

**ConTemporary Nursing Solutions Staff Evaluation**

CTS Employee: \_\_\_\_\_ Facility Worked: \_\_\_\_\_

Unit: \_\_\_\_\_

<b>Clinical Competence</b>	Outstanding	Average	Below Average	Not Observed
1. Ability to Asses patients' condition & report pertinent observations				
2. Performs routine procedures and techniques per hospital policy and procedure				
3. Demonstrates accuracy in medication administration				
4. Provides patient / family education				
5. Maintains a safe and therapeutic patient environment				
6. Understands age specific competencies for assigned area				
7. Ability to handle stress / emergency situations				
8. Thorough and accurate documentation				
9. Applies and carries out physicians' orders				
10. Evaluates / documents changes in patient's condition and actions				
11. Communicates accurate, appropriate information in shift report				
12. Adheres to facility's policies / procedures				
13. Demonstrates understanding of JCAHO Standards				
14. Understands Pt's Bill of Rights including Advanced Directives				
15. Competently uses technology required				
<b>Professional Attributes</b>				
1. Adaptability / Flexibility to work assignment				
2. Initiative / Enthusiasm				
3. Efficient use of time / ability to prioritize and organize				
4. Communicates with others as needed in an efficient manner				
5. Judgment				

My signature below indicates that I have supervised the clinician named above in a clinical setting.

Comments: \_\_\_\_\_

Title:(Charge RN, Supervisor, etc) \_\_\_\_\_ Certification:(LPN, RN, etc) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Joint Commission requires our clinicians be evaluated by their clinical supervisor.  
 Please FAX the completed form to > 703-354-9728 OR TEXT a photo of the form > 434-841-9807  
 Thank You!