

CONTRA COSTA HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

# PARAMEDIC CANDIDATE



**PREACCREDITATION FIELD EVALUATION**



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  
PREACCREDITATION 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.



CONTRA COSTA COUNTY  
EMERGENCY MEDICAL SERVICES

**EMT-P PREACCREDITATION FIELD EVALUATION**

**EVALUATOR SUMMARY FORM**

(to be completed by the evaluator)

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Evaluator Name

**\* \* \* \* \* ALS CONTACTS \* \* \* \* \***

<u>General Assessment</u>	<u>Date</u>	<u>TCR</u>	<u>Skills</u>
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- 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



CONTRA COSTA COUNTY  
EMERGENCY MEDICAL SERVICES

**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		
<b>1. Patient Assessment and Medical Management:</b>		
a) <b>Initial Survey</b>	<b>G NA</b>	<b>G Satisfactory</b>
		<b>G Unsatisfactory</b>
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.		
<b>Justification for Rating:</b> _____		
_____		
_____		
_____		
b) <b>Secondary Survey</b>	<b>G NA</b>	<b>G Satisfactory</b>
		<b>G Unsatisfactory</b>
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.		
<b>Justification for Rating:</b> _____		
_____		
_____		
_____		

**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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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 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		
<b>1. Patient Assessment and Medical Management:</b>		
a) <b>Initial Survey</b>	<b>G</b> NA	<b>G</b> Satisfactory <b>G</b> Unsatisfactory
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.		
<b>Justification for Rating:</b> _____		
_____		
_____		
_____		
b) <b>Secondary Survey</b>	<b>G</b> NA	<b>G</b> Satisfactory <b>G</b> Unsatisfactory
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.		
<b>Justification for Rating:</b> _____		
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**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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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 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		
<b>1. Patient Assessment and Medical Management:</b>		
a) Initial Survey	<input type="radio"/> NA	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
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	<input type="radio"/> NA	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
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: _____		
_____		
_____		
_____		

**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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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 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			
<b>1. Patient Assessment and Medical Management:</b>			
a) <b>Initial Survey</b>	<b>G</b> NA	<b>G</b> Satisfactory	<b>G</b> Unsatisfactory
<p>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.</p>			
<b>Justification for Rating:</b> _____			
_____			
_____			
_____			
b) <b>Secondary Survey</b>	<b>G</b> NA	<b>G</b> Satisfactory	<b>G</b> Unsatisfactory
<p>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.</p>			
<b>Justification for Rating:</b> _____			
_____			
_____			
_____			

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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**      **G** NA      **G** Satisfactory      **G** Unsatisfactory

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 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		
<b>1. Patient Assessment and Medical Management:</b>		
a) <b>Initial Survey</b>	<b>G NA</b>	<b>G Satisfactory</b> <b>G Unsatisfactory</b>
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.		
<b>Justification for Rating:</b> _____		
_____		
_____		
_____		
b) <b>Secondary Survey</b>	<b>G NA</b>	<b>G Satisfactory</b> <b>G Unsatisfactory</b>
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.		
<b>Justification for Rating:</b> _____		
_____		
_____		
_____		

**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**

**G** NA    **G** Satisfactory    **G** Unsatisfactory

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**

**G** NA    **G** Satisfactory    **G** Unsatisfactory

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**

**G** NA    **G** Satisfactory    **G** Unsatisfactory

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**

**G** NA    **G** Satisfactory    **G** Unsatisfactory

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.