

# Overall Performance Reflection

## A Guide for Preceptors and Students

The ACP program uses Global Rating Scale (GRS) for all simulations and practical assessments during ambulance placements.

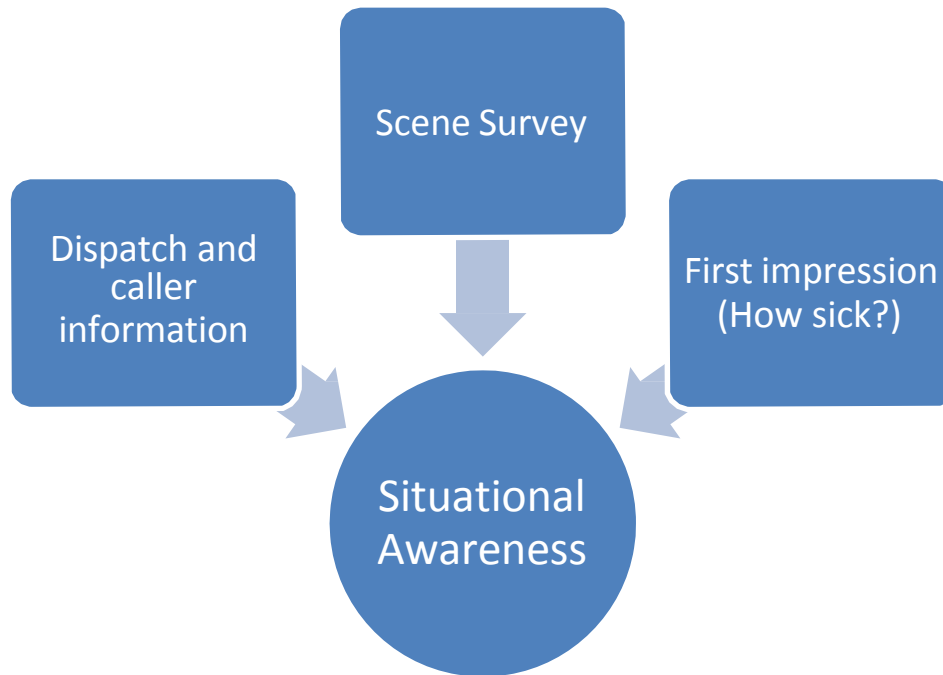
The GRS assessment is completed after each patient care and allows for richer feedback to students with more timely implementation and remediation of the recommendations made by the preceptor.

This guide breaks down and provides an explanation of the various domains – situational awareness, history gathering, patient assessment, decision making, resource utilization, communication, and procedural skill. It also includes helpful strategies for improving overall performance in each of the domains, and the importance of identifying and tracking gaps in knowledge and understanding.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Situational Awareness



Consider situational awareness prior and during the call.

How sick is the patient and what is the sense of urgency?

Prepare for what the team is likely to encounter based on dispatch and caller information.

Acknowledge family - Who are they? What information is needed from them?

Acknowledge fire officials and police - What is needed from them?

