Acknowledgement of Review of Candidates’s Preparatory Handbook

for

PREACCREDITATION FIELD EVALUATION

Please indicate by signatures that the candidate and the County Evaluator have reviewed the Preaccreditation Field Evaluation process and discussed and resolved any questions about the evaluation.

Signature of Candidate: ________________________________ Date: __________ 
Print Candidate Name: ________________________________

Signature of Evaluator: ________________________________ Date: __________
Print Evaluator Name: ________________________________

This signed statement is to be submitted to the EMS Agency
CANDIDATE'S PREPARATORY HANDBOOK FOR PREACREDITATION FIELD EVALUATION

Overview of Preaccreditation Field Evaluation

EMT-P accreditation candidates, who possess a valid California EMT-P license which is current, will be scheduled for a preaccreditation field evaluation with a Contra Costa County Paramedic Evaluator. Successful completion of the preaccreditation field evaluation is required for local accreditation.

The preaccreditation field evaluation process is intended to evaluate paramedic-challenge candidates and identify the candidates strengths and weaknesses. In addition, it ensures that each challenge candidate possesses the knowledge necessary to function safely and effectively in the Contra Costa County EMS System. While the evaluation process is not intended to be a teaching process, each call will be reviewed with the candidate. At the conclusion of the evaluation, the candidate will receive a written summary of the strengths and weaknesses observed by the evaluator, as well as an overall performance summary.

It is recommended that the candidate "ride-along" with the crew of an ALS emergency response vehicle prior to beginning the preaccreditation field evaluation. During this "ride-along" experience, the candidate may not perform ALS skills, but may assist with BLS skills at the direction of the EMT-P evaluator, while becoming more familiar with the EMS system.

Once the candidate begins the preaccreditation field evaluation, they will function as the primary caregiver. The candidate will be rated by the evaluator on all "ALS Patient Contacts" encountered during the preaccreditation field evaluation. For the purpose of this evaluation, an ALS Patient Contact shall be defined as the candidates performance of one or more ALS skills, except cardiac monitoring and basic CPR, on a patient. It must be documented that the candidate, acting as patient person, evaluated, assessed and followed a treatment plan consistent with the policies and procedures set forth in the Contra Costa County EMS Policies and Field Treatment Guidelines and the standards outlined in this evaluation packet.

No less than one Base Hospital contact (not to include Post Call-ins), shall be made by the candidate during the evaluation. This is to be performed in addition to, not in place of, patient care.

The preaccreditation field evaluation will end after the candidate successfully completes five (5), or fails one (1), ALS patient contact. Successful completion shall be defined as receiving no unsatisfactory ratings in any area of the evaluation. If the candidate is unsuccessful, the evaluator will advise the candidate as to where s/he failed to meet the standard. The candidate may then repeat the evaluation as outlined in Contra Costa County EMS policies.

Upon completion of the challenge, the evaluator shall complete a cumulative written summary of the entire challenge process. The candidate will be responsible for completing the Evaluator evaluation form and delivering completed paperwork to the provider agency liaison for review. After review by the provider agency, the paperwork will be forwarded to the Contra Costa County Prehospital Care Coordinator.
EMT-P PREACREDITATION FIELD EVALUATION

EVALUATOR SUMMARY FORM
(to be completed by the evaluator)

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Evaluator Signature</th>
<th>Evaluator Name</th>
</tr>
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</tbody>
</table>

** ** ** ** ** ** ALS CONTACTS ** ** ** ** ** **

<table>
<thead>
<tr>
<th>General Assessment</th>
<th>Date</th>
<th>TCR</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
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</table>

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________

Comments: ___________________________________________________

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This form is to be submitted to the EMS Agency
CONTRA COSTA COUNTY
EMERGENCY MEDICAL SERVICES

EMT-P PREACCREDITATION FIELD EVALUATION

EVALUATOR EVALUATION FORM
(to be completed by the candidate)

Evaluator Name  ________________________
Date  ________________________

Candidate Signature  ________________________
Candidate Name  ________________________

