

T-TESS Observation Evidence Sheet
EMT - Career Technical Education Lesson

Domain 2: Instruction		
Dimension	Evidence	Rating
2.1 Achieving Expectations	<p>No specific standard was shared with students, but the teacher gave an expectation of what they will do today. The final narrative assessment based on a real-world scenario gave each student one opportunity to add detail to the final outcome assessment. While the teacher stated that students would be having 2 types of formative assessments at the end of class, they only participated in the verbal assessment of the patient as a class and then the narrative as a class. Students do not complete anything during the lesson cycle that allows them to take the initiative of their own learning. Students seemed to understand the objective, but individual mastery was not assessed.</p> <ul style="list-style-type: none"> ● T: Today pretty much what you are going to go after is to identify your fractures and how to treat it properly and eventually toward the end of class you guys are going to show me what you learned throughout the 45 min. was previously learned and participated in creating a narrative of the event. It’s going to be the same assessment that you’ve done throughout the class, but instead of doing separately, we’re going to do it together. ● This does not appear to be a challenge for students since she said they usually do the narrative independently but today they would do it as a group. This would be a regression in the level of difficulty. There was no specific area of growth to be addressed in this method that would provide increased support for a skill they already are able to do independently. When they did the narrative at the end of the lesson, the teacher did reiterate the need for detail several times. ● 00:57 The T. referenced the expectation that students were to have reviewed the chapter online prior to the lesson. ● Teacher referenced prior content knowledge and asked a variety of questions to assess student understanding of assessing and treating a fracture, “What was first, next? What else? What is that? How would I ask a patient to do that?” ● 2:35 “Do you think a fracture is deadly? Is it life-threatening? What else?” ● If a patient says, I have numbing, tingling, and I feel pressure. What would my transport decision be at that point, load and go or stay and play? The teacher announced that they will do the narrative together and they will do the same assessment as usual, but the teacher goes over the assessment items without them completing it themselves. 	Developing

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2.2 Content Knowledge and Expertise	<ul style="list-style-type: none"> The teacher conveys accurate content knowledge as evidenced throughout the lesson by her demonstration activity for students to participate in, in order to help them answer 2:35 “Is a fracture deadly?” She connects the concepts with real-world situations, such as accidents or sports medicine-related activities/injuries. 3.12 T. asked each student to break a chopstick in half to demonstrate that not all fractures were the same. This was an effective way for students to see that fractures are all different and are not “clean” break. 3:20 However, she took away the power of the moment by telling them that even though the chopstick looks “kinda smooth” there would be jagged edges before they broke the sticks, rather than allowing the students to notice this themselves. She took a mannequin to model how to properly assess the injury and use a splint. T. laughed when she realized the mannequin leg was not connected and used as a learning experience, “So if it really looks like this, do I attempt to move it? What am I going to do?” Students are not given opportunity to discuss with peers They have opportunity to respond in the whole group to the teacher’s questions. There is no connection to state standards, just expectations. Teacher shares knowledge that appears she is aware of as she discusses multiple contexts. The teacher uses the broken bone demonstration with all students and allows two students to model the splint activity. Teacher uses a lot of content terminology (palor, compartment syndrome, transport decision, patient assessment) 13:30 The teacher also demonstrated where to find a pulse and where to place a splint on a fracture. 22:20 Access prior knowledge from earlier discussion of bones. Teacher referenced that earlier this week we did bones as she referenced the location of the tibia. A student identified it as the shin bone and the teacher confirmed. Two sts. were asked to practice placing the splint on the mannequin. T. facilitated lessons in a sequential manner and asked all students to narrate a step they would take to assess and properly treat a fracture using the scenario given. T. provided expectations for writing a narrative, “Now, what do I want to see within a narrative? St. details. T. good, you need to paint me what? Sts. picture. T. I need to be able to look at your narrative and say, oh, that’s what happened with that patient, that’s what that EMT did.” 	Proficient
2.3 Communication	T. opened the lesson asking sts. to share out the Five types of fractures and Six P’s of Musculoskeletal Injury Assessment. Sts. could reference the handout provided. Teacher helps students pronounce words correctly. “We will go over terms because not everyone knows what they mean. Paraesthesia? Who knows what that means?” Students sometimes answered the teacher’s questions if they were able to respond immediately,	Developing

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	<p>but the teacher did not use wait time and sometimes answered her own questions before waiting time. “I have told you this before. We call them what kind of injuries? OMG injuries.” “Let’s look at those 6 P’s. The first one is what? (students answer pain) When I am assessing pain, what should I ask them? Go back to your assessment. What was that? (student responds, “Pain level) Yes, pain level.” Teacher asked some leading questions. “What do I want to assess? Is that what I want to ask him? Ask him!” Many times students were not able to articulate next steps or answers to questions and the Teacher gave answers without wait time. Teacher lectured the majority of class.</p> <ul style="list-style-type: none"> ● 2:35 “Could a fracture be deadly? When? St: “ It depends.” T: On what? St. If it hits an artery or vein or something major. T: Perfect. What else? Another Student: “Couldn’t a fracture puncture a lung What else might it cause? T: Yeah! You guys are right on it. ● 3:00 Ultimately, the students came up with internal bleeding with teacher support. ● T “Do you guys think when a bone breaks it breaks smooth and clean?” Students collectively answer, “No” ● I am going to show you how a bone breaks and uses the chopstick activity ● “See how everything is broken differently? Why do you think they are broken differently?” Why do you think they broke differently? St: Every break is different. T provides a verbal list of factors that contribute to the variety of breaks. Utilized the chopstick activity to anticipate st. misunderstanding. ● T. asked a variety of procedural questions to guide direct instruction in alignment with the objective. “If a faint pedal pulse is faint, but the radial point is strong. Could that be a concern? Why? St. blood flow is not going all the way down. T. with any type of fracture, make sure we are checking pulse away from the injury.” ● Teacher moves to the next P’s - Paralysis and pulse. She asks questions of the whole group and some students call out answers based on their prior knowledge including the chapter they were responsible for covering. ● She introduced an activity in which one student from each table would take the patient and talked student through the activity of patient assessment. The teacher identified some materials that would be needed. ● 13:37 Teacher posed a situation with different pulse counts in the foot and the wrist. Students recognized that it was a cause for concern St: “We should worry.” ● 14:54 “What is the one thing we check before anything else?” Students started to answer and she answered without waiting, “Scene safety....for me and my partner. ● 15:40 T: BC’s... what am I looking for? (students try to respond.) 	

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	<ul style="list-style-type: none"> ● 16:05 Don't let distracting injuries distract you. St.were able to describe what would make an injury distracting. ● 18:40 T had 2 students splint the injured leg of the mannequin. Other students were invited to stand and watch. ● 21:10 Teacher directs students to look at the papers she gave them and reads the scenario telling them that this would “ Put it all together.”. The teacher clarifies as she reads, addressing important terms and calling on prior knowledge. ● T: Under what circumstance and does an orthopedic injury pose a threat to the patient's life (from scenario) Let's do this together St: Hit an artery T repeats and says the excessive bleeding. ● 22:45 As the teacher read the scenario she encouraged students to visualize it in their heads to help with the narrative later. ● 24:30 After the assessment What is my initial treatment? St: Introduce yourself, The teacher laughed and said yes, The student clarified- calm her down.T: That's good. What am I going to do skills-wise? (Waited) 25:15 St (Alina)Assess the airways. Another student responded: Splint ● T asked students to identify the transport decision for the patient in the scenario. ● Teacher continued to ask students for their input while talking through the assessment of the patient in the scenario using a mannequin as the model. The teacher appeared to be more focused on one side of the room, rarely moving toward the group on the other side. ● 29:49 T. told students they would start with a narrative and then Jessica would add to it. and each person would add to it. She reminded them that she expected a lot of details, in anticipation of a possible misunderstanding or lack of awareness.T: You should paint me a picture. Students wrote the narrative as they went around the room verbally adding to the narrative. The teacher prompted including asking for more detail. 31:30 T: What were the vital signs? she asked again. After the st. responded she clarified that we would always document vital signs. ● 33:40 The teacher wrapped up the lesson quickly after every student added to the narrative verbally. Good job! Did that put it together? Do you have any questions? ● T: Are you confident that you are able to assess a fracture? Are we good? ● Student verbally responded with yes. And she ended the lesson with “Good job, guys!” ● The teacher only called the students by name a few times. (Alicia Teacher gave a sample of patient assessment to prompt students what needs to happen next. 	

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2.4 Differentiation	<p>Throughout the lesson students were mostly listening and observing. There was little opportunity for active engagement or for the teacher to even know if differentiation was needed. There was no differentiation observed based on teacher knowledge of prior student performance.</p> <ul style="list-style-type: none"> The teacher addresses students in a whole group setting. There was no evidence to show the lesson had been modified for individual student needs. The teacher did use whole group discussions, individual activity demo, and partner “lab” (hands-on) demos. There was no evidence of scaffolding or differentiating for individual students. While students were compliant, it is not clear if there was 100% engagement based on the video. Teacher-led activities. There were only two students who practiced with the splints. The students were not all given the same scenario. The teacher was only able to monitor participation and student performance at a minimum as the lesson was advancing. Sts. had access to handouts with tables of the types of fractures and injury assessment steps, as well as a ppt to reference during the lesson. A mannequin was provided to allow sts. to practice applying a splint and able to choose which type of splint they used. No evidence to indicate sts. were confused or disengaged. 	Improvement Needed
2.5 Monitor and Adjust	<ul style="list-style-type: none"> Teacher asks students if they have any questions on what they previously did (online interactive chapter). “See how everything is broken differently? Why do you think they are broken differently?” Student gives an answer then the teacher gives additional reasons. Teacher answers her own questions before wait time. Two students are called on to practice. As they begin, they are not sure if they should practice the whole thing. “As I see you doing something wrong, I will direct you.” Teacher clarifies some potential areas of misunderstanding as she read through the scenario with the class and talked them through the narrative, addressing important terms and calling on prior knowledge. During the narrative the teacher was open to student input as each student adds their piece to the narrative and the teacher added in additional vocabulary, clarification of concepts and medical connections There were no observable adjustments to the lesson. T. consistently kept all 9 sts. minimally engaged in the discussion through her questioning techniques. There was no evidence of individual students' understanding as T. directed all questions to the whole group. However, all students participated in the culminating activity 	Dev

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	of creating a narrative report of EMT actions which demonstrated their understanding.	

Domain 3: Learning Environment		
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3.1 Classroom Environment, Routines and Procedures	<ul style="list-style-type: none"> The classroom is free of distracting objects, but appropriate items conducive for the learning of this class. Students are able to participate in activities with little to no redirection from the teacher. Classroom environment allowed for students to stand and observe as the T. and two sts. practiced putting a splint on a mannequin’s leg. The classroom routines were evident as students understood what was expected of them as far as behavior. The teacher referenced regular routines of assessments and activities would be different. Therefore it is understood there were normal routines in these areas. No other transitions were observed. Sts. remained at their seats the remainder of the lesson and interacted respectfully. 	Proficient
3.2 Managing Student Behavior	<ul style="list-style-type: none"> No misbehavior is observed. The teacher called on very few students by name. All students behaved in a respectful manner towards each other and the teacher. No redirection was needed, nor observed. T. consistently provided sts. with praise for responding correctly. “T- Oh, the color of it! Yes, that’s a good one!” 	Proficient
3.3 Classroom Culture	<ul style="list-style-type: none"> Students were engaged. The content is relevant, meaningful learning. Students work respectfully individually and in groups, there was a calmness, ebb and flow to their practice. Students did not appear to fear sharing individually or collaboratively. Positive rapport was evident between T. and sts. as evidenced by the T. laughing and using humor to keep students engaged. T. and sts. laughed together on several occasions for example, T. set the stage for a role play with a student, “Hi, my name is? St. Alicia, T. and I’m with? St. Anel. There was laughter from the group. T. you’re with EMS!” . 	Proficient

Teacher asks students if they have any questions on what they previously did (online interactive)