

Emergency Medical Assistants Licensing Board

EMA Guide to Examinations Handbook

Updated September 2014

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Introduction

The EMA Licensing Board (Board) is regulated under the *Emergency Health Services Act* to examine, register and licence Emergency Medical Assistants (EMAs) practicing throughout British Columbia and set licence terms and conditions.

The following handbook is the reference for candidates seeking to take EMA Licensing exams and training agencies delivering training programs recognized by the Board. This guide outlines standards and expectations for Board examinations.

The purpose of this document is to ensure candidates are informed of policies, procedures and requirements related to the examination process.

Should any information within this handbook be out-of-date and require updating, or if a topic area isn't covered, please contact the EMA Licensing Branch at getanexam@gov.bc.ca.

Part A: Scheduling your Exams

To schedule your examinations:

- Send proof of successful completion of training by email to getanexam@gov.bc.ca, fax to 250-952-1211, or by mail to:
PO Box 9625 Stn Prov Govt
Victoria BC V8W 9P1.
 - Your exams will not be scheduled until the proof of successful completion of training has been received.
 - Exceptions:
 - The Justice Institute of BC will submit your transcript if you are enrolled in their PCP or ACP program; we will not accept certificates for the Justice Institute's PCP or ACP programs.
 - We do not require certificates if you are scheduling continuing competence exams, reinstatement exams or from candidates licensed out of province who are scheduling the jurisprudence exam.
- Read the [Exam Code of Conduct](#).
- Read all of the information below regarding:
 - practical exam;
 - written exam; and
 - Jurisprudence exam.
- Submit electronically the [Request for Evaluation](#) form.
 - You may schedule all of your examinations at once or you may schedule each examination individually. Select the "yes" button for the examinations you want to schedule and "no" button for the ones you don't want to schedule.

Important to Know

- You have **12 months from the date your certificate or transcript was issued** to successfully pass **all** of your EMA Licensing Board examinations in order to get your licence. (If your certificate was issued August 1, 2014, you have until July 31, 2015 to successfully complete all of your exams).

Overview of Examination Process

The Board holds examinations for EMR, PCP and ACP licence levels. Examinations at each licence level consist of the following:

- Written examination
- Practical examinations
- Jurisprudence examination (only required if never licensed in B.C. at the EMR level or higher)

The EMR, PCP and ACP written and practical exams are competency based. Candidates have three attempts at the written and practical exams, and you must obtain a minimum of 70% on the written and Jurisprudence exam to pass.

The branch holds practical examinations at 7 locations - Victoria, North/Central Vancouver Island, Lower Mainland, Vernon, Kootenays, Prince George and North Eastern B.C.

Examination content is based on material from:

- Emergency Medical Assistants Regulation - Schedule 1 & 2 – Services
- National Occupational Competency Profiles (EMR, PCP & ACP levels)
- British Columbia Emergency Health Services Treatment Guidelines
- The American Heart Association Guidelines
- The Canadian Diabetes Association Guidelines
- The Canadian Heart and Stroke Foundation Guidelines
- Course training materials, including:
 - Emergency Medical Responder: A Skills Approach, 3rd Edition and higher
 - Red Cross Emergency Care Manual, 2012 Edition
 - Essentials of Paramedic Care, Canadian Edition (Brady), 2006
 - Nancy Caroline's Emergency Care in the Streets, 6th Canadian Edition
 - Mosby's Paramedic Textbook, 4th Edition

Performance of Exam Skills

On December 14, 2011, the Board issued the following clarification:

Exam candidates can perform skills in a different way than is described in the treatment guidelines, provided the approach is considered to be competent. Examiners do recognize that there is often more than one acceptable approach, provided it is delivered competently.

As per the Paramedic Association of Canada definition, competence involves the demonstration of skills, knowledge and abilities in accordance with the following principles:

- **Consistency** - the ability to repeat practice techniques and outcomes.
- **Independence** - the ability to practice without assistance from others.
- **Timeliness** - the ability to practice in a time frame that enhances patient safety.
- **Accuracy** - the ability to practice utilizing correct techniques and to achieve the intended outcomes.
- **Appropriateness** - the ability to practice in accordance with clinical standards and protocols outlined within the practice jurisdiction.

For more information on the Board's use of treatment guidelines (including within examinations) refer to the EMA Licensing website at <http://www.health.gov.bc.ca/ema/pdf/treatment-guidelines.pdf>.

Part B: Examination Code of Conduct

Code of Conduct for EMA Licensing Examination Candidates

All candidates for examination must read and abide by the [Code of Conduct for EMA Licensing Examination Candidates](#). Examiners will enforce this Code during exam sessions and report any serious infractions to the EMA Licensing Branch.

By accepting placement into the examination process, candidates agree to follow the Code of Conduct. In doing so, candidates agree to follow the direction of evaluators who have the right to stop an examination at any time and require a candidate leave the premises.

1. Any form of cheating, plagiarism, impersonation or falsification of documents will not be tolerated.
2. Without limiting the generality of the above, the following actions are unacceptable:
 - a. Inappropriate communication with another candidate
 - b. Any behaviour or activity which causes disruption to other candidates, patients or evaluators including, but not limited to, talking during written examinations, foul language or threats, gestures and acts of violence
 - c. Being intoxicated through use of alcohol or being under the influence of drugs
 - d. Departure from the examination room without knowledge and permission of evaluator
 - e. Use of any electronic devices including phones, cameras, or other communication or recording equipment
 - f. Copying or otherwise reproducing examinations in any form
 - g. Bringing into the examination room books, bags, notes or other material unless prior approval is granted by the EMA Licensing Branch
3. For the purposes of identification and registration at examinations, candidates are required to produce government, employer or training agency issued photo identification
4. Candidates should arrive at least 15 minutes prior to the designated examination start time

Practical Examination Dress Code:

Clothing, footwear and related requirements are:

- Footwear must be of closed-toe and sturdy design (e.g., athletic shoes, employer or training agency issued footwear)
- Long hair must be securely tied back
- Long pants or capris covering the knees must be worn (no shorts, skirts or dresses)
- Shirts, T-shirts and blouses must be of a non-revealing and professional nature
- No fragrances may be worn during the evaluation process
- For safety reasons, accessories that may be caught in equipment or which may be hazardous to others are not permitted.

Complaints and Violations of the Code of Conduct

Any concerns or complaints regarding exams should be immediately brought to the attention of an exam session evaluator and/or a representative at the EMA Licensing Branch.

Any violation of the Code of Conduct may be referred to the EMA Licensing Branch for enquiry. Penalties for violation may include discontinuation of the candidate's exam process.

If, due to a violation of the Code of Conduct, a candidate's practical exam is discontinued, it may be considered an exam "attempt" (one of an applicant's three permitted attempts at exams).

Part C: Registering for Practical Exam Sessions

Registering for a Practical Exam Session

To register for a practical exam please complete and electronically submit the [Request for Evaluation](#) form. You will be prompted to select three sessions (a first, second and third choice).

Notification of your Practical Exam

- Spots for an exam session are given on a first come first serve basis. If you have made it into your first choice, an email will be sent to you at least three weeks before the session start date advising you of the date, time and location of your exam.
- If there is no space available in your first choice, you will receive an email letting you know that you will be waitlisted for the session and only contacted if space becomes available and then you will be automatically placed into one of your other two choices. If all three exam sessions you chose are already full we will ask you to submit a new form with three new choices.
- If candidates are unable to attend the exam on the specified date they must notify the branch at least **7 days** prior to the session or the scheduled exam may be counted as an attempt.

Exam Day

Arrival at the Exam Centre

Candidates are to arrive at the exam centre aware of the following:

- Exams are scheduled between the hours of 8am and 4pm;
- Candidates are to be present for **the entire** scheduled exam day;
- Candidates are to arrive early enough to inspect the provided jump-kits and other equipment they will be using during their exam;
- Upon arrival, candidates are expected to identify themselves to examiners and, during roll call, provide **one piece of government issued photo ID** upon request.

Exam Introductions

- Before exams begin, a lead examiner will meet with candidates and provide an overview of the exam day including any facility safety information, exam expectations, and washroom locations.

Part D: What to Expect at your Practical Exam

Exam Format

Exam Scenarios and Remedial Exams

Candidates will be required to complete two full call scenarios, (one medical and one trauma), which will assess practical application of skills and knowledge.

