

## OEC TestBank Scenarios

Based on *Outdoor Emergency Care, fourth edition, 2003*

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Blank Scenario Form (Difficulty 5 and above)			
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## SCENARIOS

The scenarios in the *OEC TestBank* have been designed for the outdoor environment and also should provide practice in leadership and management skills, giving the trainees an opportunity to do some problem solving. It is a way to promote three levels of learning: cognitive (information), affective (comprehension), and psychomotor (application), not just rote repetition of isolated skills.

Scenarios can be used as practice learning activities (guided and independent practice), when bringing closure to a subject, and as summary components for a lesson, multiple lessons, mid-term, and final evaluations. Scenarios are especially important for continuing education and refreshers. Scenarios should be designed to evaluate the skills of two or three OEC trainees working together after an initial assessment by one individual.

### Degree of Difficulty

Based on the scenario content and scenario scoring matrix, each scenario has been designated a degree of difficulty for specific purposes. Scenarios between the degree of difficulty 2 and 4 have objectives stated as assessment, rote skills (skill drills), and problem management. Objectives for scenarios of degree of difficulty 5 or greater incorporate decision making, problem management, and leadership. All scenarios identify skill guides to use as evaluation tools.

- |                                   |   |
|-----------------------------------|---|
| • Teaching basic OEC course       | Any degree of difficulty (as appropriate) |
| • OEC course/challenge evaluation | Degree of difficulty 3 and 4              |
| • Continuing Education/Refresher  | Any degree of difficulty (as appropriate) |

### Scenario Page Layout

1. The front of the page is designed in two sections. The top half is general information about the scenario. The degree of difficulty has been determined using the matrix and is noted in the box at the top. The rest of the top portion gives the evaluators information to tell the trainee and a brief summary of patient information for their reference. The bottom half contains the information on the Vital Signs and Scenario Objectives for the evaluators' reference as they observe the trainee's performance.

It is intended that the scenario sheet be placed on the evaluator's clipboard with the scorecard covering the top half of the sheet. This will cover the background information, but still leave it readily accessible for reference by the evaluator. The Vital Signs and Scenario Objectives can then be seen easily for reference.

2. The back of the page (or second sheet) is designed to provide the information needed by the evaluation coordinator and patient to stage the problem. Each evaluator should be thoroughly familiar with this information. The Specific Comments for Evaluator's section was placed on the back because it was felt that these were issues that should be discussed by the evaluators with decisions made and recorded on the front side well before the scenario moved outdoors.
3. The "boxed" vital signs provides vitals that might exist in a patient in this given situation. Although the vital signs have been reviewed by physicians, differences in scenario interpretation have not always brought a unified response to what the vitals should be. Input

from the instructors is always welcome concerning format preferences and interpretation of vitals signs.

An "as found by trainee" designation means that the trainee should actually determine the pulse and respirations of the patient. Where there is a "p + n; r + n to as found by trainee" designation, the trainee should determine the actual pulse and respirations, and then be informed that the signs are higher by the "n" amount than was actually found. Any designations with an "=" refers to vitals which would be representative of the expected vitals for the injury/illness and should replace those found by the trainee. The "Inappropriate Care" box was designed as a reference to make evaluating problem trainees a bit easier.

## **Quality Management and Feedback**

For quality management purposes, it is advised that the scenarios be used as published. If a scenario does not meet your needs, please simply choose another one. There is a range of injuries and illnesses, and at the same time, similar types of problems placed in different locations so that the variety of needs could be addressed. If you have an alternative suggestion for a printed scenario, please submit it to the NSP's Education Department for consideration in a future edition.

Your input *is* valuable. If you have good scenarios that relate to injuries more frequently seen with snowboarders/riders, mountain bikers, river rafters, or other situations, please put your suggestions into the scenario format (a form is supplied in the *OEC Test Bank*), or simply send the descriptions and objectives. Any questions or comments, positive or negative, about the new format, or any other aspect of the scenarios are important. The test bank CD will continue to improve with your contributions, comments, and feedback.

Please send all test bank contributions to:

NSP Education Department  
133 South Van Gordon Street, Suite 100  
Lakewood, CO 80228  
FAX 1-800-222-4754 or 303-988-3005  
E-mail: [education@nsp.org](mailto:education@nsp.org)

**Scenario Scoring Matrix**  
**(Based on the fourth edition of Outdoor Emergency Care)**

Directions: Assign points in three categories (injury/illness, environment, and personnel) where appropriate to determine the degree of difficulty for the scenario.

