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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:**   |  |  | | --- | --- | | Proposed Dates | Type of leave | |  |  | |

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