1) Did the Evaluator orient you to the requirements of the Preaccreditation Field Evaluation?  ___ Yes  ___ No
2) Did the Evaluator clearly outline his/her expectations?  ___ Yes  ___ No
3) Was the Evaluator receptive to performing the evaluation?  ___ Yes  ___ No
4) Did the Evaluator provide a positive evaluation environment?  ___ Yes  ___ No
5) Did the Evaluator communicate specific strengths and weaknesses to you?  ___ Yes  ___ No

Comments:
_______________________________________________________________________________
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This form is to be submitted to the EMS Agency.
EMT-P PREACCREDITATION FIELD EVALUATION FORM

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator Name</td>
<td>Unit Number</td>
<td></td>
</tr>
</tbody>
</table>

PATIENT INFORMATION:

Chief Complaint/Problem:

Sex: M F Age: _______ Incident Location: ___________________________________________

PERFORMANCE EVALUATION

1. Patient Assessment and Medical Management:
   
a) Initial Survey

   Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any immediately life-threatening problem that is detectable during the initial survey, and institutes corrective measures immediately.

   Justification for Rating: ______________________________________________________

   _________________________________________________________

   _________________________________________________________

   _________________________________________________________

   b) Secondary Survey

   Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient's chief complaint/problem. No critical procedural steps are omitted. Accurately determines physical findings as validated by evaluator. The secondary survey is completed within an appropriate time frame for the patient's clinical status.

   Justification for Rating: ______________________________________________________

   _________________________________________________________

   _________________________________________________________

   _________________________________________________________
### Eliciting Patient History

<table>
<thead>
<tr>
<th>Rating</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Elicits all patient information contained in the procedural steps that can be gathered given the patient situation. Asks key questions based upon patient's chief complaint or problem.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
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</tbody>
</table>

**Justification for Rating:**

<table>
<thead>
<tr>
<th>Justification</th>
<th>(optional)</th>
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</table>

### Patient Treatment and Transport

<table>
<thead>
<tr>
<th>Rating</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Establishes appropriate priorities for patient treatment and transport considering the patient's chief complaint/problem and clinical status. Life-saving BLS skills are instituted immediately. ALS skills are instituted in an appropriate sequence and performed according to procedural steps for the skill as contained in the handbook. Demonstrates the ability to determine an appropriate prehospital treatment plan by anticipating Base Hospital orders. Provides treatment in a timely manner considering patient's chief complaint/problem and clinical status.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>

**Justification for Rating:**

<table>
<thead>
<tr>
<th>Justification</th>
<th>(optional)</th>
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</table>

### CONTROL OF THE SCENE

#### Priority Setting and Speed

<table>
<thead>
<tr>
<th>Rating</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to medical management and scene control. Demonstrates safety awareness for the patient and on-scene personnel when potentially unsafe conditions exist.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>

**Justification for Rating:**

<table>
<thead>
<tr>
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</table>

#### Use of Resources

<table>
<thead>
<tr>
<th>Rating</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Appropriately utilizes available resources to provide patient care and scene control. Gives adequate direction to assistants.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>

**Justification for Rating:**

<table>
<thead>
<tr>
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</tbody>
</table>
3. COMMUNICATIONS

a) Communications With Partner and Other On-Scene Personnel

Satisfactory Performance: Communicates accurately and completely with partner and other on-scene personnel, adhering to appropriate priorities. Displays good communication skills.

Justification for Rating:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b) Communications with Patient/Family/Bystanders

Satisfactory Performance: Demonstrates a non-judgmental attitude when communicating with patient, family, or bystanders. Communications are appropriate for the situation.

Justification for Rating:
________________________________________________________________________
________________________________________________________________________
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c) Communications with Base Hospital

Satisfactory Performance: Accurately relates key information to the Base Hospital utilizing proper format. Demonstrates proper procedures and ability to use communications equipment.

Justification for Rating:
________________________________________________________________________
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d) Communications with Receiving Hospital

Satisfactory Performance: Gives an accurate, verbal patient report to the receiving hospital staff.

