**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** |