

# Washington County Field Evaluation Form



<b>Candidate Name:</b>		<b>Provider Level</b>	<b>Call Type:</b>		
<b>FTC Name:</b>		<b>Medic Unit #</b>	<b>Priority:</b>		
<b>Date:</b>	<b>Inc #</b>	<b>Evaluation Type:</b>	Entire Call	Partial Care	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
<b>Interpersonal Dynamics</b>				
Sensitivity & Diplomacy with Patients				
<b>Assessment</b>				
Assessment - History				
Assessment - Physical Exam				
Ongoing Assessment				
<b>Treatment</b>				
Develops and implements appropriate plan				
Evaluates and adjusts plan as needed				
<b>Interventions</b>				
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)				
<b>Patient Transition</b>				
Medical Consult- appropriate resource center				
Report and documentation pass along to Hospital staff				
Documentation- Timely and thorough				
<b>Call Leadership and Organization</b>				
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				

