

BLS FIELD (AIC) EVALUATION STANDARDS
DEPARTMENT OF EMERGENCY MEDICAL SERVICES
CITY OF VIRGINIA BEACH

The following evaluation standards have been designed to help the FTO objectively determine the appropriate rating to be given in each evaluation category. The FTO should utilize these standards when completing the Trainee's evaluations.

PROFESSIONALISM AND PERSONAL SAFETY				
FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
1. Presents self as a professional.	Fails to wear correct clean uniform, city ID badge, or use good hygiene. Shows up late to duty.	Wears correct clean uniform, city ID badge and uses good hygiene. Will show up late to duty.	Wears correct clean uniform, city ID badge and uses good hygiene. Shows up on time for duty.	Same as Rating 3 but will also show up early and will start the check off of the unit before duty starts.
2. Performs all skills in a safe and appropriate manner. Recognizes potentially hazardous situations.	Fails to perform skills in a safe manner during the duty.	On more than one occasion during the duty, failed to perform in a safe manner But recognizes problem.	Consistently performs skills in a safe manner with occasional prompting from the FTO.	Consistently performs skills in a safe manner without prompting.
3. Initiates appropriate infection control.	Fails to take any steps for infection control.	Is inconsistent with infection control procedures even after the problem has been addressed.	Consistently initiates infection control procedures with occasional prompting from the FTO.	Consistently practices infection control procedures with no prompting.

COMMUNICATION SKILLS				
FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
4. Accurately reports all pertinent information in a systematic manner on the radio (COR or 800) or directly to ED staff.	Fails to report key information. "Paints a poor or inaccurate picture."	Reports all pertinent information but is very disorganized.	Reports all pertinent information in a fairly organized manner using the TEMS Hospital Report Format. "Paints an accurate picture."	Consistently reports all pertinent information in a systematic, timely and concise manner using the TEMS Hospital Report Format, even on difficult runs.
5. Speaks clearly and concisely and is easily understood on the radio.	Mumbles or rambles. Reports are difficult to hear or understand.	Reports are fairly concise but speaks too softly and/or rapidly.	Speaks slowly, has adequate pronunciation. Is fairly brief and to the point; does not ramble. Uses correct radio terminology.	Excellent reporting skill; brief and to the point. The people the trainee is speaking to understand him/her. Uses correct radio terminology.
6. Keeps accurate, complete and legible written patient reports or PPCR's.	PPCR's are inaccurate, incomplete, and/or illegible.	PPCR's are accurate and complete but difficult to read.	PPCR's are accurate, complete and legible. Covers all legal implications.	In addition to Rating 3, is extremely thorough, neat and timely.

DEMEANOR/TEAMWORK

FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
7. Establishes appropriate working relationship with all team members (including police, fire, ED team).	Does not function as a part of a team effort. Fails to establish rapport with team members. Attitude impedes progress of runs. Does not follow appropriate chain of command.	Has established rapport with some but not all team members.	Functions as a team member; establishes a good rapport. Respects chain of command and follows directions.	Establishes excellent rapport with team members. Comes to duty with a positive attitude.
8. Anticipates orders and needs of team members.	Frequently does not anticipate even basic orders of O2, taking vital signs. Does not assist when other team members need help (stands back).	Occasionally does not anticipate orders or is not prepared to assist other team members.	Usually anticipates most orders and needs of other team members (i.e., O2, taking vital signs, etc.).	Very efficient and organized. Approach to patient care is systematic with little wasted time or effort.
9. Performs well under stress, uses good judgment.	Frequently fails to provide adequate and/or safe patient care when under stress. (Excessive anxiety leading to poor judgment, inability to make decisions, etc.). Seems overwhelmed by situation.	Is inconsistent; handles some stressful situations easily, but is unsure of what to do in other situations. Unsure of what to do in new situations, but does fairly well in situations that are similar to previous ones handled.	Thinks clearly; uses good judgment. Provides adequate and safe patient care when under stress. Usually remains calm. Shares his "plan" of approach with his team members.	Consistently shows calm, collected attitude that seems to reassure personnel around him. Thinks clearly; uses good judgment. Shares his "plan" of approach with his team members and plan follows recommended standard of care.
10. Is able to accept constructive criticism and guidance.	Takes constructive criticism poorly; argues with crew members. Rationalizes mistakes.	Appears to accept constructive criticism- shows respects of crew members but does not fully understand reason or make changes. Has no comments.	Participates in evaluation of self; accepts constructive criticism and suggestions. Does not rationalize mistakes. Makes necessary steps to correct procedures.	Extremely open to suggestions. Always seeking ways to improve self.

PATIENT ASSESSMENT SKILLS

FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
11. Performs a complete initial assessment and intervenes immediately. <u>Initial Assessment:</u> Scene safety, ABC's, LOC, Skin/Vitals, Chief Complaint.	Omits portions of initial assessment OR Fails to intervene when a problem is noted.	Performs a complete initial assessment, but is either very slow in assessing and/or intervening or is disorganized.	Performs a complete and fairly organized initial assessment in a reasonable amount of time. Recognizes critical vs. noncritical patient, i.e., opens airway; intervenes appropriately.	Demonstrates above average skills in performing a complete and organized initial assessment in a timely manner. Intervenes rapidly, initiates CPR, etc.

PATIENT ASSESSMENT SKILLS				
FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
12. Obtains relevant and accurate patient history, medications, etc. in a systematic manner (focused on-going assessment). Performs an appropriate physical examination when indicated.	Totally disorganized patient assessment. Does not get pertinent information. Is not complete.	Performs an adequate patient assessment, but is very slow in assessment and/or is disorganized.	In a reasonable amount of time obtains an adequate patient history, chief complaint, medications and allergies in a fairly organized manner. (Adequate is defined as acceptable but not remarkable.)	Able to gather information efficiently even in difficult situations (i.e., emotionally charged situation). Organized and timely.
13. Interprets assessment information correctly and takes appropriate action.	Frequently unable to interpret assessment information correctly. Demonstrates weak knowledge base OR suggests inappropriate treatment.	Interprets assessment information correctly, but is hesitant about action to take.	Correlates information from patient assessment with knowledge base gained from training and suggests treatment appropriate to situation.	Shows strong ability to interpret assessment information and take appropriate action. Picks up on things the average trainee would not.

TREATMENT SKILLS: Performs according to recommended procedures.				
FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
14. Assist with ALS: IV set-up, monitor.	Fails to assist with the ALS provider with the necessary ALS skills.	Occasionally does not assist with the ALS provider. Needs some prompting.	Usually anticipates the needs of the ALS provider. Needs little direction.	Very efficient in assisting with the ALS provider. Anticipates correctly the needs of the ALS provider with no direction needed.
15. Bandaging and Splinting	Ineffective technique or treatment causing potential harm to patient. Failure to initiate any treatment.	Aware of need for bandaging/splinting but needs a lot of direction (slow but adequate).	Applies appropriate and adequate dressings/splints in a timely manner. Needs a little assistance and/or guidance from the FTO.	Able to dress injuries well with no assistance or guidance from the FTO.
16. CPR and/or AED	Demonstrates poor technique, i.e., hand position, airway management, comp/vent ratio. Does not use AED safely. Is unaware of how to apply AED pads or how to operate AED.	Performs CPR in a consistent manner, but fails to correct other personnel when performance is inadequate. Applies AED but with substantial direction from FTO.	Performs CPR according to AHA standards. Competently supervises performance of other personnel. Knows how to apply the AED and operate the AED but needs some prompting from the FTO.	Takes the team leader role in performance of CPR and application of AED. Thoroughly knowledgeable in AED protocols. Performs without prompting from FTO.

17. Oxygen Administration (Cannula, mask, BVM, etc.)	Fails to administer O2 when indicated OR fails to use equipment properly.	Inconsistent -- occasionally fails to initiate O2 therapy when indicated. Uses equipment properly. Needs substantial prompting from the FTO.	Administers O2 when necessary. Selects correct method/rate of administration. Uses equipment properly. Needs some prompting from the FTO.	Same as Rating 3 but needs no prompting from the FTO when demonstrating their knowledge of oxygen application.
18. Spinal Immobilization	Fails to recognize obvious back/neck injuries. Fails to initiate spinal precautions in obvious situations. Incomplete or incorrect procedures.	Recognizes obvious problems but may fail to recognize potential problems and is slow to initiate proper treatment, i.e., c-collar only/back board only. Inconsistent performance of procedure.	Uses full spine precautions whenever indicated. Recognizes obvious and potential problems. Uses complete and correct procedure.	Consistently above average application and anticipation.

EQUIPMENT/SUPPLIES				
FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
19. Maintains assigned inventory.	Needs frequent reminders to resupply unit. Fails to perform unit check off.	Occasionally fails to resupply but follows up immediately when deficiencies are noted.	Needs some prompting from FTO to resupply unit following runs. Will take time to maintain unit appearance after prompting from the FTO.	Consistently resupplies unit following runs. Takes time to maintain unit appearance. Anticipates need to restock supplies. Needs no guidance from the FTO.
20. Demonstrates the ability to correctly operate all unit equipment.	Demonstrates a poor knowledge base. Is not prepared.	Knows proper use of equipment but frequently needs direction to operate.	Following orientation to equipment demonstrates the ability to correctly operate.	Adapts to new equipment easily; uses it effectively. Able to demonstrate to others.

Revised May 2008