Seminole County EMS System Daily Performance Evaluation Report

Provisional				ID#	Date	e:							
Paramedic Name:				Ctation	Ch:f	.							
Mentor Name:			Station:		Shift:								
Directions: This evaluation must be completed every shift during the mentoring process. Document specific skills performed, call types and run numbers on the reverse side. Any categories marked Needs Improvement or Unsatisfactory require comments on the reverse side of this form			S – Si NI – I U – U N/A	Outstanding atisfactory Needs Improvement Jnsatisfactory – Not Applicable	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable				
Scene Management													
Safety and adequac work environmen	-	Determines safety for self											
work environment		Insures the adequacy of the work environment											
Body Substance Isolation		Adheres to Agency policy											
Crowd/Scene Control		Initiates appropriate crowd/scene control											
Additional Assistance and equipment		Recognizes the need for additional resources											
Leadership		Assumes a leadership role on a scene Directs team members appropriately											
Professionalism		Performs well under stress and uses good judgment											
Assessment													
Primary assessmen		Recognizes the need for a											
and intervention		primary assessment and intervenes immediately											
Patient intormation		Obtains relevant and accurate patient history, in a systematic manner (Secondary Assessment)											
Physical examinati	ion	Performs an appropriate e	examinatio	n as indicated									
Treatment													
Assessment	Interprets assessment information correctly												
interpretation		Takes appropriate action											
Recognition of		Recognizes dysrhythmias and intervenes when											
Cardiac rhythms	3	appropriate											
Patient manageme	ent .	Recognizes the need for fu Determines appropriate m Transports to an appropria	node of tra ate facility	nsport									
Patient response		Recognizes and reports th	e patient's	response					1				
to therapy	1 -	to therapy			1		ı	i !	1				

Daily Performance Evaluation Report Page 2

Provisional		ID#	Date:							
Paramedic Name:	Communications									
Pannart with nation	Communications	with the nationt	<u> </u>							
Rapport with patier and bystanders	establishes and maintains a rapport and bystanders									
Team members or	•									
other agencies	all persons on scene									
Communication wit	h Reports all information in a systemat	Reports all information in a systematic manner								
Documentation										
Report writing	Reports are clear, accurate and comp	olete in details								
Grammar and spelli	Provisional paramedic is able to use spelling when completing reports	Provisional paramedic is able to use proper grammar and spelling when completing reports								
Appropriate time use	Provisional paramedic is able to finis									
Equipment										
Inventory Maintenar	Assists in maintaining assigned inven	tory								
Equipment operation	Demonstrates the ability to correctly equipment									
Treatment Skills	Performs all skills according to recom									
Comments										
	(Use additional sheet if nece	ssai y j								

Mentor Signature

Provisional Paramedic Signature