**Injury or Illness**

<p><u>0 points</u></p> <ul style="list-style-type: none"> <li>• medical condition (no influence on situation)</li> <li>• medications (no influence)</li> <li>• minor soft tissue closed</li> <li>• burn (superficial)</li> <li>• superficial frostbite</li> </ul>
<p><u>1 point</u></p> <ul style="list-style-type: none"> <li>• minor soft tissue injury with bleeding</li> <li>• moderate bleeding</li> <li>• minor sprain/strain/contusion</li> <li>• medical condition (minor influence)</li> <li>• contusion of head without loss of responsiveness</li> <li>• moderate to severe frostbite</li> <li>• burn (partial- or full-thickness)—small or to non-critical areas</li> <li>• mild altered mental state</li> </ul>
<p><u>2 points</u></p> <ul style="list-style-type: none"> <li>• eye injury</li> <li>• minor fracture, e.g., finger, clavicle</li> <li>• closed extremity fracture or dislocation</li> <li>• severe sprain/strain that limits mobility</li> <li>• major bleeding, e.g., arterial/large vein</li> <li>• extremity amputation (except finger or toe)</li> <li>• partial- or full-thickness burns (extensive or to critical areas)</li> <li>• medical condition (major influence, e.g., hypoglycemia, seizures, pregnancy, hypothermia)</li> <li>• head injury with loss of consciousness or altered responsiveness less than 1 minute</li> <li>• behavioral crisis</li> </ul>
<p><u>3 points</u></p> <ul style="list-style-type: none"> <li>• shock (hypotensive)</li> <li>• open or severely angulated extremity fractures</li> <li>• femur fracture (traction splint)</li> <li>• neck, back, pelvis fractures (backboard immobilization)</li> <li>• fracture or dislocation with circulatory, respiratory, motor, or sensory deficit</li> </ul>
<p><u>4 points</u></p> <ul style="list-style-type: none"> <li>• unresponsive patient</li> <li>• any life-threatening situation, e.g., stroke, heart attack, severe respiratory distress, acute abdomen, etc.</li> </ul>

## Environment

### 0 points

- site does not add difficulty

### 1 point

- difficult extrication or rescue
- disentanglement
- extreme slope or off trail
- rescuer/bystanders in danger

### 2 points

- combination of any of the above

## Personnel

### 0 points

- single patient
- trained help

### 1 point

- more than one patient
- untrained assistants
- obnoxious or hysterical patient/bystander
- disoriented patient
- language/communication barrier

### 2 points

- physical danger to self/others

### NATIONAL SKI PATROL - OEC SCENARIO EVALUATION (Difficulty 2-4)

Leader		Evaluator	
Helpers		End Time Start Time	Total Time
Date	Scenario	<b>RESULT</b>	<b>+ = -</b>
<b>ASSESSMENT</b>			<b>+ = -</b>
Scene Size-Up			
Initial Assessment			
History and Physical Exam			
Ongoing Assessment			
<b>ROTE SKILLS</b>			<b>+ = -</b>
Body Substance Isolation			
Shock Care			
Splinting			
Bandaging			
Load/Position in Toboggan			
<b>PROBLEM MANAGEMENT</b>			<b>+ = -</b>
Plan of Action			
Resource Management			
Leadership			
Communication			
Transportation			

Note: A time line and additional observations may be done on the reverse side

### NATIONAL SKI PATROL - OEC SCENARIO EVALUATION (Difficulty 2-4)

Leader		Evaluator	
Helpers		End Time Start Time	Total Time
Date	Scenario	<b>RESULT</b>	<b>+ = -</b>
<b>ASSESSMENT</b>			<b>+ = -</b>
Scene Size-Up			
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<b>ROTE SKILLS</b>			<b>+ = -</b>
Body Substance Isolation			
Shock Care			
Splinting			
Bandaging			
Load/Position in Toboggan			
<b>PROBLEM MANAGEMENT</b>			<b>+ = -</b>
Plan of Action			
Resource Management			
Leadership			
Communication			
Transportation			

