

Return this Completed Form to :

ALS Coordinator for Your Jurisdiction
ALS Preceptorship Incident Review

Date:	Unit #	Incident #	or Scenario:
Preceptee Name:		Preceptor:	
Driver Name:		***Preceptor must not be driver***	

<p>Rating Criteria</p> <p>1: Fails to perform procedure in effective manner.</p> <p>2: Inconsistent in performing procedure in an effective manner; needs/ showing improvement</p> <p>3: Consistently performs procedure in an effective manner.</p> <p>4: Performs procedure in a highly skilled manner.</p> <p>N/A: Not applicable or skill not observed during this review.</p>

Management	Score	Comments
Enroute: Navigation, Radio Use, Planning		
Personal Safety: Recognizes Hazards, Scene Safety		
Infection Control: BSI, Ensures All Personnel Are Protected		
Patient Rapport: Establishes & Maintains Rapport, Professional Demeanor, Calm Behavior		
Leadership: Demonstrates Good Judgment, Uses Personnel Effectively, Performs Confidently		
Teamwork: Communicates, Accepts Feedback & Guidance		
Documentation: Accurate & Complete PPCR, PPCR Familiarity, Legible, Documented Patient Refusals		

Patient Assessment	Score	Comments
Primary Assessment: Initial Assessment, ABC's treated, correct priorities		
History: Obtains Pertinent Complete Hx, C/C, Rx & Allergies, Systematic Approach		
Focused Assessment: Appropriate detailed & Focused exam, V/S, Correct Rx		
Protocols: Follows Protocols, requests Orders		
Treatment Skills	Score	Comments
Airway Control		
BLS Care		
Cardioversion/Defibrillation		
Advanced Airway Techniques		
IV Therapy		
ECG Monitoring/12-Lead		
External Pacing		
Drug Therapy		
Specialty: L&D, Needle Thoracotomy, IO, etc		
Operational Readiness	Score	Comments
Equipment Check: Mechanical, EMS Supplies		
Biomedical Equipment: ECG Monitor, Pulse Ox, Glucometer		
Equipment Inventory: Other Including Mounted and Portable		
Hospital Interaction: Pt Report, Supplies Exchanged, Drug Exchange, Cleaning		

Nature of Call:

Reviewed _____
Preceptee Signature

Preceptor Signature