

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station II: Airway and Ventilatory Management

Faculty: (Qualified ATLS Instructor)

Time: (Four 50-minute rotations)

Instructions: Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating: S = Successful IRM = Incomplete/Remedial IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station IV: Shock Assessment and Management

Faculty: (Qualified ATLS Instructor)

Time: (Four 50-minute rotations)

Instructions: Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating: S = Successful IRM = Incomplete/Remedial IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Station VI: X-ray Identification of Thoracic Injuries

Faculty: (Qualified ATLS Instructor)

Time: (Four 50-minute rotations)

Instructions: Indicate your response to the student's overall skills performance according to essential requirements for this station and the guidelines outlined in Section II, Chapter 5, Cognitive and Skills Performance Requirements and Evaluation. Please include written comments if student's rating/status is incomplete/remedial.

Rating: S = Successful IRM = Incomplete/Remedial IP = Instructor Potential

GROUP AND STUDENT'S NAME	RATING AND COMMENTS
C-9	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-10	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-11	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
C-12	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-13	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-14	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-15	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
D-16	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-1	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-2	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-3	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
A-4	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-5	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-6	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-7	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP
B-8	<input type="checkbox"/> S <input type="checkbox"/> IRM <input type="checkbox"/> IP