

Washington Institute for Coagulation Performance Evaluation

EMPLOYEE NAME: _____ DEPARTMENT: _____

EMPLOYEE ID: _____ EVALUATION (90-DAY/ANNUAL): _____

All the sections below should be completed by the immediate supervisor. All boxes need to be completed and the immediate supervisor should discuss the completed performance evaluation with the employee. Following this discussion, the employee should make comments in the final section.

Patient Care (compassionate, appropriate, effective)

1. Patient Care (circle appropriate selection):
- | | | | |
|-------------|--------------|----------------|----------------|
| Outstanding | Satisfactory | Unsatisfactory | Not Applicable |
|-------------|--------------|----------------|----------------|

Quality of Work/Knowledge

***Ability to produce work that is comprehensive, complete in detail and accurate, showing demonstrated understanding of job responsibilities.**

2. Quality of Work/Knowledge (circle appropriate selection):
- | | | | |
|-------------|--------------|-------------|----------------|
| Outstanding | Satisfactory | Conditional | Unsatisfactory |
|-------------|--------------|-------------|----------------|

Judgment and Problem Solving

***Ability to analyze a situation, understand all factors involved, arrive at practical solutions, and make appropriate decisions.**

3. Judgment and Problem Solving (circle appropriate selection):
- | | | | |
|-------------|--------------|-------------|----------------|
| Outstanding | Satisfactory | Conditional | Unsatisfactory |
|-------------|--------------|-------------|----------------|

Communication

***Ability to effectively present information orally and in writing.**

4. Communication skills (circle appropriate selection):
- | | | | |
|-------------|--------------|-------------|----------------|
| Outstanding | Satisfactory | Conditional | Unsatisfactory |
|-------------|--------------|-------------|----------------|

Professionalism

***Ability to carry out professional duties with continuity, responsiveness, and availability using ethical principles.**

5. Professionalism (circle appropriate selection):
- | | | | |
|-------------|--------------|-------------|----------------|
| Outstanding | Satisfactory | Conditional | Unsatisfactory |
|-------------|--------------|-------------|----------------|

Dependability

***Ability to demonstrate reliability and commitment to organization.**

6. Dependability (circle appropriate selection):
- | | | | |
|-------------|--------------|-------------|----------------|
| Outstanding | Satisfactory | Conditional | Unsatisfactory |
|-------------|--------------|-------------|----------------|

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Strengths and Accomplishments: Briefly describe the employee's most significant strengths and accomplishments during this period. It is important to support performance factors rated "Outstanding" by providing specific examples and justification. (Use additional sheets if necessary).

Areas for Improvement: List areas in which the employee should take special care to address professional areas for growth or to prepare for professional advancement. It is important to support performance factors rated "Unsatisfactory" by providing specific examples and justification. (Use additional sheets if necessary)

Goals and Objectives: Provide a description of goals and objectives for the upcoming year. (Use additional sheets if necessary)

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This section to be completed by employee.

Strengths and Accomplishments: Briefly describe your most significant strengths and accomplishments during this period. {Use additional sheets if necessary}

Areas for Improvement: List areas in which you would like to take special care to address professional areas for growth or to prepare for professional advancement {Use additional sheets if necessary}

Goals: Provide a description of the goals you would like to accomplish for the upcoming year. (Use additional sheets if necessary)

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OVERALL PERFORMANCE EVALUATION

- Outstanding: Performance is at least satisfactory or above in all performance factors **and** outstanding in a majority of the performance factors.
- Satisfactory: Performance is either satisfactory in a majority of the performance factors or at satisfactory **or** above in a majority of the performance factors with **one** performance factor rated below satisfactory.
- Conditional: Performance is below satisfactory in **two** or **more** performance factors.
- Unsatisfactory: Performance is unsatisfactory in a **majority** of the performance factors.

Immediate Supervisor:

Exec/Medical Director:

Print Name

Sign Name

Date

Print Name

Sign Name

Date

EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

Do you have a copy of your most recent position description? Yes No

I certify this performance review has been discussed with me.

Employee's Signature

Date