



## Wooster Community Hospital Community Care Network Supervisory Visit

Name of Patient \_\_\_\_\_

Name of Staff Member being supervised \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Staff Information			
Item	Meets	Does Not	Comments
Reports to assignment as scheduled			
Identifies self by name and title			
Schedules visit in advance and is prompt			
Demonstrates courteous behavior			
Demonstrates cooperative behavior			
Demonstrates positive and helpful attitude			
Demonstrates adequate communication skills			
Follows patient plan of care and diet			
Informs team of patient needs and conditions as appropriate, in a timely manner			
Utilizes proper body mechanics			
Utilizes good grooming habits			
Complies with WCN dress code			
Compliance with proper hand-washing			
Instructs patient on safety measures			
Staff member demonstrates awareness of patient safety issues and mediates appropriately			
Staff member demonstrates safe action/behaviors			

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date