

PREPARATION MANUAL FOR THE IN-BASKET EXERCISE

San Francisco Fire Department H-33 Captain, EMS Examination

This manual is divided into six sections:

Section 1 gives you a general overview of the exercise and what it is comprised of.

Section 2 provides a list of the knowledge areas and abilities that may be measured in the exercise.

Section 3 explains what you will be asked to do in the exercise.

Section 4 explains how performance on the exercise will be evaluated.

Section 5 explains how a candidate should prepare for the exercise.

Section 6 explains how and where to direct any questions that you may have about the Preparation Manual.

Section 1: What is the IBE and What is it Comprised of?

The In-Basket Exercise (IBE) is a job simulation, designed to measure your ability to apply the knowledge that a Captain, EMS needs in order to complete his or her daily activities. In the IBE, you will perform tasks that are typically handled by a Captain, EMS. Where appropriate, you will receive background information needed to complete the tasks in the IBE. The IBE will sample from tasks in the following task clusters: counseling and evaluating subordinates, record keeping and document review, report writing and correspondence, maintaining inventories of equipment and supplies, ensuring readiness of vehicles and equipment, and investigating emergency medical service-related incidents and unusual occurrences. The "items" in your in-basket that you need to address are the following:

- 1. A complaint investigation**
- 2. An SFFD EMS Incident Report Form**
- 3. ePCRs completed by other members**

Section 2: What Knowledge Areas and Abilities Does the IBE Measure?

The IBE is designed to measure job knowledge areas and abilities that were identified during the job analysis as critical and essential the first day on the job as a Captain, EMS. The job knowledge areas and abilities tested will come from the following lists:

- Knowledge of SFFD Base Hospital Physician Contact (BHPC) requirements.
- Knowledge of EMS Division Operations Manual and memoranda.
- Knowledge of EMS Division Policy Manual.
- Knowledge of the organization of the SFFD EMS Division.
- Knowledge of the City and County of San Francisco EMSA treatment protocols.
- Knowledge of the City and County of San Francisco EMSA pharmacology index.
- Knowledge of the Department's General Orders.
- Knowledge of the San Francisco City and County EMSA Policies.
- Knowledge of the San Francisco City and County EMSA Protocols.
- Knowledge of the SFFD Rules and Regulations.
- Knowledge of when to use, and how to complete, the SFFD EMS forms.
- Knowledge of how to conduct and interpret the finding of a patient assessment.
- Knowledge of how to write a through, legally defensible incident narrative.

- Ability to recall and record events accurately that occurred at the scene of an emergency response for making journal entries, preparing investigative reports, documenting personnel actions, and/or completing Department reports and forms.
- Ability to complete forms, supply orders, and reports in a timely, concise, and accurate manner.

- Ability to formulate procedures for collecting and combining information from various reports.
- Ability to determine whether reports have been completed correctly.
- Ability to read and interpret written messages and dispatches.
- Ability to question victims/patients and others in a tactful way to get medical history, problem being experienced, and other information needed to provide appropriate medical assistance.
- Ability to comprehend and learn from SFFD and EMSA manuals, training bulletins, and other professional publications.
- Ability to extract information from manuals and to apply to training, EMS response, and investigative activities.
- Ability to present information clearly in a written report or letter.
- Ability to write accurate, descriptive narratives.
- Ability to write a report that describes in concise and objective terms what was observed during an investigation.
- Ability to write a report that presents data in a logical and clear manner, and provide the reasons for recommendations.
- Ability to understand verbal communications from others.
- Ability to explain technical information in a way that is understood by those who need to know.
- Ability to communicate problems with equipment/supplies to others.
- Ability to demonstrate respect for the opinions of others.
- Ability to write technical reports, policies, procedures, and opinions with proper grammar, spelling, and structure.
- Ability to compare the work performance of subordinates to legal requirements and basic principles of EMS response.
- Ability to write sufficiently to complete required paperwork in a timely and accurate manner.
- Ability to determine, from information provided by a complainant, the severity/priority of the complaint.
- Ability to research complaints to determine whether violations of policy or procedure have occurred.
- Ability to select, organize, and present information in writing in a logical order.

Section 3: What Will I be Asked to do in the IBE?

You will be provided with an envelope for each of the three "IBE items". For Items 1 and 2, the envelope will contain background information, and completed forms/reports relevant to completing the specified task – an investigation for Item 1, and documentation of an EMS incident for Item 2. You will also listen to, and take notes regarding, recorded interviews related to Items 1 and 2.

The envelope for Item 3 will contain completed ePCRs that you are to review, and an answer booklet. Written instructions for completing each of the three items will also be contained in the respective envelope.

