NCH Paramedic Program - Run Critique Form 2020

Instructions: Attach the redacted ePCR, ECG rhythm strip/12L ECG if applicable, and capnography waveform obtained in the field (if applicable) to this form. Submit to designated hospital EMSC/educator at least one week prior to the phase meeting (or sooner if requested by the EMSC/educator). 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:	☐ Simulated ☐ Actual
Category: ☐ Trauma ☐ Abd. pain ☐ ACS ☐ AMS ☐ Cardiac dysrhythmia ☐ Diabetes ☐ OB ☐ Psych/behavioral ☐ Respiratory distress/failure ☐ Sepsis ☐ Shock ☐ Stroke ☐ Other (list:)			☐ Team member ☐ Team leader

At a minimum, the paramedic student shall be prepared to discuss the following elements of this call. Hospital EMSC/educator may ask additional questions and/or use the blank spaces to take notes during the phase meeting.

What observations were made during the scene size up that impacted patient access or initial priorities?

Based on the primary assessment; did the patient have any apparent immediate life threats? If yes, how were they discovered? What were the priorities of resuscitation/management?

What was the paramedic impression for this patient? Was that accurate?

What is the pathophysiology of that condition?

What past medical history / co-morbidities did the patient have that may have impacted their presentation/response to illness or injury?

What drugs are prescribed for the patient? Describe the drug profile for each. What is their compliance?

Were the interventions performed by EMS indicated? Why or why not?

Were there interventions that should have been completed that were not? Why or why not?

What were the patient responses to the interventions? Were they expected? If no, what adjustments were made?

Why was the receiving hospital selected? Was this the appropriate destination based on SOP?

Over (reverse side for preceptor & HEMSC use)

NCH Paramedic Program - ALS Run Critique (page 2/2 for preceptor/educator use)

Preceptor: Evaluate each skill PERFORMED by the student in the space before the skill

4 = Precision: Can sequence, perform and complete skill independently with expertise; no critical error, assistance or instruction.
3 = Performs with minimal assistance; unable to consistently perform in correct sequence with accurate technique and/or timing
2 = Performs hesitantly; skills adequate but must be prompted to intervene
1 = Does not perform to standards; recommend further practice

	Patient assessment		Pulse oximetry		3-4 lead ECG		Hemorrhage control
	Glucose reading		Capnography		12 L ECG		Tourniquet application
	Called OLMC report		OPA/NPA		Rhythm interpretation		Bandaging/dressing
	Completed ePCR		Suctioning		Pacing (TCP)		Heat/cold application
	Drug administration (list)		O_2 via NC/NRM		CPR manual		Pleural decompression
			O_2 via BVM		CPR mechanical		Spine precautions.
			O_2 via CPAP		Defib/cardioversion		Extrication
			Intubation S / U		Use of ResQPod		Limb splints
			Extraglottic S / U		IV access S / U		Restraints
			Cricothyrotomy S / U		EZ-IO access S / U		OB delivery
Other (list)					IV fluid administration		Eye irrigation

During phase meeting: Field preceptors and Hospital EMSCs/educators are asked to put a check mark in the box that reflects their rating for each section (Select one rating for each section)

Field Preceptor rating **Pathophysiology** Hospital EMSC/Educator rating

☐	Explanation acceptable; student demonstrated complex depth and breadth of understanding during interview	☐
☐	Explanation acceptable but student demonstrated simple depth & breadth of understanding; remediation recommended	☐
☐	Explanation unacceptable; run not accepted as student does not understand concepts; remediation required	☐

Drug Cards

☐	Drug cards attached, acceptable and student can answer questions about the drug(s) during interview	☐
☐	Drug cards acceptable but student could NOT support during interview; remediation recommended	☐
☐	Drug cards need completion/revision: List drug(s) to be redone	☐

Assessment & Treatment

☐	Care was consistent with SOPs – accept run for internship records	☐
☐	Care was NOT consistent with SOPs – accept run for scope of experience, but not for internship records List the alternative assessment/interventions that were indicated in the notes below.	☐

Comments/Coaching notes:

_____ Initials Preceptor _____ Initials Hospital EMSC/Educator

CJM: 2/20