**PERFORMANCE APPRAISAL - FORM**

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| Employee Name: |  | P Number: |  |
| Position Title: |  | Department: |  |
| Date of Appraisal: |  | Manager: |  |

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| **Process Steps** |
| 1. Employee completes sections 1,2,3 & 5, then submits the form to their manager. 2. Manager reviews submission and adds comments to sections 2 & 6. 3. Manager and employee meet to discuss the competency ratings, develop an action plan together in section 4. 4. Manager forwards a signed copy (by employee and manager) to Human Resources. 5. Employee retains a copy of the performance appraisal to track and monitor their progress. |

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| **SECTION # 1 - Self Reflection** |
| What are you most proud of since your last performance appraisal, or within the last year?   |  | | --- | |  |   How have you developed your skills and capacity in your role?   |  | | --- | |  |   How have you contributed to your team?   |  | | --- | |  | |

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| **RATINGS** | |
| Unsatisfactory | Performance does not meet the minimum expectations for the position. Significant improvement is required. |
| Needs Improvement | Performance is generally below the established requirements for the position. The need for further development and improvement is clearly recognised. |
| Meets Expectations | Performance is consistent with what is expected. The employee is able to independently and competently perform all aspects of the position. While minor deviations may occur, the overall level of performance meets all of the position requirements. |
| Exceeds Expectations | Performance is consistently above the normal expectations and standards of the position. Performance at a level beyond expectations is sustained and the quality of work is uniformly high. |

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| **SECTION # 2 - PRH Employee Competencies** | | | | | |  |
|  | [**Clinical / Technical Competency**](#ClinicalTechCompent) | | | | |  |
| Possesses the knowledge, skills and ability to perform at the required level for each responsibility within their role. Work is thorough and timely; follows established processes, policies and procedures and reflects follow-through to completion. Plans, prioritizes, and organizes work effectively to produce measurable results in a timely manner. Consistently takes responsibility for own performance and self-development. | | | | |  |
| Employee: Please provide specific examples to support the rating: | | | | |  |
| Clinical / Technical Competency Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| Manager: Please provide specific examples to support the rating: | | | | |  |
| Clinical / Technical Competency Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| [**Quality & Safety Competency**](#QualitySafety) | | | | |  |
| Provides safe and high-quality patient-centered care and service. Involves and supports the patient/client. Values the patient / client feedback to improve care and service. Keeps the patient/client informed. Uses sound judgment (i.e., gather facts, considers options and impacts and makes decisions). Evaluates results. Takes initiative to improve quality of care and service. Considers internal and external clients in work activities. Models qualities of honesty and integrity. | | | | |  |
| Employee: Please provide specific examples to support the rating: | | | | |  |
| Quality & Safety Competency Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| Manager: Please provide specific examples to support the rating: | | | | |  |
| Quality & Safety Competency Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| [**Teamwork and Collaboration**](#TeamworkCollaboration) | | | | |  |
| Understands own and others’ roles within the team. Solicits ideas from others and recognizes and respects the unique expertise of others. Supports team decisions. Considers oneself and how their behaviors impact the PRH team in all interactions. Collaborates with others to improve quality and address needs. Builds and sustains cooperative working relationships.  Shows awareness of one’s assumptions, values, principles, strengths and limitations. | | | | |  |
| Employee: Please provide specific examples to support the rating: | | | | |  |
| Teamwork and Collaboration Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| Manager: Please provide specific examples to support the rating: | | | | |  |
| Teamwork and Collaboration Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| [**Continuous Process Improvement**](#ContinuousPerformanceImprovement) | | | | |  |
| Actively seeks opportunities to improve work processes related to employee and patient safety, efficiency, effectiveness, patient/customer experience and/or staff satisfaction. Participates in improvement initiatives by collecting data, testing changes and providing constructive feedback. Contributes to the achievement of work unit and hospital performance goals. | | | | |  |
| Employee: Please provide specific examples to support the rating: | | | | |  |
| Continuous Process Improvement Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |
| Manager: Please provide specific examples to support the rating: | | | | |  |
| Continuous Process Improvement Rating | Unsatisfactory  ⃝ | Needs Improvement  ⃝ | Meets Expectations  ⃝ | Exceeds Expectations  ⃝ |  |

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| **SECTION # 3 – Training/Professional Development** | |
| Employee: Outline any training or professional development that you have undertaken or are undertaking. | |
| Training Title | Date Completed or NA |
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| **SECTION # 4 – Future Learning Plan** |
| Manager and Employee: Discuss strengths and areas of development with the employee. Explore a plan to improve and accomplish success. |
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| **SECTION # 5 – Employee Comments** | | | | | |
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| Employee Signature: | | | | | Date: |
| **SECTION # 6 - Manager Comments and Overall Rating** | | | | | |
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| **Overall Rating** | Unsatisfactory   | Needs Improvement   | Meets Expectations   | Exceeds Expectations   | |
| Manager’s Signature: | | | | | Date: |