

**FIELD ROTATION INCIDENT
EVALUATION FORMS**

**THESE FORMS ARE TO BE COMPLETED AFTER
EVERY INCIDENT**

**YOU NEED THIS PACKET FOR EVERY FIELD
ROTATION**



**FAUQUIER CO. DEPT OF FIRE, RESCUE, &
EMERGENCY SERVICES**
TRAINING AND LOGISTICS DIVISION
210 HOSPITAL DRIVE, SUITE 100
WARRENTON, VA 20186
(540) 347-6930



EMT-E FIELD ROTATION STUDENT INCIDENT EVALUATION FORM

STUDENT: _____ FTO: _____
 LOCATION: _____ INCIDENT #: _____
 DATE: _____ TYPE OF CALL: _____ UNIT #: _____

DIRECTIONS TO FIELD TRAINING OFFICER: Please use the rating scales below to describe your evaluation of the paramedic student's performance on this call. There is additional space provided for comments and signatures. When you have completed the form, place it in the envelope provided, seal the envelope, and sign your name across the seal. Return the envelope to the student.

UNUSUAL CIRCUMSTANCES:

	SCORE 0	SCORE 1	SCORE 2	SCORE 3	
SCENE MANAGEMENT					
KEY ELEMENT	UNSATISFACTORY	NEEDS IMPROVEMENT	SATISFACTORY	EXCELLENT	SCORE
1. Scene Survey & safety considerations	Failed to detect any present hazards or ignored safety rules	Detected hazards present but not immediately	Performed in a safe manner with prompting	Identified hazards and performed in a safe manner	
2. Situation Report	Failed to provide situation report	Provided situation report but failed to evaluate resources	Incorrectly evaluated resources	Provided situation report & evaluated resources correctly	
3. Direction of Team members	Failed to provide direction to team members	Poorly provided direction to team members	Management techniques need improvement	Functioned well as team leader	
4. Interaction with patient and bystanders	Rude, abrupt and/or unprofessional conduct	Lack of consideration or harsh conversation	Builds a rapport with patients & bystanders	Maintain professionalism even with difficult people	
SCENE MANAGEMENT TOTAL SCORE					0
PATIENT ASSESSMENT					
1. Perform a rapid initial assessment	Omitted portions of the assessment or failed to intervene when necessary	Performed primary but was slow to identify or intervene in a life threatening situation	Performed patient assessment & treatment in a reasonable time	Demonstrated organized Initial assessment w/rapid intervention	
2. Correctly identify mechanism of injury and/or history of present illness	Very disorganized patient assessment or failed to obtain pertinent medical or injury history	Obtained adequate history but is slow in assessment or history gathering	Performed focused history & physical exam in a reasonable time	Completed a focused history & physical exam efficiently even in difficult situations	
3. Perform an appropriate physical exam when indicated	Failed to perform a patient exam and/or findings are inaccurate	Inconsistent in performance of exam. Findings are accurate	Perform exam pertinent to patient's chief complaint. Findings are accurate	Perform exam as indicated and was able to detect subtle findings	
4. Correctly make a transport decision	Failed to identify patient status and transport mode	Recognize patient status but identified incorrect status	Used good judgement in status and mode of transportation	Excellent judgement regarding status and transport	
PATIENT ASSESSMENT TOTAL SCORE					0

AIRWAY MAINTENANCE					
1. Airway Control	Failed to recognize need for airway intervention	Performed needed intervention but slow to recognize need or made multiple attempts	Performed needed interventions & chose appropriate device but could improve organization or technique	Successfully performed airway maneuver using appropriate device, good technique & organization	
CIRCULATORY (HEMORRHAGE CONTROL, CPR, AED, ETC.)					
1. Adequately identifies need for intervention	Unable to correctly identify and utilize the correct intervention	Slow to recognize a need and initialize intervention	Identified need and implemented intervention within acceptable time period	Identified need and implemented intervention without hesitation/prompting	
IV ACCESS/ MEDICATION ADMINISTRATION (Failed IV attempts may not be scored above 1 point)					
1. Medications	Unfamiliar with medications or unable to calculate dosages	Familiar with needed medications but failed to initiate standing orders	Adequate knowledge of medications & initiates standing orders in a timely manner	Remarkable knowledge of medications & anticipates orders from medical control	
ALS INTERVENTIONS:					
1. Adequately identified need for ALS intervention.	Unable to correctly identify and utilize the correct ALS intervention	Slow to recognize a need and initialize ALS Intervention	Identified need and implemented ALS intervention within acceptable time period	Identified need and implemented ALS intervention without hesitation	

TOTAL SCORE FOR THIS CALL	0
----------------------------------	----------

SKILLS USED THAT ARE NOT SPECIFICALLY LISTED ON THIS FORM SHOULD BE CREDITED IN THE APPROPRIATE AREA AND EXPLAINED BELOW.

PRECEPTOR COMMENTS:

Total Score Progress Indicators:

1-12 Poor 12-19 Needs Improvement 20-28 Satisfactory 29-36 Excellent

Grade Equivalents:

36-32= 100 (A+) 31-29=92 (A) 28-24=91 (B+) 23-20=82 (B) 19-14=78 (C) 13-10=70 (D) 9-1=69 (F)

PRECEPTOR SIGNATURE

STUDENT SIGNATURE

Reviewed by Program Coordinator on _____.

Signature of Program Coordinator

TREATMENT:

CRICOTHYROTOMY	TIME:	OBS/ PERF	SURGICAL/NEEDLE	TUBE SIZE:	SUCCESSFUL?	COMMENTS:
CHEST DECOMPRESSION	TIME:	OBS/PERF:	LOCATION:	NEEDLE SIZE:	SUCCESSFUL?	COMMENTS:
MEDICATION ADMINISTRATION:	TIME:	OBS/PERF:	MEDICATION:	DOSE:	ROUTE:	EFFECT:
DEFIBRILLATION CARDIOVERSION PACING	TIME:	OBS/PERF:	RHYTHM TREATED:	ENERGY:	RATE: (PACING)	RESULTING RHYTHM:
OTHER INTERVENTIONS:	TIME:	OBS/PERF:	ADDITIONAL INFORMATION:	RESULT OF INTERVENTION:	COMMENTS:	
NARRATIVE:						

STUDENT SIGNATURE: _____

FTO SIGNATURE: _____