Peer Assistance Services

SUPERVISOR REPORT

for Licensed Practical Nurses

(Please duplicate this form for future use)

Date: _____ Licensee: _____ Department: _____

Employer: _____ Position: _____

Is a Regulatory License Required for this Position: ☐ Yes ☐ No License Required: _____

Report for the period beginning _____ and ending _____ Month submitted for: _____

Please attach explanations for any answers you feel necessary. Please attach a current job description with the first report and with changes to the job description.

True	False		
☐	☐	1.	This licensee is employed in a capacity for which a license is required by statute.
☐	☐	2.	The licensee is working _____ (number of) hours per week.
☐	☐	3.	Supervision is provided by a licensed nurse who has no license restrictions.
☐	☐	4.	The supervisor notified the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program by telephone within 72 hours after the commencement or termination of employment.
☐	☐	5.	In the supervisor's opinion, this licensee is practicing consistent with standards of practice.
☐	☐	6.	This licensee is dispensing/administering narcotics or mind altering drugs (e.g., benzodiazepines or sleeping medications) that are prone to abuse.
☐	☐	7.	The supervisor has not noted evidence of alcohol or other substance use.
☐	☐	8.	Supervisor received copy of the Rehabilitation Contract and SBON Stipulation (if applicable).

Please describe the duties and responsibilities to be carried out by the Licensee: _____

_____

_____

_____

_____

Please describe the type of direct supervision provided: _____

_____

_____

WORK PERFORMANCE GUIDELINES - Please complete the following section of this report evaluating whether or not the licensed practical nurse is meeting the standard criteria listed.

Assessment

Yes	No	
☐	☐	Collects data according to structured written guidelines, policies and forms
☐	☐	Supports ongoing data collection and appropriately decides who to inform of the information and when to inform them
☐	☐	Reports to the health care team or appropriate individual within a time period consistent with the patient's need for care and according to agency policies and procedures
☐	☐	Accurately documents within a time period consistent with the patient's need for care and according to agency policies and procedures

Licensee: _____

Planning

Yes	No	
☐	☐	Participates in the identification of the patient's needs related to the findings of the nursing assessment
☐	☐	Participates in multidisciplinary planning by providing resource data
☐	☐	Seeks and utilizes appropriate resources in planning process

Implementation

Yes	No	
☐	☐	Procures resources needed to implement the care plan
☐	☐	Implements nursing interventions and medical orders consistent with nursing rules and within an environment conducive to patient safety
☐	☐	Appropriately prioritizes performance of nursing interventions within assignment
☐	☐	Recognizes responses to nursing interventions
☐	☐	Safeguards patient confidentiality

Evaluation

Yes	No	
☐	☐	Collects evaluative data from relevant sources according to written guidelines, policies, and forms
☐	☐	Recognizes the effectiveness of nursing interventions
☐	☐	Proposes modifications to the plan of care for review by the registered nurse of other person(s) authorized by law to prescribe such a plan

Ethics

Yes	No	
☐	☐	Integrates ethical provisions in all areas of practice
☐	☐	Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others

BEHAVIORAL PERFORMANCE GUIDELINES - All employees, at some time, display job performance problems. An isolated incident of coming to work late need not be a cause for alarm. However, when a Licensee displays a pattern of repeated job performance decline, the supervisor needs to take notice and report it to the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program. Use the checklist below to determine if there are behavioral performance problems.

Decline in Job Efficiency

Yes	No	
☐	☐	Decrease in overall work quality
☐	☐	Inconsistent work quality (periods of high and/or low productivity)
☐	☐	Errors in judgment
☐	☐	Increased period of confusion
☐	☐	Lack of concentration
☐	☐	Unrealistic excuses for lowered work quality
☐	☐	Missed deadlines
☐	☐	Increased carelessness/mistakes
☐	☐	Tasks taking excessive time to complete or never being completed
☐	☐	Difficulty handling complex tasks
☐	☐	Loss of memory

Inconsistent Work Patterns

Yes	No	
☐	☐	Alternate periods of high and low efficiency
☐	☐	Becoming or has become less dependable
☐	☐	Doing minimal or substandard work in comparison with peers
☐	☐	Frequent requests for help with assignments

Licensee: _____

Absenteeism

Yes	No	
☐	☐	Repeated absenteeism (above average)
☐	☐	Pattern of Monday and Friday absenteeism or absenteeism centers around scheduled days off
☐	☐	Excessive tardiness (Monday and Friday) or after days off
☐	☐	Leaving work early
☐	☐	Repeated absenteeism due to vaguely defined illnesses, "not feeling well," "cold," "headache"
☐	☐	Improbable reasons for absenteeism
☐	☐	Unauthorized leave
☐	☐	Last minute request for leave
☐	☐	Excessive use of sick leave

On-the-Job Absenteeism

Yes	No	
☐	☐	Extended lunch breaks
☐	☐	Physical illnesses developed on the job
☐	☐	Unexplained disappearances on the job (never finding him/her when needed)
☐	☐	Excessive breaks, trips to bathroom or to water fountain
☐	☐	Vacant look on the job

Attitude/Mood

Yes	No	
☐	☐	Dramatic mood shifts
☐	☐	Tendency to isolate
☐	☐	Irritability
☐	☐	Secretiveness/suspiciousness
☐	☐	Crying
☐	☐	Inflexibility

Physical/Emotional Problems

Yes	No	
☐	☐	Changes in physical/emotional condition during shift
☐	☐	Marked nervousness on the job
☐	☐	Excessive sweating
☐	☐	Tremors of hands
☐	☐	Lack of attention to personal cleanliness or grooming
☐	☐	Reports to duty despite physical/emotional contraindication

Impaired Interpersonal Relationships

Yes	No	
☐	☐	Frequent arguments with co-workers
☐	☐	Excessive blaming of others
☐	☐	Unwillingness to cooperate with co-workers or inability to compromise
☐	☐	Over-reactions to co-workers
☐	☐	Wide swings in mood from isolation to angry outbursts
☐	☐	Avoids contact with supervisor
☐	☐	Complaints by patient or co-workers of irritability, physical roughness, or verbal abuse

Other Areas

Yes	No	
☐	☐	Excessive time spent making personal telephone calls
☐	☐	Physically threatening
☐	☐	Excessive talkativeness
☐	☐	Grandiosity (exaggerated self-importance)

Licensee: _____

Difficulty in Concentration

Yes	No	
☐	☐	Assignment takes more time (despite skill/experience)
☐	☐	Difficulty in assigning priorities
☐	☐	Medication errors (wrong medication, wrong dose, administration to wrong patient)
☐	☐	Omitted, illogical, incomplete, or illegible charting
☐	☐	Deteriorating handwriting during shift or deteriorating performance
☐	☐	Errors in transcribing orders or taking verbal orders
☐	☐	Overlooking signs of a patient's deteriorating condition

Medication Centered Problems

Yes	No	
☐	☐	Increased utilization of p.r.n. psychoactive medications or narcotics recorded for patients
☐	☐	Increase in wastage or breakage of psychoactive drugs
☐	☐	Missing drugs or unaccounted doses
☐	☐	Seeks out on-duty physicians to "fix" complaints of pain, backache, migraines, etc.

Comment on any areas checked: _____

_____

_____

_____

Please note in narrative form any changes that you have observed in this employee since they have participated in the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program: _____

_____

_____

Any knowledge or concern regarding this licensee's inability to practice with reasonable skill and safety must be reported to Nursing Peer Health Assistance / Nurse Alternative to Discipline Program within 24 hours at 303-369-0039.

_____ _____

Supervisor Signature Date

_____

Supervisor Name (Please Print)

_____

Employer

_____

Address

_____ _____

City, State, Zip Phone #

E-Mail Address: _____

Reports may be submitted via:

Email: reports@peerassist.org

Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or

Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501