



Staff Connection/Performance Management Review – Nurse- 6G In Patient Surgery

PAGES 1 & 2 – TO BE COMPLETED BY THE EMPLOYEE

Staff Name: Yvonne Fairclough **Title:** RN
Unit & Program: **Date:**
Manager:

1. What have you accomplished over the last year that you are really proud of?

2. What do you feel are the things that you do really well?

3. What do you think that you need to work on?

4. What are your goals and/or development plans for the coming year?

5. Please provide a specific example or examples of how you personally demonstrate professionalism in the workplace.



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- 6. How do you contribute to the Surgical Program?

- 7. Please provide an example of how you have demonstrated one or more of the core values of Lakeridge Health.

- 8. Please identify, using the attached form for reference, your self-assessment related to nursing core competencies. Please indicate any future learning plans associated with each competency.

| Core Competency | Skill Level | Plans/Comments |
|-----------------|-------------|----------------|
| Practice | _____ | _____ _____ |
| Leadership | _____ | _____ _____ |
| Knowledge | _____ | _____ _____ |



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PAGE 3 – TO BE COMPLETED JOINTLY BY THE EMPLOYEE & MANAGER

Managers Comments:

Staff Comments:

Mandatory Training:

Item: Please enter in date of last course/ training for each of the following _____

- | | |
|--|--|
| <input type="checkbox"/> Fire (annual) | <input type="checkbox"/> Restraints |
| <input type="checkbox"/> WHIMIS (annual) | <input type="checkbox"/> Bloody Easy |
| <input type="checkbox"/> Confidentiality (upon hire) | <input type="checkbox"/> Telephone Etiquette |
| <input type="checkbox"/> Mask Fit Testing (every 2 years) | |
| <input type="checkbox"/> Back-in-Action (annual) | |
| <input type="checkbox"/> CPR (annual) | |
| <input type="checkbox"/> Workplace Violence (one time) | |
| <input type="checkbox"/> Accessibility for Ontarians with Disabilities | |
| <input type="checkbox"/> Just Clean Your Hands | |
| <input type="checkbox"/> ICP Core Competencies | |

Date

Staff Name

Signature

Manager Name

Signature