



NURSE SUPERVISOR REPORT

(Please duplicate this form for future use)

Date: _____

Licensee: _____

Report for the period beginning _____ and ending _____

Please attach explanation for any false answers. 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: _____

Licensee: _____

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 job performance problems.

Decline in Job Efficiency

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

Inconsistent Work Patterns

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alternate periods of high and low efficiency |
| <input type="checkbox"/> | <input type="checkbox"/> | Becoming or has become less dependable |
| <input type="checkbox"/> | <input type="checkbox"/> | Doing minimal or substandard work in comparison with peers |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent requests for help with assignments |

Absenteeism

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

On-the-Job Absenteeism

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Extended lunch breaks |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical illnesses developed on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained disappearances on the job (never finding him/her when needed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive breaks, trips to bathroom or to water fountain |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacant look on the job |

Licensee: _____

Attitude/Mood

- | Yes | No | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dramatic mood shifts |
| <input type="checkbox"/> | <input type="checkbox"/> | Tendency to isolate |
| <input type="checkbox"/> | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | <input type="checkbox"/> | Secretiveness/suspiciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Crying |
| <input type="checkbox"/> | <input type="checkbox"/> | Inflexibility |

Physical/Emotional Problems

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Changes in physical/emotional condition during shift |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked nervousness on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive sweating |
| <input type="checkbox"/> | <input type="checkbox"/> | Tremors of hands |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of attention to personal cleanliness or grooming |
| <input type="checkbox"/> | <input type="checkbox"/> | Reports to duty despite physical/emotional contraindication |

Impaired Interpersonal Relationships

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

Other Areas

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive time spent making personal telephone calls |
| <input type="checkbox"/> | <input type="checkbox"/> | Physically threatening |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive talkativeness |
| <input type="checkbox"/> | <input type="checkbox"/> | Grandiosity (exaggerated self-importance) |

Difficulty in Concentration

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

Licensee: _____

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 #

Mail or Fax Original To:

Metro Denver, Northern and Southern: Western Slope Clients Only:

**Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
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