

**ON SITE SUPERVISORY VISIT FOR CLINICAL STAFF**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Name of Clinician: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Patient/Family Response**

Pleased with clinician  Yes  No

Pleased with care provided  Yes  No

Feels care is appropriate  Yes  No

If "No" explain: \_\_\_\_\_

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

Does the clinician follow the plan of care / physician orders?  Yes  No

Does the clinician follow the handwashing technique per policy?  Yes  No

Does the clinician follow bag technique per policy?  Yes  No

Is the clinician professional and appropriate in communication with patient?  Yes  No

Is documentation appropriate and does it reflect the care provided?  Yes  No

Is documentation turned in on time?  Yes  No

Does clinician communicate frequently with supervisor to discuss patient issues?  Yes  No

Comments:: \_\_\_\_\_

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

Is the clinician competent in the skills performed?  Yes  No

Is additional training/instruction needed?  Yes  No

If "Yes" explain: \_\_\_\_\_

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

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_