

# BLS Academy Student Field Evaluation

BLS Academy # 20	Student Name: John Doe	Date: 1-15-2018	Student Signature: <i>John Doe</i>
Shift Time: 6am –6pm	Student Arrival Time: 5:45am	Time student Left: 6pm	Total Hours: 12 hrs. 15 mins
Total Number of Patient Contacts: 8	AIC Name: Mary Lou	AIC Phone#: 757-456-1234	AIC Signature: <i>Mary Lou</i>

Age	Patient Information Chief complaint/ Presenting Problem	Vitals Signs/BSI							Airway							Trauma				Medical			PT. Movement						
		BSI	Access pulse	Assess skin color, condition, temp.	Obtain Blood Pressure	Assess Respiratory ,Rate,Rhythm,Qual.	Assess Pupils, size, reactivity, equality	Assess Capillary refill	Glucometry	Assess Patient breathing	Administration of O2 /Tank use	Proper use of Nasal Cannula	Proper use of NRB	Proper use of BVM	Proper use of oral/nasal Airways	Oral suctioning	Control bleeding /bandaging	Splinting Joint/Lone bone	KED- Short spine board	HARE traction	Trauma assessment	Medical assessment	Obtain SAMPLE	Medication Administration/PAM	Operate stretcher	Operate stair chair	Backboarding	Move patient to hospital bed	
1. 26	Abdominal pain		1	1	1	1	1	1													1			1					
2. 51	stroke										1													1					
3. 87	Chest pain				2				1	1														1					
4. 16	fracture															1							1						
5. 2	fever																				1		1						
6. 47	Cardiac arrest											1	1	1							1		1						
7. 62	Breathing difficulty					2																	1						
8. 37	Diabetic							3															1						
9.																													
10.																													
11.																													
12.																													
	Totals		1	1	3	3	1		4	1		1	1	1	1	1	1				3			8					

All sections in yellow to be filled out by Attendant in charge/AIC

**Professionalism, Respect, & Personal Safety:**

◆ Presents self as a professional, shows up on time for duty, wears appropriate uniform, is polite, avoids demeaning terms, and performs skills in safe and appropriate manner.

Excellent    Satisfactory    Needs Guidance    Unsatisfactory

**Demeanor and Teamwork:**

◆ Establishes working relationship with all team members, performs well under stress, uses good judgement, and accepts constructive criticism and guidance.

Excellent    Satisfactory    Needs Guidance    Unsatisfactory

**Duty Shift Participation:**

◆ Initiates and participates in check off of ambulance, participates in washing ambulance, participates in clean up after each call, and assisting in restocking.

Excellent    Satisfactory    Needs Guidance    Unsatisfactory

**Integrity and Patient Advocacy:**

◆ Demonstrates honesty, & trustworthiness, maintains patient confidentiality, respects patient dignity, and avoids personal bias and feelings.

Excellent    Satisfactory    Needs Guidance    Unsatisfactory

**Attendant In Charge/AIC Comments:**

**Student is making good progress, needs to work on obtaining blood pressure and stretcher lifting techniques.**

**Student Comments:**

**Had a fun shift, crew was very helpful. Would like to have more opportunities to take vital signs**

**Instructions to student:** All sections of the form must be completed during your field shift. Do not leave your shift until the ambulance AIC has signed all yellow sections of the form. Record each patient contact, do not record any call you did not talk to the patient. Mark all skills performed with a number to indicate how many times you completed the skill, example:( place a 2 in the column for Blood pressure if you checked it twice during your transport. This form must be turned in within 7 days of the scheduled shift to the clinical coordinator box. Email to achesin@vbgov.com