

**SAN JOAQUIN COUNTY EMS AGENCY  
Paramedic Accreditation Field Evaluation**

Candidate's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Employer: \_\_\_\_\_

<b>Patient Contact Log</b>													
	PCR No.	Date (mm/dd/yy)	Time	Patient's Chief Complaint									
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
<b>Instructions</b>				<b>Rating Scale</b>									
1. All ratings of 1 or 2 must be explained in detail. Attach additional pages if necessary. 2. Candidate fails the call if preceptor must intercede to protect the patient or personnel. 3. Candidate fails the call if treatment deviates from Policy 4. A copy of each PCR listed above must be submitted with this form.				1. Frequently fails to perform procedure in a competent manner. 2. Inconsistent in performing procedure in a competent manner but is showing improvement. 3. Consistently performs procedure in a safe and competent manner according to established standards. 4. N/A – Did not perform skill.									
<b>EVALUATION FACTORS</b>				<b>PATIENT CONTACT</b>									
<b>Evaluation and Control of Scene</b>				<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>#6</b>	<b>#7</b>	<b>#8</b>	<b>#9</b>	<b>#10</b>
1. Determined safety for self and adequacy of work environment (light, space, etc).													
2. Initiated crowd control.													
3. Manage resources/equipment as necessary (i.e. PD, Fire, etc).													
4. Established and maintained good rapport with patient(s) and bystander(s).													

<b>Patient Assessment Skills</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>#6</b>	<b>#7</b>	<b>#8</b>	<b>#9</b>	<b>#10</b>
5. Performed a complete primary assessment (60 seconds). Assessment included: environment, ABC's, LOC, chief complaint.										
6. Performed a complete secondary assessment. Assessment included: relevant and accurate patient history, medications and allergies in a systematic manner.										
7. Performed an appropriate physical examination when indicated.										
8. Recognized patients that needed further medical attention, determined appropriate mode of transport, and transported at appropriate time.										
9. Recognized the need to make base hospital contact.										
10. Obtained accurate vital signs in a timely manner.										
11. Recognized dysrhythmias.										
12. Interpreted assessment information correctly and took appropriate action(s).										
<b>Communications Skills</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>#6</b>	<b>#7</b>	<b>#8</b>	<b>#9</b>	<b>#10</b>
13. Accurately reported all pertinent information in a systematic manner.										
14. Spoke clearly and concisely to patient(s) and bystander(s).										
15. Repeated all orders and reported patient response to therapy.										
16. Kept accurate, complete and legible written records.										
17. Anticipated orders and the needs of other team members.										
18. Established appropriate working relationship with all team members.										
19. Assumed leadership role and directed team members appropriately.										
20. Communicated information appropriately to all team members.										

21. Performed well under stress and used good judgment.										
22. Was able to accept constructive criticism and guidance.										
<b>Treatment Skills</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>#6</b>	<b>#7</b>	<b>#8</b>	<b>#9</b>	<b>#10</b>
23. Successfully started an intravenous line.										
24. Successfully administered medications.										
25. Performed adult endotracheal.										
26. Performed pediatric endotracheal intubation.										
27. Performed defibrillation.										
28. Successfully started an intraosseous infusion.										
29. Performed correct needle thoracostomy.										
30. Performed correct needle cricothyrotomy.										
31. Performed correct nasogastric intubation and gastric suction.										
32. Performed transcutaneous pacing.										

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Name, Signature and license Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider EMS Liaison Name and Signature

\_\_\_\_\_  
Date

***Falsification of accreditation documents may result in denial of the application and a referral to the EMS Authority for disciplinary action.***