

PRACTICAL SCENARIO EVALUATION CHECKLIST

STUDENT	SCENARIO #	DATE	START TIME	END TIME	<input type="checkbox"/> -EXAM	<input type="checkbox"/> -PRACTICE	<input type="checkbox"/> -PASS	<input type="checkbox"/> -INCOMPLETE
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SCENE SIZE-UP			SQ	TIMES / NOTES	PTS	CPI	SCORE
COMM: <input type="checkbox"/> -DECLARES SELF AT SCENE <input type="checkbox"/> -COMMUNICATES EXACT SCENE LOCATION					1		
H	HAZARDS IDENTIFIED	MITIGATES <input type="checkbox"/> -X-SKIS/BOARD <input type="checkbox"/> -DELEGATES TASK <input type="checkbox"/> -OTHER			2	☠	
E	ENVIRONMENT / EVACUATION	CONSIDERS <input type="checkbox"/> -ACCESS & EGRESS <input type="checkbox"/> -EQUIP. NEEDS <input type="checkbox"/> -WEATHER <input type="checkbox"/> -TIME			1		
M	MOI / NOI	QUESTIONS <input type="checkbox"/> -DETERMINES NEED FOR SMR <input type="checkbox"/> -INSTRUCTS NOT TO MOVE <input type="checkbox"/> -WITNESS(S) & HOLDS <input type="checkbox"/> -STABILIZES HEAD or DELEGATES			2	☠	
P	PATIENT(S), NUMBER OF <input style="width: 40px;" type="text"/>	ESTABLISHES <input type="checkbox"/> -LOR OF EACH PT. <input type="checkbox"/> -RAPID TRIAGES AS REQUIRED			1		
B	BSI / STANDARD PRECAUTIONS	MITIGATES <input type="checkbox"/> -GLOVES <input type="checkbox"/> -GOGGLES / GLASSES <input type="checkbox"/> -OTHER			2		
C	CONDITION OF PATIENT(S)	OBSERVES <input type="checkbox"/> -PWD <input type="checkbox"/> -PCD <input type="checkbox"/> -LLS <input type="checkbox"/> -RECOG. OBV. DISTRESS <input type="checkbox"/> -I / E RATIO			1		
TOTAL POINTS						<input style="width: 40px;" type="text"/>	/10

PRIMARY ASSESSMENT			SQ	TIMES / NOTES	PTS	CPI	SCORE
<input type="checkbox"/> -LOR	<input type="checkbox"/> -A <input type="checkbox"/> -V <input type="checkbox"/> -P <input type="checkbox"/> -U	<input type="checkbox"/> -DETERMINES PATIENT RELIABILITY <input type="checkbox"/> -IDENTIFIES SELF			2	☠	
<input type="checkbox"/> -CHIEF COMPLAINT	<input type="checkbox"/> -ESTABLISHED IF POSSIBLE				1		
COMM: <input type="checkbox"/> -APPROPRIATE TRANSPORT DECISION (IF KNOWN) <input type="checkbox"/> -ETC <input type="checkbox"/> -UTC					1		
UNRESPONSIVE		RESPONSIVE					
A	<input type="checkbox"/> -ASSESSES EFFECTIVENESS <input type="checkbox"/> -POSITIONS APPROPRIATELY <input type="checkbox"/> -ASSESSES GAG REFLEX INSERTS: <input type="checkbox"/> -OPA <input type="checkbox"/> -NPA	A	<input type="checkbox"/> -ASSESSES EFFECTIVENESS <input type="checkbox"/> -POSITIONS APPROPRIATELY			2	☠
B	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME <input type="checkbox"/> -EXPOSES & EXAMINES PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O ₂	B	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME <input type="checkbox"/> -EXPOSES & EXAMINES PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O ₂			2	☠
C	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME ASSESSES PULSES <input type="checkbox"/> -RADIAL <input type="checkbox"/> -FEMORAL <input type="checkbox"/> -CAROTID ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL <input type="checkbox"/> -CONTROLS OBVIOUS EXTERNAL BLEEDING	C	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME ASSESSES PULSES <input type="checkbox"/> -RADIAL <input type="checkbox"/> -FEMORAL <input type="checkbox"/> -CAROTID ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL <input type="checkbox"/> -CONTROLS OBVIOUS EXTERNAL BLEEDING			2	☠
CARDIAC ARREST: The priority is to initiate compressions immediately at a ratio of 30:2 (compressions to ventilations)							
D	<input type="checkbox"/> -LOR <input type="checkbox"/> -PREVENTS HEAT LOSS <input type="checkbox"/> -SUPPORTS HEAD <input type="checkbox"/> -MANUAL STABILIZATION	D	<input type="checkbox"/> -LOR <input type="checkbox"/> -PREVENTS HEAT LOSS <input type="checkbox"/> -INSTRUCTS NOT TO MOVE <input type="checkbox"/> -SUPPORTS HEAD <input type="checkbox"/> -MANUAL STABILIZATION			2	☠
RBS	<input type="checkbox"/> -EXPOSES & EXAMINES <input type="checkbox"/> -INCOMPLETE <input type="checkbox"/> -STABILIZES & SUPPORTS INJURIES <input type="checkbox"/> -MEDIC ALERTS	RBS	<input type="checkbox"/> -EXPOSES & EXAMINES <input type="checkbox"/> -INCOMPLETE <input type="checkbox"/> -STABILIZES & SUPPORTS INJURIES <input type="checkbox"/> -MEDIC ALERTS			2	☠
COMM:					1		
<input type="checkbox"/> -LOCATION <input type="checkbox"/> -C/C <input type="checkbox"/> -RESPONDERS <input style="width: 40px;" type="text"/>	<input type="checkbox"/> -# OF PT.S <input type="checkbox"/> -MOI / NOI <input type="checkbox"/> -EMS	<input type="checkbox"/> -T-BOG / LITTER <input type="checkbox"/> -AP DRUGS					
<input type="checkbox"/> -LOR <input type="checkbox"/> -ACCESS / EGRESS <input type="checkbox"/> -HELICOPTER	<input type="checkbox"/> -AGE & SEX <input type="checkbox"/> -ETC / UTC / STC <input type="checkbox"/> -HETS	<input type="checkbox"/> -VACUUM MATTRESS <input type="checkbox"/> -NITROUS OXIDE <input type="checkbox"/> -TRAUMA / OXYGEN <input type="checkbox"/> -SAGER SPLINT <input type="checkbox"/> -AED / KING AIRWAYS <input type="checkbox"/> -INVESTIGATION					
TOTAL POINTS						<input style="width: 40px;" type="text"/>	/15

