OREGON HEALTH AUTHORITY

EMR Student Evaluation: Assessment Form

Student Name: _____   Evaluator Name: _____

Date: _____   Scenario Type: _____

*Rating Scale (choose the rating that best describes the student's performance):

0 – Any actions/decisions in the category created a realistic potential for serious/significant patient harm

1 – Safe decision or performance, misses 3 or more key points of application or performance within the category, must stop skill to self-correct

2 (target) – Safe decision or performance, misses 2 or fewer key points of application or performance in the category, self-corrects with minor or no hesitation

3 – Includes all criteria for 2, performance is smooth and more detailed, and/or considered secondary needs or actions

Scene and Patient Situation Action or Decision:		Rating* Enter Score	Category Scoring
Assesses scene for realistic hazards and takes appropriate action (risks to personnel, assesses for type of PPE to don, etc.)			Any 0 or total <10: FAIL Total ≥10: PASS
Assesses scene to determine whether additional resources are needed (multiple patients, extrication, additional personnel for patient management, etc.)			
Determines mechanism of injury or nature of illness			
Performs a rapid visual scan of the patient for life-threatening and/or obvious signs			
Introduces self and/or team to patient and involved bystanders and determines the chief complaint from the patient or bystanders			
Comments and Feedback	**Total Points Score for the Category:**		PASS FAIL
Primary Assessment and Initial Management Action or Decision		Rating* Enter Score	Category Scoring
Considers and/or takes manual stabilization of the spine			Any 0 or total <6: FAIL Total ≥6: PASS
Assesses airway, breathing, bleeding, circulation, and level of consciousness			
Verbalizes patient priority to team or to evaluator			
Verbalizes treatment choice(s) and what they will reassess to determine effectiveness of the treatment			
Comments and Feedback	**Total Points Score for the Category:**		PASS FAIL

Secondary Assessment and Patient Management					Rating* Enter Score	Category Scoring
Action or Decision: (NOTE - the student may change the order of sequencing in this category that seems logical for the patient situation)						
Requests permission from the patient to and conducts a physical assessment (Circle the type of exam performed)						
Head-to-Toe Exam	Rapid Body Scan (Medical)	Focused Physical	Rapid Trauma Assessment	Other (List):		Any 0 or total <7: FAIL Total ≥7: PASS
Asks questions about acute signs and symptoms and clarifying questions from patient (if conscious) or family/bystanders (if patient unconscious) Asks questions about the patient's past medical history from patient (if conscious) or family/bystanders (if patient unconscious)						
Demonstrates active listening Recognizes and verbally acknowledges patient and/or family concerns						
Takes vital signs: blood pressure, pulse rate and quality, breathing rate and quality, level of consciousness						
Verbalizes treatment choices to the patient or team or evaluator Requests permission to treat the patient, when appropriate						
Comments and Feedback				**Total Points Score for the Category:**		PASS FAIL
Reassessment and Follow-Up Action or Decision:					Rating* Enter Score	Category Scoring
Verbalizes how and when they will reassess the patient to determine changes in condition						Any 0 or total <4: FAIL Total ≥4: PASS
Provides a verbal hand-off report to incoming team members or EMS providers						
Verbalizes a basic field impression of the patient (general cause of the problem(s) or name of a standing order that was followed)						
Comments and Feedback				**Total Points Score for the Category:**		PASS FAIL