verbalizes general impression of the patient		1								
	Determines responsiveness/level of consciousness (AVPU)		1								
	Determines chief complaint/apparent life threats		1								
	Airway and breathing	Assesses and maintains airway		C							
		Initiates appropriate oxygen therapy		C							
		Assures adequate ventilation		C							
	Circulation	Assesses/controls major bleeding		C							
		Assesses pulse		C							
		Assesses skin (color, temperature and condition)		C							
	INITIAL	Assesses airway breathing & circulation prior to focused history/physical exam		C							
Identifies priority patients/makes transport decision			C								
Assesses history of present illness-ask required number of questions			C								
EXAM PHYSICAL	Respiratory <input type="checkbox"/> Onset? <input type="checkbox"/> Provokes? <input type="checkbox"/> Quality? <input type="checkbox"/> Radiates? <input type="checkbox"/> Severity? <input type="checkbox"/> Time? <input type="checkbox"/> Interventions? (5)	Cardiac <input type="checkbox"/> Onset? <input type="checkbox"/> Provokes? <input type="checkbox"/> Quality? <input type="checkbox"/> Radiates? <input type="checkbox"/> Severity? <input type="checkbox"/> Time? <input type="checkbox"/> Interventions? (5)	Altered Mental Status <input type="checkbox"/> Description of the episode. <input type="checkbox"/> Onset? <input type="checkbox"/> Duration? <input type="checkbox"/> Associated Symptoms? <input type="checkbox"/> Evidence of Trauma? <input type="checkbox"/> Interventions? <input type="checkbox"/> Seizures? <input type="checkbox"/> Fever? (6)	Allergic Reaction <input type="checkbox"/> History of allergies? <input type="checkbox"/> What were you exposed to? <input type="checkbox"/> How were you exposed? <input type="checkbox"/> Effects? <input type="checkbox"/> Progression? <input type="checkbox"/> Interventions? (4)	Poisoning /Overdose <input type="checkbox"/> Substance? <input type="checkbox"/> When did you ingest/become exposed? <input type="checkbox"/> How much did you ingest? <input type="checkbox"/> Over what time period? <input type="checkbox"/> Interventions? <input type="checkbox"/> Estimated Weight? (5)	Environmental Emergency <input type="checkbox"/> Source? <input type="checkbox"/> Environment? <input type="checkbox"/> Duration? <input type="checkbox"/> Loss of consciousness? <input type="checkbox"/> Effects of general or local? (4)	Obstetrics <input type="checkbox"/> Are you pregnant? <input type="checkbox"/> How long have you been pregnant? <input type="checkbox"/> Pain or contractions? <input type="checkbox"/> Bleeding or discharge? <input type="checkbox"/> Has water broken? <input type="checkbox"/> Do you feel the need to push? <input type="checkbox"/> Last menstrual period? (5)	Behavioral <input type="checkbox"/> How do you feel? <input type="checkbox"/> Determine suicidal tendencies. <input type="checkbox"/> Is the patient a threat to self or others? <input type="checkbox"/> Is there a medical problem? <input type="checkbox"/> Interventions? (4)			
	AND HISTORY	Signs / symptoms		1							
		Allergies		1							
		Medications		1							
		Past pertinent history		1							
		Last oral intake		1							
		Event leading to present illness (rule out trauma)		1							
		Performs focused physical exam. (consistent with scenario)		1							
		Vitals (obtains baseline vital signs)									
		Pulse	Determines Rate and Quality (+/- 10)		C						
Respirations		Determines Rate and Quality (+/- 4)		C							
Blood Pressure	Determines Systolic & Diastolic (+/- 10)		C								
FOCUSED	TREATMENTS/INTERVENTIONS (Consistent with New York State and Regional Protocols)		1								
	Did not administer a dangerous or inappropriate intervention		C								
	Transport (re-evaluates the transport decision)		1								
	Verbalizes the consideration of completing a detailed physical examination		1								
	ONGOING ASSESSMENT (verbalized)										
Repeats initial assessment		1									
Repeats vital signs		1									
Repeats focused assessment regarding patient complaint or injuries		1									
Candidate completed station within the 15 minute time limit		C									

Note: Candidate must complete all critical criteria and receive at least 13 points to pass this station.

Total to pass 13 Total 18

Please print.

STATION
4

**BAG-VALVE-MASK
APNEIC
PATIENT**

Pass _____
Fail _____

Candidate _____
 Examiner _____ Initials _____
 Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C			
Opens the airway	1			
Inserts an airway adjunct.	1			
Selects appropriately sized mask	1			
Creates a proper mask-to-face seal	1			
Ventilates patient at a minimum of 700 ml and no more than 1000 ml volume (The examiner must witness for at least 30 seconds)	C			
Candidate ventilated patient prior to connecting supplemental oxygen	C			
Connects reservoir and oxygen	1			
Adjusts liter flow to 15 liters/minute or greater	C			
The examiner indicates arrival of a second EMT				
The second EMT is instructed to ventilate the patient while the candidate controls the mask and the airway	1			
Reopens the airway	1			
Creates a proper mask-to-face seal	1			
Instructs assistant to resume ventilation at proper volume per breath (400 - 600 ml per breath) (The examiner must witness for at least 30 seconds)	1			
Did not interrupt ventilation for more than 20 seconds	C			
Allows for adequate exhalation	C			
Candidate must complete the station within the 5 minute time limit	C			

Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.

Total to pass 6 Total 9

COMMENTS: