

NCH Paramedic Program EMS 215 Field Internship Run Critique Form Annotated - 2024

Instructions: Attach the redacted ePCR plus ECG rhythm strips/12 L ECG and capnography waveform printout (if applicable) to this form. Submit to the designated Hospital EMSC/educator at least one week prior to the phase meeting (or sooner if requested by the HEMSC/E). This information is obtained under the auspices of Continuous Quality Improvement and is therefore protected against discovery by the Medical Studies Act.

Student			Agency	
Date of call	Pt initials	DOB:	<input type="checkbox"/> Simulated	<input type="checkbox"/> Actual
Category: <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiac <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> OB			<input type="checkbox"/> Member	<input type="checkbox"/> Team leader

Print ePCR in the format that redacts patient identifiers. Submit to the HEMSC/E in the manner they request (fax, paper copy, or e-mail). DO NOT possess and/or submit unblinded copies of PCRs in a manner that subjects the student or program to a breach of HIPAA rules.

It recommended that students submit 50% more than the minimum number of required runs prior to the phase meeting as all may not be accepted into the record as part of the portfolio.

MINIMUM REQUIREMENT for Phase 1: 10 calls (all ALS) where student was a team member. At least one from each of the following categories: respiratory, cardiac, medical, and trauma with ECG strips and EtCO₂ tracings attached if applicable.

MINIMUM REQUIREMENT for Phase 2: 20 patients (15 ALS) where student was the team leader. At least one from each of the following categories: respiratory, cardiac, medical, and trauma w/ECG strips and EtCO₂ tracings attached if applicable.

Timing of submissions: The HEMSC/E must have all paperwork for the phase meeting at least ONE WEEK in advance of the meeting or the meeting will not be held.

HEMSC/Es may prefer to review and provide early formative FEEDBACK rather than waiting to receive the whole packet just before the Phase meetings.

STUDENTS shall log all assessments and skills they performed (corroborated by the Preceptor's evaluation of their skill competency on these forms) into Platinum planner within one week of completion.

PRECEPTORS are asked to enter THEIR RATINGS of the student performance on the 2ND PAGE of this form **right after the run occurs**. Ratings must be noted PRIOR TO submitting the run to the HEMSC/E for review.

STUDENTS: You must be prepared to explain the pathophysiology that caused the patient's chief complaint and/or co-morbidities in your own words, answer questions relative to the patient's medications (from drug cards) and how the patient's assessment and care as documented on the PCR met or did not meet System standards at the phase meetings. See questions on page 1 of the non-annotated form.

Phase meetings should be scheduled as soon as possible to ensure that the HEMSC/E has you on their calendar. If the requirements have not been met by one week in advance of the meeting, it will be cancelled and rescheduled. Cancelled or delayed meetings places the student at risk of not completing EMS 215 on time. The meeting shall be scheduled when the preceptor and RN are available. It is assumed that the student will modify their schedule to meet their preceptor and nurse's availability.

Over (see p.2 for preceptor & HEMSC use)

Preceptor: Rate level of proficiency for each skill PERFORMED by the student in the space before the skill

4 = Articulation: Performs competently w/o assistance or instruction; can problem-solve and adapt to situation; and combine two or more skills.

3 = **Competent**: Performs safely with minimal coaching using correct technique, sequence, and timing and no critical errors

2 = Skill technique developing; performs safely with moderate to extensive coaching; must be prompted to intervene

1 = Does not yet perform to standards without extensive coaching; recommend further practice

	Patient assessment		Pulse oximetry		3-4 lead ECG		Hemorrhage control
	Glucose reading		Capnography		12 L ECG		Tourniquet application
	Called OLMC report		BLS airways: OPA/NPA		Rhythm interpretation		Bandaging/dressing
	Completed ePCR		Suction		Pacing (TCP)		Heat/cold application
	Drug administration (list below)		O ₂ via NC/NRM		CPR manual		Pleural decompression
			O ₂ via BVM		CPR mechanical		Spine motion restriction
			O ₂ via CPAP		Defib/cardioversion		Extrication
			Intubation S / U		Use of ResQPod		Splints/pelvic binder
			Extraglottic S / U		IV access S / U		De-escalation/Restraints
			Cricothyrotomy S / U		EZ-IO access S / U		OB delivery
	Other (list)				IV fluid administration		Eye irrigation

During phase meeting: Field preceptors and HEMSC/Es are each asked to put a check mark in the box that reflects their rating for each section below

Field Preceptor rating**Hospital EMSC/E rating**

Pathophysiology/Comorbidities	
<input type="checkbox"/> Explanation acceptable; student demonstrated complex depth and breadth of understanding	<input type="checkbox"/>
<input type="checkbox"/> Explanation acceptable but student demonstrated simple depth & breadth of understanding; remediation recommended	<input type="checkbox"/>
<input type="checkbox"/> Explanation unacceptable; student demonstrated gaps in understanding; remediation required prior to accepting call	<input type="checkbox"/>

Drug Cards	
<input type="checkbox"/> Drug cards complete, acceptable and student can satisfactorily answer questions about the drug profile	<input type="checkbox"/>
<input type="checkbox"/> Drug cards complete and acceptable but student could NOT satisfactorily answer questions regarding profile; remediation recommended	<input type="checkbox"/>
<input type="checkbox"/> Drug cards incomplete/not acceptable. List drug(s) to be redone:	<input type="checkbox"/>

PCR	
<input type="checkbox"/> The PCR completed by the student was factual, accurate, complete, objective, and appropriately time-sequenced.	<input type="checkbox"/>
<input type="checkbox"/> The PCR completed by the students was not fully aligned to standards; amendment/addendum required.	<input type="checkbox"/>

Assessment & care – Accept or not accept call for portfolio	
<input type="checkbox"/> Assessment and care were medically, ethically, legally, and practically appropriate considering the circumstances and aligned with standards and protocols – accept for internship portfolio	<input type="checkbox"/>
<input type="checkbox"/> Assessment and/or care were NOT fully aligned with standards and protocols but variance(s) was explainable and defensible based on circumstances – accept for internship portfolio. List variances and explanations below.	<input type="checkbox"/>
<input type="checkbox"/> Assessment and/or care were NOT fully aligned with standards and protocols and variance(s) was not explainable based on information known. Do not accept for internship records.	<input type="checkbox"/>

Comments/Coaching notes:

____ Initials Preceptor

____ Initials Hospital EMSC/Educator