

Washington County Field Evaluation Form



<u>Candidate Name:</u>		<u>Provider Level</u>	<u>Call Type:</u>
<u>Inc #:</u>		<u>Medic Unit #</u>	<u>Priority:</u>
<u>Date:</u>	<u>Inc #</u>	<u>Evaluation Type:</u>	<input type="checkbox"/> Entire Call <input type="checkbox"/> Partial Care <input type="checkbox"/> Skills Only

SCORE	N/O	1	2	3
Equivalent	Not Observed or Performed	Unsatisfactory (Failed to perform key components)	Needs Improvement (Performed key components with errors and/or assistance)	Satisfactory (Performed key components without errors and/or assistance)
Category		Individual Grade	Preceptor Grade	Additional Comments
Interpersonal Dynamics				
Sensitivity & Diplomacy with Patients				
Assessment				
Assessment - History				
Assessment - Physical Exam				
Ongoing Assessment				
Treatment				
Develops and implements appropriate plan				
Evaluates and adjusts plan as needed				
Interventions				
BLS Skills (List in Additional Comments)				
Vascular Access Skills				
Rhythm Recognition				
Electrical Therapy				
Medication administration- "5 Rights"				
Advanced Airway skills (CPAP, Nasal Intubation, Oral Intubation)				
Advanced invasive skills (Port access, Needle decompression, etc)				
Patient Transition				
Medical Consult- appropriate resource center				
Report and documentation pass along to Hospital staff				
Documentation- Timely and thorough				
Call Leadership and Organization				
Ability to carry out treatment plan in an organized and timely manner				
Crew resource management				
Requests appropriate resources and in a timely manner				
Ability to work under incident command				

