This chapter contains tips and techniques for giving prompts to students. The two basic types of prompts are verbal prompts and physical prompts. This chapter explains the role of prompting in instruction and evaluation, explaining why a prompt is given, how a prompt could be given, and when a prompt should be given. This chapter provides techniques that FTOs can use to streamline their current methods for prompting students.

What Is a Prompt?

What exactly is a prompt?

- **As an adjective**: Something is *prompt* when it is punctual or done without delay. Prompts motivate the student to perform each skill at the right time (done at once).
- **As a verb**: Prompt means (to the FTO) to help out or to suggest. The FTO may use a prompt to help the student perform a skill correctly. The FTO may use a prompt to suggest a better method for performing a skill.
- **As a noun**: A prompt is an action taken by the FTO to improve the student’s performance, ensure his safety, and enhance patient care. Prompts are either physical or verbal.

Physical Prompts

A *physical prompt* is any type of nonverbal prompt. A raised eyebrow can be a prompt. A nudge from the FTO’s elbow can be a prompt. Most physical prompts will be given as hand signals from the FTO.

The FTO might use a cupped hand to prompt the student to apply a nonre-breather mask. The FTO might hold a hand up in the universal stop sign to prevent the student from performing a skill incorrectly. The FTO might place the fingers of one hand on the wrist of the other arm to indicate that it’s time for the student to take a pulse (Figure 5-1).

Many FTOs trained in this method of instruction have been using these types of
Examples of physical prompts.

(A) Check pulse.  

(B) Check blood pressure.  

(C) Provide supplemental oxygen.

(D) Insert nasal cannula.  

(E) We need to move faster.

(F) Use pulse oximeter.  

(G) Provide IV fluids.  

(H) Check patient’s skin condition.

(I) Take a look around (fingers drawing a horizontal circle).  

(J) We need to roll.
prompts for a long time. What are the benefits of physical prompts? Wouldn’t it be easier for the FTO to just tell the student what to do?

The advantages of physical prompts include the following:

- **Physical prompts are silent.** The FTO can give a physical prompt without interrupting the flow of student-patient communication.
- **Physical prompts can be given from behind the patient.** The prompt will be outside of the patient’s line of sight and (once again) will not interrupt student-patient communication.

The FTO can use physical prompts to unobtrusively guide the student through the patient contact. The patient will not hear or see these prompts. The patient will focus on the student and will not be distracted by the FTO’s prompts. The student is in charge of the patient contact and will be evaluated based on his performance as the team leader. What would likely happen if the FTO gave all prompts as verbal directives? For example, “Put the patient on oxygen now,” “Ask if she has any allergies,” or “Get vital signs now.” The patient would quickly lose confidence in the student if the FTO were to give too many verbal prompts. The student would then have difficulty maintaining control of the patient contact. The student is trying to learn how to be a team leader. The student is not likely to perform effectively as a team leader if the patient believes the FTO is controlling the patient contact. It will be easier for the student to maintain control if the FTO uses unobtrusive physical prompts.

Physical prompts do not destroy the patient rapport that the student is working hard to develop. Physical prompts are excellent tools. They make it possible for the FTO to guide the student through each patient contact without attracting the patient’s attention. But what should the FTO do if a physical prompt is not working or if a physical prompt is not appropriate for a certain situation?

### Verbal Prompts

Sometimes the FTO will have to use a verbal prompt. The following are examples of when verbal prompts are appropriate:

- **Physical prompts may not work when things are moving too quickly.** If the student is about to do something that could harm the patient, the FTO will have to step in and say “Stop” or “Why don’t we try this.”
- **Some prompts cannot be given physically.** For example, it is often difficult to use a physical prompt to get the student to ask a question about the patient’s medical history.
- **Physical prompts may not be effective when the FTO needs to know what the student is thinking.** The FTO wants to make sure the student is headed in the right direction. In this case, the FTO may have to ask, “What protocol are you going to use for this patient?”

Is there a right way to give verbal prompts? In most cases, there probably is a right way. The critical questions are:

- Which kinds of verbal prompts are the best tools for an FTO?
- Which types of verbal prompts are most effective?

Most EMS providers work in teams. Partners talk to each other all the time. Think about what style of verbal communication works best between partners. Do partners give directives to each other? For example, “You start the IV! I’ll give the medications!” Or, is it more likely that help is solicited by asking questions? For example, “Can you start the IV while I get the medications ready?”

Most people are more receptive if they are asked to do something and less receptive when they are ordered to do something. This is true for the FTO’s partner. It also is true for the patient, and it certainly is true for the student. The FTO should
consider everyone's point of view when getting ready to give a prompt. Compare the following two styles of giving verbal prompts to the student:

- The FTO could say, “Put the patient on oxygen” (directive). Or, the FTO could say, “How much oxygen did you want to apply?” (question).
- The FTO could say, “Take the patient’s pulse” (directive). Or, the FTO could say, “What did you get for a pulse rate?” (question).

It is likely that both the student and the patient will be more comfortable with prompts that are phrased as questions. The patient will think that the FTO is simply asking the student for a piece of information. The student will understand that the FTO is really prompting the student to apply oxygen or to count the pulse rate. The rapport between patient and student, however, will not be disrupted when the FTO uses a question to give a prompt.

Inadvertent Prompts

The FTO does not have control over everything that happens during a patient contact. The student may become “clued in” when another provider begins to take action or when another provider makes an offhand comment. These clues are referred to as *inadvertent prompts*. They might come from a family member (e.g., “He has diabetes.”). They might come from the patient (e.g., “Can you give me some oxygen?”). However, most inadvertent prompts come from other providers.

Consider the following example. The FTO’s partner opens the airway bag in preparation for oxygen administration. The FTO is not supposed to prompt until 30 seconds have elapsed. The FTO has been waiting for the elapsed time to reach 30 seconds, but the student sees what the partner is doing and puts the patient on 4 liters via nasal cannula.

The FTO should document each inadvertent prompt. The FTO can make a decision later as to whether to include such prompts in the scoring process. The FTO can make this decision when completing the critique form for the patient contact. The FTO’s options with regard to documenting inadvertent prompts will be explained in more detail within the chapters on scoring.

**Why Does the FTO Use Prompts?**

The FTO wants certain things to happen when the student receives a prompt. The FTO uses prompts to guide the student through each patient contact. It is the responsibility of the FTO to ensure the following:

- The student performs each skill safely.
- The student performs each skill within an appropriate time frame.
- The student behaves in an appropriate manner.
- The student provides patient care that is consistent with local protocols.
- The patient receives acceptable patient care.

This involves a lot of hard work on the part of the FTO. In many instances, it would be easier for the FTO to just go ahead and perform the skill. The FTO invests the extra effort so that the student can learn how and when to perform each skill. The student will learn more quickly if the FTO is adept at giving prompts.

Prompts are the most essential tool for guiding a student through the instruction and evaluation phases. Prompts serve many purposes:

- Prompts can be used to improve skill performance.
- Prompts can be used to ensure that each skill is performed at the appropriate time.
- Prompts can be used to ensure that each skill is performed safely.
Prompts can be used to ensure that patient care is performed in accordance with local protocol.

Prompts can be documented, creating a record of student performance and FTO instruction.

The number of prompts given can be used to determine a score for a patient contact.

The number of prompts given can be used to trend student performance.

Let's look at how prompts are used to address each of the preceding items.

Prompts Used to Improve Skill Performance

Say that the student is having difficulty locating the radial pulse during the initial assessment. The FTO can simply say, “It’s there. It’s fast, regular, and normal in strength. Move on to checking the skin” (for color, moisture, and temperature).

The FTO saves time using this approach. Unfortunately, the student does not learn how to properly locate the pulse when the FTO takes this approach. It is likely that the FTO will have to deal with this same issue over and over again until the student learns (without prompts) how to locate the pulse quickly.

Instead, the FTO can use the situation as an opportunity to teach the student how to locate the radial pulse. For example, the FTO could say (and demonstrate), “Sometimes it is hard to find the pulse. Locate the knob at the distal end of the radius. Use light pressure with your index and middle fingers. Palpate medially, adjacent to this knob, and slowly move up (proximally) the forearm until you locate the pulse.”

In this case, the FTO invests a small amount of time teaching the student how to locate a radial pulse. This investment will be repaid many times over the course of other patient contacts. This student will probably not require repeated prompts on how to find the pulse. The student will also gain confidence in his ability to assess patients.

Prompts Used to Ensure That Skills Are Performed at the Appropriate Time

Say that the student is performing an initial assessment. The student notes that the patient is short of breath, is breathing fast, and has retractions. The student then begins to assess the patient’s circulation.

At this point, the FTO moves into the student’s line of sight and offers the physical prompt for the application of a nonrebreather mask (cupped hand in front of face). The student can either apply the nonrebreather mask or, better yet, delegate that skill to another provider while continuing the initial assessment.

The FTO used this prompt to ensure that oxygen was applied in a timely manner. The FTO’s prompt gave the student an opportunity to make the connection between the assessment of labored breathing (rapid respiratory rate and retractions) and timely therapy (oxygen applied via nonrebreather mask). This student was given the opportunity to learn that oxygen should be applied quickly when a patient exhibits signs of respiratory distress.

Prompts Used to Ensure That Skills Are Performed Safely

Consider a situation in which the student has located a laceration on the patient’s left thigh and has noted that it is bleeding freely. The student opens a package of sterile 4” × 4” gauze and makes a move to apply the dressing material. The FTO says, “Do you want me to apply those 4 × 4’s while you put gloves on?”

In this situation, the FTO used a verbal prompt to make sure that the student did not suffer a potential exposure to a communicable disease. The FTO also used this prompt to teach the student a safer method for performing this particular skill.
The FTO gave the prompt in the form of a question. The FTO used an unobtrusive prompt so that the student could maintain control of the patient contact.

**Prompts Used to Ensure That Patient Care Is in Accordance with Local Protocol**

Say that the patient was ejected from a motorcycle while traveling at a high rate of speed. The patient had a large abrasion and contusion on his forehead. The student determined that the patient was breathing at a slow rate, but had adequate ventilations. The student also found that the pulse was slow but very strong.

The student found an obvious deformity to the left leg during the rapid trauma assessment. Pedal pulses were present in both feet. The student called for a lower-leg splint to be applied before loading the patient in the ambulance. Local protocol requires trauma patients to be removed from the scene as quickly as possible. The FTO asked, “Could we save time by using the backboard to splint the leg until we get the patient into the ambulance?”

The FTO used a question to prompt the student to see if the student could make a more appropriate decision. The FTO wanted to see if the student understood the protocols for trauma patients and could decide which skills must should be done on scene and which skills should be done en route to the hospital.

The student responded by saying, “That would be good. Let’s immobilize the patient on the backboard and then we’ll move him to the unit. Joe (the FTO’s partner) can finish splinting the leg while I continue the assessing the patient on the way to the hospital.”

In this scenario, the patient received care that was consistent with local protocols and the student had the opportunity to learn how to make a more appropriate decision at a trauma scene.

**Prompts Are Documented**

Consider the following example. The patient is a 52-year-old male presenting with altered mental status. Trauma was ruled out, and oxygen was applied to the patient. The student asked the spouse if the patient has any “medical problems.” The spouse indicated that the patient has no medical problems.

The FTO prompted by asking the spouse a specific question: “Is your husband an insulin-dependent diabetic?” The spouse responded: “Oh yes, he takes insulin, but he’s never had any medical problems since he started taking it.”

In this scenario, the student had the opportunity to learn the value of asking more specific types of pertinent negative history questions. The FTO demonstrated an efficient method of asking history questions that can be useful for patients with altered mental status.

The FTO will document this prompt (pertinent negative question for insulin-dependent diabetes) on a critique form. The specific procedure for recording this documentation will be discussed in later chapters.

Each documented prompt serves two purposes. First, the FTO documents the prompt so that the student will be reminded to ask specific pertinent negative questions. Second, the FTO will count the total number of prompts that occurred during that patient contact. The FTO will then assign a score to each patient contact. This score will be determined by the total number of prompts a student received.

**Prompts Determine the Student’s Overall Score for Each Patient Contact**

For the following example, assume that the student is in the instructional phase of the field internship. The FTO prompted the student once in the initial assessment competency (to apply oxygen). The FTO prompted the student once in the history
competency (to ask about allergies). The FTO prompted once in the physical exam competency (to check lung sounds).

Each of these prompts was documented on the critique form for that particular patient contact. The student’s school allows the student to be prompted as many as three times and still receive a satisfactory overall score during the instruction phase. The student would receive a satisfactory overall score for this patient contact because no more than three prompts were received.

However, the student might be allowed only one prompt (per patient contact) during the evaluation phase. If this student received the same three prompts during the evaluation phase, the student would receive an unsatisfactory overall score because more than one prompt was given.

These are just two simple examples of how prompts can be used to score patient contacts. The reader will be offered a number of more detailed descriptions for scoring patient contacts in later chapters.

**Prompts Measure Trends in Student Performance**

The FTO documents every prompt given to a student. These prompts are recorded on critique forms. The program coordinator can track the number and types of prompts to determine whether a student’s performance is improving. Consider the following two examples:

- The student needed two to five prompts on every patient contact during a two-week period. There was no trend of improvement.
- The student received two to five prompts on every patient contact during the first week of the internship. In the second week, the student received one to three prompts on every patient contact. This represents a measurable trend of improvement.

The FTO will generally be required to provide fewer prompts as the student gains more experience. Trending the number of prompts provides measurable data that indicates whether a student is making progress.

### When to Prompt

Prompts serve as the cornerstone for the method of instruction and evaluation presented in this book. Many examples of how an FTO might prompt a student will be presented in subsequent chapters. But when exactly should the FTO give a prompt?

### Limits for Elapsed Times

Is it likely that the student and FTO will agree on what is an acceptable speed for performing a skill? How will the FTO know when the student is taking too much time? Is it possible to have a standard that tells the FTO how much time is too much time? How can this standard for acceptable speed be consistently applied from one FTO to another?

Questions like these can make a person’s head spin. These questions apply to FTOs and students alike. Everyone can benefit if there is an easily understood system for determining how much time is too little or too much.

The student will not be able to meet the FTO’s expectations if the FTO does not allow enough time for the student to perform a skill. However, patient care might be delayed if the FTO allows too much time. The bottom line is that time limits must be reasonable. Additionally, the FTO must have an accurate method for measuring elapsed time. Time limits will not be effective if any one of these criteria is not met.
Tools for Tracking Elapsed Time

The student and the FTO are in this battle together. Both are dependent on the FTO's ability to track elapsed time. The FTO needs to have a tool that measures the speed of the student's skill performance. The FTO's watch is that tool.

Every FTO should have a watch. Is there anything else the FTO will need? The FTO should have two other tools. The first is a set of established time limits for the performance of certain skills. The second is a technique the FTO can use to measure the amount of elapsed time. FTOs use this technique to reset their internal clocks. FTOs rein in their internal clocks by making a habit of checking their watches (elapsed time) just as they have made a habit of checking their mirrors while driving.

Listed below are some examples for elapsed time limits. These elapsed time limits are based on a decade of trial and error in the field, feedback from many FTOs, and direct observation of student performance. The reader should not consider these times to be absolutes, but rather recommendations. They are simply a list of time limits that have proven to be effective within one statewide EMS system.

Sample Limits for Elapsed Time

Initial Assessment: 30 Seconds
The FTO begins tracking elapsed time when the student first has physical contact with the patient (Figure 5-2). Elapsed time ends when student has verbalized findings for the entire initial assessment (i.e., c-spine, airway, breathing, circulation, disability, exposure as necessary).

Initial Interventions: 30 Seconds
Elapsed time begins when the student notes a deficit (e.g., obstructed airway, fast respirations, absent radial pulses). The student is required to address each deficit within 30 seconds of the time the deficit is noted. An exception is made for a patient with a compromised airway. Only 15 seconds may elapse before the student must be prompted to open an obstructed airway using a manual technique. Elapsed time ends when the student acts (or delegates actions) to address the deficit (e.g., applies oral airway, applies oxygen therapy, initiates chest compressions).

Application of Protocol or Standard of Care: 3 Minutes
Elapsed time begins with the first physical contact between student and patient. Elapsed time ends when the student verbalizes the selection of a protocol and begins to implement the appropriate treatment regimen.

The FTO checks his watch at the start of the patient contact.
Reassess: 5 Minutes for a Stable Patient or 30 Seconds When the Patient’s Condition Is Deteriorating
Elapsed time begins with the completion of initial assessment and initial interventions. Elapsed time ends at 5 minutes when the patient’s condition remains stable. The student is required to reassess the patient within 30 seconds whenever there is a precipitous change in the patient’s condition.

Change of Therapy: 30 Seconds
The student may be required to change the course of the patient’s treatment. This situation most often occurs when the patient’s condition worsens quickly. The student should be given no more than 30 seconds to initiate the appropriate therapy whenever reassessment of the patient indicates a change of therapy is required. The student should be prompted to take action once elapsed time has reached 30 seconds.

Intravenous Access: 3 Minutes
Elapsed time begins with application of the tourniquet. Elapsed time ends when the line has been secured and is running at the correct flow rate. The student should receive an unsatisfactory score for the IV skill if the time limit is exceeded.

Tracheal Intubation: 1 Minute
Elapsed time begins when the blade first enters the oral cavity. Elapsed time ends when the tube has been inserted into the trachea and all required verification techniques have been used to confirm placement. The student should receive an unsatisfactory score for the skill if the time limit is exceeded.

Exceptions
The FTO can overrule the limits for elapsed time. The FTO may elect to give a prompt before the time limit has been reached. The FTO is most likely to do this when a patient requires an immediate intervention. In addition, the FTO may extend the time limits whenever extenuating circumstances make it impossible for the student to complete a skill within the stated time limits. The FTO is the student’s teacher and evaluator. The FTO will be the best judge of how much time is too much, or too little, in any set of circumstances. FTOs just need to make sure they have their internal clocks under control.

The FTO’s Internal Clock
Preset limits for elapsed time give FTOs a reason to slow down their internal clocks. Once FTOs have a reason to slow down, they can concentrate on the mechanics for keeping their clocks under control.

An FTO’s internal clock runs faster than a student’s internal clock. FTOs process information faster and make decisions more quickly than students do. FTOs act more quickly once a decision has been made. Students are not able to think or act as rapidly as FTOs do.

Time limits remind FTOs to slow down their internal clocks. FTOs should show restraint to give the student the opportunity to learn and demonstrate proficiency. However, FTOs should not slow down so much that patient care is delayed. FTOs should prompt students to take action whenever the preestablished time limit for a skill has been reached.

This system benefits everyone involved. Patients receive timely care. Students know in advance (from reading the manual) exactly how much time has been allotted to performing a particular skill. FTOs know they do not need to prompt students until the time limit has been reached.
Teaching Points

Occasionally, an FTO will jump the gun and give the student a prompt before the time limit has been met. What should the FTO do now?

Sometimes the FTO will be unable to resist temptation and will offer a prompt before the student has exceeded the limit for elapsed time. Is this student going to complain? Certainly! The FTO probably felt giving the prompt was in the patient's best interest. A prompt that comes too early will not be counted against the student because the FTO did not follow the rules for elapsed time. Prompts are documented as teaching points whenever this type of situation occurs. The FTO documents the prompt and marks it with a “TP” (teaching point). The FTO does not include the teaching point when counting the number of prompts for scoring purposes.

The FTO's Partner

Occasionally, the FTO's partner jumps the gun. This is likely to occur when the student is not moving fast enough to suit the partner. The partner's internal clock has not been adjusted; the partner's clock is moving just as fast as ever.

The FTO should offer the partner an explanation of how the limits for elapsed time work, letting the partner know that the student will not be allowed to pitch a tent in the patient's living room. The partner is more likely to slow down if the limits for elapsed time are explained.

Using a Stopwatch

FTOs can make their lives simpler by wearing a stopwatch (or a wristwatch with a stopwatch function). Time passes quickly during patient contacts, making it easy for FTOs to lose track of time. A simple remedy is for FTOs to use stopwatches. Then the FTO just pushes a button at the beginning of each skill performance and a glance at the watch will tell how much time has elapsed.

Many FTOs elect to start the stopwatch when the student first makes contact with the patient. They track elapsed time by periodically checking the watch. FTOs will develop a rhythm for tracking time by glancing at their watches. This will keep their internal clocks from running too quickly.

The FTO will not have to estimate elapsed time once after periodically checking for the amount of time that has elapsed. The FTO will know exactly when to prompt because the amount of time that has elapsed has been checked periodically.

Most FTOs take notes throughout the course of a patient contact. Some FTOs make a note of the time when the student first contacts the patient and then continue to track how long it takes for the student to perform certain skills. FTOs can also record elapsed time (“prompt O2 at 30 sec”) whenever a prompt is given for a particular a skill. These notes will be very helpful when it is time for the FTO to document the student's performance.

FTOs should practice glancing at their watches, tracking how much time has elapsed. Eventually, the FTO will develop a good rhythm for tracking time by periodically glancing at the stopwatch. It would be reasonable to check the stopwatch every 30 to 60 seconds.
Check Your Knowledge

1. The FTO used two curved fingers to prompt the student to apply oxygen via nasal cannula. This is an example of a __________ prompt.
   a. verbal
   b. physical

   The correct answer is b. Showing the student two curved fingers is a physical prompt. The FTO did not have to speak (verbalize) to the student.

2. The FTO asked the patient if he was an insulin-dependent diabetic. This is an example of a __________ prompt.
   a. verbal
   b. physical

   The correct answer is a. The FTO gave a prompt by asking the question about insulin dependence.

3. The FTO’s partner opened the oxygen bag before the FTO was ready to prompt. The student then asked the partner to apply oxygen to the patient. This is an example of a(n) __________ prompt.
   a. verbal
   b. physical
   c. inadvertent

   The correct answer is c. The FTO did not give the student a prompt. The student was prompted to take action when he saw the FTO’s partner open the oxygen bag. This type of prompt is called an inadvertent prompt.

4. The FTO gave a prompt before the amount of elapsed time had been exceeded. This prompt is considered a(n) __________.
   a. physical prompt
   b. verbal prompt
   c. inadvertent prompt
   d. teaching point

   The correct answer is d. A prompt is considered a teaching point whenever the FTO gives a prompt before the student has exceeded the time limit. Teaching points are documented so that the student can learn from the FTO’s written comments. Teaching points are not counted as prompts when the FTO is scoring the patient contact.