Patients

Evaluations are accomplished with the assistance of people who simulate the actions of patients. Patients will endeavour to present themselves in as realistic and authentic a manner as possible, reflecting the specifics of the call and their condition. They are permitted to answer any questions the candidate may ask unless the specifics of their condition impede them from speaking (unconscious, airway obstruction, etc.). If the patient is unable to answer a question (from a lack of knowledge), the examiner will respond where appropriate.

It is expected that the patients will be treated with respect and dignity. As per the conditions of an authentic call, it is expected that candidates will make every effort to wash their hands between calls and use personal protective equipment where appropriate.

Partners

Candidates will be partnered with an applicant of equal qualification (where possible). Partners are expected to support candidate actions upon request throughout the call. For the purpose of the evaluation, partners will be “lazy”—following directions perfectly but providing no initiative of their own. Partners are not permitted to give hints, verbal or otherwise, nor are they permitted to initiate any task that they have not been instructed to perform.

Before the Full Call Scenario

Before commencing a call, examiners will briefly explain background information on the scenario or skill test. This may include the time of day, environment, surroundings, obstacles, safety hazards, patient presentation, availability of back-up and distance to acute care facilities.

Candidates are encouraged to ask questions before and during the exam, if they are confused about any segment of the call. As part of the exam, candidates will be required to fill out and submit a patient care report (which they may use for personal reference throughout the call).

The Full Call Scenario

Throughout the exam, candidates are expected to verbalize their processes to ensure examiners can effectively follow their thought process and any associated tasks and actions that are being completed as a result.

In certain situations where candidates would normally acknowledge visual clues from a patient (physical disposition); examiners will provide the necessary background information.

Example: The simulated patient in a call is an “85 year old female” with a pale, cool, and clammy disposition. The person playing the role is a 25 year old female with normal disposition. In scenarios such as this, the examiner will describe the physical characteristics of the simulated patient.

The Treatment

As the attendant in charge, it is expected that a candidate will complete all interventions including performing an initial full set of vital signs. Subsequent vital signs may be verbalized and details explained by the examiner. If candidates do not ask for specific vital signs such as skin color, pupils, GCS, blood glucose levels, etc., details will not be provided.

Candidates must remember that they are being evaluated on patient treatment and care, including proper handling of fractures, burns, c-spine, acute pain etc. If a candidate harms a patient in any way due to rough handling this will be deemed unacceptable and will result in failure of the particular scenario.

Extrication and Transport

At no time will candidates be expected to lift a patient during the exam process. Although candidates will be expected to verbalize how to properly lift a patient and transport as the situation dictates. This may include troubleshooting treatment objectives during transport as well as providing notification and details to hospital staff en-route.

Full Call Scenario Completion

At the end of a call a candidate's partner will clean up and repack equipment while the candidate completes the final hospital report and patient care form for submission to the examiner. Depending on how busy the examination day is, the examiner may take time to review the call with the candidate. If time does not permit this, a complete review of all practical examinations will take place at the end of the exam day. At this

time candidates will be given both verbal and written feedback to identify shortfalls in skills, knowledge and/or treatments exhibited throughout the evaluation.

Part E: Practical Exam Outcomes

Successful Candidate

You will receive a copy of your feedback form showing you were successful. However, candidates are not considered complete until the exam package has been received back in the office and the data entry done. This process can take up to two weeks.

Remediation - Unsuccessful Candidate

The purpose of remediation is to identify critical performance deficits exhibited by the candidate in the evaluation process and to allow the candidate the opportunity to review best practices, expand their education in that field, practice the call with peers and then be re-evaluated.

A candidate is provided three opportunities to successfully complete a licensing evaluation.

When a candidate is unsuccessful in an examination, **only one** remedial exam will be assigned as follows:

When a candidate fails...	The candidate is assigned...
1. a practical scenario	<ul style="list-style-type: none"> ➤ another scenario if the candidate fails a critical component of the scenario or ➤ a skill test if the candidate only fails to demonstrate competency in a skill
2. a skill test	<ul style="list-style-type: none"> ➤ another skill test if the candidate only fails to demonstrate competency in the skill

Scheduling Remedial Exams

If candidates are assigned a remedial exam they must return to the EMA Licensing website and complete the [Request for Evaluation](#).

No remedial examinations will take place in the same session as the initial examination unless the Clinical Advisor has given prior approval. It is not within the examiner's authority to do so.

