



SAN JOAQUIN COUNTY EMS AGENCY
Paramedic Accreditation Field Evaluation Form 2540A

Applicant Name		Applicant License Number	
Applicant Employer		Preceptor/Accreditation Officer Employer	
Preceptor/Accreditation Officer Name		Preceptor/Accreditation Officer License number	
EMS Liaison		EMS Liaison Employer	

Instructions for completing the Paramedic Accreditation Field Evaluation form:

Accreditation Applicant: For each patient contact fill in the fields: Date, Time, PCR #, Field Clinical Impression, Major ALS intervention performed, or name of medication administered.

Preceptor/Accreditation Officer: For each patient contact fill in comments (do not leave blank), then give scores in the following fields: Scene Management, Leadership, Patient Assessment, Communication, and Treatment Skills using the rating criteria.

EMS Liaison: After discussing applicant performance with preceptor/accreditation officer and reading each PCR, sign each ALS contact confirming completeness and accuracy of documentation and appropriate classification of valid ALS contact.

ALS Contact # 1	Date		PCR#						
	Field Clinical impression								
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC
	MED(s)								
	Comments							Score	
								Scene management	
								Leadership	
								Patient Assessment	
								Communication	
								Treatment skills	
PCR Reviewed by EMS Liaison							Documentation		

ALS Contact # 2	Date		PCR#						
	Field Clinical impression								
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC
	MED(s)								
	Comments							Score	
								Scene management	
								Leadership	
								Patient Assessment	
								Communication	
								Treatment skills	
PCR Reviewed by EMS Liaison							Documentation		

ALS Contact # 3	Date		PCR#						
	Field Clinical impression								
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC
	MED(s)								
	Comments							Score	
								Scene management	
								Leadership	
								Patient Assessment	
								Communication	
								Treatment skills	
PCR Reviewed by EMS Liaison							Documentation		



SAN JOAQUIN COUNTY EMS AGENCY
Paramedic Accreditation Field Evaluation Form 2540A

ALS Contact # 4	Date									PCR#		
	Field Clinical impression											
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC			
	MED(s)											
	Comments								Score			
									Scene management			
									Leadership			
									Patient Assessment			
									Communication			
									Treatment skills			
PCR Reviewed by EMS Liaison								Documentation				

ALS Contact # 5	Date									PCR#		
	Field Clinical impression											
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC			
	MED(s)											
	Comments								Score			
									Scene management			
									Leadership			
									Patient Assessment			
									Communication			
									Treatment skills			
PCR Reviewed by EMS Liaison								Documentation				

ALS Contact # 6	Date									PCR#		
	Field Clinical impression											
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC			
	MED(s)											
	Comments								Score			
									Scene management			
									Leadership			
									Patient Assessment			
									Communication			
									Treatment skills			
PCR Reviewed by EMS Liaison								Documentation				

ALS Contact # 7	Date									PCR#		
	Field Clinical impression											
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC			
	MED(s)											
	Comments								Score			
									Scene management			
									Leadership			
									Patient Assessment			
									Communication			
									Treatment skills			
PCR Reviewed by EMS Liaison								Documentation				



SAN JOAQUIN COUNTY EMS AGENCY
Paramedic Accreditation Field Evaluation Form 2540A

ALS Contact # 8	Date					PCR#				
	Field Clinical impression									
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC	
	MED(s)									
	Comments						Score			
							Scene management			
							Leadership			
							Patient Assessment			
							Communication			
							Treatment skills			
PCR Reviewed by EMS Liaison						Documentation				

ALS Contact # 9	Date					PCR#				
	Field Clinical impression									
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC	
	MED(s)									
	Comments						Score			
							Scene management			
							Leadership			
							Patient Assessment			
							Communication			
							Treatment skills			
PCR Reviewed by EMS Liaison						Documentation				

ALS Contact # 10	Date					PCR#				
	Field Clinical impression									
	ALS Intervention Performed	IV	IO	OTI	SGA	CV	TCP	NT	NC	
	MED(s)									
	Comments						Score			
							Scene management			
							Leadership			
							Patient Assessment			
							Communication			
							Treatment skills			
PCR Reviewed by EMS Liaison						Documentation				

Applicant Signature	Date

Additional Comments				
		Recommendation for accreditation	Signature	Date
Preceptor/Accreditation Officer				
EMS Liaison				



SAN JOAQUIN COUNTY EMS AGENCY

Paramedic Accreditation Field Evaluation Form 2540A

ALS Contact:

An ALS contact for the purpose of San Joaquin County accreditation is the display of critical thinking as it relates to patient care or the correct and successful performance of two or more different ALS interventions, not to include ALS assessments.

ALS interventions include:

- Intravenous Access (IV)
- Intraosseous Access (IO)
- Cardioversion (CV)
- Oral tracheal intubation (OTI)
- Supraglottic Airway (SGA)
- ALS Medication administration (MED)
- Needle Thoracostomy (NT)
- Needle Cricothyrotomy (NC)
- Transcutaneous pacing (TCP)

Display of Critical Thinking

Display of critical thinking is a situation where an accreditation applicant demonstrates their ability to think through a challenging situation appropriately but may not perform two ALS interventions; such as, being medical group supervisor of an MCI, or identifying and treating a critical decompensating patient that only requires an IV, but no medications are given. If the preceptor/accreditation officer would like to award an ALS contact based on a display of critical thinking, the preceptor/accreditation officer must document extensively and have their respective EMS liaison agree that it merited being an ALS contact.

Rating criteria:

1	Frequently fails to perform in a competent manner, even with coaching or prompting
2	Inconsistent in performing in a competent manner, requires frequent coaching or prompting
3	Performs in a competent manner with occasional prompting or coaching
4	Performs in a competent manner with rare prompting or coaching
5	Consistently performs in a competent manner, requires no prompting or coaching
N/A	Not applicable or did not perform skill

Definitions of Rating Fields:

Scene Management: Safety and work environment; uses universal precautions; crowd control; recognizes the need for and requests any additional equipment and/or assistance.

Leadership: Professionalism; feedback and guidance; rapport with patient, family, bystanders, and team members.

Patient Assessment: Primary assessment; secondary assessment; intervention; patient information; physical examination; assessment interpretation; chest auscultation; cardiac rhythms; patient management; patient response to therapy; ability to derive an accurate field clinical impression.

Communication: Speaks clearly and concisely; accurately reports all pertinent information in a systematic manner; repeats all orders and reports patient response to therapy; keeps accurate, complete, and legible written patient care records without errors or omissions.

Treatment Skills: Proficiency at performing and/or administering BLS/ALS medications and procedures; appropriateness of treatment for patient's condition.

Documentation: Ability to write clear and concise patient care records in a timely manner.

Attach additional pages as necessary to completely document the applicant's performance. Falsification of accreditation documents may result in denial of the application and a referral to the EMS Authority for disciplinary action.