Phase:Select one

Field Critique Form

DELAWARE TECH

Check all that apply: ☐ Peds. ☐ Geriatric ☐ Trauma ☐ Cardiac ☐ Neuro ☐ Resp. ☐ Gen. Med. ☐ Psych. ☐ OB

Section 1: PATIENT CONTACT INFORMATION

Student _____ Station: _____ Date: _____

FTO _____ Run #: _____ Priority: _____

Pt. Age / Sex _____ Chief Complaint _____

Pt. presentation _____

Section 2: COMPETENCY GROUPS

1 = Unsatisfactory **2 = Parts Satisfactory** **3 = Satisfactory**

FTOs -- Check the word "Prompt" **AND** any skill that was prompted to indicate that you gave a prompt (or prompts). Then, check "1" or "2" as a score for that competency group. A competency groupd without prompts receives a grade of "3." Write narrative in the spaces provided to indicate satisfactory skill performance. Write "**T.P.**" to indicate a TEACHING POINT, and then describe the nature of the teaching point.

Self-test: *Were the students' actions SAFE, TIMELY, APPROPRIATE and within protocol?* **Comments:** Use comment sections to clarify the nature of prompts.

1. Scene / Multi

Assesses scene safety, need for additional resources, and takes appropriate actions. Effectively delegates, multitasks and makes decisions.

○ 1
○ 2
○ 3
○ N/A

☐ **Prompt?** ☐ **Safety** ☐ **Scene Control**

Please specify _____ Please specify _____

☐ **Delegation** ☐ **Multitasking** ☐ **Decisions**

Please specify _____ Please specify _____

Comments: _____

2. Initial Assessment

Completes an intact initial assessment in 30 seconds. Intervenes with compromises within 30 seconds (10 seconds for airway).

○ 1
○ 2
○ 3
○ N/A

☐ **Prompt?** Assess. time _____ Interven. time _____

☐ **C-spine**

☐ **Airway Assmt.**	☐ **Breathing Assmt.**	☐ **Circ. Assmt.**	☐ **Disability**
☐ Reposition	☐ Oxygen	☐ Bleed control	☐ **Expose**
☐ Adjunct	☐ BVM	☐ Lay flat	
☐ Other (comm)	☐ CPAP	☐ CPR	
	☐ Other (comm)	☐ Other (comm)	

Comments: _____

3. History

Obtains chief complaint, pertinent history of present illness and pertinent past medical history.

○ 1
○ 2
○ 3
○ N/A

☐ **Prompt?** ☐ **Chief Comp.** ☐ **Hosp. Pref.** ☐ **Pert. Negs?** ☐ **Specific to CC** ☐ **PPTC** ☐ **Other**

☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ A ☐ M ☐ P ☐ L ☐ E

Comments: _____

4. Physical Exam Completes all pertinent components of the physical examination.

1
2
3
N/A

Prompt? **Stroke scale** **Trauma Assessmt.** **Other**

Pulse **BP** **Resps** **Lung Sounds** **Pupils** **Pulse Ox** **EtCO2** **PMS**

Edema **Palpate?** **ECG Rhythm** **12-Lead** **bgl**

Comments:

5. Protocols / Standard of Care Intervenes within the framework of accepted standard of care and local treatment protocols. Implements an appropriate treatment plan within 3 minutes.

1
2
3
N/A

Prompt? Elapsed time:

Diff. Diag. **Protocol Knowledge** **Implementatiion**

Please specify: Please specify: Please specify:

Comments:

6. Re-Assess Reassess in a timely manner for changes in the patient's condition.

1
2
3
N/A

Prompt? Elapsed time: Neuro Trauma

Chief Complaint Initial Vitals Lung sounds Blood glucose Pulse Ox

Pupils PMS ECG Rhythm 12-Lead Other (comments)

Comments:

7. Change of Therapy Changes course of treatment within 30 seconds, following identification of change in patient's condition .

1
2
3
N/A

Prompt? Elapsed time:

Diff. Diag. **Protocol Knowledge** **Implementation**

Please specify: Please specify: Please specify:

Comments:

8. Professional / Affective Behavior Fulfills responsibilities for professional conduct and affective behavior as outlined in the *Manual for Students and FTOs.* **Prompts in this sections will result in an "Unsatisfactory" overall score.**

1
2
3
N/A

Prompts? **Honesty** **Courtesy** **Confidentiality**

Accepts Responsibility **Accepts Constructive Criticism**

Comments:

9. Communication Establishes and maintains effective lines of communication

1
2
3
N/A

Prompts?

Establishing Communication

Please specify:

Maintains Communication

Please specify:

Comments:

10. Skills

1	1	2	1	3	1	4	1
	2		2		2		2
	3		3		3		3

Comments:

11. Reports Gives clear, concise radio reports. Gives complete verbal report during transfer of care. Provides complete documentation on PCR.

Radio Report	Verbal Report	Written Report
1	1	1
2	2	2
3	3	3
N/A	N/A	N/A

Comments:

Section 3: OVERALL SCORE:

Satisfactory **Unsatisfactory** **How many prompts did you give?** Please specify:

FTO Comments:

Check here if the patient contact was unsatisfactory based solely on one prompt. Explain above.

Student Comments:

FTO Signature Date: Student Signature

If you have Adobe Acrobat on your computer (not just Acrobat Reader), save your completed critique as a PDF file. Click "File", then click "Save As". PDF will have already been selected as the file type. In the "File Name" field, type the Run Number and Student's Name. Then, click "Save". Email all of the critiques for a single shift to "bnepon@dtcc.edu" as attachments to a single email, with the subject "Critiques for (student name) from (FTO name) on (date)". If you DO NOT have Acrobat, then click the "Print" button below, and send the printed copy of all completed critiques to me in a sealed, signed envelope. BN

Print