**SECTION 1: PERFORMANCE REVIEW**

*Instructions: Employee self-evaluates first, then reviews with evaluator(s) who provide their views.*

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| **MAJOR TASKS**  (from job description)  **What I do?** | **ASSESSMENT OF CURRENT PERFORMANCE**  **How am I doing?**  Scale  NA = not applicable  1 = needs development  2 = satisfactory  3 = above average  4 = outstanding | **COMMENTS**  **Why this rating?**  (always include feedback to support 1 and 4 ratings) |
| 1. Coordinates patient care through the clinic – waiting room, prep procedures, exam room |  |  |
| 1. Answers enquiries by phone and in person in a helpful, respectful and efficient manner |  |  |
| 1. Maintains appointment schedule and manages recalls |  |  |
| 1. Maintains EMR efficiently, accurately and in accordance clinic policy. This includes maintaining the patient chart. |  |  |
| 1. Ensures exam rooms are stocked appropriately and ensures that they are ready for next patient |  |  |
| 1. Ensures patient confidentiality |  |  |
| 1. Cleans and sterilizes materials and instruments following clinic policy. |  |  |
| 1. Performs patient prep procedures and documents findings on the patient record |  |  |
| 1. Performs billing procedures for multiple payers (MSP, ICBC, WCB, etc) and applies and collects non-insured fees where applicable |  |  |

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| **SECTION 2: PERFORMANCE REVIEW**  *Instructions: Employee self-evaluates first, then reviews with evaluator(s) who provide their views* | | | | | | | | | | | |
| **PERFORMANCE RATINGS**  NA = not applicable  1 = needs development  2 = satisfactory  3 = above average  4 = outstanding | | | | | | | | | | | |
| **Skills** | **NA** | **1** | **2** | **3** | **4** | **Skills** | **NA** | **1** | **2** | **3** | **4** |
| Work Quality (including accuracy) |  |  |  |  |  | Solves Problems |  |  |  |  |  |
| Work Volume |  |  |  |  |  | Demonstrates Cost Awareness |  |  |  |  |  |
| Demonstrates community health perspective |  |  |  |  |  | Demonstrates good judgment and decision making |  |  |  |  |  |
| Communicating with other Staff |  |  |  |  |  | Shows Initiative |  |  |  |  |  |
| Communicating with Patients and families |  |  |  |  |  | Organized |  |  |  |  |  |
| Writing |  |  |  |  |  | Understands when to refer questions to a doctor or others |  |  |  |  |  |
| Is a team player |  |  |  |  |  |  |  |  |  |  |  |
| Comments (always include feedback to support 1 and 4 ratings)  ***Employees*** – use this space to provide feedback on how the employer can support you in improving your performance. | | | | | | | | | | | |

Evaluator 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 3: EMPLOYEE DEVELOPMENT PLAN** *(use additional pages if needed)*  **Employee For Period to** |
| **Employee Aspirations and Goals** (5 year outlook) |
| **Employee Education Plan** (2 year outlook) |
| **Employee Development Plan** (what experience would you like to gain in the next 2 years?) |
| **Approval**    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |