

**Performance Evaluation – Facility/Clinical Evaluation**

We're pleased to be your staffing partner of choice. Just like your own organization, the Anders Group holds its employees to the highest of standards. In order for the Anders Group to continue to be the best provider of healthcare professionals nationwide, we are asking for an evaluation of our clinical employee who has been working at your facility.

Employee's Name: \_\_\_\_\_ Discipline/Specialty/Modality: \_\_\_\_\_

Evaluation Dates From: \_\_\_\_\_ To: \_\_\_\_\_  Initial Evaluation  Annual Evaluation

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Key: 1 = Exceeds Expectations    2 = Meets Expectations    3 = Does NOT Meet Expectations**

	1	2	3	N/A
Utilizes/demonstrates all aspects of the healthcare process				
Consistently documents appropriately, thoroughly, timely, & accurately				
Uses sound judgment consistently				
Implements physician orders safely, accurately and appropriately				
Consistently demonstrates competency in all required skills, procedures, techniques, technology & knowledge				
Demonstrates flexibility/adaptability to patient and facility needs				
Adheres to all facility policies and procedures				
Works effectively as a team player/cooperative with co-workers				
Maintains patient confidentiality at all times				
Reports errors & incidents appropriately and as appropriate				
Is accountable for own actions and behaviors				
Demonstrates professionalism in actions, behavior, attitude, attendance, etc.				
Consistently works as scheduled – minimal cancellations/sick calls, etc.				
Consistently reports for assignment/shift on time				
Demonstrates good customer service skills				
Follows facility job description for specialty				

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluator Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Anders Group Use only: (See Anders Group Performance Evaluation Form for performance improvement suggestions, if indicated)

Evaluation Received Verbally by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Clinical Review (as applicable) by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_