



CHESAPEAKE
MEDICAL STAFFING

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Clinical Performance Review

Printed CMS Employee Name: _____

Facility/Hospital: _____ Unit: _____

An essential component of professional development includes periodic evaluation of clinical performance. Periodic evaluations facilitate communication, provide useful feedback about job performance, enhance better working relationships, and provide a historical record of clinical performance. **In order to maintain JCAHO certification, an annual review is required.** Your time and comments are very much appreciated by CMS as we strive to maintain the highest standards of practice and comply with JCAHO Health Care Staffing certification requirements.

Manager/Charge Nurse/Supervisor: Please use the following criteria to evaluate the above named CMS employee's clinical performance. Your time and comments are very much appreciated by CMS as we strive to maintain the highest standards of practice and comply with JCAHO Health Care Staffing certification requirements. This evaluation is confidential and you may fax the completed form to 410-321-4980.

Professional Behaviors	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Clinical Competence: knowledge & skills demonstrated by job performance			
Judgment: ability to problem-solve and make sound clinical decisions			
Time Management: completion of assigned responsibilities in a timely manner			
Communication: effective verbal and non-verbal communication/interpersonal skills			
Documentation: timely and accurate patient assessment and documentation appropriate for the setting			
Cooperation: interaction with others in a constructive and harmonious manner			
Reliability: punctuality, dependability, and trustworthiness in the clinical setting			
Flexibility/Adaptability: ability to perform effectively a variety of assigned tasks and to quickly adjust to change in the clinical setting			
Attitude: manner of action, feeling, or language toward assignment and work environment			
Appearance: dressing in a professional manner in appropriate hospital attire			

Comments: _____

Would you like this clinician to return to your facility: () yes () no If no, please comment: _____

Printed Name of Evaluator

Signature

Supervisory Title

Date