



Central Shenandoah EMS Council

Standardized Evaluation Guidelines

1. **General Appearance:** Evaluates physical appearance, dress and demeanor.

1. **Unacceptable** – Dirty shoes, wrinkled uniform. Uniform fits poorly or is improperly worn. Hair is not groomed and/or is in violation of Department regulations. Offensive body or breath odor.
3. **Acceptable** – Uniform neat and clean. Uniform fits and is worn properly. Hair is within regulation, shoes are shined.
5. **Superior** – Uniform is neat, clean and tailored. Shoes are spit-shined. Displays command bearing.

2. **Acceptance of Feedback – Preceptor Program:** Evaluates the way that the trainee accepts the trainer's criticism and how that feedback is used to further the learning process and improve performance.

1. **Unacceptable** – Rationalizes mistakes, denies performance is subpar, is argumentative, refuses to, or does not make an effort to improve performance. Considers criticism as a personal attack.
3. **Acceptable** – Accepts criticism in a positive manner and applies it to improve performance and further learning.
5. **Superior** – Actively solicits criticism and feedback in order to further learning and improve performance. Does not argue or blame others for errors.

3. **Attitude Toward EMS Work** – Evaluates how the student views the role of an ALS provider in terms of personal motivation, goals, and acceptance of the responsibilities of the position.

1. **Unacceptable** – Sees the career as a job only (professional provider). Views the position as a way to boost ego, abuses authority, demonstrates little dedication to the principles prehospital patient care.
3. **Acceptable** – Demonstrates an active interest in the role of a new ALS provider and in prehospital patient care.
5. **Superior** – Utilizes “down time” to further knowledge, actively solicits assistance from others to increase knowledge and improve skills. Demonstrates concern for patients and maintains high ideals in terms of professional roles and responsibilities.

4. **Knowledge of Equipment** – Evaluates student's knowledge of equipment and how it is maintained.

1. **Unacceptable** – Fails to display a working knowledge of equipment purpose, use, and maintenance, continually makes mistakes while using or demonstrating use of equipment.
3. **Acceptable** – Familiar with purpose, use, and maintenance of equipment.
5. **Superior** – Has an excellent working knowledge of all equipment. Seeks new knowledge and understanding. Correctly diagnoses problems with equipment and remedies appropriately.

5. **Knowledge of Patient Care Standards** – Evaluates student's knowledge of BLS and ALS treatment standards and specific protocols outlined in the Central Shenandoah EMS Council Standard Patient Treatment Protocols.

1. **Unacceptable** – Fails to display knowledge of standard patient treatment guidelines or CSEMS Standard Patient Treatment Protocols, or violates same.

- 3. Acceptable** – Familiar with most commonly applied standard patient treatment guidelines or CSEMS Standard Patient Treatment Protocols, and complies with same.
- 5. Superior** – Has an excellent working knowledge of standard patient treatment guidelines or CSEMS Standard Patient Treatment Protocols, including those that are lesser known or seldom used.

6. Patient Assessment (History) – Evaluates student’s ability to elicit a complete medical history and history of present illness.

- 1. Unacceptable** – Fails to obtain a past medical history. Fails to obtain history of present illness or injury.
- 3. Acceptable** – Obtains a minimal SAMPLE history (or equivalent) for the patient. Assesses a minimal history of patient’s present illness or injury using OPQRST (or equivalent).
- 5. Superior** – Obtains a complete SAMPLE history (or equivalent) for the patient in a timely, but thorough manner. Assesses history of patient’s present illness or injury using OPQRST (or equivalent) in a timely, but thorough manner.

7. Patient Assessment (Physical) – Evaluates student’s ability to conduct a physical assessment of a patient.

- 1. Unacceptable** – Fails to conduct a primary or secondary assessment. Fails to identify and treat life-threatening conditions. Unduly delays transport to examine patient.
- 3. Acceptable** – Conducts a minimal primary and secondary assessment, identifies life-threatening conditions and treats appropriately. Assessments are performed in a timely manner and transport is not unduly delayed.
- 5. Superior** – Conducts a complete and thorough primary assessment, identifies life-threatening conditions and treats appropriately *before* beginning a secondary assessment, assessment performed in a timely manner. Conducts a complete and thorough secondary assessment for appropriate patients, including head-to-toe. Does not unduly delay transportation to perform secondary or other examinations.

8. Problem Solving/Decision Making – Evaluates the student in terms of ability to perceive, form valid conclusions, arrive at sound judgements, and make proper decisions.

- 1. Unacceptable** – Acts without thought or good reason. Is indecisive, naïve. Is unable to reason through a problem and come to a conclusion. Cannot recall a previous solution and apply it to a new problem.
- 3. Acceptable** – Able to reason through a problem and come to an acceptable solution based on information available. Perceives situations as they really are. Makes a decision without assistance.
- 5. Superior** – Able to reason through the most complex situations and is able to make appropriate conclusions. Has excellent perception. Anticipates problems and prepares resolutions in advance. Relates past solutions to present situations.

