



Yearly Employee Self Evaluation

This evaluation will be conducted on a yearly basis to give FlexRN employees an opportunity to track their growth and be informed of areas needing improvement. This report will give us the opportunity to measure your performance and continue to provide our facilities with the highest quality of staff available.

RN Name: _____ FlexRN Representative: _____

| | Excellent | Good | Fair | Poor | Not Applicable |
|---|-----------|------|------|------|----------------|
| Clinical Skills (over all): | | | | | |
| Patient Assessment & Observation | | | | | |
| Remains calm in stressful situations | | | | | |
| Documentation | | | | | |
| Evaluation of change in patient condition | | | | | |
| Patient and Family Education | | | | | |
| Working knowledge of advance directives | | | | | |
| Patient interaction (age appropriate, care) | | | | | |
| Critical thinking skills/judgment | | | | | |
| Implementation of Physician Orders | | | | | |
| Quality of Work (over all): | | | | | |
| Uses time efficiently | | | | | |
| Prioritizes care appropriately | | | | | |
| Initiative and Enthusiasm | | | | | |
| Follows hospital policy & procedures | | | | | |
| Relations with Co-workers (over all): | | | | | |
| Attitude | | | | | |
| Cooperation with peers | | | | | |
| Appropriately reports patient information | | | | | |
| Effective and timely communication w/physicians | | | | | |
| | | | | | |
| Punctuality: | | | | | |
| Attendance: | | | | | |
| Ability to adapt to new workplace: | | | | | |
| Compliance with JCAHO standards: | | | | | |

Additional Comments:

FlexRN Representative Signature

Date of Evaluation