

HARTFORD HOSPITAL PARAMEDIC PRECEPTING EVALUATION FORM

Paramedic: _____ **Preceptor:** _____ **Precepting Call #** _____

Date: ___/___/_____ **EMS Agency:** Aetna WHFD Windsor EMS **EMS Run#** _____

Destination Hospital: _____ **Hospital Medical Record #** _____

Call type: Refusal BLS Downgrade Routine ALS Moderate acuity ALS High acuity ALS

Check all skills performed/evaluated:

- IV IO SL/PO/Neb Medication IV/IO/IM Medication ECG Monitor ECG 12 lead
 OPA/NPA BVM CPAP SGA ETI/NTI Cricothyrotomy OG tube
 CPR Defib/Cardioversion Pacing Needle thoracostomy Arterial tourniquet

Instructions: The preceptor will evaluate the precepting paramedic’s performance on all of the following elements for each EMS call to which he or she responds. Ratings are to be based off the separately defined criteria for each element. For any selection of “below standard”, “needs improvement” or “superior”, the preceptor must document in the comments the criteria/reasons for the rating.

<u>Professionalism</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Patient-Centric Care & Rapport</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Acceptance of Feedback</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Scene Safety</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Scene Control</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Delegation</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Initial Patient Assessment</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>Clinical Impression</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>BLS Clinical Care</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	
<u>ALS Clinical Care</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>Ongoing Assessment</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>Airway</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>IV/IO</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>Pharmacology</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>ECG and 12 Lead ECG</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>Verbal Reports</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	<input type="checkbox"/> Not observed
<u>Written/Electronic Reports</u>	<input type="checkbox"/> Below standard	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Meets standard	<input type="checkbox"/> Superior	

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Preceptor Comments: _____

Preceptee Comments: _____

Preceptor Signature: _____

Preceptee Signature: _____