



RN CLINICAL EVALUATION

Name: _____ Assignment Dates _____

Facility Information

Facility Type: Teaching Non-Teaching

Facility Name: _____ Location _____

Unit Name: _____ Unit Specialty _____ #Unit beds _____

Clinical Performance/Attributes

	EXCEEDS STANDARDS	MEETS STANDARDS	DOES NOT MEET STANDARDS
Assesses patients in a timely, thorough and individualized manner according to patient need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works collaboratively with other members of the team to develop an individualized plan of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs interventions in a timely, accurate and safe manner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents the patient care process accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates competency appropriate for assigned patient population including adaptations for age specific care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates respectfully & effectively with patients, families, visitors & all facility staff and physicians.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains confidentiality in all aspects of patient care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to facility policies and procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports to work on time and as scheduled. Notifies immediate supervisor if unable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits a high level of professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits flexibility and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a safe, neat and orderly work environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would this RN be welcome to work in your facility again?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Comments: _____

Supervisor name/title: _____

 Supervisor signature

 date

 Employee signature

 date