McHenry Western Lake County EMS System Summary Evaluation

Candidate Name: _____ **Date:** _____

Agency Peer Name: _____

I attest that the above candidate has demonstrated competency in the following areas initialed below. By signing this form, I confirm that the candidate has demonstrated knowledge, skills, and abilities that meets EMS operational and patient care expectations of McHenry Western Lake County EMS System. I am recommending the candidate be approved for independent patient care practice.

Clinical Competence:

_____ **Patient Assessment:** Demonstrates competency and proficiency in assessing patients and develops appropriate treatment plan.

_____ **Airway:** Demonstrates competency and proficiency in assessing patient's airway and applying appropriate interventions.

_____ **Medical Administration:** Demonstrates competency and proficiency in selecting, preparing, and administering medication according to protocol.

_____ **Cardiac Care:** Demonstrates competency and proficiency in obtaining and interpreting EKG. Selects and applies appropriate interventions and treatment plan based on cardiac rhythm.

_____ **Documentation:** Demonstrates competency and proficiency in PCR documentation. Reports are complete and accurate and need no corrections.

_____ **Equipment Checks:** Demonstrates competency and proficiency in completing equipment inspection. Documents and corrects and deficiencies.

_____ **Safety:** Demonstrates proper use of protective equipment. Keeps safety as a priority for self and crew.

_____ **Protocol and Policies:** Demonstrates competency and proficiency in the knowledge and application of system protocols and polices.

_____ **Time Management:** Utilizes time efficiently and completes tasks on time.

_____ **Communication:** Demonstrates competency and proficiency in verbal reports. Ideas/needs are always clear, concise, and well-articulated.

_____ **Teamwork:** Effectively works with the team to accomplish tasks and solve problems.

_____ **Feeback and Adaptability:** Accepts constructive criticism and feedback. Seeks ways to improve upon mistakes.

Agency Peer Signature: _____ **Candidate Signature:** _____

Comments: