# 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 | ☐ Simulated ☐ Actual |
| Category: ☐ Trauma ☐ Cardiac ☐ Airway/Resp ☐ Abd/GI ☐ AMS/Neuro ☐ Psych ☐ OB Other (list) | | | ☐ Team member ☐ Team leader |

DURING PHASE 1 – Hospital EMSCs/educators may want to review and provide early FEEDBACK rather than waiting to receive the whole packet just before the Phase I meeting. Print PCR 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).

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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)** with at least one each from the following categories: respiratory, cardiac, medical, and trauma with ECG strips attached if applicable.

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

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.

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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.

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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 RN EMSC/EDUCATOR for review.

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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.

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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.

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**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 | | 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 | 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 | ☐ |
| ☐ | What alternative assessment/interventions may have been indicated? (see notes below) | ☐ |

**Comments/Coaching notes:**

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_____ Initials Preceptor _____ Initials Hospital EMSC/Educator

CJM: 2/18