



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: _____

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

- 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

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)

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 #

Mail or Fax Original To:

Metro Denver, Northern and Southern:

Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231
Phone: 303.369.0039 or 866.369.0039
Fax: 720.213.1007

Western Slope Clients Only:

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200 Grand Avenue, Suite 260
Grand Junction, CO 81501
Phone: 970.986.4360
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