

Conemaugh School of EMS

1086 Franklin St Johnstown, PA 15905

FIELD SKILL FORM

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- Directions:** 1) Fill in your data. 2) Enter FISDAP data. 3) Make a copy for your records.
 4) If the medic does the PCR, write your own narrative and attach to a copy of the service PCR.
 4a) If you write the service PCR, have the medic sign off, and copy. 5) Submit to at the next class.

Date	Student Name	Ambulance Service		Unit #
Time of call	Time inservice	Total Time Claimed <1hr = 1hr if >1hr round nearest 15min	Total # of crew	Dispatch Priority
Military Time	Military Time			Transfer Emergency ASAP
FISDAP SHIFT ID #				

Skill Performance Log

Patient Data

O P	Pt	Age	Sex	Ethnic	Primary Impression	Secondary Impression	MOI	LOC	Disposition Tx how?	Signif BP
	1									

Complaints (Check all that apply)

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> AMS (Altered Mental Status)	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Dyspnea/Resp Distress	<input type="checkbox"/> General Weakness	<input type="checkbox"/> Headache, Blurred Vision	<input type="checkbox"/> Syncopal Episode

Psychomotor Skills Log

B Enter the # of times you Observed or Performed Each	Physical Exam	Hosp. Notification	Bandage	Traction Splint	Oxygen	O2 delivery device	BLS Airway						
	O P	O P	O P	O P	O P		O P						
	Oro or Naso Arwy	Chest Compress	Vital Signs	Command	C-Spine Immob.	Joint Immob.	Interview						
	O P	O P	O P	O P	O P	O P	O P						
	Patient Moved	L-Board Immob.	L-Bone Immob.	Ventilate	Suction	Comments							
O P	O P	O P	O P	O P									
ARREST	Oro Airway	Naso Airway	Suction	Witnessed Arrest	Return of Circulation								
	O P	O P	O P										
V I T A L S	Time	BP	Pulse	Quality	Resp.	Quality	Lung Sounds	SpO2	Skin	Pupil	Gluco.	GCS	APGAR

E K G	O	Rhythm & Rate				Elect. Intervention			O	Rhythm & Rate				Elect. Intervention		
	P								P							
I V	O	Site	Fluid	Succ. Y/N	Bld Draw	IV Gauge	# Attem	Time	O	Site	Succ. Y/N	Bld Draw	IV Gauge	# Attem	Time	
	P								P							
M E D S	O	Medication Name					Route		Dose			# Times Given				
	P															
I N S P	O	Size	Success	Other Airway	# Attempt	Time	O	Size	Success	Other Airway	# Attempt	Time				
	P						P									
Other ALS																

STUDENT RATING ON PRECEPTOR

PRECEPTOR NAME _____ CREDENTIALS _____ ORG _____

Rating	Area of performance	0	1	2	3	4
	Cognitive: Focus on the preceptor's knowledge & comprehension of the injury/illness as to why they are performing this care.	Demonstrates very limited knowledge & comprehension of the illness/injuries as well as proper treatment regiments.	Demonstrates minimum knowledge and comprehension of the illness/injuries as well as proper treatment regiments.	Demonstrates a fair amount of knowledge and comprehension of the illness/injuries as well as proper treatment regiments.	Demonstrates moderate knowledge and comprehension of the illness/injuries as well as proper treatment regiments.	Demonstrates superior knowledge and comprehension of the illness/injuries as well as proper treatment regiments.
	Affective: Focus on preceptor's behavior, motivation, time management, use of constructive criticism, active listening, shows respect	Needs Extensive improvement in organization, time management, politeness, use of constructive criticism active listening, shows respect	Needs moderate to extensive improvement in Organization, time management, politeness, use of constructive criticism active listening, shows respect	Needs moderate improvement in organization, time management, politeness, use of constructive criticism. active listening, shows respect	Needs minimal improvement in organization, time management, politeness, use of constructive criticism active listening, shows respect	Well organized, well motivated to participate in care, polite, use of constructive criticism, active listening
	Psychomotor: Focus on the skills and techniques to your current knowledge base. Includes assessments and exams as well as all treatment skills.	Was not able to demonstrate or provide guidance for me to achieve competency in assessment and/or skills.	Able to in less than half of the skills and assessment demonstrate or provide guidance for me to achieve competency in assessment and/or skills.	Able to in at least half of the skills and assessment demonstrate or provide guidance for me to achieve competency in assessment and/or skills.	Able to in majority of the skills and assessment demonstrate or provide guidance for me to achieve competency in assessment and/or skills.	Able to in all of the skills and assessment demonstrate or provide guidance for me to achieve competency in assessment and/or skills.