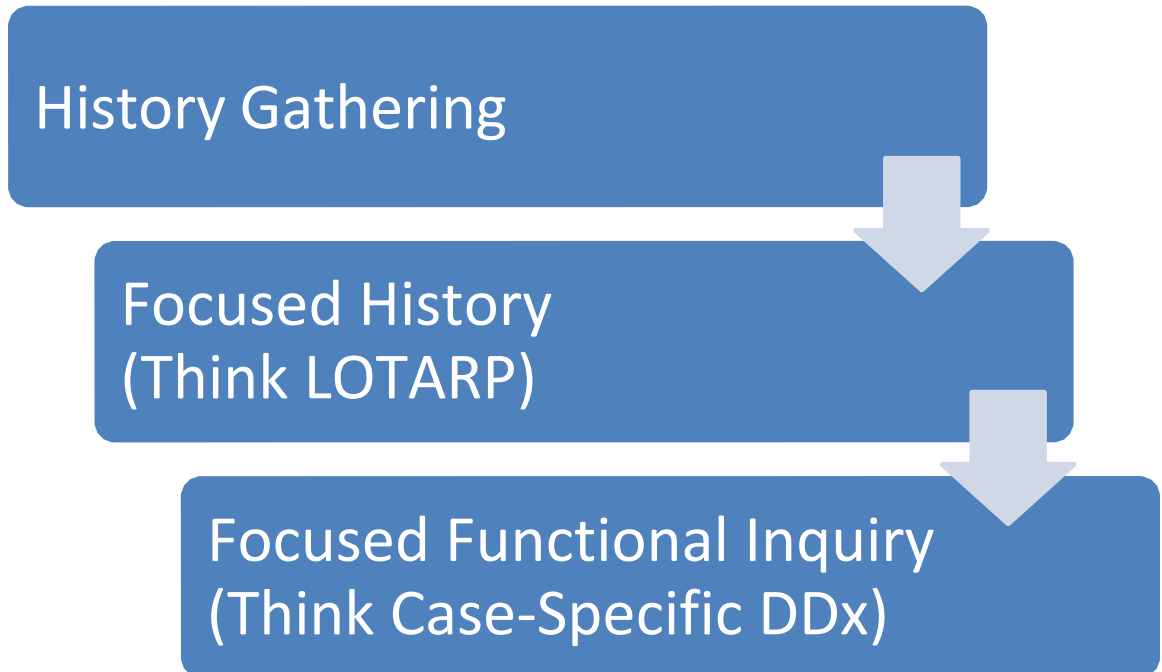
Think physiology (scan monitor for vitals), and pharmacology (ask about important hospital Documents and gather medications).

Situational awareness is part of leadership and anticipating likely events.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### History Gathering



History gathering means working toward a provisional diagnosis.

It is organized and reproducible (think LOTARP for critical information).

Explore differentials (DDx) with case specific functional inquiry.

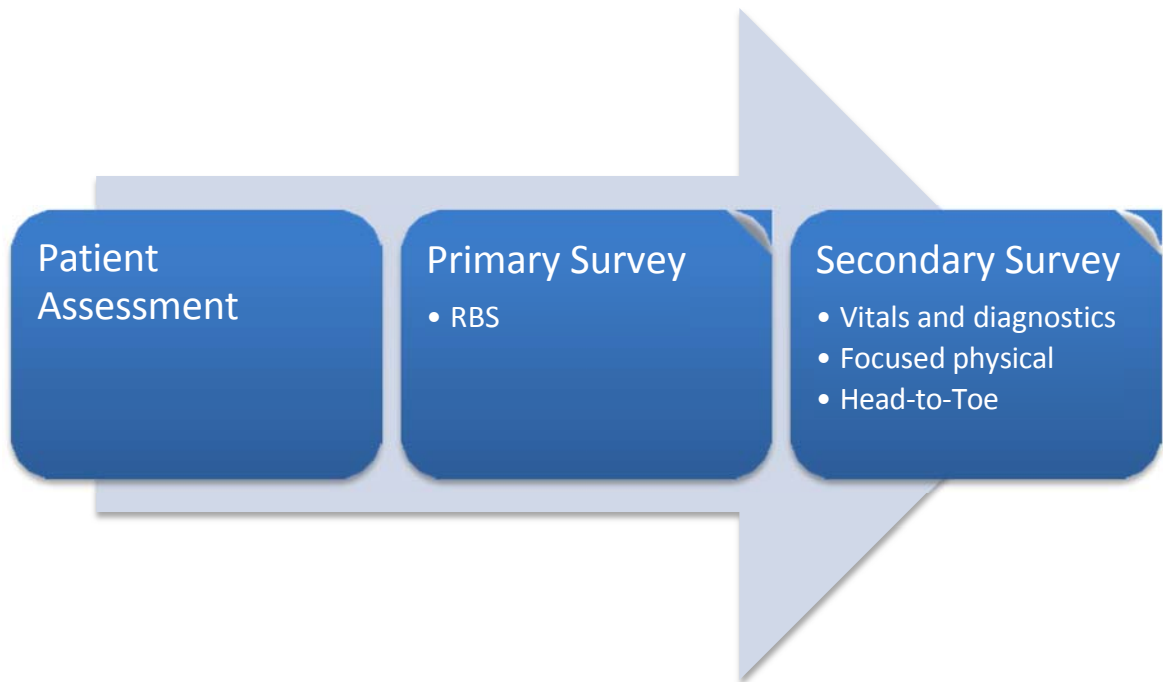
Use medical history and medications to help guide important functional inquiry questions.