Note: A time line and additional observations may be done on the reverse side

### NATIONAL SKI PATROL - OEC SCENARIO EVALUATION (Difficulty 5 and Above)

Leader	Inst/Evaluator		
Helper #1	Date		
Helper #2	End Time		
<b>Scenario #</b>	<b>Station#</b>	<b>Start Time</b>	<b>Total Time</b>
<b>DECISION MAKING</b>			<b>+ = -</b>
Problem Assessment Patient Assessment Appropriate Prioritizing Ensures Overall Safety			
<b>PROBLEM MANAGEMENT</b>			<b>+ = -</b>
Plan of Action Anticipation Resource Management—People and Equipment OEC Skill Performance Transportation			
<b>LEADERSHIP</b>			<b>+ = -</b>
Communication with Patient, Helpers, Bystanders Attitude Ability to Direct Confidence Team Interaction			
<b>OVERALL</b>			<b>+ = -</b>

Note: A time line and additional observations may be done on the reverse side

### NATIONAL SKI PATROL - OEC SCENARIO EVALUATION (Difficulty 5 and Above)

Leader	Inst/Evaluator		
Helper #1	Date		
Helper #2	End Time		
<b>Scenario #</b>	<b>Station#</b>	<b>Start Time</b>	<b>Total Time</b>
<b>DECISION MAKING</b>			<b>+ = -</b>
Problem Assessment Patient Assessment Appropriate Prioritizing Ensures Overall Safety			
<b>PROBLEM MANAGEMENT</b>			<b>+ = -</b>
Plan of Action Anticipation Resource Management—People and Equipment OEC Skill Performance Transportation			
<b>LEADERSHIP</b>			<b>+ = -</b>
Communication with Patient, Helpers, Bystanders Attitude Ability to Direct Confidence Team Interaction			
<b>OVERALL</b>			<b>+ = -</b>

Note: A time line and additional observations may be done on the reverse side

**OUTDOOR EMERGENCY CARE**

Scenario # (Difficulty 2-4)

Degree of Difficulty =

INJURY	ENVIRONMENT	PERSONNEL

**GENERAL SCENARIO DESCRIPTION**

**INFORMATION GIVEN TO TRAINEE**

**PATIENT SUMMARY**

**VITAL SIGNS**

Time in minutes	Pulse and respirations

**SCENARIO OBJECTIVES**

Assessment

Rote Skills

Problem Management

**Scenario #**

**INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

Equipment:

Moulage:

Weather: Must be the same as the day of scenario use

**SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Answers to SAMPLE

Signs and symptoms:

Allergies:

Medication:

Past history:

Last meal:

Events leading:

Behaviors:

**SPECIFIC COMMENTS FOR EVALUATORS**

Submitted By

Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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133 S. Van Gordon Street, Suite 100  
Lakewood, CO 80228

**OUTDOOR EMERGENCY CARE**  
Scenario # (Difficulty 5 and above)

Degree of Difficulty =

INJURY	ENVIRONMENT	PERSONNEL

**GENERAL SCENARIO DESCRIPTION**

**INFORMATION GIVEN TO TRAINEE**

**PATIENT SUMMARY**

**VITAL SIGNS**

Time in minutes	Pulse and respirations

**SCENARIO OBJECTIVES**

Decision Making

Problem Management

Leadership

**Scenario #**

**INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

Moulage:

Weather: Must be the same as the day of scenario use

**SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Answers to SAMPLE

Signs and symptoms:

Allergies:

Medications:

Past history:

Last meal:

Events leading:

Behaviors:

**SPECIFIC COMMENTS FOR EVALUATORS**

Submitted By  
Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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## Submitting a Question

Chapter # \_\_\_\_\_

Question

Answer

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Correct Answer \_\_\_\_\_

OEC Text (fourth edition) Page Reference \_\_\_\_\_

Submitted By

Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening

Phone \_\_\_\_\_

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## FOUND AN ERROR?

We've done everything possible to ensure that the information in this CD is totally correct, but sometimes errors do occur despite our efforts. If you find that any of the information contained in this publication is inaccurate, please let us know about it so we can correct it and ensure that the next edition is even more accurate.

Dear NSP Education Department:  
Please correct the following entry in the 2003 *TestBank CD*.

Question Chapter and Number \_\_\_\_\_

Scenario Chapter and Number \_\_\_\_\_

Explanation of Error

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Suggested Correction

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Submitted By  
Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

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                             133 S. Van Gordon Street, Suite 100  
                             Lakewood, CO 80228