**Washington County Field Evaluation Form**

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| **Candidate Name:** | **Provider Level****BLS** | **Call Type:** |
| **FTC Name:** | **Medic Unit #** | **Priority:** |
| **Date:** | **Inc #** | **Evaluation Type: Entire Call Partial Care Skills Only** |

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| **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 separately) |   |   |   |
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| **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 |   |   |   |
| **Additional Candidate Comments (Required):** |
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| **Additional Preceptor Comments (Required):** |
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| **Reviewer Notes (Attach QA documentation):** |
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| **FTC Signature:** | **Date** |
| **Candidate Signature:** | **Date** |
| **FTS Signature:** | **Date** |
| **Provider Functioned Independently On Call:** | **Yes** | **No** |