Perform general review of systems questions once the focused history is complete.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Patient Assessment



Patient assessment centers on physical exam (as history taking is accounted for) and works toward a provisional diagnosis.

Perform a focused physical exam (including vitals and diagnostics) for differentials.

Perform a complete physical (head-to-toe) once the focused assessment is complete.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Decision Making



Decision making is largely about reaching the correct provisional diagnosis and treatment plan (including protocols).

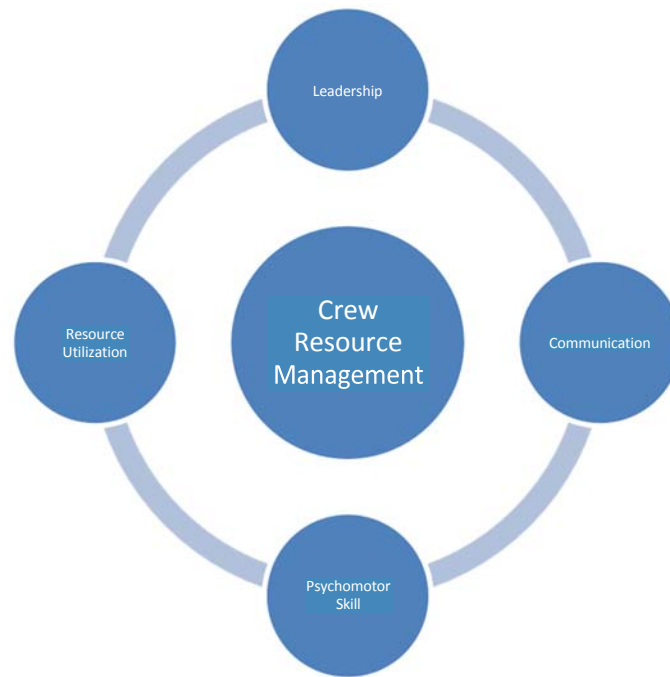
Along the way, there may be critical interventions which need to be prioritized.

Problem solving, decisiveness and the ability to adapt treatment goals, while weighing risks and benefits is all part of the decision making process.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Resource Utilization



Crew resource management (CRM) is how to get the job done the way one intends.

Key components are resource utilization and the ability to perform certain procedural skills in the management of the patient.

Multi-tasking means delegating others so that multiple tasks are being done at the same time.

Leadership and communication are discussed in more detail next.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Leadership



Leadership (reflected in GRS situational awareness, resource utilization, and communication domains) is one of the most important components of call management and often the reason why calls do not go smoothly and things don't get done as intended.

Leadership is heavily based on situational awareness and the ability to anticipate likely events.

Plan strategies so that they are well thought out; think 2-3 steps ahead of where the call is at.

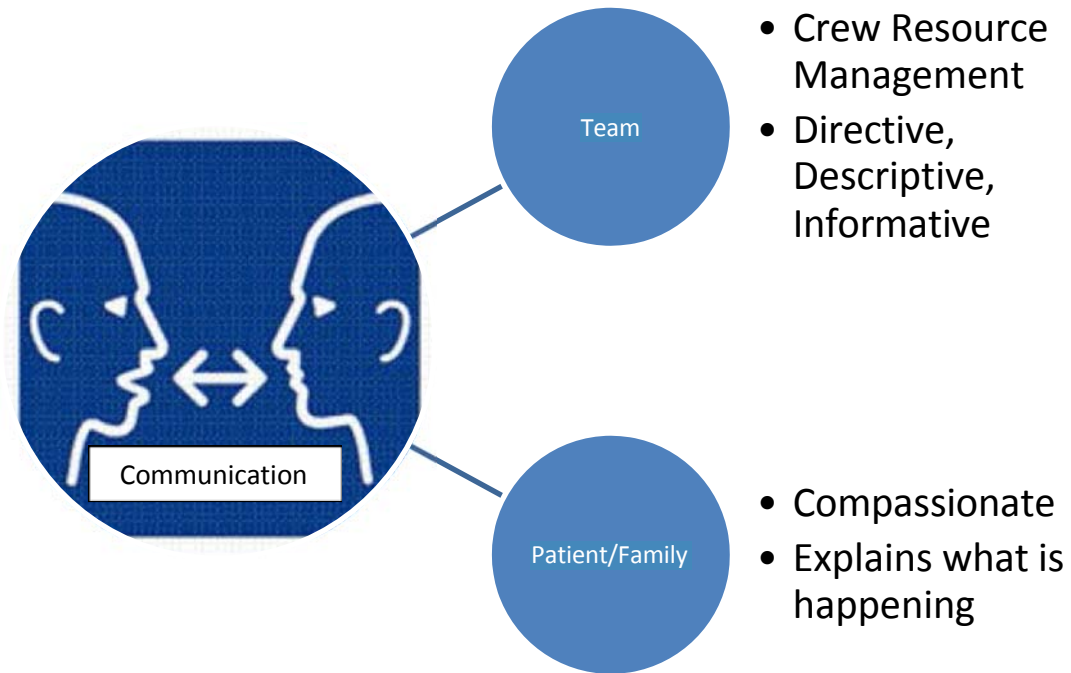
Supervision and helpful guidance can help prevent anticipated failures.

Communication is discussed next.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Communication



Communication is the key to effective resource management.

Communication should be directive, descriptive and informative as needed.

Information must be received and understood; supervise to ensure closed loop communication.

Communication is both verbal and non-verbal and involves listening skills.

Keep the team and patient informed about the plan.

Ensure the patient and family are informed about what is happening.

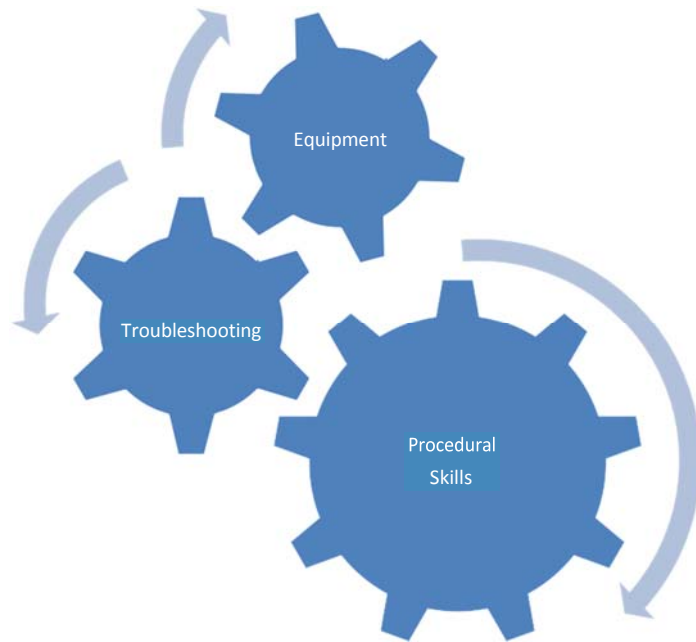
Consider all forms of communication, including written.



# Overall Performance Reflection

## A Guide for Preceptors and Students

### Procedural Skill



Procedural skill mainly reflects the psychomotor.

Consider the procedures, equipment operation, and troubleshooting that are involved in the ACP practice.

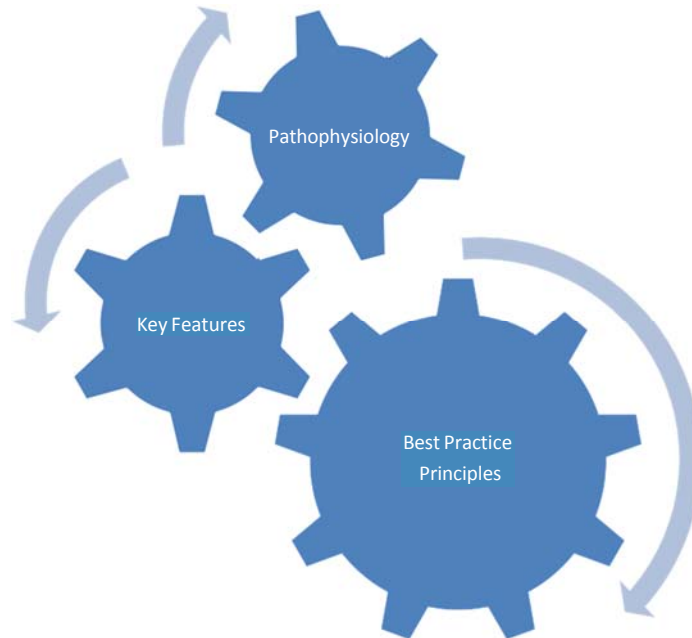
Certain procedures may be best addressed in other domains (i.e. patient assessment).

