



Evaluation Form v.11/15/2018

Date: _____ Candidate: _____ Preceptor: _____

Type of Call: General BLS

BLS with ECG

Refusal

ALS

Yes: Candidate either completed task or delegated it to a team member.

No: Preceptor felt that candidate was not going to perform task so preceptor prompted or stepped in

With Help: Candidate partially completed task or recognized need, but required guidance to complete or perform effectively

| Scene Management | Candidate Self-Eval | Preceptor Eval |
|--|---------------------|----------------|
| Were you looking out for possible safety issues? Did you appropriately identify and handle possible issues? | Yes / No | Yes / No |
| Did you have the right resources, or did you call for additional resources to safely handle the situation? | Yes / No | Yes / No |
| Were you in charge of the call? Were you sharing information and delegating tasks to team members instead of having many team members standing around? Did you feel like your unit functioned as a team under your direction instead of either you doing everything, or someone else directing the team? | Yes / No | Yes / No |
| Did you interact professionally and courteously with the patient, patient's family members, bystanders, other healthcare providers, and other agency personnel? | Yes / No | Yes / No |
| Primary Assessment | | |
| Did you rapidly assess for both airway clarity on arrival and whether or not the patient would be able to protect their own airway for the duration of your care? Did you appropriately intervene if there were any airway considerations? | Yes / No | Yes / No |
| Did you assess for the patient's ability to respire adequately before moving on to your secondary assessment? Did you intervene appropriately if they weren't? | Yes / No | Yes / No |
| Did you assess the patient's pulse, skin color, and temperature for possible circulatory issues before moving on to your secondary assessment? If called for, did you assess and intervene for life-threatening bleeding? If necessary, did you provide appropriate shock treatment? | Yes / No | Yes / No |
| Did you correctly identify patient's status as "sick" or "not-sick"? If patient was sick, did you respond appropriately? Regardless of patient status, did you perform assessments and interventions efficiently on scene? | Yes / No | Yes / No |
| Secondary Assessment | | |
| Did you have a good grasp of why the patient called EMS? Were you able to gather information efficiently from the patient, bystanders, healthcare providers, and first responders? Did you gather all pertinent information? | Yes / No | Yes / No |
| Did you perform all appropriate physical exams and assessments (ie trauma exam, auscultating breath sounds, glucometry, ECG, stroke assessment, etc.)? If there were subtle findings that the patient did not report, were you able to find and accurately assess them? | Yes / No | Yes / No |
| Did you correctly prioritize assessments based on patient's signs and symptoms? Did you perform indicated high-priority assessments immediately, then prioritize transport over less critical assessments? | Yes / No | Yes / No |
| Did you provide all appropriate treatments, interventions, or medications? Were you able to prioritize treatments based on patient's signs, symptoms, history, and triage? | Yes / No | Yes / No |

| | | |
|---|----------|----------|
| Operations | | |
| Were you able to compose and implement a plan to extricate the patient safely and comfortably? Did you feel you chose the correct tools to move the patient from their location to the ambulance? | Yes / No | Yes / No |
| Did you provide an organized succinct report to the receiving facility? Was your report adequately detailed to alert the proper resources? Did you provide the maximum amount of warning time up to 15 minutes to give the receiving facility a chance to prepare for your patient? | Yes / No | Yes / No |
| Were you able to smoothly incorporate necessary paperwork into patient interaction? Did you feel like you were treating the patient and not the laptop? | Yes / No | Yes / No |
| Overall, did you feel competent to run this call without assistance? | Yes / No | Yes / No |

Self-Evaluation: What went well? If you answered “No” to any of the above, what did you not like? Would you do something differently? If something went really wrong, how would you handle it next time? Were you prepared for the patient’s status to worsen?

Preceptor Evaluation: What impressed you? What would you like to see next time, or see done differently? If you disagreed with the candidate’s self-evaluation, why? Do you feel like the candidate was able to formulate a working differential diagnosis and use their skills and assessments to support or contradict that differential?

Preceptor Signature: _____

Preceptor Recommending Candidate Release to Practice: _____