

Nurse Practitioner Performance Evaluation

Name of nurse practitioner: _____

Evaluation period: _____ Evaluator's name: _____

Instructions

This evaluation includes both a self-assessment and an evaluation by the supervisor. Please rate the nurse practitioner's performance based on the criteria listed below using a Likert scale from 1 to 5, where:

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neutral
- 4 - Agree
- 5 - Strongly agree

Core competencies

1. Demonstrates proficiency in clinical skills and procedures.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

2. Exhibits sound clinical judgment in patient care decisions.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

3. Consistently adheres to evidence-based practice guidelines.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

4. Effectively manages patient assessments, diagnoses, and treatment plans.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

5. Communicates effectively with patients, demonstrating empathy and active listening.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

Interpersonal skills

6. Collaborates well with interdisciplinary team members.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

7. Provides clear and thorough explanations of medical conditions and treatment options to patients and families.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

8. Demonstrates professionalism and tact in all interactions.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

9. Patients report high levels of satisfaction with the nurse practitioner's care.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

10. Effectively addresses patient concerns and questions.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

Professional development

11. Actively seeks opportunities for learning and professional growth.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

12. Demonstrates willingness to incorporate feedback and improve performance.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

13. Engages in reflective practice to enhance clinical skills and knowledge.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

Overall performance

14. Overall, I am satisfied with the nurse practitioner's performance.

Self:

☐ 1 2 3 4 5

Supervisor:

☐ 1 2 3 4 5

Comments

Self-assessment comments:

Supervisor's comments:

Signatures

Nurse practitioner signature:

Date:

Evaluator's signature:

Date: