



TRAVEL EMPLOYEE QUALITY ASSURANCE PERFORMANCE EVALUATION

EMPLOYEE NAME _____ HOSPITAL _____
 (Print)
 UNIT _____ ASSIGNMENT DATES _____

Please rate the employee based upon the standard of performance expectations for the unit.

E=Exceeds M=Meets B=Below N/A=Not applicable

PERFORMANCE STANDARDS

	E	M	B	N/A
Demonstrates clinical expertise				
Documentation is relevant, concise and factual				
Explains treatments/procedures and is actively involved in patient/family education				
Accurately assesses patients, identifies problems, utilizes nursing process, and meets patient needs				
Delivers treatments, medications and procedures in a timely and appropriate manner				
Recognizes emergency situations and performs efficiently following established protocols.				
Evaluates effectiveness of care given, systems, environment, and instrumentation in progressing patient toward outcomes				
Formulates an outcome directed plan of care which is prioritized and based on nursing diagnosis, medical plan of care, and patient outcome				
Seeks information when appropriate				
Maintains confidentiality, and professional demeanor				
Accepts direction, is cooperative				
Is flexible, and contributes to unit continuity				

EVALUATOR COMMENTS _____

Evaluator Name _____
 Evaluator Signature _____ Date _____
 Evaluator Title/Dept. _____
 Traveler Signature _____ Date _____