Dix Hills Fire Department

BLS evaluation form

Candidate Name:_____ Date:_____

Preceptors Name:_____Run #: _____Call Type:_____

All ratings of 4 or 5 require explanation by the preceptor in writing and verbally to the candidate

1 Excellent
2 Very Good
3 Average
4 *Below Average (Needs to have explanation)
5 * Not acceptable (Needs to have explanation)
N/A Not Applicable

Patient Assessment Skills:

_____ Performs hands on physical exam of patient(s)
_____ Demonstrates the ability to take and record the presenting problem and all treatments rendered
_____ Demonstrates the knowledge and understanding of presenting problems
_____ Appropriate choice and knowledge of protocol
_____ Appropriate transportation decision made within reasonable time (<20 minutes on scene, <10 minutes for major trauma)

Documentation Skills:

_____ Past medical history, allergies, medications, etc. are taken and listed
_____ Minimum of 2 sets of vitals listed, including GCS and full assessment
_____ Lungs sounds correctly identified
_____ Patient's Chief Complaint is documented, and a direct quote is in apostrophes
_____ S.A.M.P.L.E is listed in narrative
_____ Candidate had a general knowledge of how to work the EPCR
_____ All interventions, as well as +/- changes in patient condition(s) following interventions listed

Practical Skills:

_____ Brings appropriate equipment and supplies to the patient's side
_____ Considers C-spine immobilization immediately upon trauma patient contact
_____ Immobilizes the patient completely without compromising the integrity of the spine
_____ Recognizes the need for, offers, and initiates the appropriate oxygen therapy in a timely manner
_____ Proper medications given
_____ Selects appropriate method of bleeding control
_____ Considers the need for additional resources (I.e. ALS intercept, additional ambulances, heavy rescue, etc.)
_____ Gives proper notification of any trauma or stroke alert
_____ Gives short, concise, appropriate notification to hospital using hospital radio
_____ Gives complete, detailed report to hospital staff upon arrival at hospital

Personal Skills:

_____ Able to interact with crew, patient, patient's family in a professional manner
_____ Shows confidence in skills and abilities and is coachable with anything potentially done incorrectly
_____ Shows the ability to tact as a team leader as well as a team member
_____ Able to retain control of the situation and crew
_____ Delegates responsibility to fellow crew members appropriately
_____ Completes alarm in a timely manner (Sig. 21 to Sig.18 and Sig.6 to Sig.5 all less then 20 minutes)

A run number needs to be provided on this evaluation form so correct PCR can be reviewed. Once completed form is to be placed in Rescue officer's mailbox located at HQ.

Did the candidate perform or assist with all the skills listed on the other side? If no, please explain.

_____

_____

_____

In your opinion, how efficient and appropriate were the candidate's actions on this alarm?

_____

_____

Did you feel the candidate was open to learning and/or suggestions that you may have had?

_____

_____

Did you discuss this alarm upon completion? If so, were there any problems or concerns that you feel need to be addressed further by the review/training committee?

_____

_____

In your opinion, did the candidate achieve a calm, non-argumentative, professional atmosphere throughout the entire pre-hospital emergency patient care setting?

_____

_____

ADDITIONAL COMMENTS:

_____

_____

_____

Preceptors signature: _____

Name Date