

**TERRYVILLE FIRE DEPARTMENT
EMT Field Evaluation Form**

Member Name: _____

Date: _____ Run #: _____

Preceptor Name: _____

PCR # _____

Skill Ratings:

- | | |
|---|----------------|
| 1 | Excellent |
| 2 | Very Good |
| 3 | Average |
| 4 | Below Average |
| 5 | Not Applicable |
| 6 | N/A |

Any rating of a 4 or 5 requires a written explanation by the preceptor.

Patient Assessment Skills:

- ___ Performs hands on physical exam on patient as indicated.
- ___ Able to and record complete history of presenting problem.
- ___ Able to record complete medical history, meds, and etc.

Practical Skills:

- ___ Obtain/direct another crew member to obtain full set of vital signs in a timely manner.
- ___ Recognizes the need for and applies O2 in a timely manner and uses the appropriate delivery device.
- ___ Proper use of KED, Traction splint, and board splints.
- ___ Use proper method of bleeding control.
- ___ Immobilizes the patient completely without compromising the integrity of spine.
- ___ Write a complete and acceptable PCR.

Personal Skills:

- ___ Displays confidence in skills and abilities.
- ___ Able to perform as team leader.
- ___ Maintains control of situation and crew.

___ Delegates responsibilities appropriately.

___ Completes call in timely manner.

Preceptor Comments:

Did the EMT choose the correct hospital based on patient assessment? _____

Did the candidate perform the skills listed above? _____

How efficient and appropriate were the candidate's actions? _____

Did you feel the candidate was open to learning? _____

Did you discuss this call upon completion? _____

Were there any problems or concerns you feel should be addressed? _____

Additional Comments:

Preceptor Signature: _____

Date: _____

Member Signature: _____

Date: _____