

ConTemporary Employee: _____

Facility Worked: _____

Unit: _____



IMPORTANT JCAHO Requirement

| Clinical Competence | Excellent | Average | Below Average | Not Observed |
|--|-----------|---------|---------------|--------------|
| Ability to assess patient's condition & report observation | | | | |
| Performs routine procedures per hospital policy and procedure | | | | |
| Demonstrates accuracy in medication administration | | | | |
| Provides patient / family education | | | | |
| Maintains a safe and therapeutic patient environment | | | | |
| Understands age specific competencies for assigned area | | | | |
| Ability to handle stress / emergency situation | | | | |
| Thorough and accurate documentation | | | | |
| Applies and carries out physicians' orders | | | | |
| Evaluates / documents changes in patient's condition & actions | | | | |
| Communicates accurate, appropriate information in shift report | | | | |
| Adheres to facility policies / procedures | | | | |
| Demonstrates understanding of JCAHO standards | | | | |
| Understands Pts Bill of Rights including Advanced Directives | | | | |
| Demonstrates Adaptability / Flexibility to work assignment | | | | |
| Shows Initiative / Enthusiasm | | | | |
| Efficiently uses time & has ability to prioritize and organize | | | | |
| Communicates with others as needed in an efficient manner | | | | |

My signature below indicates that I have supervised this clinician in a clinical setting.

Comments: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____