



**WORK PERFORMANCE EVALUATION - RN**

**INSTRUCTIONS:** Pursuant to *Probation Condition: Employment Approval and Reporting Requirements* a registered nurse on probation is required to submit work performance evaluations (WPEs) and other employment related reports upon request of the Board. In addition to the required reporting, the registered nurse may only function in the capacity as a registered nurse as outlined in the Employment Approval Letter and any subsequent employment modifications. WPEs are required throughout the duration of the probation term. The frequency is outlined in the Employment Approval Letter.

The evaluation must address all areas of practice and should be sufficient in content to determine that the nurse is safe and competent in his/her practice. The probationary RN **must only** be supervised by approved work site monitor(s) for which you have obtained prior approval by the Board.

**REPORTING PERIOD: Please select the reporting frequency you are currently required to report to the Board.**

**MONTHLY** - If monthly, indicate the month.  **QUARTERLY REPORTING** – if quarterly, indicate the quarter.

Jan.  Feb.  Mar.  Apr.  May  Jun.  Jul.  Aug.  Sept.  Oct.  Nov.  Dec.

1<sup>st</sup> Quarter (1/1 – 3/31)  2<sup>nd</sup> Quarter (4/1 -6/30)  3<sup>rd</sup> Quarter (7/1 – 9/30)  4<sup>th</sup> Quarter (10/1 -12/31)

Probationary RN Name: \_\_\_\_\_ RN License # \_\_\_\_\_

Position/Title: \_\_\_\_\_ Unit: \_\_\_\_\_

Name of Board Assigned Probation Monitor : \_\_\_\_\_

1. Throughout the reporting term listed above, has this RN worked a minimum of 24 hours per week?

Yes  No

If no, explain: \_\_\_\_\_

2. Has this RN worked more than the approved hours/shifts? (other than incidental overtime)

Yes  No

If yes, explain: \_\_\_\_\_

3. What is the level of supervision being provided?

**Maximum Supervision: The person(s) providing supervision must be present in the work setting at all times.**

**Moderate Supervision: The person(s) providing supervision must be present in the work setting half of the time.**

**Minimum Supervision: The person(s) providing supervision have person-to-person contact and communication at least twice during the shift worked.**

**Other – If other, please describe:**

\_\_\_\_\_  
 \_\_\_\_\_

4. Has there been any changes in the individuals providing supervision since the last WPE:  Yes  No  
 If yes, please explain? All persons providing supervision must be approved by the Board prior to implementation.

---



---

5. Have you disciplined the probationary RN in any manner during this reporting period; ie., adverse action, counseling, reprimand, suspension or termination?  YES  NO  
 If yes, explain:

---



---

6. Has the probation RN been the subject of a complaint or an investigation during this reporting period?  
 YES  NO  
 If yes, explain:

---



---

**WORK PERFORMANCE RATINGS**

**Instructions:** Rate the probationary RN's work performance in the areas listed below. If a section does not apply, check (N/A). **Any areas listed as a (1) MUST be explained in the ACTION PLAN listed below.**

**RATING SCALE**

- **3.....** Exceeds position expectations on a regular basis.
- **2.....** Meets position expectations for a safe and competent registered nurse practice.
- **1.....** Improvement needed in the area.
- **N/A .....** Does not apply to the position.

NURSING PRACTICE AREAS	3	2	1	N/A
Demonstrates skill in assessment, i.e., recognition of deviation from normal, interpretation of finding, problem solving and documentation.				
Demonstrates knowledge of , use of , and availability of equipment to assure safe, timely and therapeutic intervention/treatments.				
Demonstrates knowledge of major complications of medical interventions including risk assessment, prevention and nursing intervention.				
Demonstrates understating of pathophysiology and rationale for treatment of clients and the special needs of .... <b>(CHECK ALL THAT APPLY)</b>  <input type="checkbox"/> INFANT <input type="checkbox"/> CHILD <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> ADULT <input type="checkbox"/> GERIATRIC				
Demonstrates ability to order and interpret routine diagnostic information, lab values, Radiology and Medications.				
Follows procedures and demonstrates safe and proper technique in the administration of intravenous fluids and blood products.				

<b>NURSING PRACTICE AREAS</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Demonstrates knowledge and safety while administering medications, including end of shift count.				
Functions effectively in emergency/code blue activities and completes appropriate documentation as required. Participates in providing direct patient care				
Strictly adheres to procedures of handling and the distribution of controlled Substances; Including end of shift count.				
Demonstrates ability to perform safe and effective procedures, such as: wound care and dressing changes, including decubitus care at all stages; nasogastric tube insertion of Levine and salem sump tubes; Dobhoff or nutriflex tubes for enteral feedings; suction techniques (oropharyngeal and deep tracheal).				
<b>GENERAL AREAS</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Communicates with nursing staff and M.D.s openly and always toward the goal of problem solving.		<input type="checkbox"/>		<input type="checkbox"/>
Interacts with dissatisfied or stressed family/patients without becoming defensive.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Maintains objectivity in the face of conflict between staff.		<input type="checkbox"/>	<input type="checkbox"/>	
Accepts responsibility for own action without giving excuses and takes proactive approach to problem resolution.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains and updates own knowledge and skills.		<input type="checkbox"/>		
Meets attendance expectations in being on duty and timely.			<input type="checkbox"/>	<input type="checkbox"/>
Meets performance time frames in completing routing nursing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains appropriate behavior and/or interpersonal relations.		<input type="checkbox"/>		

**ACTION PLAN (Address all areas that were marked 1s.):**

---



---



---

**AUDIT REPORTING (BOTH CHART/NARCOTIC AUDITS):**

---



---



---

**COMMENTS: (Address any areas that are listed as 1s and the overall performance of the probationary RN)**

---



---



---

This report may only be filled out and signed by the approved person(s) providing supervision.

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EVALUATOR NAME AND TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*\*\*WPE MUST BE SIGNED AFTER THE END DATE OF THE REPORTING PERIOD AND MAY NOT BE SUBMITTED EARLY\*\*\***

EVALUATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Submission of the WPE is preferred via email to the Probation Monitor AND  
brnprob@dca.ca.gov. If this is not possible, you may fax the report to (916) 574-8636.