

CALL COMPETENCY/PCR INTEGRATION FORM

Student Name: _____

Call # _____

CALL INFORMATION (Check Applicable Box) Trauma G Medical G ALS G BLS G Age of Patient: _____

	Competency Demonstration Mark each section with a Y Mark N/A if not applicable	Not Yet Successful	Successful - Needs Improvement	Successful	Comments
1	Professional Responsibilities (Management/Interpersonal Skills) (Attitude/Delegation) NOC 1				
2	Transfer of Information (Giving Reports) - NOC 2				
3	Initial Contact - NOC 3				
	Scene Survey/Management NOC 3				
	Patient Handling - NOC 3				
4	Assessment & Survey (Includes vital signs) NOC 4				
	Patient communication/History NOC 4				
5	BLS Treatments - NOC 5				
	ALS Treatments - NOC 5				
6	Problem Identification NOC 6				
	Integration/Call Management (Decision/Differential Diagnosis/Care) NOC 6				
7	Transport Vehicle (Safety & Checks) NOC 7				
8	Alberta Competency Profile (If applicable) NOC 8				
9.	Alberta Skills (If applicable) Urinary catheterization Pacemakers Nasotracheal intubation		Suturing Monitor blood products		Monitor chest tubes Intraosseous infusions
Preceptor Comments - Call Strengths		Preceptor Comments - Areas for Improvements/Direction			

Preceptor Signature: _____

Print Name: _____

Date: _____