# **Department of Obstetrics & Gynaecology**

# **Staff Performance Review**

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| **NAME** |  |
| Position |  |
| Supervisor |  |
| Start date in current role |  |
| Date of last review |  |
| Date of this review |  |

Part 1: Employee Self-Evaluation

Your input is a very important part of your performance discussions. You can prepare for the meeting and help your supervisor to address any concerns by reflecting on the questions in this section. Write down any aspects of your performance and development you would like to discuss. Feel free to use bullet points or whatever format works best for you. Email the completed form to your supervisor one week before your meeting.

Part 2: Supervisor Feedback

Supervisor: This section is intended to help you prepare for the performance review meeting and provide your staff with valued feedback on performance and development. When the employee sends you Part 1, review their input and then respond to the questions in Part 2. Feel free to use bullet points or whatever format works best for you. Refer to and attach a current position description.

Part 3: Performance Review Meeting

The employee and supervisor will meet to review Parts 1 & 2, and they will work together to develop an action plan for performance goals and professional development in the coming year. There is an optional section for any additional comments on the performance review. Please sign off in the space provided.

A completed, signed copy must be sent to the HR Manager (dbradley@providencehealth.bc.ca).

# PART 1: Employee Self-Evaluation

1. What are you enjoying in your role today? What elements of your job interest you the most?

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1. Please mention any accomplishments and activities since your last review that demonstrate your strengths and abilities.

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1. What can you, your supervisor, or the organisation do to improve your effectiveness and job satisfaction?

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1. Since your last review, in what areas do you think you need improvement? What challenges did you encounter? What ideas do you have for overcoming these challenges?

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1. Give an overview of your goals from last year. Where you are at with each of them?

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| **GOALS** | **PROGRESS** |
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1. What are your three key goals/priorities for the coming year? *Consider an action plan around these goals, to be developed in dialogue with your supervisor at your performance review meeting.*

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| **GOALS/PRIORITIES** | **ACTION PLAN** |
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1. Are there any issues or processes of which you are aware that compromise safety or efficiency?

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1. Is there anything else you would like to discuss?

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# PART 2: Supervisor Feedback

1. Are there any accomplishments that have not been noted above?

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1. What can the employee, you as supervisor, or the organisation do to improve the employee’s effectiveness and job satisfaction?

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1. In what areas do you think the employee needs improvement? What challenges did they encounter since their last review? What ideas do you have to support them in overcoming these challenges?

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1. Are there any assignments you would like the employee to take on now to prepare them for advancement or to enrich their job?

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1. Do you have any feedback on the goals from last year and where the employee is at with them?

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| **GOALS** | **FEEDBACK** |
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1. Do you have additional goals/priorities to add for the coming year? *An action plan around these goals will be developed in dialogue with the employee at the performance review meeting.*

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| **GOALS/PRIORITIES** | **ACTION PLAN** |
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1. Additional comments/feedback?

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# PART 3: Meeting & Sign-Off

1. **Performance Goals**

State and discuss expectations and goals for the upcoming review period.

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| **GOALS** | **TIMELINE/EXPECTATIONS** |
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1. **Professional Development Plan**

List specific activities the employee will do in the next year as part of their professional development.

How will the supervisor/organization support the employee to accomplish these goals?

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1. **Comments (Optional)**

The employee and/or supervisor may add additional comments in the space provided below.

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Will there be a follow up meeting within the year? YES NO

Date of follow up meeting:

SUPERVISOR NAME: SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE NAME: SIGNATURE\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*I have read and discussed this evaluation with my supervisor. My signature means that I have been advised on my performance and does not necessarily imply that I agree with the contents of this review.*

**Distribution:** An electronic copy of this document will be kept in the employee’s file (email to the HR Manager, dbradley@providencehealth.bc.ca), and a copy should also be provided to the employee.