The administration of the IBE will occur as follows:

Format

- 15 minutes to review and become familiar with Item 1 packet contents
- Listen to Item 1 recorded interviews
- Set Item 1 materials aside
- 5 minutes to review and become familiar with Item 2 packet contents
- Listen to Item 2 recorded interviews
- 2 and ½ hours to complete Items 1 through 3

As you work on the IBE, remember the following:

- You will have 2 and ½ hours to complete the 3 items of the IBE.
- Each in-basket item is independent of the others.
- Instructions for each item will be included in the packet for that item. Be sure to follow the instructions for each item carefully.

Important tips for doing well in the IBE:

- All reference materials needed to complete the IBE will be provided to you, and you may refer to them at any time during the IBE.
- Because there are three separate items to this exercise, it is recommended that you work on each item separately, to avoid confusing the test materials.
- Because your completed reports/forms will be read and evaluated, it is important that your handwriting be legible.
- Remember to pace yourself, so that you can complete each of the three items of the IBE within the allotted time.

Section 4: How is Performance on the IBE Evaluated?

Scoring will involve two groups: one to develop the scoring key, and one to do the ratings. The Scoring Key Development Committee will be comprised of officers at the rank of Captain or above from within the SFFD who will develop the scoring key to be used to rate candidates. The Rating Committee will be comprised of subject matter experts from outside the SFFD who will be trained on the scoring key by a test expert. Your responses to this exercise will be evaluated independently by two raters. After making their independent ratings, the two raters will confer to produce a final rating of your responses.

Section 5: How Should a Candidate Prepare for the IBE?

To prepare for the IBE, you should familiarize yourself with the following:

1. **Reference Materials.** Excerpts from relevant references selected from the "suggested reading list" on the job announcement will be provided to you on the day of the test. You should be familiar with the references on the suggested reading list so that you can quickly locate information that you may need in order to address the items in the IBE. Do not bring references or any other material to the test site, as everything will be provided to you.

2. **Sample Test Materials.** The sample test materials below are similar to the materials that you will receive at the time of the exercise. For these samples, you are only being provided with materials that may not be part of your current job. Materials with which you should already be familiar [e.g., General Form Reports, CAD history, ePCR, email, etc.] are not being provided with this preparation manual, but will be provided as appropriate on the day of the test. Because you should already be familiar with writing a General Form Report, you are not being provided with sample answers to the first two items. The sample answers for the third item are being provided to clarify how to respond to the questions for that item. Those sample answers are only examples.

Sample Test Materials

SAMPLE GENERAL TEST INSTRUCTIONS

General Instructions

You should have the following test materials in front of you:

- *Item 1 Investigation envelope*
- *Item 2 Incident Report envelope*
- *Item 3 Report Review envelope*
- *Excerpts from the SFFD Rules and Regulations*
- *Excerpts from the SF EMSA Protocol Manual*
- *Notepaper for your use, if you so choose, in making notes and/or drafting responses during the exercise*

It is your responsibility to verify that you have all the materials. If at any time you believe that you are missing materials, or if you require additional notepaper, raise your hand and a proctor will assist you.

Exercise Format

The format of the exercise is as follows:

- *15 minutes to review and become familiar with Item 1 packet contents*
- *Listen to Item 1 recorded interviews*
- *Set Item 1 materials aside*
- *5 minutes to review and become familiar with Item 2 packet contents*
- *Listen to Item 2 recorded interviews*
- *2 and ½ hours to complete Items 1 through 3*

At the beginning of the exercise, you will listen to recordings of interviews conducted as part of the investigatory process for Items 1 and 2. Each recording will be played through once, and then played again. It is recommended that you make notes on the relevant information provided in each interview, and check and/or add to those notes during the second playing.

Once the response period begins, candidates will be allowed to use the restroom one at a time. If you choose to use the restroom, you will be using your test time. When you have finished your responses to the three items, raise your hand and a proctor will check and collect your test materials, then release you.

ITEM 1: INVESTIGATION

Sample Candidate Instructions

The following material is in your test packet:

- *A copy of a memo from Deputy Chief, Operations to Captain Candidate*
- *A copy of the CAD history of the specific incident*
- *A copy of the letter of complaint*
- *General Form reports from Lestle and Kodi*
- *Completed Investigatory Interview Acknowledgement Forms*
- *A Ride Along Agreement And Release of Liability*
- *3 transcripts of interviews*
- *EMS Daily Staffing Report for April 2, 2010*
- *A "Sample Investigation" template*
- *A blank "Witness Contact Sheet"*
- *A blank General Form Report – on which you should write your report*

It is your responsibility to verify that you have all the materials. If you believe that you are missing any materials, raise your hand and a proctor will assist you.

