



## FIRST SHIFT CHECKLIST / TIME SHEET

COMPETENCY ASSESSMENT/PERFORMANCE EVALUATION

Employee Name: ..... Employee Signature: ..... Facility Name: .....

Date: ...../ ...../ 20.....	Start Time	End Time	Total Time
<b>Orientation</b>			
<b>Shift</b>			

**Orientation:** complete prior to providing care, treatment, or services. Please ensure all areas have been addressed and are completed.

**Facility staff please initial each topic completed or place NA if not applicable.**

- \_\_\_ Tour of unit(s) working
- \_\_\_ Orientation of policies/procedures.
- \_\_\_ Review Emergency Protocol
- \_\_\_ Review of physical layout of facility
- \_\_\_ Infection control
- \_\_\_ Documentation (Computer, Charting, Paperwork, Restraints)
- \_\_\_ Medication Administration (Orientation, Documentation, Protocol).
- \_\_\_ Review Emergency Evaluation Procedures (Fire, Tornado, etc.)
- \_\_\_ Equipment to be used by HCP (Glucometer Pump, etc.)
- \_\_\_ Other \_\_\_\_\_

**Competency Assessment/Performance Evaluation:** To assist with our evaluation process, we would appreciate your assessment of the performance of this person. Please check the appropriate boxes and make additional comments you feel may be of assistance in our ongoing quality assurance program. Thank you.

Exceeds Meets Don't Meet N/A

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| Prioritizes assignments based on patient condition  | { } | { } | { } | { } |
| Plans care in collaboration with healthcare team    | { } | { } | { } | { } |
| Conducts assessments per standard of care           | { } | { } | { } | { } |
| Carries out physician orders accurately and timely  | { } | { } | { } | { } |
| Documents per policy completely and accurately      | { } | { } | { } | { } |
| Performs nursing interventions per standard of care | { } | { } | { } | { } |
| Maintains confidentiality                           | { } | { } | { } | { } |
| Works within scope of practice                      | { } | { } | { } | { } |
| Performs skills and duties assigned competently     | { } | { } | { } | { } |

Additional comments & concerns:

**Facility Representative name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_