

Medical Professional Name: _____ Shift: _____ Unit: _____

Hospital Name: _____ Date: _____

	Check One (Please comment below for checks in "Does not Meet Expectations")			
	Consistently Exceeds Expectations	Occasionally Exceeds Expectations	Meets Expectations	*Does Not Meet Expectations
Assessment and Analysis: <i>Collects pertinent data about the patient, procedure, equipment, and work environment; analyses information collected to adapt procedure to the patient as appropriate; consults other medical personnel as appropriate.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical & Technical Skills: <i>Demonstrates technical and clinical competence appropriate to credentials and level of experience; adheres to standards of care and facility policies and procedures relative to safety, emergency preparedness, and infection control policies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability: <i>Attendance & punctuality in accordance with expectations; follows directions & departmental procedures; ability to work competently with limited supervision.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Complete, accurate, timely, and in accordance with departmental policies and procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication & Collaboration: <i>Establishes effective rapport with patients, family, co-workers and other departments; provides age-and diversity-appropriate instructions and education to patients; collaborates with patients, family members, and other healthcare personnel to share information and foster a healing, caring environment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency: <i>Organized, priorities workload appropriately, performs quantity of work in accordance with expectations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility: <i>Willingness to adapt to changes in workload, procedures, and schedule.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care: <i>Demonstrates technical and clinical competency appropriate to patient care needs; delivers quality patient care with respect for patients' rights; dignity and age-specific needs; protects patient confidentiality; evaluates patient response and/or progress toward attainment of outcomes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance: <i>Performs quality assurance activities for equipment and processes as required by department; evaluates and documents results; responds to unexpected results with corrective action plan.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Improvement: <i>Is open to constructive direction; recognizes strengths & opportunities for improvement; takes action to improve performance, knowledge, and skills.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Employee Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a future assignment came up at your Facility would you request this Medical Professional?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Possibly, with Conditions: <input type="checkbox"/>			
Comments:				

Evaluator Name (Print): _____ Title: _____

Evaluator Signature: _____ Date: _____

For Confidential Review: Fax to 866-930-5000, or 509-374-4958

THANK YOU- We appreciate your input on our medical professional's performance. It allows us to ensure we provide you with "Simply the Best!" staffing and remain compliant with our regulations. ☺