Instructions

Your task is defined in the memo from the Deputy Chief of Operations to you, Captain Chris Candidate. Once you have completed your report, place it and any appropriate attachments [as specified in the memo] into the "Item 1" envelope. If there is any material listed in the memo that you are unable to place in the envelope, you should indicate so in the investigation report. Materials placed into the envelope will be rated. You will be penalized for unrelated or unnecessary items in the envelope. Therefore, you should place in the envelope only those items that are appropriate to complete the investigation report. Do not seal or close the clasp on the envelope.

Sample Test Materials

Memo from Deputy Chief Operations to Captain Chris Candidate

**DEPUTY CHIEF – OPERATIONS
MEMORANDUM**

TO: Captain, EMS Chris Candidate, RC 6
FROM: Patrick Gardner, Deputy Chief of Operations
DATE: April 6, 2010
SUBJECT: Investigation of Potential Employee Violation of the SFFD Rules and Regulations

You are assigned to investigate and report on the allegations in the attached complaint. Disciplinary investigations are confidential, and you are reminded to take appropriate steps to maintain the confidentiality of the investigation.

Please collect all pertinent documents and interview all necessary witnesses. List all witnesses and their contact information on the enclosed "Witness Contact Sheet". When you interview an employee under investigation, you must have the employee and any representative complete the enclosed "Acknowledgement" form at the end of the interview.

At the end of the investigation, you must submit a written report with your factual findings, analysis, and conclusion about whether the employee engaged in a breach of duty of misconduct, including any violation of the City or Department Rules and Regulations, General Orders, Policies, Procedures, or Manuals. Do not include any opinions or recommendations regarding levels of discipline in your written report, and do not discuss potential discipline with an employee under investigation or the employee's representative. Mark your report "DRAFT", and "ATTORNEY-CLIENT PRIVILEGED".

You are directed to submit your written report by May 18, 2010. When you submit your report, please submit your entire investigative file, including the following:

- Your report with unmarked copies of any written complaint and all documents mentioned in the report as attached exhibits
- Any tapes or other interview recordings, and any transcripts of recordings
- Any notes taken during interviews [you should always retain your interview notes; however, if an interview is recorded, you should discard your notes for that interview after you prepare the report]
- Any documents collected during the investigation, but not used as exhibits to the report
- Any pictures or other evidence collected
- The completed Witness Contact Sheet

If you have any questions regarding this matter, you may contact me at 558-3402.

Enclosure: Investigative File

Sample transcript of interview

Interview Transcript: Ms. Anya Celonge' – April 20, 2010

CC: "This is Captain Candidate. It is 10:00 AM on Tuesday April 20th, 2010. I am interviewing Ms. Anya Celonge' regarding incident #10009410. Ms. Celonge', how are you today?"

AC: I am fine thank you.

CC: "Your name was referred to me by Lieutenant Elisin at the zoo. He indicated that you witnessed the incident on April 2nd near the lion enclosure, and, if you don't mind, I would like to talk to you about that."

AC: "Sure, I remember it quite well. It wasn't that long ago you know."

CC: "Yes, yes. Do you mind that I am recording our conversation?"

AC: "No, I am sure you are quite good at this."

CC: "Thank you. To begin, your first name is Anya spelled 'a', 'n', 'y', 'a'."

AC: "That's correct. My last name is spelled 'c', 'e', 'l', 'o', 'n', 'g', 'e', with the apostrophe after it. That's French Canadian you know."

CC: "I've got it. Now, what do you remember about the incident."

AC: "Well, as I said it wasn't that long ago. I was visiting the zoo like I do regularly. My friends and I are all zoo patrons. If you are interested in being a zoo patron, you can call me at 415.555.6792 and I can tell you how."

CC: "That's good to know."

AC: "As I was saying, I heard a scream coming from behind the lion enclosure. Two police ran right by me and disappeared behind the enclosure. I couldn't see what was happening, but there was a lot of shouting, and it sounded like someone was really in trouble."

CC: "Did you see anything else?"

AC: "No. After that I went to the monkey exhibit. It is the best exhibit you know."

CC: "I was not aware of that, but thank you so much for your time."

Investigation template

SAMPLE INVESTIGATION

San Francisco Fire Department



BUREAU OF INVESTIGATIVE SERVICES

MEMORANDUM

To: Joanne Hayes-White, Chief of Department
Through: Patrick Gardner, Deputy Chief of Operations
From:
Date: February X, 2009
Subject: Inappropriate Conduct; Firefighter XXXXXXXX

Background

At the request of the Deputy Chief of Operations, I investigated Firefighter XXXXXX

Scope of Investigation

To determine if Firefighter XXXXX violated Departmental Rules and Regulations by his actions.