SECONDARY ASSESSMENT															
UNRESPONSIVE				SQ	PTS	CPI	SC	RESPONSIVE				SQ	PTS	CPI	SC
<input type="checkbox"/> -CONTINUOUS PATIENT OBSERVATION					2	☠		<input type="checkbox"/> -S <input type="checkbox"/> -A <input type="checkbox"/> -M <input type="checkbox"/> -P <input type="checkbox"/> -L <input type="checkbox"/> -E					2	☠	
<input type="checkbox"/> -S <input type="checkbox"/> -A <input type="checkbox"/> -M <input type="checkbox"/> -P <input type="checkbox"/> -L <input type="checkbox"/> -E <input type="checkbox"/> -WITNESS					1			<input type="checkbox"/> -O <input type="checkbox"/> -P <input type="checkbox"/> -Q <input type="checkbox"/> -R <input type="checkbox"/> -S <input type="checkbox"/> -T <input type="checkbox"/> -N/A					1		
<input type="checkbox"/> -SPINAL MOTION RESTRICTION (PRN) <input type="checkbox"/> -NOT INDICATED					2	☠		<input type="checkbox"/> -SPINAL MOTION RESTRICTION (PRN) <input type="checkbox"/> -NOT INDICATED					2	☠	
<input type="checkbox"/> -PREVENTS FURTHER HEAT LOSS					1			<input type="checkbox"/> -PREVENTS FURTHER HEAT LOSS					1		
<input type="checkbox"/> -PERFORMS CRITICAL INTERVENTIONS & TREATMENTS (PRN)					2	☠		<input type="checkbox"/> -PERFORMS TREATMENTS (PRN)					1		
V/S <input type="checkbox"/> -GCS <input type="checkbox"/> -RESP <input type="checkbox"/> -PULSE <input type="checkbox"/> -BP <input type="checkbox"/> -T/S <input type="checkbox"/> -PUPILS					2			V/S <input type="checkbox"/> -GCS <input type="checkbox"/> -RESP <input type="checkbox"/> -PULSE <input type="checkbox"/> -BP <input type="checkbox"/> -T/S <input type="checkbox"/> -PUPILS					2	☠	
<input type="checkbox"/> -CONDUCTS A DETAILED PHYSICAL (IF APPROPRIATE)					2			<input type="checkbox"/> -CONDUCTS A DETAILED PHYSICAL (IF APPROPRIATE)					1		
TRANSPORT DECISION: <input checked="" type="checkbox"/> -UTC					2	☠		TRANSPORT DECISION: <input type="checkbox"/> -UTC <input type="checkbox"/> -STC					1		
TOTAL POINTS						<input style="width: 40px;" type="text"/>	/14	TOTAL POINTS						<input style="width: 40px;" type="text"/>	/11

☠ = CRITICAL PERFORMANCE INDICATOR; required skill &/or action that must be performed.

2° RESPONSE: -MOI/NOI -# PT.S -LOR -INJURY/ILLNESS -C-SPINE? -ETC/UTC/STC? -DELEGATION -Tx T: _____

TREATMENTS		CPI	YES NO	NOTES
AIRWAY MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -OPA/NPA/KING LT-D <input type="checkbox"/> -SUCTION <input type="checkbox"/> -POSITIONING	<input type="checkbox"/>	<input type="checkbox"/>	
BREATHING MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -POCKET MASK <input type="checkbox"/> -O ₂ <input type="checkbox"/> -BVM	<input type="checkbox"/>	<input type="checkbox"/>	
CIRCULATION MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -PRESSURE DRESSING <input type="checkbox"/> -PACKING <input type="checkbox"/> -TOURNIQUET <input type="checkbox"/> -CPR	<input type="checkbox"/>	<input type="checkbox"/>	
SPINAL MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -CMS <input type="checkbox"/> -SOFT COLLAR <input type="checkbox"/> -RIGID COLLAR <input type="checkbox"/> -VAC MAT/BOARD	<input type="checkbox"/>	<input type="checkbox"/>	
FRACTURE MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -CMS <input type="checkbox"/> -SPLINT <input type="checkbox"/> -MANUAL TRACTION <input type="checkbox"/> -PELVIC BINDING	<input type="checkbox"/>	<input type="checkbox"/>	
SHOCK MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -BLANKET <input type="checkbox"/> -SUPINE POSITIONING <input type="checkbox"/> -O ₂ <input type="checkbox"/> -LEGS RAISED	<input type="checkbox"/>	<input type="checkbox"/>	
ADVANCED PROTOCOLS	<input type="checkbox"/> -NITROUS OXIDE <input type="checkbox"/> -SAGER SPLINT <input type="checkbox"/> -EPI/DPH <input type="checkbox"/> -SALBUTAMOL <input type="checkbox"/> -AED <input type="checkbox"/> -NITRO/ASPIRIN <input type="checkbox"/> -NALOXONE <input type="checkbox"/> -KING LT-D <input type="checkbox"/> -AUTOPULSE	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MANAGEMENT:	<input type="checkbox"/> -N/A _____	<input type="checkbox"/>	<input type="checkbox"/>	
POSITIONING:	<input type="checkbox"/> -SUPINE <input type="checkbox"/> -SUPINE/LATERAL <input type="checkbox"/> -SEMI-FOWLER <input type="checkbox"/> -HIGH-FOWLER	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSPORT POSITIONING:	<input type="checkbox"/> -N/A <input type="checkbox"/> -SUPINE <input type="checkbox"/> -3/4 <input type="checkbox"/> -SITTING <input type="checkbox"/> -SEMI-SITTING <input type="checkbox"/> -SUPINE/LATERAL <input type="checkbox"/> -UP	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT INTERVAL: T: _____

ON-GOING ASSESSMENT		CPI	YES NO	NOTES
PATIENT OBSERVATION:	<input type="checkbox"/> -LOR <input type="checkbox"/> -ABCDs <input type="checkbox"/> -REASSESS AFTER MOVES <input type="checkbox"/> -CONTINUOUS OBSERVATION	<input type="checkbox"/>	<input type="checkbox"/>	
VITAL SIGNS:	<input type="checkbox"/> -3-5 MIN (UNSTABLE) or <input type="checkbox"/> -10-15 MIN (STABLE)	<input type="checkbox"/>	<input type="checkbox"/>	2° _____ 3° _____
TREATMENT:	<input type="checkbox"/> -ASSESS & ADJUST AS NECESSARY	<input type="checkbox"/>	<input type="checkbox"/>	
COMMUNICATIONS:	<input type="checkbox"/> -RESPONDERS <input type="checkbox"/> -DISPATCH <input type="checkbox"/> -EMS <input type="checkbox"/> -PATIENT	<input type="checkbox"/>	<input type="checkbox"/>	
REPORT TO EMS:	<input type="checkbox"/> -LOR <input type="checkbox"/> -AGE <input type="checkbox"/> -SEX <input type="checkbox"/> -C/C <input type="checkbox"/> -INJURIES FOUND <input type="checkbox"/> -MOI/NOI <input type="checkbox"/> -V/S OFFERED <input type="checkbox"/> -INTERVENTIONS PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	END TIME: T: _____

MANAGEMENT SKILLS	
DECISION MAKING:	<input type="checkbox"/> -PROBLEM ASSESSMENT <input type="checkbox"/> -APPROPRIATE PRIORITIZATION <input type="checkbox"/> -ENSURES OVERALL SAFETY
PROBLEM MANAGEMENT:	<input type="checkbox"/> -ACTION PLAN <input type="checkbox"/> -ANTICIPATION <input type="checkbox"/> -RESOURCE MGMT. <input type="checkbox"/> -SKILL PERFORMANCE <input type="checkbox"/> -TRANSPORTATION
LEADERSHIP:	<input type="checkbox"/> -ATTITUDE <input type="checkbox"/> -ABILITY TO DIRECT <input type="checkbox"/> -CONFIDENCE <input type="checkbox"/> -TEAM INTERACTION

PRE-DEBRIEF QUESTIONS
1) HOW DO YOU THINK YOU AND YOUR TEAM DID OVERALL ON THE SCENARIO?
2) IN RETROSPECT, ARE THERE THINGS YOU WOULD HAVE LIKED TO HAVE DONE DIFFERENTLY DURING THE SCENARIO?
3) ARE YOU PREPARED TO RECEIVE FEEDBACK REGARDING THE SCENARIO?

RESULTS OF EVALUATION							
	CRITERIA	SCALE					TOTAL
	PARTICIPATION (10%)	1	2	3	4	5	____ (x2)
	TEAM INTERACTION (15%)	1	2	3	4	5	____ (x3)
	LEADERSHIP (20%)	1	2	3	4	5	____ (x4)
	SCENARIO MANAGEMENT (25%)	1	2	3	4	5	____ (x5)
	OBSERVABLE KNOWLEDGE (30%)	1	2	3	4	5	____ (x6)
	TOTAL						____/100
I hereby agree with the facts stated on this evaluation & I confirm that it accurately reflects my performance as demonstrated during this evaluation scenario.							
Student's Signature _____							

Note: All times recorded in 24-hour format