**Refresher Quality Assessment Form Cycle B 2018**

Name of IOR or assigned IT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patrol/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned IT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refresher Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ NSP Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check type of event:

□ OEC IT Refresher □ OEC Instructor's Refresher

□ OEC Technician Refresher □ Refresher Planning Meeting

This form is designed as a quality assurance tool to assess the planning and implementation process of the annual OEC refresher. The **station format** section of this form can be completed as part of the refresher planning discussion between the IOR and IT. During the refresher the assigned IT will verify the **station format** section and complete the remaining sections of the QA form. Upon completion of the refresher the assigned IT will provide feedback to the IOR regarding the QA form. Copies of the form will then be distributed to the appropriate individuals listed at the end of the form.

***Station format:* Using the following key, please indicate how the format in which the refresher topics were presented**. (The IOR Refresher Planning Matrix may be attached instead of filling out this section.)

|  |  |
| --- | --- |
| **KEY**  **GP** = Group presentation  **GA** = Group activity  **HO** = Hands-on single practical skill  **D** = Demonstration by instructor  **HS** = Hands-on full scenario problem  **O** = Other (explain)  **GD** = Facilitated small group discussion  **INC** = Incorporated into scenarios throughout refresher (IT to identify station)  **Topics**  **SPECIAL UPDATE TO OEC 5E**  **Spinal Protection**  \_\_\_\_\_\_ Assessment  \_\_\_\_\_\_ Protection  \_\_\_\_\_\_ Cervical Spine Precaution Requirements  **Rescue Basics**  \_\_\_\_\_\_ Scene Safety, BSI, PPE  **Lifts**  \_\_\_\_\_\_ Grips, Three Lifts  **Patient Care**  \_\_\_\_\_\_ Patient assessment, (SAMPLE) | **Critical Interventions**  **\_\_\_\_\_\_** Airway management (O2, Airway, O2 Tank)  \_\_\_\_\_\_ Shock management  **Medical Emergencies**  \_\_\_\_\_\_ Allergies and Anaphylaxis (Epi)  \_\_\_\_\_\_ Gastrointestinal and Genitourinary Emergencies  **Trauma**  \_\_\_\_\_\_ Musculoskeletal Injuries  1. Pelvis  2. Hip  3. Proximal Femur  \_\_\_\_\_\_ Head and Spine – to include helmet removal  \_\_\_\_\_\_ Abdominal and Pelvic Trauma  **Environmental / Medical Emergencies**  \_\_\_\_\_\_ Cold-related Emergencies  \_\_\_\_\_\_ Heat-related Emergencies  **Special Populations**  \_\_\_\_\_\_ Outdoor Adaptive Athletes  \_\_\_\_\_\_ **Case Presentations**  \_\_\_\_\_\_ **Integrated Topics**  **\_\_\_\_\_\_ REMINDER TO HAVE PATROLLERS KEEP WORKBOOK** |

**The following questions are for use by the assigned IT to evaluate the refresher. Please answer all applicable questions. (Attach any additional pages used for your answers and comments.)**

**1.** What type of planning meeting was held in preparation for this event? How far in advance of the refresher was the meeting?

Did you attend? \_\_\_\_\_ In-person or electronically (telephone, Skype, etc.)?

**2.** Was an instructor refresher held in preparation for this refresher? Did you attend and/or monitor it? \_\_\_\_\_ If yes, did you attend in-person or via electronic means (Skype, etc.)?

**3.** How was this refresher developed?

\_\_\_\_\_\_\_ From the "ground up" in addition to using the "Refresher Planning Matrix."

\_\_\_\_\_\_\_ By using the entire sample refresher, or various parts of it.

\_\_\_\_\_\_\_ Combination of the above.

\_\_\_\_\_\_\_ From scratch, without using any of the refresher planning tools.

**4.** Did the IOR, instructors and participants seem to understand the refresher objectives?

**5.** Were all objectives met? \_\_\_\_\_\_ If no, please explain why they were not.

**6.** Were there any shortcomings discovered at the refresher? \_\_\_\_\_\_\_\_If, yes, please mark all that apply.

\_\_\_\_\_ Missed topics? \_\_\_\_\_ Shortage of instructors? \_\_\_\_\_ Equipment failure? \_\_\_\_\_ Other?

If so, what action was taken to remedy them?

**7.** Please comment on the quality and content of the skill stations. Were any of them exceptionally good? (Please describe.) Did each presenter involve the entire group in the presentation, as opposed to lecturing to them? \_\_\_\_ If no, please specify?

**8.** How was the "Case Review" presented? Was it interactive, thought provoking, and/or generate discussion?

**9.** What audio/visual aids were used in the refresher presentations and stations?

\_\_\_\_\_\_\_ Material available from the NSP "Instructor Resources."

\_\_\_\_\_\_\_ Slides/PowerPoint presentations.

\_\_\_\_\_\_\_ Posters and charts.

\_\_\_\_\_\_\_ 3-D models.

\_\_\_\_\_\_\_ Other (describe).

Which A/V aids worked well? What did not work well and why?

**10.** Were the relevant objectives, skill guides and/or Critical Performance Indicators available at all stations? \_\_\_\_\_\_ If no, how was this remedied?

**11.** Do you feel that there was adequate opportunity for every OEC technician to demonstrate their hands-on skills according to this year’s OEC cycle’s objectives?

**12.** Were there any OEC Technicians who needed to go through remediation stations? \_\_\_\_\_\_ If yes, please comment on how this was handled. (How were these OEC Technicians identified? How was the remediation process presented to the OEC Technician, etc?)

**13.** Please comment on the quality and availability of equipment used at the refresher and the suitability of the refresher facility.

**14.** How would you describe the organization of the refresher? Was it well-organized? What recommendations would you make to improve this refresher?

**15.** What two improvements could be made to the *Instructor Guide*?

1.

2.

**16.** What two improvements could be made to the *Refresher Workbook*?

1.

2.

The OEC refresher is meant to be a stand-alone event. Were any of the following included as part of the OEC refresher?

\_\_\_\_\_\_\_ CPR

\_\_\_\_\_\_\_ Chairlift evacuation

\_\_\_\_\_\_\_ Patrol administrative business

\_\_\_\_\_\_\_ Management concerns or training

\_\_\_\_\_\_\_ Other (please describe)

You are now asked to forward this completed form and related refresher documents to the appropriate OEC personnel, as listed below:

ATTACH A COPY OF THE SCHEDULE FOR THE REFRESHER YOU ARE REFERRING TO WITH THIS QA FORM. A COPY OF THE SCHEDULE MUST BE SUBMITTED TO THE NATIONAL OFFICE VIA THE EMAIL LISTED BELOW

\_\_\_\_ Copy of QA form sent to patrol representative/IOR.

\_\_\_\_ Copy sent to ROA or designee.

\_\_\_\_ Copy sent to division OEC supervisor.

\_\_\_\_ Copy sent to national office. (Send to refresher@nspserves.org.)