

Employee Evaluation

This form is to evaluate the employee's current practice in relation to the Professional Standards and Scope of Practice established by BCCNM to ensure nursing skills are current and the employee is practising safely and competently.

This form is to be completed by a supervisor, manager, nurse educator, or nurse leader with knowledge of nursing scope and competencies, who has directly observed the employee's practice and can evaluate the employee's ability to provide safe, competent, and ethical care.

Instructions

Employee: Complete Part A and forward this form to your employer.

Employer: Complete Part B and submit this form to RegistrationMonitoring@bccnm.ca.

PART A — To be completed by the employee

Date completed (mm/dd/yy): _____ BCCNM ID: _____

Last name: _____ First name: _____

Middle name: _____ Former name(s) if applicable: _____

Email: _____ Telephone: _____

Nursing designation: LPN NP RN RPN

Position: _____ Practice unit: _____

Date started (mm/dd/yy): _____ Date completed (mm/dd/yy): _____

of hours completed: _____

Part B — To be completed by the employer

Employer Agency/Unit: _____

Please check one rating for each competency listed.

Professional Competency	Satisfactory	Unsatisfactory	Unknown/NA	Comments
Responsibility & Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application of Nursing Knowledge and Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client-focused Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Professional Competency	Satisfactory	Unsatisfactory	Unknown/NA	Comments
Ethical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall, the employee demonstrated competent, safe, and ethical nursing practice within the period covered by this evaluation:

Yes No

Additional comments:

Name of person completing the assessment: _____

Title/position: _____

Signature: _____ Date (mm/dd/yy): _____

Email: _____ Telephone: _____