

STUDENT	SCENARIO #	DATE	<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		
IDRA: <input type="checkbox"/> -CONDUCTS AN ASSESSMENT FROM TWO METRES <input type="checkbox"/> -DETERMINES PPE LEVEL REQUIRED							
H	HAZARDS IDENTIFIED	MITIGATES <input type="checkbox"/> -X-SKIS/BOARD <input type="checkbox"/> -DELEGATES TASK			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 PT. 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: 30px;" 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							/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"/> -REQUESTS EMS <input type="checkbox"/> -ENACTS LOCAL ERP					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"/> -EFFECTIVE <input type="checkbox"/> -NOT EFFECTIVE <input type="checkbox"/> -EXPOSES & EXAMINES PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O ₂	B	ASSESSES EFFECTIVENESS <input type="checkbox"/> -EFFECTIVE <input type="checkbox"/> -NOT EFFECTIVE <input type="checkbox"/> -EXPOSES & EXAMINES PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O ₂			2	☠
C	ASSESSES PULSES <input type="checkbox"/> -RADIAL PRESENT <input type="checkbox"/> -CAROTID PRESENT ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL	C	ASSESSES PULSES <input type="checkbox"/> -RADIAL PRESENT <input type="checkbox"/> -CAROTID PRESENT ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL			2	☠
RBS	<input type="checkbox"/> -EXPOSES & EXAMINES <input type="checkbox"/> -CONTROLS OBVIOUS HEMORRHAGE	RBS	<input type="checkbox"/> -EXPOSES & EXAMINES <input type="checkbox"/> -CONTROLS OBVIOUS HEMORRHAGE			2	☠
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	☠
COMM: <input type="checkbox"/> -LOCATION <input type="checkbox"/> -CC, MOI / NOI <input type="checkbox"/> -RESPONDERS <input style="width: 30px;" type="text"/> <input type="checkbox"/> -T-BOG <input type="checkbox"/> -VAC MATTRESS <input type="checkbox"/> -# OF PT.S <input type="checkbox"/> -ACCESS / EGRESS <input type="checkbox"/> -EMS, HELICOPTER / HETS <input type="checkbox"/> -SGAD KIT <input type="checkbox"/> -SAGER SPLINT <input type="checkbox"/> -LOR, AGE & SEX <input type="checkbox"/> -CTC / STC <input type="checkbox"/> -AED, TRAUMA / OXYGEN KIT <input type="checkbox"/> -APT MED KIT <input type="checkbox"/> -INVESTIGATION					1		
TOTAL POINTS							/10

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"/> -RE-EVALUATES 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 THOROUGH DETAILED PHYSICAL EXAMINATION <input type="checkbox"/> -EXPOSES, EXAMINES, STABILIZES INJURIES FOUND					2			<input type="checkbox"/> -CONDUCTS A THOROUGH DETAILED PHYSICAL EXAMINATION <input type="checkbox"/> -EXPOSES, EXAMINES, STABILIZES INJURIES FOUND					1		
TRANSPORT DECISION: <input checked="" type="checkbox"/> -CTC					2	☠		TRANSPORT DECISION: <input type="checkbox"/> -CTC <input type="checkbox"/> -STC					1		
TOTAL POINTS							/14	TOTAL POINTS							/11

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

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

TREATMENTS		CPI	YES NO	NOTES
AIRWAY MGMNT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -OPA / NPA / SGAD <input type="checkbox"/> -SUCTION <input type="checkbox"/> -POSITIONING <input type="checkbox"/> -FBAO			
BREATHING MGMNT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -POCKET MASK <input type="checkbox"/> -O2 <input type="checkbox"/> -BVM <input type="checkbox"/> -CPAP			
CIRCULATION MGMNT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -DRESSING / PACKING <input type="checkbox"/> -TOURNIQUET <input type="checkbox"/> -CPR <input type="checkbox"/> -AED			
SPINAL MGMNT:	<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			
FRACTURE MGMNT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -CMS <input type="checkbox"/> -SPLINT <input type="checkbox"/> -MANUAL TRACTION <input type="checkbox"/> -PELVIC BINDING			
SHOCK MGMNT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -TEMP CONTROL <input type="checkbox"/> -SUPINE POSITIONING <input type="checkbox"/> -O2			
ADVANCED PROTOCOLS	<input type="checkbox"/> -NITROUS OXIDE <input type="checkbox"/> -METHOXYFLURANE <input type="checkbox"/> -APAP / IBU <input type="checkbox"/> -SAGER <input type="checkbox"/> -EPI / LORATADINE <input type="checkbox"/> -AED <input type="checkbox"/> -NALOXONE <input type="checkbox"/> -SGAD <input type="checkbox"/> -AUTOPULSE			
OTHER MGMNT:	<input type="checkbox"/> -N/A _____			
POSITIONING:	<input type="checkbox"/> -SUPINE <input type="checkbox"/> -SUPINE/LATERAL <input type="checkbox"/> -SEMI-FOWLER <input type="checkbox"/> -HIGH-FOWLER			
TRANSPORT POSITIONING:	<input type="checkbox"/> -N/A <input type="checkbox"/> -SUPINE <input type="checkbox"/> -3/4 PRONE <input type="checkbox"/> -SITTING <input type="checkbox"/> -SEMI-SITTING <input type="checkbox"/> -SUPINE/LATERAL <input type="checkbox"/> -UP <input type="checkbox"/> -DOWN			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 OBS.			
VITAL SIGNS:	<input type="checkbox"/> -5 MIN (UNSTABLE OR WHEN APT.) <input type="checkbox"/> -10-15 MIN (STABLE OR WHEN APT.)			2° _____ 3° _____
TREATMENT:	<input type="checkbox"/> -ASSESS & ADJUST AS NECESSARY			
COMMUNICATIONS:	<input type="checkbox"/> -RESPONDERS <input type="checkbox"/> -DISPATCH <input type="checkbox"/> -EMS <input type="checkbox"/> -PATIENT <input type="checkbox"/> -BYSTANDER			
REPORT TO EMS:	<input type="checkbox"/> -LOR <input type="checkbox"/> -AGE <input type="checkbox"/> -SEX <input type="checkbox"/> -CC <input type="checkbox"/> -INJURIES FOUND <input type="checkbox"/> -MOI / NOI <input type="checkbox"/> -V/S PROVIDED <input type="checkbox"/> -INTERVENTIONS PROVIDED			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 MGMNT. <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.							WSBC / OFA INSTRUCTOR # <div style="border: 1px solid black; width: 50px; height: 30px; margin: 5px auto;"></div>
STUDENT'S INITIALS _____							

Note: All times recorded in 24-hour format
 = **CRITICAL PERFORMANCE INDICATOR**; required skill &/or action that must be performed.