Summary of Findings

My investigation determined that Firefighter XXXX submitted documentation requesting

Investigatory Process

I interviewed the following individuals:

- Firefighter XXXXX
- Firefighter XXXXXXXX
- Lieutenant XXXXXXXX

I collected and reviewed the following documents:

- A. Employee Work History
- B. E-Mail dated April 14, 2006 from XXXXXXXX

Summary of Interviews

Firefighter XXXXXXXX

I spoke with Firefighter XXXXX on May 2, 2006 regarding

Conclusion

Firefighter XXXXX is familiar with the Request for

Recommendations

Violations

Article 3704 – Applicable Rules

Any officer or member on leave of absence with or without salary shall comply with all applicable rules of the Department.

Article 3803 – Accumulation Of Sick Leave

Sick Leave With Pay is a privilege recognized by Charter and by Ordinance of the Board of Supervisors and should be requested and granted only in cases of absence because of illness which incapacitated the employee for the performance of duties or as otherwise defined in this Rules.

Article 3811– General Regulation

No member off duty on Sick Leave as defined in section 3802(1) shall absent themselves from their residence or place of confinement when such absence would aggravate or be detrimental to their physical condition.

Article 3905 - Unfamiliarity with Rules

Members shall become thoroughly familiarity with and observe all rules, regulations, orders, practices and procedures of the Department.

Article 3918 – Unauthorized Leave of Absence & Abandonment of Employment

Absence from duty without proper authorization in excess of five (5) continuous working days shall constitute abandonment of the position.

General Order 02 A-59 Reporting of Work Related Injuries

Employees shall immediately report all occupational injuries and illnesses no matter how minor, to their immediate supervisor.

Signature

Sample Witness Contact Sheet

Accused Member: _____

Investigator: _____

WITNESS CONTACT SHEET

Witness Name	Station/Work Address	Home Phone	Cell/Other

ITEM 2: SFFD INCIDENT REPORT FORM

Sample Candidate Instructions

In your test packet, you have the following materials:

Reference Documents

- *Email of complaint*
- *General Form Reports*
- *CAD Hx*
- *A completed ePCR*
- *A completed Infrequently-Used Procedures Form*

Answer Pages

- *Blank SFFD EMS Incident Report Form*
- *Lined pages for the narrative portion of the SFFD EMS Incident Report*

Instructions

Your task is to complete the enclosed SFFD EMS Incident Report Form based on the information provided in the two interviews and the information contained in the reference documents listed above.

When you are finished, place all of the Item 2 materials back into the envelope. Do not seal or close the clasp on the envelope.

Sample Infrequently-Used Procedures Review



San Francisco Emergency Medical Services Agency
Infrequently-Used Procedures Review

Instructions					
<p>1. An "Infrequent Skill" form should be completed for <i>each</i> separate skill. For example, a patient who receives intubation and pacing should have one form completed for the intubation, and one for the pacing. Advanced airway procedures are considered one (class of) intervention. A patient who receives one nasal intubation attempt, an oral attempt, and then a combi-tube placement will have a single form completed, with each (airway) procedure identified in sequence.</p> <p>2. For Oral Intubation, an "attempt" is defined as insertion of the blade (laryngoscopy). For the purposes of this data collection, an attempt is <i>not</i> defined as an effort to pass the tube past the vocal cords.</p> <p>3. An attempt is For Nasal Intubation, each pass of the tube past the nares on one "attempt"</p> <p>4. Field supervisors should review the patient care report to assure the PCR meets EMSA "documentation for adherence to protocol" as defined for each specific intervention.</p> <p>5. "Years of experience" is total as a licensed paramedic, not for a particular provider</p> <p>6. "Medic ID" is the first two letters of the last name, and the first four of the social security number. <i>Example: Attendant Name: Smith, John Medic ID: SM1234</i></p> <p>7. The completed form should be forwarded to the provider quality management team. This form contains Protected Health Information; handle in a confidential manner.</p>					
Response & Patient Information					
Case Number	10010239	Incident Date	04/14/10	Dispatch Time	05:35
Provider	SFFD	Unit ID	M108	Medic ID:	TH2682
Attendant Name	THOMFORD			Years experience as paramedic	17
Patient Name	Tasker			Age	35
Weight	205	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Data Card #	
Primary Impression					
Infrequently Used Procedure					
<input type="checkbox"/> Endotracheal Intubation	<input type="checkbox"/> Synchronized Cardioversion	<input type="checkbox"/> CPAP			
<input type="checkbox"/> King tube placement	<input type="checkbox"/> Transcutaneous Cardiac Pacing	<input type="checkbox"/> Needle Crichothyrotomy			
<input type="checkbox"/> Nasotracheal Intubation	<input type="checkbox"/> Pediatric Intraosseus Infusion	<input type="checkbox"/> PVAD Access			
<input type="checkbox"/> Pleural Decompression	<input checked="" type="checkbox"/> Adult Intraosseus Infusion				
Attempt By (print name)	THOMFORD	Medic ID	TH2682	Procedure	ADVT
Attempt By (print name)		Medic ID		Procedure	
Attempt By (print name)		Medic ID		Procedure	
Attempt By (print name)		Medic ID		Procedure	
Base Physician Contact	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Physician Name:			
BLS airway intervention (check all that apply)					
<input type="checkbox"/> No BLS intervention	<input type="checkbox"/> Oral pharyngeal airway	<input type="checkbox"/> 1 Rescuer assisted ventilation			
<input type="checkbox"/> Nasal Cannula O2	<input type="checkbox"/> Nasal pharyngeal airway	<input type="checkbox"/> 2 Rescuer assisted ventilation			
<input type="checkbox"/> Non-rebreather mask	<input type="checkbox"/> Bag Valve Mask (BVM)				
Quality of BLS Ventilation	<input type="checkbox"/> Poor (no air movement or chest rise)	<input checked="" type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Fair (little air movement - chest rise ≤ 1 inch)	<input type="checkbox"/> Not known			
	<input type="checkbox"/> Good (good air movement - chest rise > 1 inch)				

Field Crew: Complete the next three sections for advanced airway and intubation

Intubation placement confirmation (check all that apply)		Circle the view when the cords were visualized:	
Vocal cords clearly visualized Y <input type="checkbox"/> N <input type="checkbox"/> Lung sounds confirmed (both medics) Y <input type="checkbox"/> N <input type="checkbox"/> EDD bulb reinflated < 5 sec Y <input type="checkbox"/> N <input type="checkbox"/> Capnometer reading <input type="checkbox"/> Purple <input type="checkbox"/> Yellow <input type="checkbox"/> Beige End tidal CO2 reading _____ mm Hg Comments: _____			
Indicate all encountered difficulties and complications. Check all that applies for both successful and unsuccessful advanced airway procedures.			
<input type="checkbox"/> Intact gag reflex <input type="checkbox"/> Clenched jaw or trismus <input type="checkbox"/> Patient combative <input type="checkbox"/> Laryngospasm <input type="checkbox"/> Unable to visualize cords <input type="checkbox"/> Vomiting <input type="checkbox"/> Epistaxis <input type="checkbox"/> Esophageal intubation - detected immediately <input type="checkbox"/> Esophageal intubation - delayed detection (after tube secured) <input type="checkbox"/> Esophageal intubation - detected in ED <input type="checkbox"/> Unable to confirm tube placement <input type="checkbox"/> Tube dislodged during transport		<input type="checkbox"/> Anterior cords (anatomy) <input type="checkbox"/> Small mouth <input type="checkbox"/> Large tongue <input type="checkbox"/> Short/fat neck <input type="checkbox"/> Poor neck flexibility <input type="checkbox"/> Oral/facial trauma <input type="checkbox"/> Foreign body in airway <input type="checkbox"/> Other complications: d _____ <input type="checkbox"/> Intubation attempted, but arrived at ED before completed <input type="checkbox"/> Initial ETI attempt, pt improved and did not need ETI <input type="checkbox"/> Initial NTI attempt, pt improved and did not need NTI <input type="checkbox"/> Equipment failure - (explain) _____	
What did you do in response to the difficulties encountered?			
<input type="checkbox"/> Reattempted - no change <input type="checkbox"/> Re-positioned patient <input type="checkbox"/> Suction <input type="checkbox"/> Other: _____		<input type="checkbox"/> Tried different procedure <input type="checkbox"/> Change tube size <input type="checkbox"/> Changed blade <input type="checkbox"/> Removed foreign body <input type="checkbox"/> Applied cricoid pressure <input type="checkbox"/> Changed rescuer <input type="checkbox"/> Not Applicable	
Complications comments			

Paramedic Field Supervisor Evaluation			
Field Supervisor Notification	<input type="checkbox"/> Dispatched <input type="checkbox"/> Special Called	Contacted Crew	<input checked="" type="checkbox"/> On Scene <input type="checkbox"/> At hospital after patient tx/intervention <input type="checkbox"/> Later during shift (after crew departed hospital)
Supervisor Involvement	<input type="checkbox"/> None <input type="checkbox"/> Observation only <input type="checkbox"/> Provide direction to crew <input type="checkbox"/> Directly perform skills:		
Supervisor Name	Farlee, J FA3371		Unit: RC05
Field Supervisor comments: INSERTED 18mm I.O. Needles in full arrest patient with good IV flow. No swelling @ site			
Supervisor signature: _____			
Receiving Hospital Information			
Receiving Physician Name:		Hospital:	
Patient condition upon arrival: (NOT APPLICABLE)			
Intubation: <input type="checkbox"/> Successful Intubation <input type="checkbox"/> Esophageal Intubation <input type="checkbox"/> Unable to determine (explain in comments)			
Method of verification:			
Physician comments:			
Physician Signature:			
Patient Disposition:	<input type="checkbox"/> Admitted <input type="checkbox"/> Discharged <input type="checkbox"/> Died in ED <input checked="" type="checkbox"/> Other: (explain in comments) PROMANATO - OMS		

Blank EMS Incident Report Form

SFFD EMS Incident Report Form

FORWARD DIRECTLY TO: Quality Assurance Committee

This report form contains protected health information. The completed report and attached documentation should be forwarded directly to the EMS Division in a sealed interoffice envelope.

