

**60-DAY NEW EMPLOYEE/TRANSFER/PROMOTION - EXPECTED BEHAVIORS REVIEW**

Manager First Name:		Manager Last Name:		CSU/Department:	
Employee First Name:		Employee Last Name:		Unique ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CSD: ____/____/____		Position Title:			

The employee's manager is asked to complete this written evaluation prior to the conclusion of the sixty (60) day Orientation & Evaluation Period and place in the employees file. **This form is to be utilized by the manager to review the new employee's introductory period as it relates to the employees expected behaviors. The manager is to utilize their own department form to review role competencies.** Next to each factor are examples of behaviors that would describe performance at the *MEETS* level. If the behavior has yet to be observed, please select NOT OBSERVED. Please keep in mind, however, to observe the behavior prior to the completion of the 90 day period.

**EMPLOYEE REVIEW**

Factor	Employee Comments
A. What part of your job do you find most rewarding?	
B. Does this job meet your initial expectations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Are you feeling supported by your team? Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. What has been the most challenging part of this job?	
E. Do you feel that you are getting the information and experiences you need to perform your job?	
F. Has there been anyone that has been especially helpful to you during your first sixty (60) days?	
G. What could we be doing for you now to integrate you into the team that we are not currently doing?	

**MANAGER REVIEW**

Factor	Examples of FULLY ACHIEVES Performance Levels	Enter Factor Rating
A. Availability	<ul style="list-style-type: none"> <li>Adheres to the attendance policy.</li> <li>Understands own role, appreciates what others do, and supports the team through good attendance</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>
B. Excellence	<ul style="list-style-type: none"> <li>Acts-and makes decisions-in the best interests of patients and their loved ones, and willingly accepts accountability for outcomes.</li> <li>Improves performance that enhances patient care and advances individual, team, and organizational goals.</li> <li>Effectively uses DUH resources (time, budget and property) to support optimal patient care and operational performance while adhering to organizational policies and procedures.</li> <li>Seeks opportunities to improve service provided to patients and their loved ones related to clinical care and support.</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>
C. Teamwork	<ul style="list-style-type: none"> <li>Willingly shares expertise and information with others to improve patient care, unit or departmental performance without compromising individual responsibilities.</li> <li>Celebrates the accomplishments of others in making a difference in the lives of patients and the success of the organization.</li> <li>Takes ownership of decisions made by specific patient care or project teams, and team leaders, and the individual role needed to support them.</li> <li>Manages multiple demands while maintaining quality and courtesy; acknowledges and resolves patient or visitor issues.</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>

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D. Integrity	<ul style="list-style-type: none"> <li>• Is truthful and honest with patients, their loved ones, and co-workers, and consistently exhibits actions that reflect our values.</li> <li>• Is accountable for actions and decisions involving patient care or other operational activities, and strives to learn and improve from experience.</li> <li>• Follows through on commitments made to patients, visitors, co-workers and others.</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>
E. Safety	<ul style="list-style-type: none"> <li>• Strictly adheres to all established patient, staff and faculty safety procedures</li> <li>• Discusses factors in the system that seem to contribute to errors or risky situations. Offers ideas about solving.</li> <li>• Speaks up when safety concerns exist. Discusses barriers to speaking up.</li> <li>• Contributes to an environment of safety and security for patients and staff through individual actions.</li> <li>• Speaks up about all risk of harm; reports patient, staff safety or injury events within twenty-four hours of incident or awareness of incident.</li> <li>• Actively participates in all mandatory patient and staff safety training.</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>
F. Diversity	<ul style="list-style-type: none"> <li>• Applies cultural understandings and sensitivities to enhance patient care, and improves interactions with people of diverse backgrounds</li> <li>• Treats all individuals-- patients, visitors and co-workers -- with courtesy, dignity, and respect</li> <li>• Contributes to a work environment that is welcoming to all -- whether patients, visitors, staff, or faculty</li> <li>• Demonstrates a sensitivity and awareness of the needs of a diverse workforce and patient population</li> </ul>	Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Observed <input type="checkbox"/>

This information has been reviewed jointly.

\_\_\_\_\_ (Supervisor/Manager)  
 \_\_\_\_\_ (Employee)  
 Date \_\_\_/\_\_\_/\_\_\_

<b>If at 60 days, the employee is functioning below the expected standard(s) and there is a concern that the New Hire Orientation and Evaluation Period may need to be extended, or that the employee may not be successful in the Department by the end of the initial 90 days: the following should be notified.</b>			
Clinical Operations Director/Supervisor:		Date Notified:	
Nurse Educator/Manager:		Date Notified:	
Nurse Recruitment/Director:		Date Notified:	
Staff and Labor Relations:		Date Notified:	
<b>If more training is required, please indicate below</b>			
Goal/Objective	Action Plan	Resources Required to Complete the Goal	Target Completion Date