Justification for Rating:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
OVERALL RATING
(must be completed on all ALS patient contacts)

G Satisfactory  G Unsatisfactory

Justification for Rating: ________________________________________________________________

____________________________________________________________________________________________

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Comments: _______________________________________________________________________________

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Evaluator Signature ___________________________ Date ________________________

Candidate Signature ___________________________

"Passing Criteria": Candidate must receive a satisfactory rating for all areas scored by the evaluator on all ALS patient contacts.
EMT-P PREACCREDITATION FIELD EVALUATION FORM

Candidate Name

Date

Time

Evaluator Name

Unit Number

PATIENT INFORMATION:

Chief Complaint/Problem:

Sex: M F Age: Incident Location:

PERFORMANCE EVALUATION

1. Patient Assessment and Medical Management:

a) Initial Survey

Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any immediately life-threatening problem that is detectable during the initial survey, and institutes corrective measures immediately.

Justification for Rating:

b) Secondary Survey

Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient’s chief complaint/problem. No critical procedural steps are omitted. Accurately determines physical findings as validated by evaluator. The secondary survey is completed within an appropriate timeframe for the patient’s clinical status.

Justification for Rating:
c) **Eliciting Patient History**  

G NA G Satisfactory G Unsatisfactory  

Satisfactory Performance: Elicits all patient information contained in the procedural steps that can be gathered given the patient situation. Asks key questions based upon patient’s chief complaint or problem.  

**Justification for Rating:**  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  


d) **Patient Treatment and Transport**  

G NA G Satisfactory G Unsatisfactory  

Satisfactory Performance: Establishes appropriate priorities for patient treatment and transport considering the patient’s chief complaint/problem and clinical status. Life-saving BLS skills are instituted immediately. ALS skills are instituted in an appropriate sequence and performed according to procedural steps for the skill as contained in the handbook. Demonstrates the ability to determine an appropriate prehospital treatment plan by anticipating Base Hospital orders. Provides treatment in a timely manner considering patient’s chief complaint/problem and clinical status.  

**Justification for Rating:**  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  

2. **CONTROL OF THE SCENE**  

a) **Priority Setting and Speed**  

G NA G Satisfactory G Unsatisfactory  

Satisfactory Performance: Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to medical management and scene control. Demonstrates safety awareness for the patient and on-scene personnel when potentially unsafe conditions exist.  

**Justification for Rating:**  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  

b) **Use of Resources**  

G NA G Satisfactory G Unsatisfactory  

Satisfactory Performance: Appropriately utilizes available resources to provide patient care and scene control. Gives adequate direction to assistants.  

**Justification for Rating:**  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________
3. **COMMUNICATIONS**

a) **Communications With Partner and Other On-Scene Personnel**  

<table>
<thead>
<tr>
<th>Rating</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>G</td>
<td>G</td>
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</tbody>
</table>

**Satisfactory Performance:** Communicates accurately and completely with partner and other on-scene personnel, adhering to appropriate priorities. Displays good communication skills.

**Justification for Rating:**

________________________________________________________________________
________________________________________________________________________
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b) **Communications with Patient/Family/Bystanders**  

<table>
<thead>
<tr>
<th>Rating</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>G</td>
<td>G</td>
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</tbody>
</table>

**Satisfactory Performance:** Demonstrates a non-judgmental attitude when communicating with patient, family, or bystanders. Communications are appropriate for the situation.

**Justification for Rating:**

________________________________________________________________________
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c) **Communications with Base Hospital**  

<table>
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<tr>
<th>Rating</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>G</td>
<td>G</td>
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</tbody>
</table>

**Satisfactory Performance:** Accurately relates key information to the Base Hospital utilizing proper format. Demonstrates proper procedures and ability to use communications equipment.

