

NCH Paramedic Program - Run Critique Form 2023

Instructions: Preceptors: Rate the skills performed by the student immediately after the call on this form.

Student: 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/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

These questions are intended to serve as a template for the **formative assessment** that occurs during a run discussion. The paramedic student shall **be prepared to discuss** the following, although it is not necessary to ask each question for every patient. It is **NOT necessary** for the student to complete or submit these answers in advance. Hospital EMSC/educator may use these 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 all pertinent impressions?

What PMH / co-morbidities did the patient have that may have impacted their presentation?

What drugs are prescribed for the patient? Complete a drug card and be prepared to discuss the drug profile for each. What is the patient's compliance with taking the drug as prescribed?

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)

Student:

Date of call:

Pt. initials

Pt age:

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 the phase meeting discussion: 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 (select 1)	
<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 (select 1)	
<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 (select 1)	
<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 (select 1)	
<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