

Virginia Beach EMS BLS AIC and Driver Evaluation Form

Instructions

Completing an evaluation of our new member's progress is a vital task. We rely on this evaluation to track their progress and help them to become your future partner! Please be honest and objective and take the time to complete the evaluation in its entirety.

General

- An evaluation must be completed for each shift
- Each evaluation must be turned into the station training officer
- The intern should document the patient information section and is responsible for their comments and other areas
- The AIC or FTO is responsible to complete their section as well as rate the interns' performance
 - If there is no FTO on the truck, any released member may complete the evaluation
- Can use driver evaluation only, AIC evaluation only or combination of the two

Crew Section

- Includes Intern name, crew names, date of shift, Unit assigned to, time in, time out and total hours
- Must be completed for every evaluation

AIC-Patient Information Section

- Each patient contact should be documented
- Chief Complaint should include the patient's chief complaint but may need a qualifier
 - Back pain from a car crash may read "Back pain-MVC"
 - Can include two complaints such as "CP and SOB"
- Need to document the patient's age
- Document the call type
 - BLS/ALS-transported to the hospital on your unit
 - Refusal-patient refused treatment/transport or evaluated on scene and not transported by your unit

AIC Skill Performance Section

- The AIC/FTO should rate the intern's performance regarding the individual skills performed by the intern for each patient contact
- Each skill for each call should be rated independently

Skill Performance Item Explanation

- Scene Size-up- number of patients, mechanism of illness/injury, need for additional resources, use of BSI, etc.
- Medical Assessment- patient information and history, proper and detailed assessment
- Trauma Assessment-patient information and history, proper and detailed assessment
- Vitals- complete set of vitals (BP, pulse, respirations, pulse ox, GCS), knowledge of normal and abnormal ranges
- Airway Management- identifies need for/proper use of BVM, oral airway, nasal airway
- Oxygen Administration- identifies need for/proper use of nasal cannula, non-rebreather, portable and truck oxygen systems and regulators
- CPR/AED- can perform CPR based on current AHA guidelines and AED use
- Spinal Immobilization- identifies need for/proper use of full spinal immobilization including manual c-spine control, c-collar, LBB, straps, KED, peds board and other spinal immobilization equipment
- Bandaging- identifies need for/proper use of bandaging
- Splinting- identifies need for/proper use of various splints and splinting techniques
- Glucometry- identifies need for/proper use of glucometer, disposal of sharps and required signatures
- Patient Handling- identifies need for/proper use of patient movement equipment and techniques such as stretchers, stair chairs, scoop stretchers, etc
- Radio/MDT- identifies need for/proper use of vehicle radio, portable radio, MDT. Also includes proper radio communications
- Verbal Communications-communications between trainee and fellow crew, patients, hospital staff, patient family members, other ERS members, etc
- EMR Documentation-completely and accurately completes patient care reports
- ALS Skill Assist-ability to assist with ALS skills such as EKG lead application, ventilating and ALS airway, set up an IV, etc

Role Section

- Intern should be evaluated on their ability to lead the call (act as AIC) or be a team member on the call
- Evaluate based on the prearranged role (they should know in advance if they are to act as team leader)

Skill Performance Key and Comments

- "I"-Performs Independently- requires no direction or assistance to initiate or complete the skill/task/role
- "G"-Needs Guidance- requires some assistance from others to complete the skill/task/role, may not initiate the skill

- “R”-Needs Remediation-requires a lot of coaching and assistance to complete and/or unable to perform the skill/task/role
- “O” – Observed- item was observed and explained but there was no attempt to complete the skill/task/role
- Place any comments needed in the blank area
- Operational Topics discussed-list items reviewed such as fire or police standbys, entrapments and other items not covered in the skill section.

AIC/FTO and Intern Assessment Sections

- To be completed by each member including signatures
- AIC/FTO should review evaluation with Intern

Driving Evaluation Section

Skill Performance Section

- Use Remediation, Guidance, Independently scale to rate each item that was performed based on their overall performance from entire shift
 - “I”-Performs Independently- requires no direction or assistance
 - “G”-Needs Guidance- requires some assistance from others
 - “R”-Needs Remediation-requires a lot of coaching and assistance
- Total miles driven can be estimated
- Road conditions can be listed as dry and sunny, rainy, icy, snowy, etc.

FTO and Intern Assessment Sections

- To be completed by each member including signatures
AIC/FTO should review evaluation with Intern

Please submit the completed evaluation to Dee W. Haberdash at EMS Admin as soon as possible. You can email it, fax it, drop it off or send it interoffice.

Email: DHaberda@vbgov.com

Fax: 757-431-3019