

Seminole County EMS System Daily Performance Evaluation Report

Provisional Paramedic Name:		ID#	Date:						
Mentor Name:		Station:	Shift:						
Directions:		Ratings:			Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
<p>This evaluation must be completed every shift during the mentoring process.</p> <p>Document specific skills performed, call types and run numbers on the reverse side.</p> <p>Any categories marked Needs Improvement or Unsatisfactory require comments on the reverse side of this form</p>		<p>O – Outstanding S – Satisfactory NI – Needs Improvement U – Unsatisfactory N/A – Not Applicable</p>							
Scene Management									
Safety and adequacy of work environment	Determines safety for self and others Insures the adequacy of the work environment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Substance Isolation	Adheres to Agency policy			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowd/Scene Control	Initiates appropriate crowd/scene control			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Assistance and equipment	Recognizes the need for additional resources			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	Assumes a leadership role on a scene Directs team members appropriately			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	Performs well under stress and uses good judgment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment									
Primary assessment and intervention	Recognizes the need for and performs a complete primary assessment and intervenes immediately			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient information	Obtains relevant and accurate patient history, in a systematic manner (Secondary Assessment)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examination	Performs an appropriate examination as indicated			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment									
Assessment interpretation	Interprets assessment information correctly Takes appropriate action			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of Cardiac rhythms	Recognizes dysrhythmias and intervenes when appropriate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient management	Recognizes the need for further medical attention Determines appropriate mode of transport Transports to an appropriate facility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient response to therapy	Recognizes and reports the patient's response to therapy			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Daily Performance Evaluation Report

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Provisional Paramedic Name:		ID#	Date:		
Communications					
Report with patient and bystanders	Establishes and maintains a rapport with the patient and bystanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team members or other agencies	Establishes appropriate working relationships with all persons on scene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with hospital personnel	Reports all information in a systematic manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation					
Report writing	Reports are clear, accurate and complete in details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar and spelling	Provisional paramedic is able to use proper grammar and spelling when completing reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate time used	Provisional paramedic is able to finish the report in a timely manner given circumstances surrounding the call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment					
Inventory Maintenance	Assists in maintaining assigned inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment operation	Demonstrates the ability to correctly operate all medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Skills	Performs all skills according to recommended procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incident Report #			
(Document report number and mentor will verify report review for all reports generated by provisional paramedic with initials)			
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>
Comments			
(Use additional sheet if necessary)			

Provisional Paramedic Signature

Mentor Signature