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| --- | --- | --- | --- |
|  **Employee Name:** |  | **Reviewer’s Name:** |  |
| **Employee Number:** |  | **Review Date:** |  |
| **Role:** |  | **Ward/department:** |  |

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| **Part 1: Organisational Requirements** |
| **Were Mandatory Organisational Requirements met?** | **Responses and comments:** |
| Do you have an up to date Position Description | [ ] Yes [ ]  No |
| Did I follow procedures and guidelines to ensure a safe working environment?  | [ ] Yes [ ]  No |
| How did I support a safe working culture? |  |
| Did I complete all mandatory training and professional requirements relevant to my role?  | [ ] Yes [ ]  No – if not why? |
| Did I declare all gifts, benefits and hospitality offered to me in the course of my role in accordance with policy requirements? (The Gifts, Benefits and Hospitality Policy can be viewed [***here***](https://app.prompt.org.au/download/180198?code=c03f57d2-a9f8-4621-b983-91fac0f41333).) | [ ] Yes [ ]  No – if not why? |

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| **Part 2: Living the Western Health Values** |
| **How did I demonstrate the Western Health values?** | **Examples and comments:** |
| **Compassion**Consistently acting with empathy and integrity. |  |
| **Accountability**Taking responsibility for our decisions and actions. |  |
| **Respect**For the rights, beliefs and choice of every individual |  |
| **Excellence**Inspiring and motivating innovation and achievement. |  |
| **Safety**Prioritising safety as an essential part of everyday practice. |  |

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| **Part 3: Nursing & Midwifery Domains of Practice** |
| **Work Goals – from previous year** |
| Consider: * How have I incorporated each domain into how I practice?
* How did I do against my goals?
* How did I do generally in the year?
* What were the highlights and challenges of the year?
* What were the challenges?
* Where could I do things differently?
* What help do I need to do a better job in future?
 |
| **Behaviour Level Reflection:**  |
|  | **Measure of each Domain according to Behaviours** | **Evidence of achievement** | **Development Goals** | **How will I demonstrate success:** |
| * Sharing of knowledge

**Leadership*** Professional behaviour
* Contributing to improvement
* Representing the department
 | **Self-Assess**[ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert | **Manager** [ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert |  |  |  |
| * Generate knowledge through leading research

**Research*** Collaborate in research
* Participate in research
* Read and learn from research to inform practice
 | **Self-Assess**[ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert | **Manager** [ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert |  |  |  |
| **Evidence-based Practice*** Improve consumer outcomes
* Planning and optimise systems
* Support effective advocacy
* Ensure safe, high quality care
 | **Self-Assess**[ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert | **Manager** [ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert |  |  |  |
| * Education of self, consumers, carers and families

**Education*** Continuing profession development
* Mandatory learning
 | **Self-Assess**[ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert | **Manager** [ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert |  |  |  |
| * Critical thinking and decision making

**Clinical Expertise*** Contribution to local or organisational groups
* Contribution to policy, standard and practice development.
 | **Self-Assess**[ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert | **Manager** [ ]  Novice [ ]  Adv Beginner [ ]  Competent [ ]  Proficient[ ]  Expert |  |  |  |

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| **Part 4: Comments and Feedback** |
| **Employee comments on Performance and Achievement:** |
|  |
| **Manager’s comments on Employee’s Performance and Achievement:** |
|  |
| **Employee feedback to Manager (optional):**  |
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| **Part 5: Leave planning and attendance management** |
| Discuss leave taken over past 12 months, and extent of outstanding leave.**Planned leave for next 12 months:**

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| --- | --- |
| Proposed Dates | Type of leave |
|  |  |

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| **Individual’s signature:** |  | **Date:** |  |
| **Manager’s signature:** |  | **Date:** |  |