**Justification for Rating:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

d) **Communications with Receiving Hospital**  

<table>
<thead>
<tr>
<th>Rating</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>G</td>
<td>G</td>
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</tbody>
</table>

**Satisfactory Performance:** Gives an accurate, verbal patient report to the receiving hospital staff.

**Justification for Rating:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
OVERALL RATING
(must be completed on all ALS patient contacts)

G Satisfactory  G Unsatisfactory

Justification for Rating:
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Comments:
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Evaluator Signature                       Date

Candidate Signature

"Passing Criteria": Candidate must receive a satisfactory rating for all areas scored by the evaluator on all ALS patient contacts.
CONTRA COSTA COUNTY
EMERGENCY MEDICAL SERVICES

EMT-P PREACREDITATION FIELD EVALUATION FORM

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator Name</td>
<td>Unit Number</td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT INFORMATION:**

Chief Complaint/Problem:

Sex: M F Age: _________ Incident Location: __________________________________________________________________________

**PERFORMANCE EVALUATION**

1. **Patient Assessment and Medical Management:**

   a) **Initial Survey**

<table>
<thead>
<tr>
<th>NA</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>G</td>
<td>G</td>
</tr>
</tbody>
</table>

   Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any immediately life-threatening problem that is detectable during the initial survey, and institutes corrective measures immediately.

   **Justification for Rating:**

   [Verification of specific criteria]

   [Verification of additional criteria]

   [Verification of further criteria]

   [Verification of final criteria]

   b) **Secondary Survey**

<table>
<thead>
<tr>
<th>NA</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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</thead>
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</tbody>
</table>

   Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient's chief complaint/problem. No critical procedural steps are omitted. Accurately determines physical findings as validated by evaluator. The secondary survey is completed within an appropriate time frame for the patient’s clinical status.

   **Justification for Rating:**

   [Verification of specific criteria]

   [Verification of additional criteria]

   [Verification of further criteria]

   [Verification of final criteria]
### Eliciting Patient History

- **Satisfactory Performance:** Elicits all patient information contained in the procedural steps that can be gathered given the patient situation. Asks key questions based upon patient's chief complaint or problem.

- **Justification for Rating:**
  - 
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  - 

### Patient Treatment and Transport

- **Satisfactory Performance:** Establishes appropriate priorities for patient treatment and transport considering the patient's chief complaint/problem and clinical status. Life-saving BLS skills are instituted immediately. ALS skills are instituted in an appropriate sequence and performed according to procedural steps for the skill as contained in the handbook. Demonstrates the ability to determine an appropriate prehospital treatment plan by anticipating Base Hospital orders. Provides treatment in a timely manner considering patient's chief complaint/problem and clinical status.

- **Justification for Rating:**
  - 
  - 
  - 

### Control of the Scene

#### Priority Setting and Speed

- **Satisfactory Performance:** Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to medical management and scene control. Demonstrates safety awareness for the patient and on-scene personnel when potentially unsafe conditions exist.

- **Justification for Rating:**
  - 
  - 
  - 

#### Use of Resources

- **Satisfactory Performance:** Appropriately utilizes available resources to provide patient care and scene control. Gives adequate direction to assistants.

- **Justification for Rating:**
  - 
  - 
  - 

3. COMMUNICATIONS

a) Communications With Partner and Other On-Scene Personnel

Satisfactory Performance: Communicates accurately and completely with partner and other on-scene personnel, adhering to appropriate priorities. Displays good communication skills.

Justification for Rating: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

b) Communications with Patient/Family/Bystanders

Satisfactory Performance: Demonstrates a non-judgmental attitude when communicating with patient, family, or bystanders. Communications are appropriate for the situation.

Justification for Rating: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

c) Communications with Base Hospital

Satisfactory Performance: Accurately relates key information to the Base Hospital utilizing proper format. Demonstrates proper procedures and ability to use communications equipment.

Justification for Rating: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

d) Communications with Receiving Hospital

Satisfactory Performance: Gives an accurate, verbal patient report to the receiving hospital staff.

