



Evaluation Form: Basic and Advanced Life Support

Date: _____ Incident #: _____ Candidate: _____ Preceptor: _____

Collecting Level: _____

Type of Call:

General BLS	Scenario	Immobilization Rule in/out	ALS Assist	Refusal	ALS
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Chief Complaint: _____ **Secondary Complaints:** _____

Poor Execution: 0 Unsatisfactory Execution: 1 Satisfactory Execution: 2 Exceptional Execution: 3 Score: _____

Scene Management

Scene Survey & Safety Considerations

Self-evaluation Evaluator Score

failed to detect hazards and/or ignored safety rules	detected hazards, but not immediately or with prompting	performed in a safe manner	identified hazards immediately, took appropriate action		
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Situation report

Self-evaluation Evaluator Score

failed to provide a situation report/evaluate resources	inadequate situation report or evaluation of resources	provided situation report and evaluated resources correctly	accurately gave situation report and anticipated needs of situation		
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Direction of team members

Self-evaluation Evaluator Score

failed to provide directions to team members	inadequate direction of team members and resources	adequate direction of team members	excelled as team leader, anticipated needs well		
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Interaction with patient/fire/bystanders

Self-evaluation Evaluator Score

lack of proper communication	harsh or abrupt communication, did not ask for report	established a rapport with patients/bystanders	obtained report from on scene Fire/EMS personnel and established rapport with patient		
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Patient Assessment/Treatment

Perform a rapid primary assessment

Self-evaluation Evaluator Score

failed to perform a rapid assessment or to intervene when necessary	slow to recognize patient's primary problem or to intervene in a life-threatening situation	performed primary assessment in a reasonable time	demonstrates organized assessment with rapid intervention when necessary		
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History of present illness/MOI:

Preceptee Should Complete

Correctly identified Mechanism of injury/HPI

Self-evaluation Evaluator Score

failure to obtain medical/injury history	slow or disorganized in obtaining medical/injury history	obtained medical/injury history in reasonable time	gathered information efficiently and effectively		
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Medications (list 5 you are unfamiliar with and give a brief description of why patient would take them):

1. _____
2. _____
3. _____
4. _____
5. _____

Performed an appropriate physical exam when indicated

				Self-evaluation	Evaluator Score
failure to perform a physical exam and/or findings were not accurate	inconsistent in performance of exam; accurate findings	performed exam pertinent to patient's complaint; accurate findings	performed exam as indicated and was able to detect subtle findings		

Correctly makes a transport decision

				Self-evaluation	Evaluator Score
failed to identify patient status and transport mode	recognized patient status slowly or identifies status incorrectly	used good judgment in recognizing patient status and making transport decision	rapid and accurate identification of status and transport mode		

Correctly treat identified patient problems

				Self-evaluation	Evaluator Score
failed to prioritize treatment for identified problems	provided some, but not all indicated treatment	provided appropriate treatment for identified problems	provided appropriate treatment in a logical and efficient manner		

Interventions taken and clinical indication:

Preceptee Should Complete

Airway (only evaluate if airway intervention performed: Suctioning, OPA, NPA, CPAP, King, Combitube, ETT)

				Self-evaluation	Evaluator Score
failed to assess/intervene when necessary	slow to assess airway/recognize airway needs	performed proper airway assessment and interventions	performed airway Ax and interventions with excellent technique and organization		

Circulation

failed to setup for IV placement	needed some assistance with IV setup	set up for IV therapy without assistance	anticipated need for IV therapy, anticipated needs of ALS personnel		
failed to establish IV or used poor aseptic technique	failed to establish IV but difficult veins	established IV with aseptic technique; multiple attempts	proficiently placed IV on first attempt		

Mechanism of Action for Medications given by crew:

Preceptee Should Complete

Medications

				Self-evaluation	Evaluator Score
gave wrong medication/did not give indicated medication/gave medication with orders	unfamiliar with medications, slow to administer correct medication	adequately familiar with medications, initiated standing orders	excellent knowledge of medications, appropriately contacted medcom when necessary		

ECG Interpretation

				Self-evaluation	Evaluator Score
unable to set up/perform 12 lead ECG	needed some assistance to setup or perform 12 lead ECG	set up 12 lead ECG correctly	anticipated need for 12 lead ECG; set up and performed 12 lead proficiently		
unable to identify cardiac rhythm	slow to identify rhythm; needed prompting	able to identify rhythm	identified difficult rhythm		

Documentation/Communication

PPCR documentation

				Self-evaluation	Evaluator Score
incomplete/inaccurate documentation	documentation missing some key points	all pertinent information documented, legible	concise, organized, impeccable documentation		

Communication with hospital

				Self-evaluation	Evaluator Score
failed to call report/give report to nurse	needed help from preceptor to give report	adequate patient information given	provided complete organized report to appropriate facility		

Outcome and Presentation to ED:

Preceptee Should Complete

Overall, this candidate:

Self-evaluation

Evaluator Score

needs much assistance to run the call	needs some assistance to run this call	is competent to run this call	ran this call in an exemplary manner		
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List 3 Differential Diagnosis and why they are appropriate:

1. _____
2. _____
3. _____

Candidate's Self-Evaluation (TO BE COMPLETED BEFORE EVALUATOR'S COMMENTS):

Include both strengths and weaknesses

REQUIRED

Evaluators Comments:

Complete after Self-Evaluation

Both evaluations are complete:

Candidate's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

Primary Preceptor's Approval/confirmation: _____ Date: _____