

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Training-</i> Attendant Program Evaluation	<b>SOG #200-006A</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> September 2023  <b>Revised:</b> N/A

**ATTENDANT PROGRAM 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          | BVM               | CPR                         |
| Nasal Airway                   | Oral Airway       | Suctioning                  |
| C-Spine Stabilization (Manual) | LSB               | Cervical Collar Application |
| Bandaging                      | Splinting         | Hot / Cold Pack Application |
| Oral Glucose Application       | KED Board         | Litter Operations           |
| Stair Chair Operations         | Reeves Operations | AED Usage                   |

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: \_\_\_\_\_

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

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

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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 to be an Attendant.

1                      2                      3                      4                      5

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

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

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