Not all calls necessarily involve procedures.

# Overall Performance Reflection

## A Guide for Preceptors and Students

### Knowledge and Understanding



Lastly and perhaps most importantly are knowledge and understanding (although these are cognitive domains not in the GRS, they will still be reflected in performance).

Without knowledge and understanding of the key features and pathophysiology of various medical conditions, learners will not be able to diagnose patients and devise the best treatment plans.

Without understanding of protocols and best practice principles, learners will not manage patients effectively or adapt to changes in patient presentation.

Knowledge and understanding are life-long processes.

The additional comment section can be used to track gaps in these cognitive domains.

# Strategies for Improving Overall Performance

## Situational Awareness

Although situational awareness predominates at the start of the call, it must be continually assessed throughout, as it is an important step in avoiding tunnel vision. Situational awareness includes, but is not limited to, the following:

- **Rescue Scene Evaluation:** Hazards, Environment, Mechanisms, Number of Patients
- **Initial Patient Assessment:** Recognition of a stable/unstable patient, Access/Egress management
- **Scene Management:** Medic/Fire/Police acknowledgement, Family/Bystander management

### Strategies:

- Use the approach to the scene to prepare for what you are likely to encounter
- Don't rush to the patient – actually stop at the 'doorway' and look
- Use the approach to the patient as a way to consider access and egress
- Get information from someone who meets you before you encounter the patient
- Get a report from a first responder while looking to see if primary survey interventions are required
- Think of the environment you are in (hazards, lighting, room to work, number of people/patients, noise, distractions, equipment)
- Step back after the primary survey and critical interventions are done
- Step back frequently to perform visual scans of the patient, monitor, and scene
- Try not to turn your back to the patient or monitor
- Do not tie yourself up with unnecessary tasks – delegate!
- Plan 2 to 3 steps in advance and plan for the possibility of failure
- Anticipate likely events

## History Gathering

In history taking, the student should work towards the correct provisional diagnosis in an organized manner. History taking includes, but is not limited to, the following:

- Focused history and functional inquiry
- Development of priority differentials and provisional

### Strategies:

- Think of who the best historian is for the question
- Find out exactly what the C/C is
- Seek out MOI information
- Use LOTARP to help formulate a provisional diagnosis
- Work through an organized LOTARP to address the C/C
- Think of what is associated to the C/C
- Ask about the previous diagnosis
- If LOTARP does not lead to a clear provisional diagnosis, consider the likely differentials
- Ask relevant case-specific functional inquiry (think of the differentials)
- Review medical history and medications to help with questioning
- Consider getting rid of low yield questions
- Follow questions that need further exploration
- Rephrase questions and affirm what is being said
- Pause and listen!
- Practice LOTARPs for any given C/C you are likely to encounter
- Link the LOTARP to a focused physical exam based on the differentials

## **Patient Assessment**

The patient assessment involves physical exam relevant to differentials and patient presentation. It also aims at accounting for patient changes, clinical trends and response to treatment. The patient assessment includes, but is not limited to, the following:

- Appropriate primary and secondary survey
- Focused physical, vital signs, and diagnostics supported by relevant historical features
- Development of priority differentials and provisional
- Ongoing assessments

### **Strategies:**

- Do not do rote assessment
- Assessment starts during the primary survey
- Link the physical assessment to the history
- Prioritize the differentials and perform a focused assessment for each
- Consider which vital signs help with the differentials
- Consider which ECG findings help the differentials
- Consider other testing (orthostatic tilt, temperature, bG)
- Support the provisional diagnosis with physical findings and vital signs
- Reassess the patient as needed and after treatments
- Practice patient assessment and seize the learning opportunity

## **Decision Making**

The student should consider best practice and current treatment/protocol guidelines to ensure good judgement and safety. The decision to implement a particular treatment plan is assessed here.