Reporting Captain:		Report Date:	
Assignment:		Time of Intake:	

Incident Information

Date	
Time	
CAD #	
Location	
Nature	

Patient Information:

Name	
Address	
Telephone	

SFFD Personnel

MEDIC UNIT:	
Paramedic	
EMT	
Other Apparatus: (engine / truck / squad)	
Officer	
Paramedic	
EMT	
Driver	
FF	

Hospital Personnel

Hospital personnel (if applicable; identify role in narrative)	
Hospital	
Attending MD	
Charge Nurse	
Nurse	
Other	

Other Witness

Name	
Telephone	
Address	
Relationship	

Information Source Checklist (include name):

<input type="checkbox"/> Interview with Reporting Party <i>R/P Name:</i>	<input type="checkbox"/> Written Statement from Reporting Party <i>(if applicable)</i>
<input type="checkbox"/> Interview with Officer(s), Medics, FF(s), EMT(s)	<input type="checkbox"/> Written Statement from Officer(s), Medic(s), FF(s), EMT(s)
<input type="checkbox"/> Hospital ER/Inpatient Medical Records	<input type="checkbox"/> PCR Review (copy included?)
<input type="checkbox"/> Report from Medical Examiner	<input type="checkbox"/> CAD Records
<input type="checkbox"/> Base Hospital Audio Tape	<input type="checkbox"/> Communications Audio Tape
<input type="checkbox"/> Other Sources:	<input type="checkbox"/> Other Parties:

Nature of Incident (*commendation, near miss, adverse event, demeanor, other...*)

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Narrative:

<p>Incident Description (describe event in chronological order):</p> <p>Investigative Actions (describe your actions):</p> <p>Investigative Findings:</p> <p><i>Impact on patient: (near miss, possible harm, unknown)</i></p> <p><i>Consider Contributing Factors/Probable Cause:</i></p> <ol style="list-style-type: none"> 1. <i>Policy/Protocol/Procedure -</i> 2. <i>Communications: (team communication; handoff between crews or at hospital)</i> 3. <i>Environment -</i> 4. <i>Equipment -</i> 5. <i>Situational Awareness -</i> 6. <i>Scheduling/Fatigue -</i>
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Recommendations (if applicable):

Action(s) Taken/Recommended	Date	Initial
<input type="checkbox"/> No action necessary		
<input type="checkbox"/> Coaching (completed/pending)		
<input type="checkbox"/> Oral counseling		
<input type="checkbox"/> Referral for possible disciplinary action		
<input type="checkbox"/> Review of SFFD policy (develop/revise)		
<input type="checkbox"/> Review of County policy (develop/revise)		
<input type="checkbox"/> Follow-up with Reporting Party		
<input type="checkbox"/> Review Bill		
<input type="checkbox"/> Future Monitoring for similar occurrences		
<input type="checkbox"/> Other:		

Signature _____

Date _____

ITEM 3: REPORT REVIEW

Sample Candidate Instructions

Packet Contents

In your test packet, you should have the following material:

- *Four completed Patient Care Reports [ePCRs]*
- *An answer booklet including a cover page and 12 double-sided pages*

It is your responsibility to verify that you have all of the materials. If you believe that you are missing any materials, raise your hand and a proctor will assist you.

The four ePCRs have been completed by paramedics in your response area. Based on the reference material provided and the information contained in each report, your task is to review the four reports to determine whether they have been completed correctly. You must also assess for each incident whether, based on the information provided, the treatment was administered in accordance with relevant San Francisco EMSA Protocol. For each of the four reports, you must answer three questions:

1. *Were there errors made in completing the form?*

For example, are the dates and times in the form logical? Are the names consistent? Etc.

2. *Was any pertinent clinical data omitted from the form?*

Based on the treatment administered, was all relevant information provided on the form?

3. *Was San Francisco EMSA Protocol followed in the administration of treatment?*

Answers to this question must be based on the EMSA Protocol excerpts provided.

You have been provided with notepaper on which you may make notes and/or draft your responses to the questions. However, your final responses must be written in the Answer Booklet on the pages specified for the particular ePCR [the patient name on the PCR must correspond with the patient name in the upper left-hand corner of the Answer Booklet pages]. Your answers must be legible and easily understood in order to be fairly evaluated by the raters.

When you are finished, place the Answer Booklet and the four ePCRs back into the envelope.

