



Performance Review RN, LVN & RT



Name: _____ Classification: _____ Unit(s): _____

1 = Needs Improvement 2 = Satisfactory 3 = Exceeds Standards

				<i>Section 1 (Completed by Hosp)</i>			<i>Section 2 (Completed by Temp)</i>		
Standards	Hospital			Temp Self Evaluation					
	1	2	3	1	2	3			
1. Complete accurate patient assessments and interventions reports pertinent findings and takes appropriate action (critical thinking). Pain Control, age and cultural related issues are included.									
2. Applies principles of Safety.									
3. Applies principles of Infection Control.									
4. Worked cooperatively/professionally.									
5. Documents all patient care provided accurately and timely.									
6. Provides care/service within scope of practice.									
7. Demonstrates Specialty Competencies skills.									
8. Demonstrates Age-Specific Competencies.									
9. Completes work in a timely, organized manner.									
10. Demonstrates positive customer service skills.									
11. Maintains a neat and professional appearance.									
Hospital: _____ Evaluator (please print): _____ Title: _____ Date: _____ Evaluator Signature: _____				Procel Employee Signature: _____ Date Signed: _____					
<i>Section 3 (Completed by Procel Only)</i>									
Procel Office Use Only	1	2	3						
1. Adheres to Procel's standards for professional behavior.									
2. Completes all assignments.									
3. Is on time for all assignments.									
4. Reports to work on all scheduled days.									
Evaluated by: _____ Position: _____ Date: _____ Hospital Feedback: _____ Annual Evaluation 90 Day Evaluation Other _____ Commence Employment _____ Last Day Worked _____ Return to Work _____ Late Cancellations _____ DNS _____ Dependability _____ Quality of Care _____ Comments: _____									

EMPLOYEE EDUCATIONAL NEEDS ASSESSMENT QUESTIONNAIRE

1. Indicate the Clinical Units/Areas you worked during this last year:

ICU, TELE, ER, PACU, OR, PRE-OP HOLDING, MEDICAL/SURGICAL, ONC, ORTHO, PEDS, PICU, NICU, LABOR AND DELIVERY, COUPLET CARE, POST PARTUM, ANTIPARTUM, GI-LAB, CATH LAB, RADIOLOGY, CENTRAL SERVICE, CASE MANAGEMENT, HOUSE SUPERVISION.

Please circle those that apply to you.

2. Based on your assignments last year, indicate those topics for which you would like more information.

1. Public Health Issues:

- | | | |
|----------------------------------|-----|----|
| a. Pandemic Flu | YES | NO |
| b. Tuberculosis | YES | NO |
| c. Avion Flu | YES | NO |
| d. Hepatitis C | YES | NO |
| e. Other (write) _____ | YES | NO |
| 2. Patient Safety Goals 2009 | YES | NO |
| 3. New Medications List | YES | NO |
| 4. Clinical Practice Skills List | YES | NO |
| 5. New Equipment | YES | NO |

3. What Educational resource have you found this year that you would like to share with your colleagues?

Comments or Additional Health Care topic of interest:

Signature of Nurse/Technician

Print Name

Classification

Date