9. Recording and Documentation – Evaluates the student’s ability to prepare prehospital patient care reports that accurately reflect the patient’s condition and the treatment administered in a detailed, organized manner.

- 1. Unacceptable** – Unable to organize and reduce to writing patient history, patient findings, and treatments administered. Leaves out pertinent details of the incident. Report is generally inaccurate. Writing is illegible. Does not obtain signatures for ALS procedures administered.
- 3. Acceptable** – Completes reports, organizing patient history, patient findings, and treatments administered in a logical manner. Reports contains the required information and details. Writing is legible. Obtains necessary signatures for ALS procedures administered.

5. Superior – Reports are a complete and detailed accounting of patient history, physical findings, and treatments administered, written and organized so that ANY reader in the field of medicine can understand what occurred. Uses appropriate and generally accepted abbreviations. Writing is legible. Obtains signatures and written orders for ALS procedures administered.

10. Patient Transition – Evaluates student’s ability to transfer care of a patient to another provider/agency or a receiving institution.

1. Unacceptable – Fails to provide a verbal or written report to the receiving provider/agency/institution. Abandons patients before care is transferred to another provider/agency/institution.

3. Acceptable – Provides a verbal report to the receiving provider/agency/institution, relays adequate information to the receiving provider/agency/institution, relays any medications administered to patient. Stays with patient until care has been turned over to the receiving provider/agency/institution.

5. Superior – Provides a complete verbal and written report to the provider/agency/institution, relays patient’s medical history, physical findings, medications administered, interventions, and changes in patient’s condition based on treatment. Stays with patient until care has been turned over to the receiving provider/agency/institution.

11. Venipuncture – Evaluates the student’s ability to properly establish intravenous access.

1. Unacceptable – Fails to use aseptic technique, selects inappropriate solution, selects inappropriate catheter size for patient condition, and uses poor or inappropriate technique and is unable to successfully establish intravenous access on any patients.

3. Acceptable – Uses aseptic technique, selects appropriate solution and appropriate catheter size for patient condition with minimal prompting from preceptor, uses acceptable technique and successfully establishes intravenous access on 50% of the attempts.

5. Superior – Uses aseptic technique, always selects appropriate solution and appropriate catheter size for patient condition without prompting from preceptor, uses excellent technique and establishes intravenous access on 100% of the attempts.

12. Medication Administration – Evaluates the student’s pharmacological knowledge and their ability to properly administer medications.

1. Unacceptable – Fails to demonstrate a working knowledge of the actions, indications, contraindications, side effects and routes of administration for medications within the student’s scope of practice. Fails to follow or does not understand the “Five Rights” of medication administration. Fails to use aseptic technique, selects inappropriate medication for patient, uses poor or inappropriate technique to administer medication, does not properly document medication administration.

3. Acceptable – Demonstrates a basic knowledge of the actions, indications, contraindications, side effects and routes of administration for medication within the students scope of practice. Understands and follows the “Five Rights” of medication administration. Uses aseptic technique, selects appropriate medication for patient with minimal prompting from preceptor, uses acceptable technique to administer medication, properly documents medication administration.

5. Superior – Demonstrates comprehensive knowledge of the actions, indications, contraindications, side effects and routes of administration for medication within the students scope of practice. Understands and follows the “Five Rights” of medication administration. Uses aseptic technique, selects appropriate medication for patient, uses excellent technique to administer medication, completely documents medication administration and reassessment findings after each medication.

13. Intubation – Evaluates student’s ability to properly establish endotracheal intubation.

1. Unacceptable – Selects inappropriate tube size, selects inappropriate blade size, fails to check equipment prior to intubation attempts, uses poor technique and is unable to successfully intubate any patients. Or, the patient is intubated and the student does not assess tube placement including the use of an end-tidal CO₂ detector.

3. Acceptable – Selects appropriate tube size and appropriate blade size with minimal prompting from the preceptor, checks critical equipment prior to intubation attempts, uses acceptable technique and establishes endotracheal intubation on 50% of the attempts. Assesses tube placement including the use of an end-tidal CO₂ detector and is able to overcome problems with minimal assistance from the preceptor.

5. Superior – Always selects appropriate tube size and appropriate blade size, checks all equipment prior to intubation attempts, uses excellent technique and establishes endotracheal intubation on 100% of attempts. Thoroughly assesses tube placement including the use of an end-tidal CO₂ detector and is able to independently overcome problems.

14. Defibrillation/Monitor – Evaluates the student’s ability to properly use an ECG monitor and deliver electrical therapy.