Sample ePCR

FINAL

San Francisco Fire Department Patient Care Report

PATIENT INFORMATION

Name:	Hearst, Leonard	Phone:	none given	DL Info:	
SSN:	none given	DOB:	03/28/64	Weight:	185 lbs.
Sex:	Male	Home Address:	1720 30 th Ave. San Francisco, CA. 94122	Mailing Address:	1720 30 th Ave. San Francisco, CA. 94122
Race:	Caucasian				

RUN/CREW INFO

RESPONSE INFO

DISPOSITION

TIMES

Inc. Dt:	04/23/2010	Resp. Priority:	Code 3	Outcome:	Treated, Transported by EMS	Dispatch:	19:43 04-23-10
Inc. No:	1001220	Nature Of Call:	Fall	Dest. Reason:	By request	At Scene:	19:47 04-23-10
Vehicle:	408	Location:	1720 30 th Ave	Trns. Priority:	Code 2	Transport:	20:09 04-23-10
Doc'd By:	Silverado, Rudy	Pt. Found:	At Scene	Destination	CPMC - Pacific Campus Dept: Emergency Department 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115	At Dest.:	20:07 04-23-10
Assisted By:							

IMPRESSIONS

Primary Impressions:	Trauma - Upper	Extremities - Deformity	
Secondary Impressions:	Trauma - Upper	Extremities - Deformity	

NARRATIVE

ARRIVE ON SCENE TO FIND 36 Y/O M A&OX4 IN MOD. DISTRESS C/O LEFT UPPER ARM PAIN. PT. STATES HE FELL DOWN 5 CONCRETE STAIRS WHILE CARRYING BOXES OUT TO AUTO. PT LEFT HUMERUS DEFORMED. GIVEN MS PRIOR TO MOVEMENT DISTAL CMSTP INTACT. PT PLACED IN SLING / SWATH. PT PROVIDED TX AS BELOW. PT DENIES HEAD / BACK PAIN, CP, SOB, NV, DIZZINESS, LOSS OF CONSCIOUSNESS. PT. CARE TRANS TO CPMC WITHOUT INCIDENT.

HISTORY

Allergies	
PCN	
Chief Complaint	
FALL	
Medications	
Denied by Patient -	
Method of Injury	
Fall	
Past Medical History	
None	

TRAUMA

Mechanism of Injury - Fall - down stairs

ASSESSMENTS

By: SILVERADO, RUDY

Comments:

Body Area	Assessment	Body Area	Assessment
Airway	Patent	Breathing	Normal Respirations
Circulation	Pulses - Radial - Normal (2 +)	LOC	A&O to person, place, time, event
Central Nervous System	Neuro Sensory and Motorfunction Normal	Blood/Fluid Loss	None noted.
Head	Assessed with No Abnormalities	Face	Assessed with No Abnormalities
Left Ear	Assessed with No Abnormalities	Right Ear	Assessed with No Abnormalities
Left Eye	Assessed with No Abnormalities	Right Eye	Assessed with No Abnormalities
Nose	Assessed with No Abnormalities	Neck	Assessed with No Abnormalities
Trachea	Midline	Chest	Assessed with No Abnormalities
Abdomen	Assessed with No Abnormalities	Back - Upper	Assessed with No Abnormalities
Back - Lower	Assessed with No Abnormalities	Pelvis	Assessed with No Abnormalities
Genitalia	Not Assessed	Upper Left Arm	Assessed with No Abnormalities
Upper Right Arm	Deformity	Lower Left Arm	Assessed with No Abnormalities
Lower Right Arm	Assessed with No Abnormalities	Left Hand	Assessed with No Abnormalities
Right Hand	Assessed with No Abnormalities	Upper Left Leg	Assessed with No Abnormalities
Upper Right Leg	Assessed with No Abnormalities	Lower Left Leg	Assessed with No Abnormalities
Lower Right Leg	Assessed with No Abnormalities	Left Foot	Assessed with No Abnormalities
Right Foot	Assessed with No Abnormalities	Throat/Mouth	Assessed with No Abnormalities

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	EtCO2	Glucose	GCS
19:52	110/70	86, Strong	18 Normal,	100 %, Source: Room Air		138	E4+V5 +M6 = 15
Auscultated Regular Regular Skin Temp = warm Skin Color=Normal (Patient Baseline) Skin Moisture=Dry Lung Sounds Left=Normal / Clear Lung Sounds Right=Normal/Clear Cap Refill= Normal Pupil Size: Left=5, Right=5 Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale= () ; Arm Movement : Left=Spontaneous, Right=Spontaneous; Leg Movement Left=Spontaneous, Right=Spontaneous; ECG=Normal Sinus Rhythm							
Taken By:	SILVERADO, RUDY						
20:02	110/70	86, Strong	18 Normal,	100 %, Source: Room Air		138	E4+V5 +M6 = 15
Auscultated Regular Regular Skin Temp = warm Skin Color=Normal (Patient Baseline) Skin Moisture=Dry Lung Sounds Left=Normal / Clear Cap Refill= Normal Pupil Size: Left=5, Right=5 Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale= () ; Arm Movement : Left=Spontaneous, Right=Spontaneous; Leg Movement: Left Spontaneous, Right=Spontaneous; ECG=Normal Sinus Rhythm							
Taken by:	SILVERADO, RUDY						

