

Vermont Office of Professional Regulation Employer or Nursing Program Report

This report is due by the 15th of every month, reporting on the licensee's performance for the previous month. Please include detail sufficient for review and evaluation of the areas of concern delineated in the Board Order/Contract. Specifically note adherence to standards of nursing practice.

Licensee Name:	
Job Title:	Date of Employment/Enrollment:
Supervisor/Director Name/Credential:	Supervisor/Director Job Title:
Supervisor/Director Telephone:	Supervisor/Director E-mail:
Organization/Nursing Program Name:	Address:

Supervision provided: On-site Direct By: RN LPN APRN Other: _____ On-site supervision requires monitoring of the licensee's practice by a nurse on the premises of the facility. The individual(s) must understand that they are providing supervision to the licensee and have read the Order/Contract. Direct supervision requires that supervision and direction are given by a nurse physically present on the unit. The individual(s) must understand that they are providing supervision to the licensee and have read the Order/Contract.
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This report reflects performance during **Month:** _____ **Quarter:** ____ **Year:** _____

Has licensee worked/attended clinical at least 80 hours each calendar month?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If No, indicate hours: _____		
Indicate shifts: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		
Attendance met expectations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If No, describe attendance problems:		

In the past month, did the licensee consistently complete these activities according to policy and standards of nursing practice? (leave blank if not applicable)

Provide patient/resident care	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Complete nursing documentation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Obtain/carry out provider orders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Develop/follow patient care plans	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Administer medications	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Communicate with patients/residents	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Communicate with colleagues/staff	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Comments and explanations for all NO answers (may attach separate page):

What medications has the licensee administered in the last month? <input type="checkbox"/> Non-controlled drugs <input type="checkbox"/> Controlled drugs <input type="checkbox"/> None

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Did any of the following occur in the past month?

Licensee medication errors	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Controlled drug count discrepancies where the licensee may have been involved	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Licensee errors in practice, judgment, or decision-making	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patient/family complaints about the licensee	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Licensee performance counseling	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Licensee performance evaluation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the licensee's Board order require a quarterly audit for documentation, medications, etc.?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Comment or attach written reports for all YES answers. If required by Board order, the medication documentation or administration audit is due with the *April, July, October, and January* reports. Include number of records audited and results.

Please describe any improvements in the licensee's practice in the last month:

Additional comments, questions, or problems (for nursing students, include classroom and clinical performance):

Signature of Nurse Supervisor/Director/Instructor:

Date:

Thank you for your commitment to this licensee and to the protection of the public.

Please submit this evaluation form by the 15th of every month.

E-mail: kristin.donnelly@vermont.gov (must be sent from e-mail address of person completing the form)

Mail: Vermont Office of Professional Regulation, 89 Main St, 3rd Floor, Montpelier, VT 05620
Attention: Kristin Donnelly