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| **Employee performance improvement plan forms - samples** |

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

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **SECTION 2: PERFORMANCE REVIEW** | | | | | | | | | | | |
| **PERFORMANCE RATINGS**  n/a - not applicable | 1 - needs development | 2 - satisfactory | 3 - above average | 4 - outstanding | | | | | | | | | | | |
| **Skills** | **n/a** | **1** | **2** | **3** | **4** | **Skills** | **n/a** | **1** | **2** | **3** | **4** |
| Work quality (including accuracy). |  |  |  |  |  | Solves problems effectively. |  |  |  |  |  |
| Work volume. |  |  |  |  |  | Demonstrates cost awareness (i.e., efficient use of medical and office supplies). |  |  |  |  |  |
| Demonstrates community health perspective that aligns with the clinic purpose and goals. |  |  |  |  |  | Demonstrates good judgment and decision making. |  |  |  |  |  |
| Communicates well with other staff. |  |  |  |  |  | Shows initiative. |  |  |  |  |  |
| Communicates well with patients and families. |  |  |  |  |  | Organized. |  |  |  |  |  |
| Effective writing skills. |  |  |  |  |  | Understands when to refer questions to a doctor or others. |  |  |  |  |  |
| Overall, the employee is a team player. |  |  |  |  |  |  |  |  |  |  |  |
| Employer comments – 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **SECTION 3: EMPLOYEE DEVELOPMENT PLAN**  For period \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_. |

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| **Employee Goals** (5 year outlook): |

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| **Employee Education Plan** (2 year outlook): |

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| **Employee Development Plan** (what experience would you like to gain in the next 2 years?): |

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| **Approval**    Employee Signature Date HR Director Signature |