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
19:54	Oxygen		SILVERADO, RUDY	
	Device=Adult Cannula		Indication=Other	LPM=4 LPM
	Result=No Change			
19:58	Morphine		SILVERADO, RUDY	
	Dosage=8 mg		Route=IVP	Indication=Pain Management
	Result=No Change			
20:03	Morphine		SILVERADO, RUDY	
	Dosage=8 mg		Route=IVP	Indication=Pain Management
	Result=Pain Reduction			

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Comments
20:08	Morphine		SILVERADO, RUDY	
	Dosage=8 mg		Route=IVP	Indication=Pain Management
	Result=Pain Reduction			
Time	PTA	Treatment	Who performed	Comments
19:57	Splinting		SILVERADO, RUDY	
	Type=Sling/Swath		Extremity=Upper Extremities	Indication=Possible FX/Dislocation
	Result=Immob. w/o CSM Change			
Time	PTA	Treatment	Who performed	Comments
19:57	IV		DENTON, CARY	
	IV Site=Left forearm		IV Rate= TKO	IV Volume=100 ml.
	IV Size=18 G		Number of Attempts=1	Result=Successful

SIGNATURES

Time	Type	Who signed	Why patient did not sign
20:12	Unable to Sign - CMS Crew Signature	SILVERADO, RUDY	Emergency Transport
		By signing here, I, RUDY SILVERADO, certify that the patient was physically or mentally incapable of signing and no authorized representative was available to sign on their behalf.	
X	_____		
	CMS Facility Acknowledgement	Health Care Provider -	Emergency Transport
		I hereby acknowledge that this facility received patient [NAME] from crew member [NAME].	
X	_____		
	Patient Accepts Treatment and Transport		Emergency Transport
		This is acknowledgement that I, LEONARAD HEARST accept treatment and transport by crew member(s) RUDY SILVERADO.	
		I, LEONARD HEARST, understand that I am financially responsible for the services provided to me by the San Francisco Fire Department (SFFD), regardless of insurance coverage.	
		I request that payment of authorized Medicare, Medicaid, or other insurance benefits be made on my behalf to SFFD for any services provided to me by SFFD now or in the future. I agree to immediately remit to SFFD any payments that I receive directly from any source whatsoever for the services provided tome now or in the future.	
		I authorize and direct any holder of medical information or documentation about me to release such information to the Centers for Medicare and Medicaid Services and its carriers and agents, and/or SFFD and its billing agents, and/or other payers or insurers, as may be necessary to determine these benefits or other benefits payable for services provided to me by SFFD.	
X	_____		

Sample Answer Booklet for ePCR Review

PAGES FOR PATIENT: HEARST, LEONARD

1. Were there errors made in completing the form? [Make an "X" mark in the appropriate box]

Yes

No

If the answer is "no", proceed to the next question. If the answer is "yes", use the lines below to list the errors, then proceed to the next question.

Arrival time at hospital does not agree with transport time.

Left arm deformity documented in "right arm" column.

Medic did not sign form.

PAGES FOR PATIENT: HEARST, LEONARD

2. Was any pertinent clinical data omitted from the form? [Make an "X" mark in the appropriate box]

Yes

No

If the answer is "no", proceed to the next question. If the answer is "yes", use the lines below to list the data that was omitted, then proceed to the next question.

Did not document in narrative assessing for neck pain.

Pain scale not provided. P-019

PAGES FOR PATIENT: HEARST, LEONARD

- 3. Was San Francisco EMSA protocol followed in the administration of treatment?
[Make an "X" mark in the appropriate box]

Yes

No

If the answer is "yes", you are finished with this question. If the answer is "no", list the inconsistencies on the lines below. Also, cite the relevant EMSA Protocol number(s).

Exceeded individual morphine dosage. P-019, P-033

Exceeded maximum cumulative morphine dosage w/o Base contact. P-019, P-033

Did not use padded splint. P-033

Did not use cold pack. P-033

Section 6: Answers to Questions Regarding the Preparation Manual

Any questions that you have regarding this Preparation Manual must be submitted via email by 5:00 PM on 05/14/10 to dave.johnson@sfgov.org. A publication containing the answers to questions submitted will be made available to all candidates prior to the administration of the exercise.