Justification for Rating: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

OVERALL RATING
(must be completed on all ALS patient contacts)

G Satisfactory

G Unsatisfactory

Justification for Rating: ____________________________________________________________

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Comments: _______________________________________________________________________

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Evaluator Signature __________________________ Date __________________________

Candidate Signature __________________________

"Passing Criteria": Candidate must receive a satisfactory rating for all areas scored by the evaluator on all ALS patient contacts.
**EMT-P PREACCRREDITATION FIELD EVALUATION FORM**

---

**Candidate Name**  ___________________________  **Date**  ___________________________  **Time**  ___________________________

---

**Evaluator Name**  ___________________________  **Unit Number**  ___________________________

**PATIENT INFORMATION:**

Chief Complaint/Problem:  ________________________________________________

---

Sex:  M  F  Age:__________  Incident Location:  ___________________________________________

---

**PERFORMANCE EVALUATION**

1. **Patient Assessment and Medical Management:**

   a) **Initial Survey**

<table>
<thead>
<tr>
<th>G</th>
<th>NA</th>
<th>G</th>
<th>Satisfactory</th>
<th>G</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>
   
   Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any immediately life-threatening problem that is detectable during the initial survey, and institutes corrective measures immediately.

   **Justification for Rating:**

   __________________________________________________________________________

   __________________________________________________________________________

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   b) **Secondary Survey**

<table>
<thead>
<tr>
<th>G</th>
<th>NA</th>
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</table>
   
   Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient's chief complaint/problem. No critical procedural steps are omitted. Accurately determines physical findings as validated by evaluator. The secondary survey is completed within an appropriate time frame for the patient's clinical status.

   **Justification for Rating:**

   __________________________________________________________________________

   __________________________________________________________________________

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### 2. CONTROL OF THE SCENE

#### a) Priority Setting and Speed

<table>
<thead>
<tr>
<th>G</th>
<th>NA</th>
<th>G</th>
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<th>G</th>
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**Satisfactory Performance:** Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to medical management and scene control. Demonstrates safety awareness for the patient and on-scene personnel when potentially unsafe conditions exist.

**Justification for Rating:**

________________________________________________________________________

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#### b) Use of Resources

<table>
<thead>
<tr>
<th>G</th>
<th>NA</th>
<th>G</th>
<th>Satisfactory</th>
<th>G</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

**Satisfactory Performance:** Appropriately utilizes available resources to provide patient care and scene control. Gives adequate direction to assistants.

**Justification for Rating:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
# Communications

## a) Communications With Partner and Other On-Scene Personnel

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<tbody>
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</tbody>
</table>

**Satisfactory Performance:** Communicates accurately and completely with partner and other on-scene personnel, adhering to appropriate priorities. Displays good communication skills.

**Justification for Rating:**

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## b) Communications with Patient/Family/Bystanders

<table>
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<th>Satisfactory</th>
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<tbody>
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</table>

**Satisfactory Performance:** Demonstrates a non-judgmental attitude when communicating with patient, family, or bystanders. Communications are appropriate for the situation.

**Justification for Rating:**

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- 
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## c) Communications with Base Hospital

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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</table>

**Satisfactory Performance:** Accurately relates key information to the Base Hospital utilizing proper format. Demonstrates proper procedures and ability to use communications equipment.

**Justification for Rating:**

- 
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## d) Communications with Receiving Hospital

<table>
<thead>
<tr>
<th>Satisfactory</th>
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</table>

**Satisfactory Performance:** Gives an accurate, verbal patient report to the receiving hospital staff.

**Justification for Rating:**

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- 
- 

OVERALL RATING
(must be completed on all ALS patient contacts)

G Satisfactory  G Unsatisfactory

Justification for Rating: _____________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________

Comments: _______________________________________________________________________
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Evaluator Signature ___________________________ Date ____________

Candidate Signature ___________________________

"Passing Criteria": Candidate must receive a satisfactory rating for all areas scored by the evaluator on all ALS patient contacts.
# EMT-P PREACREDITATION FIELD EVALUATION FORM

<table>
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<tr>
<td>Evaluator Name</td>
<td>Unit Number</td>
<td></td>
</tr>
</tbody>
</table>

## PATIENT INFORMATION:

Chief Complaint/Problem:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Incident Location</th>
</tr>
</thead>
</table>

## PERFORMANCE EVALUATION

### 1. Patient Assessment and Medical Management:

#### a) Initial Survey

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any immediately life-threatening problem that is detectable during the initial survey, and institutes corrective measures immediately.