1. Unacceptable – Fails to ensure the safety of self and others, is unfamiliar with or does not properly use defibrillator/monitor, improperly places electrode pads or paddles (EMT-I/P), fails to deliver shocks in a timely fashion (1st shock and subsequent stacked shocks), fails to demonstrate knowledge of proper Joules to be delivered.

3. Acceptable – Ensures safety of self and others, is familiar with and properly uses defibrillator/monitor with minimal prompted from preceptor, properly places electrode pads or paddles (EMT-I/P), delivers shocks in a timely fashion (1st shock and subsequent stacked shocks), demonstrates acceptable knowledge of Joules to be delivered.

5. Superior – Ensures safety of self and others, demonstrates an excellent knowledge of the defibrillator/monitor and flawlessly uses machine without assistance from preceptor, properly places electrode pads or paddles (EMT-I/P), delivers shocks in a timely fashion (1st shock and subsequent stacked shocks), demonstrates excellent knowledge of all energy settings for adults and pediatric patients.

15. Advanced Needle Skills – Evaluates student’s ability to perform advanced needle skills including needle cricothyrotomy, needle thoracotomy, and intraosseous infusion.

1. Unacceptable – Fails to use aseptic technique, selects inappropriate solution (IO), selects inappropriate catheter size for patient, and uses poor or inappropriate technique and is unable to successfully establish execute skill any patients. Fails to properly stabilize devices.

3. Acceptable – Uses aseptic technique, selects appropriate solution (IO) and appropriate catheter size for patient with minimal prompting from preceptor, uses acceptable technique and successfully executes skill on 50% of the attempts. Properly stabilizes devices.

5. Superior – Uses aseptic technique, always selects appropriate solution (IO) and appropriate catheter size for patient without prompting from preceptor, uses excellent technique and establishes intravenous access on 100% of the attempts. Properly stabilizes devices.

16. Rhythm Recognition and Treatment – Evaluates student’s ability to identify ECG rhythms and treat patients accordingly.

1. Unacceptable – Identifies rhythms with 25% or less accuracy, fails to treat dysrhythmias in accordance with CSEMS protocol.

3. Acceptable – Identifies basic rhythms with 100% accuracy, identifies advanced dysrhythmias with minimal assistance from the preceptor or is able to identify the dysrhythmia’s origin (i.e. sinus,

junctional, ventricular, etc.) and physiological consequences of the dysrhythmia. Student properly treats dysrhythmias in accordance with CSEMS protocol with minimal prompting from the preceptor.

5. Superior – Identifies all rhythms with 100% accuracy. Student treats all dysrhythmias appropriately in accordance with CSEMS protocol.

17. Basic Life Support Skills – Evaluates the student’s ability to properly perform basic life support skills.

1. Unacceptable – Fails to properly perform basic life support skills (backboarding, splinting, suctioning, c-collar, etc.) in accordance with EMT-B standards.

3. Acceptable – Demonstrates a basic knowledge of basic life support skills, demonstrates acceptable basic life support skills (backboarding, splinting, suctioning, c-collar, etc.) in accordance with EMT-B standards.

5. Superior – Demonstrates a comprehensive knowledge of basic life support skills, demonstrates excellent basic life support skills (backboarding, splinting, suctioning, c-collar, etc.) in accordance with EMT-B standards.

18. Relationships with Patients – Evaluates student’s ability to interact with patients in an appropriate, efficient manner.

1. Unacceptable – Abrupt, belligerent, overbearing, arrogant, uncommunicative. Fails to show respect for the patient and family members. Introverted, insensitive, and uncaring.

3. Acceptable – Courteous, friendly, and empathetic. Interacts with patients in a professional, unbiased manner.

5. Superior – Is very much at ease with patient contact. Quickly establishes a rapport and leaves the patient with a feeling that the student was interested in helping them. Is objective with all patients.

19. Relationships with Co-Workers – Evaluates the student’s ability to effectively interact with personnel within the department, other emergency services agencies, and hospital personnel.

1. Unacceptable – Patronizes preceptor/instructors/superiors/peers or is antagonistic toward them. Is insubordinate, argumentative, or sarcastic. Resists instructions. Considers him- or herself superior. Belittles others. Is not a “team” player.

3. Acceptable – Adheres to the chain of command and accepts his or her role in the department or EMS system. Good peer and preceptor relationships and is accepted as a group member.

5. Superior – Is at ease in contact with all, including preceptors/instructors/superiors. Understands preceptor’s/instructor’s/supervisor’s responsibilities, respects and supports their position. Peer group leader. Actively assists others.

20. Attendance. Evaluates student’s punctuality.

1. Unacceptable. Student did not arrive on time for the designated shift.

3. Acceptable. Student arrived on time for the designated shift.