

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Training-</i> Paramedic Intern Evaluation	<b>SOG #200-005A</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> September 2023  <b>Revised:</b> N/A

**PARAMEDIC INTERN EVALUATION SHEET**

**Candidate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator Name:** \_\_\_\_\_ **Incident #:** \_\_\_\_\_

**Patient Chief Complaint:** \_\_\_\_\_

**Evaluator circle the skill(s) performed by candidate:**

- |                       |                           |                         |
|-----------------------|---------------------------|-------------------------|
| Initial Assessment    | Vital Signs               | Secondary Assessment    |
| Oxygen Administration | CPAP/BVM                  | CPR                     |
| Nasal Airway          | Oral Airway               | Suctioning              |
| IV/IO                 | Medication Administration | Intubation ET/IGel      |
| 4- Lead Monitoring    | 12- Lead Monitoring       | 12- Lead Interpretation |
| Notification          | STEMI/CVA Recognition     | Trauma Notification     |

Please rate the candidate in the following areas:      1 = Poor      3= Adequate      5= Excellent

1. Initial Assessment	1	2	3	4	5
2. Patient handling and moving	1	2	3	4	5
3. On Scene Time	1	2	3	4	5
4. Interaction With Patients Family	1	2	3	4	5
5. Quality of Treatment	1	2	3	4	5
6. Bedside Manner	1	2	3	4	5
7. Secondary Assessment	1	2	3	4	5
8. Interaction with Crew	1	2	3	4	5
9. Interaction and Report to ER Staff	1	2	3	4	5
10. Overall Performance	1	2	3	4	5

Please list areas where the candidate needs improvement: \_\_\_\_\_

---

---

---

---

Please list areas where the candidate excels: \_\_\_\_\_

---

---

---

---

Please provide a brief description of the call: \_\_\_\_\_

---

---

---

---

Please rate the following statements:      1=Disagree      3=Neutral      5=Agree

1. I would feel comfortable with the candidate treating me or my family members:

1                      2                      3                      4                      5

2. The candidate appears comfortable talking and treating patients on this call.

1                      2                      3                      4                      5

3. I believe that the candidate is ready for Full Medical Command.

1                      2                      3                      4                      5

Please attach a copy of the candidate's trip sheet to this evaluation.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_