Practical scenario assigned as remedial

Remedial exams are assigned based on weaknesses from the failed exam. This will allow the candidate to practice and study weak areas.

Skill test assigned as remedial

The Clinical Advisor will assign a skill test similar in nature to the skill where the candidate failed to demonstrate competency.

Remediation - Final Fail

If a candidate fails a written or practical examination a third time, a Clinical Advisor will review the examination file to ensure appropriate outcomes for each examination and written feedback will be provided to the candidate. In the event that each of the outcomes is upheld, the candidate's file will be closed. The candidate will not be eligible for another examination unless a new certificate from an approved training agency can be provided as proof of additional training.

Review Process

If a candidate disagrees with the evaluation results or examiner feedback, he or she has the right to appeal the decision. On the practical evaluation feedback form, there is a box at the top of the form where candidates or examiners can request a review by the EMA Licensing Branch. Candidates are encouraged to email getanexam@gov.bc.ca if not all of the information is on the feedback form.

Upon requesting a review, candidates will be contacted by the clinical advisor to discuss the outcome of the review and whether the exam determination has changed.

Part F: Written Exam

- The written exam is a multiple-choice exam.
- The written exam is required for EMR, PCP and ACP licences.
- The passing grade is 70 per cent.
- Candidates have two opportunities to rewrite the examination if they are not successful the first time. You can request a remedial examination by following the steps below for scheduling a written examination.
- A proctor is an impartial third party who oversees examinations at an approved exam location.
 - Please note - Any fees required by an exam location are your responsibility and are separate from your licensing fee

Scheduling a Written Exam:

To schedule a written exam please follow these steps:

- Use the list of [approved examination locations](#) to choose a location near you. If there is no approved examination location near you, please contact getanexam@gov.bc.ca to arrange for an alternate location before submitting the request for evaluation form.
- Contact the location of your choice and arrange a date and time which falls at least one week from now.
- Submit electronically the [Request for Evaluation](#) form (select the "yes" button to schedule a written examination and fill in the written examination section).
- As long as the branch received your Request for Evaluation form (if you don't receive a copy of the form, please resubmit as it means we didn't receive it either), the branch will send your exam out to the location automatically. You will not receive confirmation from the branch that it has been sent.
- You will need to contact your exam location two days prior to your exam date to confirm your exam has been received.

It may take up to two weeks to obtain your written exam results once we receive the exam back in the office.

Successful Candidate

If a candidate is successful in their written exam, an email from the branch will be sent with your passing grade.

Unsuccessful Candidate

If a candidate is unsuccessful on their first attempt, they must book with a proctor and then return to the EMA Licensing website and complete the [Request for Evaluation](#) form.

If a candidate is unsuccessful on their second attempt, or obtains 50% or less on the exam, the clinical advisor will do a review of the exam(s) and written feedback on areas of weakness will be provided.

Part G: Jurisprudence Exam

Candidates who have never held a B.C. EMR, PCP, ACP, CCP or ITT licence are required to complete the B.C. Jurisprudence examination.

To schedule your jurisprudence examination, submit electronically the [Request for Evaluation](#) form and select the "yes" button to schedule a jurisprudence examination.

Information about Jurisprudence Examination

- The exam is online, open book, and may be completed at home. Once your user id and password are assigned, you will have 30 days to complete the exam. Extensions to the 30 days can be requested by emailing getanexam@gov.bc.ca.
- Review the [Jurisprudence Preparatory Manual](#).
- If you are unsuccessful, the system will force you to wait 24 hours before the next attempt.

If you have any further questions related to the examination process, please contact the EMA Licensing Branch at (250) 952-1211 or by email at getanexam@gov.bc.ca.

Part H: Applying for an EMA Licence

You can apply for your licence at any time during the examination process. To apply for your licence, follow these steps:

- Complete and electronically submit an [Application for Licence](#).
- Submit a digital colour photo that is less than one year old by attaching it to the application for licence form or by emailing it to getalicense@gov.bc.ca with your full name in the subject line. Printed photos can be mailed to the EMA Licensing Branch office to one of the addresses below.
- Pay the applicable [fees](#) by cheque or money order made payable to the **Minister of Finance** and send to our office by:

Regular mail to:

EMA Licensing Branch
Ministry of Health
PO Box 9625 Stn Prov Govt
Victoria BC V8W 9P1

Or courier to:

EMA Licensing Branch
Ministry of Health
1515 Blanshard Street, 1st Floor
Victoria BC V8W 3C8

Fees

Fees are a licensing requirement, not a fee for examinations. Fees are not required until you have successfully completed all examinations but can be paid at any time throughout the process. Please make your cheque or money order payable to the **Minister of Finance** and send to one of the addresses listed above. Please do not send your payment directly to the Ministry of Finance.

- EMR/PCP - \$450 (includes written, practical, jurisprudence)
- ACP - \$550 (includes written, practical, jurisprudence)
- CCP/ITT - no fee (initial licence)
- Licence Renewal - \$50 for all licence levels
- AIT Candidates transferring to B.C. - no fee
- First Responder initial and renewal - no fee
- Licence for Students - no fee
- Addition of endorsement or removal of restrictions – no fee

NSF Cheques

Cheques with insufficient funds (NSF) will need to be replaced by a certified cheque or a money order made payable to the Minister of Finance. An NSF charge of \$30.00 will be added to the amount of fees due.

Part I: Equipment List and Sample Forms

Below is a list of the equipment that should be present at your practical exam, as well as copies of the forms you will see.

Equipment:

EMR and PCP (IV) exams

1. O2 Tank, portable (empty bottles only)
2. O2 Regulator (needn't be functional)
3. Oxygen Masks with associated tubing (Adult, paediatric, non rebreather, nasal cannula, nebulizer)
4. Entonox (empty bottles only)
5. Entonox regulator including bite stick and mask delivery devices (reusable)
6. Suction Unit with tubing and Yankauer tip (electric portable type, non-functional)
7. Sager Splint (or similar traction splint)
8. Spine Board (functional and safe for patient use)
9. Clamshell (Robertson Orthopaedic Stretcher) (functional and safe for patient use must have 5 set of straps)
10. Spider Straps (or similar board loc device)
11. 2 – 12" straps with buckles (sufficient for spine board immobilization)
12. 4 – 5lb Sandbags
13. Wooden Splints (1 padded femur, 2 padded tib/fib)
14. Blanket x 2 (standard size, hypoallergenic preferred)
15. Mat/Carpet (minimum 5' X 8')
16. Clipboard
17. Adult Torso Mannequin (Laerdal or similar with ability to be used to demonstrate Canadian Heart and Stroke CPR and AED simulations)
18. Child Torso Mannequin (Laerdal or similar with ability to be used to demonstrate Canadian Heart and Stroke CPR and AED simulations)
19. Baby Mannequin (Laerdal or similar with ability to be used to demonstrate Canadian Heart and Stroke CPR simulations)
20. AED Trainer May be a non-functional prompt (i.e. a small box with 2 wires attached and leading to 2 patches and indicating it as a AED)
21. Standard Obstetric Kit (1 only for each location) reusable, sterility simulated
22. 7 Level Stretcher (Ferno Washington Type 30C or similar functional and safe for patient use)
23. 1 box each large medium and small latex exam gloves (per exam session, not per room)
24. 1 Adult Airway Management Trainer – (minimum requirement is head mounted on a stand must have a supply of manufactures lubricant at all times) Note: Adult torso trainer may be used for CPR and Airway management purposes

Drug Kit (no actual drugs permitted during evaluations)

1. Ventolin (simulated w/ H₂O)
2. Glucagon (simulated, no actual drugs required)
3. Narcan (simulated multidose vial w/ H₂O)
4. Epinephrine (simulated multidose vial w/ H₂O)
5. Benadryl (simulated tablets, no actual drugs required)
6. 1 small bottle labelled ASA (simulated tablets, no actual drugs required)
7. 1 small spray bottle labelled Nitro Spray (simulated, no actual drugs required)