Justification for Rating:

|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|

#### b) Secondary Survey

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient’s chief complaint/problem. No critical procedural steps are omitted. Accurately determines physical findings as validated by evaluator. The secondary survey is completed within an appropriate time frame for the patient's clinical status.

Justification for Rating:

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<table>
<thead>
<tr>
<th>c) <strong>Eliciting Patient History</strong></th>
<th><strong>G</strong> NA <strong>G</strong> Satisfactory <strong>G</strong> Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Elicits all patient information contained in the procedural steps that can be gathered given the patient situation. Asks key questions based upon patient’s chief complaint or problem.</td>
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<td><strong>Justification for Rating:</strong></td>
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<thead>
<tr>
<th>d) <strong>Patient Treatment and Transport</strong></th>
<th><strong>G</strong> NA <strong>G</strong> Satisfactory <strong>G</strong> Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Establishes appropriate priorities for patient treatment and transport considering the patient’s chief complaint/problem and clinical status. Life-saving BLS skills are instituted immediately. ALS skills are instituted in an appropriate sequence and performed according to procedural steps for the skill as contained in the handbook. Demonstrates the ability to determine an appropriateprehospital treatment plan by anticipating Base Hospital orders. Provides treatment in a timely manner considering patient’s chief complaint/problem and clinical status.</td>
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<tr>
<td><strong>Justification for Rating:</strong></td>
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<table>
<thead>
<tr>
<th>2. <strong>CONTROL OF THE SCENE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) <strong>Priority Setting and Speed</strong></td>
</tr>
<tr>
<td>Satisfactory Performance: Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to medical management and scene control. Demonstrates safety awareness for the patient and on-scene personnel when potentially unsafe conditions exist.</td>
</tr>
<tr>
<td><strong>Justification for Rating:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>b) <strong>Use of Resources</strong></th>
<th><strong>G</strong> NA <strong>G</strong> Satisfactory <strong>G</strong> Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Appropriately utilizes available resources to provide patient care and scene control. Gives adequate direction to assistants.</td>
<td></td>
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<tr>
<td><strong>Justification for Rating:</strong></td>
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</tbody>
</table>
### 3. **COMMUNICATIONS**

<table>
<thead>
<tr>
<th>a) Communications With Partner and Other On-Scene Personnel</th>
<th>✅ NA ✅ Satisfactory ✅ Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Communicates accurately and completely with partner and other on-scene personnel, adhering to appropriate priorities. Displays good communication skills.</td>
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<tr>
<td><strong>Justification for Rating:</strong></td>
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<table>
<thead>
<tr>
<th>b) Communications with Patient/Family/Bystanders</th>
<th>✅ NA ✅ Satisfactory ✅ Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Demonstrates a non-judgmental attitude when communicating with patient, family, or bystanders. Communications are appropriate for the situation.</td>
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<tr>
<td><strong>Justification for Rating:</strong></td>
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<thead>
<tr>
<th>c) Communications with Base Hospital</th>
<th>✅ NA ✅ Satisfactory ✅ Unsatisfactory</th>
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</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Accurately relates key information to the Base Hospital utilizing proper format. Demonstrates proper procedures and ability to use communications equipment.</td>
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<td><strong>Justification for Rating:</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>d) Communications with Receiving Hospital</th>
<th>✅ NA ✅ Satisfactory ✅ Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Performance: Gives an accurate, verbal patient report to the receiving hospital staff.</td>
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<tr>
<td><strong>Justification for Rating:</strong></td>
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OVERALL RATING
(must be completed on all ALS patient contacts)

G Satisfactory                G Unsatisfactory

Justification for Rating: __________________________________________________________
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Comments: __________________________________________________________
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____________________________________________________ ______________________
Evaluator Signature     Date

____________________________________________________
Candidate Signature

"Passing Criteria": Candidate must receive a satisfactory rating for all areas scored by the evaluator on all ALS patient contacts.