Decision making includes, but is not limited to, the following:

- Choosing the most likely provisional diagnosis supported by relevant physical and historical features
- Choosing an appropriate treatment plan (including critical interventions) supported by various call features
  - Prioritizing and problem solving

### **Strategies:**

- Perform focused history and physical assessment in order to formulate a provisional diagnosis
- Use key history and physical features to help rule-in or out the differentials
- Consider a diagnosis of exclusion
- Formulate a treatment plan based on the most likely differential
- Perform critical interventions when required and reassess appropriately
- Ensure call progress and interventions even without a clear provisional diagnosis
- Prioritize treatment decisions
- Weigh risks and benefits of treatment
- Anticipate and plan for contingencies

## **Resource Utilization and Leadership**

This is essentially crew resource management (CRM) and involves using appropriate members of the team to carry out goals or management plans. Resource utilization includes, but is not limited to, the following:

- Situational awareness
- Leadership
- Resource utilization (CRM)
- Effective communication
- Supervision and guidance

### **Strategies:**

- Practice thinking out loud
- Keep the team informed
- Delegate the plan and be assertive
- Utilize your resources for multitasking
- Use directive, descriptive, and informative communication
- Ensure you perform task completion
- Oversee the delegation of action in order to ensure success
- Assist others with task completion
- Perform actions with personal and team safety in mind
- Ensure that all actions are carried out safely
- Double check that delegated tasks have been carried out
- Delegate tasks clearly and to appropriate team members
- Consider the limitations of team members when completing tasks
- Inform the team about the situation
- Address other agencies appropriately and be polite
- Prioritize problems and devise simple and effective strategy
- Anticipate likely events and plan for them ahead of time
- Consider the path of least resistance

## **Communication**

This assessment involves both verbal and non-verbal aspects of communication with the patient, family, bystanders and the team. Communication includes, but is not limited to, the following:

- Listening and responding appropriately
- Professionalism, empathy, concise and appropriate language, proper body language, attitude, and consideration for cultural differences
- Hospital notification, reporting, and phone calls

### **Strategies:**

- Be able to raise your voice
- Use professional language (verbal and non-verbal)
- Use appropriate terminology
- Introduce yourself
- Listen to reports
- Delegate tasks using concise language and closed loop communication
- Be directive, descriptive, and informative as required
- Address the team at appropriate times
- Address the patient and family
- Keep the team informed
- Keep the patient and family informed
- Be polite and professional
- Listen to and consider suggestions
- Do not argue
- Use proper phraseology when communicating on the phone to other health professionals
- Practice giving reports and notifying
- Be humane

## **Procedural Skill**

Procedural skills include all the skills that are part of the paramedic's training. Procedural skill includes, but is not limited to, the following:

- Physical implementation of skills such as: airway placement, IV cannulation, splinting
- Problem solving and troubleshooting equipment failure
- Ensuring team, patient and bystander safety while the attendant performs skills or procedures

### **Strategies:**

- Check equipment ahead of time
- Consider using a checklist
- Anticipate likely equipment failures and learn troubleshooting
- Practice skills
- Practice ahead of time
- Experiment
- Learn to modify practice based on the experience of others
- Ensure skills are safely and correctly performed

## **Knowledge and Understanding**

Refers to the individual's ability to know and understand fundamental concepts in pathophysiology, practice, differentials, and diagnostic tests. This involves a familiarity with guidelines and protocols related to patient care. Important knowledge gaps must be identified and efforts made to review and correct these as early as possible.

### **Strategies:**

- Review treatment guidelines and updates
- Consult and look up information once a knowledge gap is identified
- Pay attention to various local or regional protocols
- Take notes on the key features of various conditions (key history, vital signs and physical findings)
- Learn from case review or peer case studies; do patient follow-up
- Study ahead of time
- Do not memorize; relate the information to patient presentation to help your understanding
- Ask questions to / confirm findings with preceptors and health care providers (physicians, etc.)