Jump Bag

1. BVM with reservoir and O₂ tubing (Adult and Infant) reusable
2. 1 sphygmomanometer with adult and child cuffs (fully functional)
3. 1 stethoscope (fully functional)
4. 1 Pulse Oxymeter - May be a non-functional prompt (i.e. a small box with a wire attached and indicating it as a pulse Oxymeter)
5. OPA set (sizes 00, 0, 1 – 6 (metric 5 – 12)
6. Handheld suction unit with large tip
7. Pocket mask with one way valve and O₂ port
8. 1 litre sterile saline or H₂O
9. 1 Burn Kit (sheet, pillow case, OR mask, gloves) reusable, sterility simulated
10. 2 - 12" X 12" polygauze type dressings (burn use) reusable, sterility simulated
11. 1 - 18" X 18" polygauze type dressings (burn use) reusable, sterility simulated
12. 1 - 24" X 24" polygauze type dressings (burn use) reusable, sterility simulated
13. 1 sterilizing hand cleaner (alcare, isogel type)
14. 2 pressure dressings (reusable) sterility simulated
15. 2 - 8" X 10" abdominal pads (reusable) sterility simulated
16. 2 - 6" X 8" abdominal pads (reusable) sterility simulated
17. 1 - 10" X 30" trauma dressing (reusable) sterility simulated
18. 6 - 3" cling or crepe elastic dressing (reusable)
19. 1 small assortment of minor bandages (reusable) sterility simulated
20. 2 large sealable plastic bags (Ziplock Freezer type)
21. 1 -1" roll cloth tape
22. 1 -1" roll hypoallergenic tape
23. 1 package 4" X 4" gauze (reusable) sterility simulated
24. 6 - 3" X 5" non-stick (telfa type) pads (reusable) sterility simulated
25. 1 roll 3" or 4 " Esmarch type bandage
26. 6 - cloth triangular bandages
27. 2 - hot packs
28. 2 - cold packs
29. 4 - flexible metal splints (SAM or other expandable reusable)
30. 6 - Speed Straps (Zap Straps) (3 medium and 3 long)
31. 2 tongue depressors
32. 2 glucose packs (simulated, no actual drugs required)
33. 1 glucometer (prop only, no stylettes or test strips)
34. 1 pair scissors sufficient to cut clothing
35. 1 pen light

36. 1 set of Nasopharyngeal Airway – (1 size 28 French and 1 size 30 French)
37. 1 Laryngeal tube – (type “KING” size 155 cm - #3 yellow)

Hard Collar Kit

1. 2 adjustable size collars (Laerdal type or similar)
2. Headbed (reusable)
3. Padding
4. 1 roll 1” fibreglass tape or similar
5. Sam splint or other similar head blocking device

IV Kit







1. 4 small (250cc or 500 cc bags normal saline, 2 of each labelled D-10 w)
2. 4 standard adult administration sets
3. 10 Opsite dressings
4. 1 package 2” X 2” gauze pads
5. 10 2” X 2” sterile gauze pads
6. 1 roll 1” hypoallergenic tape
7. 10 - 1cc syringes
8. 10 - 20g IV Catheters
9. 30 alcohol prep pads
10. 20 betadine swabs
11. Sharps Container (sufficient to contain all used sharps consumed during the exam session)
12. IV Arm (functional)

ACP exams (Lower Mainland location only)

In addition to all the above equipment, the following must be provided for ACP exams:

1. ALS monitor (with connection to a VGA monitor so the evaluator can see the same screen from a desktop computer)
2. Intubatable C.P.R. Manikin
3. Pacer simulator
4. Rhythm simulator
5. ALS kits with equipment
6. Required consumables

Sample Feedback Form

 BRITISH COLUMBIA The Best Place on Earth	EMA Licensing Evaluation Session Feedback Form	
Example Only		
Exam Date 4		
Example Example, PCP, 1234		
	Review Complete	
Request for Evaluation Review		
Clinical Advisor Signature _____		
Exam No 0	Examiner	Comments
Result	NOTE TO COORDINATOR/LEAD EXAMINER	
 PASS	Please print all information legibly and ensure both the applicant and coordinator/lead evaluator sign the bottom in the space provided below. Please record the results in the "Result" column	
 FAIL		
Exam No 0	Examiner	Comments
Result	NOTE TO COORDINATOR/LEAD EXAMINER	
 PASS	Please print all information legibly and ensure both the applicant and coordinator/lead evaluator sign the bottom in the space provided below. Please record the results in the "Result" column	
 FAIL		

APPLICANTS – PLEASE READ

Please note that your signature is confirmation of receiving verbal feedback on the day of examination. If a remedial exam is required please submit the Request for Evaluation form choosing 3 new dates as you are not automatically registered for another exam.

Coordinator/Lead Examiner Signature: _____

Applicant Signature: _____