



State of Delaware

EMT Field Performance Evaluation Form

EMT Name:				Call Number:	
Chief Complaint:			Unit:	Date:	
Call Type:	Medical / Trauma	Pt. Priority:	1 2 3 4	Incident Number:	

Competency Groups

FTOs: Circle word "Prompt" **AND** any skill that was prompted to indicate that you gave a prompt (or prompts). Use **checkmarks** to indicate satisfactory skill performance. Write "**T.P.**" to indicate a TEACHING POINT, and then describe the nature of the teaching point.

1. Scene / General		Asses scene safety and need for additional personnel, and takes appropriate actions.								
Prompt:	Safety	Scene Control	Task Delegation	Multitask	Decision	Pt. Movement	Transport	PPE	General Impression	Resources
Comments:										

2. Initial		Completes the primary assessment and intervenes to address critical problems found during the primary assessment.								
Prompt:	Bleeding	Airway	Breathing	Circulation	Disability	Expose	Tourniquet	Bagging / O2 / CPAP	Airway / Reposition	CPR
Comments:										

3. History		Obtains chief complaint, pertinent history of present illness, and pertinent past medical history								
Prompt:	CC	HPI / PMH	Signs / Symptoms	Allergies	Meds	Previous History	Last Oral Intake	Events Prior	O P Q R S T	Pertinent Negatives
Comments:										

4. Physical Exam		Completes all pertinent components of a physical exam.								
Prompt:	BP	Pulse	Resp. Rate	Pulse Ox	HEENT	Chest	Lung Sounds	Abdomen	Extremities	Posterior
Comments:										

5. Protocols / Standard / Care		Intervenes within the framework of accepted medical standards, protocols and standing orders. Candidate should communicate thoughts to FTO								
Prompt:	Differential Diagnosis			Knowledge of Protocols			Implementation			
				Cardiac / Resp / AMS / Trauma / Other			Cardiac / Resp / AMS / Trauma / Other			
Comments:										

6. Reassess		Reassesses, for change in patient's conditions or presentation.								
Prompt:	CC	Initials	Vitals	Lung Sounds	Glucose	Pulse Ox	Pupils	PMS	Temp.	Pain
Comments:										

7. Professional		Fulfills responsibilities for professional conduct and affective behavior.								
Prompt:	Honesty	Courteousy	Confidentiality	Accepts Responsibility	Accepts Criticism	Attire/Dress				
Comments:										

8. Communication		Established and maintains effective lines of communication								
Prompt:	Establishes Communication			Maintains Communication			Patient	Family	EMS	Other
Comments:										

9. Verbal Reports		Contacts Medical Control, gives appropriate report and requests orders (if needed). report to appropriate staff member of receiving facility.							Gives complete	
Prompt:	ETA	Priority	CC	Vitals	PMH	Assessment Findings	Interventions	Requests		
Comments:										

10. Written Report		Provides complete documentation through DEMRS / Leaves copy of information with receiving facility.								
Comments:										

Section 3: Overall Score

Overall Score:	Satisfactory	Unsatisfactory
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Prompts Given:		
Any Repetitive Prompts:	YES	NO

During instruction phase, no more than 3 prompts should be permitted for the call to be marked successful. During Capstone phase, prompts should be limited to 1 maximum. Candidates shall have a minimum of 10 successful (in a row) calls during capstone phase to complete FTO process.

FTO Comments:										
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An evaluation can be marked "unsuccessful" for any reason, FTO must document why call was "unsuccessful"

Candidate Comments:										
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FTO Name:	Phase:	Observation	Initial	Capstone
FTO Signature:	Student Signature:			Date: