

NCH Paramedic Program - Run Critique Form Explanations - 2022

Instructions: Attach the redacted ePCR plus ECG rhythm strips/12L 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/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:	<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

DURING PHASE 1 – Hospital EMSCs/educators may review and provide early FEEDBACK rather than waiting to receive the whole packet just before the Phase I meeting. Print ePCR in the format that redacts patient identifiers; fax or scan and e-mail to RN. DO NOT carry around and/or submit unblinded copies of PCRs).

It recommended that students submit double the minimum number of required runs prior to the phase meeting as all may not be accepted into the record.

MINIMUM REQUIREMENT for Phase 1: 15 calls (10 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 Hospital EMSC/Educator must have all paperwork for the phase meeting at least ONE WEEK in advance of the meeting or the meeting will not be held.

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

PRECEPTORS should 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/EDUCATOR 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 RN educator 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 the internship 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 (reverse side for preceptor & HEMSC use)

NCH Paramedic Program - Run Critique Form (for preceptor/educator use)

Preceptor: Rate students' proficiency for each skill PERFORMED by the student in the space before the skill

- 4 = **Precision:** Performs independently with correct technique, sequence, timing and no critical error, assistance or instruction.
- 3 = Performs safely with minimal coaching or assistance using correct technique, sequence, and timing and no critical errors
- 2 = Performs safely with moderate to extensive coaching; skill technique developing; 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		OPA/NPA		Rhythm interpretation		Bandaging/dressing
	Completed ePCR		Suction		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		Splints/pelvic binder
			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 each asked to put a check mark in the box that reflects their rating for each section below

Field Preceptor rating

Hospital EMSC/Educator 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, professionally, legally, and practically appropriate considering the circumstances and aligned with medical protocols – accept for internship portfolio	<input type="checkbox"/>
<input type="checkbox"/> Assessment and/or care were NOT fully aligned with medical 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 medical 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