

NCH Paramedic Program - Run Critique Form

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 initial	Age	<input type="checkbox"/> Simulated <input type="checkbox"/> Actual	
Category: <input type="checkbox"/> Trauma <input type="checkbox"/> Cardiac <input type="checkbox"/> Airway/Resp <input type="checkbox"/> Abd/GI <input type="checkbox"/> AMS/Neuro <input type="checkbox"/> Psych <input type="checkbox"/> OB Other (list)			<input type="checkbox"/> Team member <input type="checkbox"/> 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 n		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		Pleural decompression
			O ₂ via BVM		Defib/cardioversion		Spine precautions.
			O ₂ via CPAP		Use of ResQPod		Extrication
			Intubation S / U		IV access S / U		Limb splints
			King LTSD S / U		EZ-IO access S / U		Restraints
			Cricothyrotomy S / U		IV fluid administration		OB delivery
	Other (list)						

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 (select one)	Hospital EMSC/Educator rating
<input type="checkbox"/>	Explanation acceptable; student demonstrated complex depth and breadth of understanding during interview	<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; run not accepted as student does not understand concepts; remediation required	<input type="checkbox"/>

Drug Cards (select one)

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

Assessment & Treatment – Outcome of discussion (select one)

<input type="checkbox"/>	Care was consistent with SOPs – accept run for internship records	<input type="checkbox"/>
<input type="checkbox"/>	Care was NOT consistent with SOPs – accept run for scope of experience, but not for internship records	<input type="checkbox"/>
<input type="checkbox"/>	What alternative assessment/interventions may have been indicated? (add notes below)	<input type="checkbox"/>

Comments/Coaching notes:

_____ Initials Preceptor

_____ Initials Hospital EMSC/Educator