

Yolo Emergency Medical Service Agency 137 N. Cottonwood Street, Suite 2601 Woodland, CA 95695 - (530) 666-8645

PARAMEDIC ACCREDITATION **FIELD EVALUATION**

Candi	date's Nam	e:			Evalu	ator's Name:					
No.	PCR No.,	Unit No.,	Date,	Time,		Patient's Chie	f Con	nplaint	t		
1.											
2.											
3.											
4.											
5.											
		Instruction	าร			Rating S	Scale				
0	 All ratings below a 3 must be explained in detail. Attach additional pages if needed. Candidate "fails" the call if evaluator must intercede to protect the patient or personnel. Candidate "fails" the call if treatment is inappropriate. 			eeded. or must	 Frequently fails to perform procedure in a competent manner. Inconsistent in performing procedures in a competent manner but is showing improvement. Consistently performs procedure in a safe and competent manner according to established standards. Performs procedure in an above average manner. 						
	Evaluato	•		-		N/A Not applicable. Did	instru	ction	s abo	ve.	F
4 D-				ONTROL O			10	20	3	4	5
 Determines safety for self and adequacy of work environment (light, space, etc.) Initiates appropriate crowd control. 							<u> </u>				
				inmont (nolice	o para	medic units, etc) when					
	ecessary	liuriai assisiai	ice and equ	прителі (ропсі	e, para	imedic driits, etc) when					
Establishes and maintains rapport with patient and bystanders											
PATIENT ASSESSMENT SKILLS					10	20	3	4	5		
im	 Performs a complete primary assessment (60 seconds) and intervenes immediately. Primary Survey: □Environment, □ABC's, □LOC, □Skin Vitals Chief, □Complaint 										
	Obtains relevant and accurate patient history, medications and allergies in a systematic manner (secondary assessment)										
7. Pe	7. Performs an appropriate physical examination when indicated										
8. Recognizes patients that need further medical attention, determines appropriate mode of transport (ambulance, private car, etc.) and transports at appropriate point in run.											
9. Re	9. Recognizes the need to make base hospital contact										
10. C	10. Obtains accurate vital signs in a timely manner when indicated.										
11. F	11. Recognizes dysrhythmias										
12. Interprets assessment information correctly and takes appropriate action											

Evaluator's Name:

COMMUNICATION SKILLS	10	20	3	4	5
13. Accurately reports all pertinent information in a systematic manner					
14. Speaks clearly and concisely					
15. Repeats all orders and reports patient response to therapy					
16. Keeps accurate, complete and legible written records.					
17. Anticipated orders, anticipates the needs of other team members					
18. Establishes appropriate working relationship with all team members (i.e. fire, police, ambulance personnel)					
19. Assumes leadership role and directs team members appropriately					
20. Communicates information appropriately to all team members					
21. Performs well under stress, uses good judgment					
22. Is able to accept constructive criticism and guidance					
TREATMENT SKILLS Performs according to recommended procedures	10	20	3	4	5
23. Intubation					
24. Pacing					
25. Medication administration (List which medications were administered)					
26. Other					

Comments:

Evaluator Signature	Date

YEMSA Signature

Date