



**NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM**

# NWC EMSS Provisional Certificate: EMT Patient Contact Form/QI Assessment

**Provisional EMT Name (PRINT):**

**Agency:**

Qualified partner (QP): As ongoing QI, please rate the performance of the certificate holder (CH) *AFTER* they rate themselves, based on the following scale:

**NA** = not applicable; observed only

**2** = Successful/competent; no coaching necessary

**1** = Not yet competent; marginal or inconsistent; needs assistance or coaching; includes partial attempts at skills

**0** = Unsuccessful; requires critical or excessive coaching; inconsistent performance; includes not attempted when student was expected to try

Age, gender	Date/ Pt. initials	(1) Chief complaint/ Presenting S&S (2) EMT Impression	Vital Signs	Activity: Pt interview, Hx gathering, Assessment, Impression, Skills performed; OLMC call; ePCR completed	Rating		QP Initials	Comments, suggestions for improvement
					QP	CH		
1.			BP: P: RR: T: SpO <sub>2</sub> :					
2.			BP: P: RR: T: SpO <sub>2</sub> :					
3.			BP: P: RR: T: SpO <sub>2</sub> :					
4			BP: P: RR: T: SpO <sub>2</sub> :					
5.			BP: P: RR: T: SpO <sub>2</sub> :					

**PERFORMANCE APPRAISAL for Affective Objectives:** Indicate the general level of performance - **Scale:**

- 5 Exceptional Consistently exceeds expectations for a Provisional EMT at this point of field experience
- 4 Superior Meets all and exceeds some expectations for a Provisional EMT at this point of field experience
- 3 Proficient Meets expected performance for a Provisional EMKT at this point in field experience
- 2 Marginal Inconsistently meets expectations for a Provisional EMT at this point of field experience - action plan in place
- 1 Deficient Does not meet performance expectations for a Provisional EMT at this point of field experience– action plan in place

**AFFECTIVE BEHAVIORS (use Rating Scale above)**

Professional Characteristic	Rating	Comments
<b>Integrity / honesty:</b> Honors confidential nature of patient information; can be trusted with others' property; accurately documents learning activities		
<b>Empathy:</b> Sensitive to and respectful of patient's/family's feelings; responds to patient's emotions w/ helpful demeanor; supportive and reassuring to others		
<b>Self-motivation:</b> Takes initiative to complete assignments; follows through to complete tasks; adjusts performance based on constructive feedback; strives for excellence; takes advantage of and shows enthusiasm for learning opportunities.		
<b>Appearance:</b> Clothing/uniform clean and well-maintained; good personal hygiene and grooming; presents a positive image of EMS		
<b>Self-confidence:</b> Projects trust in personal judgment to patients; aware of strengths and limitations		
<b>Time management:</b> Punctual; completes assigned tasks on time		
<b>Respect:</b> Polite in behavior and speech; demonstrates consideration, dignity, and esteem for coworkers and customers; conducts self in a way that brings credit to the profession		
<b>Careful delivery of service:</b> Makes critical decisions based on ethical, legal and moral standards; follows orders and adheres to policies, procedures, and protocols		

**Formative rating (knowledge/skills/behaviors) after first 5 calls:**

- Proficient:** The Provisional Certificate EMS can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- Competent:** Satisfactory performance without critical error; minimal coaching needed.
- Practice evolving/not yet competent:** Did not consistently independently perform to all standards without coaching; recommend additional practice

**Summative rating (knowledge/skills/behaviors) after 10 calls:**

- I hereby attest that the Provisional Certificate EMT successfully and consistently demonstrated all knowledge, skills, and behaviors required of a minimally competent, entry-level, EMT in accordance with published policies and procedures.
- Practice evolving/not yet competent:** Did not consistently independently perform to all standards without coaching; recommend additional practice

Qualified Partner name (PRINT)

Qualified Partner signature / credentials

Date submitted