

**EFFECTIVE PERSONNEL EVALUATION  
THROUGH DIALOGUE AND PLANNING –  
A SYSTEMATIC EXAMPLE**

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# **Effective Personnel Evaluation**

**(A model example of dialogue based reviews)**

ACP has developed this example to aid internist practices in designing effective performance review systems for their staff.

There are many ways to conduct performance reviews, and formal reviews can dramatically affect employee morale and performance – either positively or negatively. This example presents one approach based on two-way communication and mutual goal setting. It can be modified to fit the needs of the individual practice. The packet contains five parts:

- Sample Performance Review Policy and Instructions
- Sample Progress Discussion questionnaire
- “Mutual Action Plan” form
- Employee Performance Appraisal form

**Sample**

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# Performance Review Policy and Instructions

## **Introduction**

A performance review is intended to help the employee work closer to his/her fullest potential. Everything that helps increase the employee's effectiveness and motivation belongs in the review. Essential elements include an objective description of how effectively expected tasks were completed during the review period, an analysis of current performance, and a clear direction for future efforts. Successful performance reviews should:

- Maintain and improve employee satisfaction and morale
- Improve performance
- Provide direction for future emphasis and performance
- Provide direction for future educational development
- Coordinate the individual's efforts and objectives with the organization's goals and programs
- Provide information to assess opportunities for increased responsibility.

## **General Guidelines**

- Each employee is entitled to a performance review at least annually. It is part of the ongoing management process and dialogue between supervisor and employee. It may occur as frequently as needed to review and adjust the employee's goals.
- The review should include a mutual discussion between employee and supervisor of: a) the employee's job proficiency; b) working relationships with others; c) the relation between what was accomplished since the last review and what was planned; and d) goals to be achieved in the coming period, with an agreed action plan for the future.
- A written performance appraisal must be given to each employee prior to any annual salary adjustments.
- The employee being reviewed will have an opportunity to comment on the written appraisal prior to its finalization and inclusion in the employee's personnel record. Such comments should be written, signed and dated as a part of, or as an addendum to, the evaluation.
- Supervisors/Office Managers are responsible for monitoring and assuring that performance reviews are correctly completed in a timely fashion.

## **Procedures to Follow**

The performance review process consists of four distinct steps. While supervisors may exercise some discretion in tailoring these steps to the particular circumstances, the following basic elements should be accomplished before the review process is complete:

- Preparation: (Begin at least two weeks before the review is scheduled).

At least one week prior to meeting with the employee, the manager will ask the employee to complete the Progress Discussion questionnaire. This questionnaire is for the employee's own use in preparing for the review.

Prior to meeting with the employee, the supervisor will: a) complete steps 1, 2, and 3 of the "Mutual

Action Plan,” b) Fill out the rating sections of a performance appraisal form, and c) plan the discussion with the employee.

- Performance Review Discussion:

Supervisor and employee will first discuss the employee’s answers to specific questions on the Progress Discussion Questionnaire.

The supervisor will then elaborate on any points deserving additional comment concerning the employee’s job proficiency, working relationships with others and the relationship between what has been accomplished since the last review and what was planned. This will be accomplished by briefly *reviewing* the past, *analyzing* the present circumstances, and then concentrating most of the discussion on *planning* the achievement of future objectives (refer to the RAP approach described in the Practical Supervision article on “Making the Most of Employee Reviews.”)

The supervisor will then share with the employee the Performance Appraisal Form previously completed by the supervisor. They will together review the ratings, and prepare the “Future Objectives” section.

At their option, the employee and supervisor may choose to utilize parts 4 & 5 of the “Mutual Action Plan” as a means of formalizing their plan for achieving the Future Objectives section.

- Annual Performance Appraisal Document:

The written appraisal is the least significant part of the performance review. It serves as a brief written summary of what has taken place during the review, and it is not to be the focus of the review. It, however, must specifically record any performance judged superior or unsatisfactory for the future protection of both parties.

After all parts of the performance review are complete, the employee will review it, complete the last page, sign, and return the document to the supervisor. The supervisor’s manager (the reviewer) will then examine the completed document, as necessary meet with the employee, and process any appropriate salary adjustment. Finally, all parts of the performance review should be placed in the employee’s personnel file.

**SAMPLE**

**Progress Discussion Questionnaire**

**Employee Name:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_

Over the past \_\_\_\_\_ months, what do you think your most outstanding accomplishment was? What do you feel you did best or improved most? Are there any problems or obstacles that you overcame that made you feel especially proud?

Over the past \_\_\_\_\_ months, what could you have performed better? What would you like to do over and do differently? In which areas could you have used more experience or training?

What could I have done as your supervisor to help you be more effective?

What suggestions, ideas, concerns do you have---for yourself, or for the whole unit /department? (Your response will be held in strictest confidence, if requested.)

- a) Do you have relevant competencies that you are not using or that you feel are under used, and that you would like to use more?
  
- b) Are there any job related competencies that you don't now have that you would like to develop?

If you could change one thing about your job, what would it be?

What do you think the department or your work team does the best?

**SAMPLE**

**Employee Performance Appraisal Form**

**EMPLOYEE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_

**EMPLOYEE DATE** \_\_\_\_\_

**(CIRCLE APPROPRIATE LETTER RATING)**

**Job Knowledge**

How well does the employee understand his/her job?

- (A) Exceptional grasp of the job, including most complex aspects.
- (B) Thoroughly understands all essential aspects and constantly endeavors to learn more.
- (C) Has sufficient knowledge to do job effectively.
- (D) Insufficient knowledge of some significant phases of the job.
- (E) Serious gaps in basic knowledge or skills necessary to meet requirements.

Comments:

**Quality of Work**

How accurate, effective, complete and neat is the employee's work?

- (A) Work consistently of very high quality, exceptionally effective?
- (B) Few mistakes; careful worker; quality clearly exceeds basic requirements.
- (C) Meets Basic requirements of job.
- (D) Quality marginally acceptable; work occasionally careless; needs checking.

Comments:

## **Quantity of Work**

Is the productivity of the employee at a satisfactory level?

- (A) Unusually high productivity, consistently and substantially exceeds basic job requirements.
- (B) Volume of work usually exceeds basic requirements.
- (C) Production meets requirements for the position.
- (D) Productivity needs improvement; below norm for the position.
- (E) Volume of work inadequate.

Comments:

## **Dependability and Required Supervision**

How reliable is the employee in completing work on schedule according to instructions?

- (A) Exceptionally dependable and conscientious, requires absolute minimum of supervision.
- (B) Very reliable, able to work independently.
- (C) Reliable and attentive, completes work with normal supervision.
- (D) Needs frequent checking to accomplish tasks on schedule.
- (E) Unreliable, inattentive, needs constant close supervision to complete assignments.

Comments:

## **Initiative and Leadership**

How well does the employee identify and act on problems?

- (A) Acts on own initiative to solve challenging and important problems using excellent judgement.
- (B) Self-starter, proceeds on assigned work voluntarily, resolves many problems on own initiative, and frequently contributes useful suggestions.
- (C) Does regular work without prompting and successfully makes routine decisions.
- (D) Can act on simple problems, but needs considerable supervision; relies on others; needs help getting started.
- (E) Lacks initiative; must usually be told exactly what to do.

Comments:

## **Interpersonal Working Relationships**

Does the employee show ability and willingness to work harmoniously with doctors, coworkers and supervisors?

- (A) Extremely successful in working with others; actively promotes harmony; outstanding human relation skills.
- (B) Team worker; very flexible and easy to get along with; tactful; and obliging.
- (C) Gets along well with others under normal circumstances, no significant problems.
- (D) Sometimes uncooperative or causes unnecessary friction; needs improvement.
- (E) Ineffective in working with people; does not cooperate; may hinder; negative morale factor.

Comments:

## **Patient Awareness**

Does the employee demonstrate genuine concern about making patients welcome to the practice and meeting their needs?

- (A) Always shows exceptional concern for the patient's welfare and comfort.
- (B) Very careful about patient's feelings/needs.
- (C) Satisfactory concern for patient's feelings/needs.
- (D) Sometimes short with and/or inconsiderate of patients.
- (E) Frequently insensitive to patient's feelings or needs.

Comments:

## **Attendance and Punctuality**

Does the employee arrive and depart on time and comply with leave procedures?

- (A) Satisfactory.
- (B) Marginal: Some problems.
- (C) Unsatisfactory; chronic problem; written warning given.

Comments:



## Future Objectives

What are the specific objectives which the employee is to endeavor to accomplish during the next review period?

Have these objectives and the plan for their accomplishment been discussed with the employee?

## Overall Rating

How would you rate the employee overall?

- (A) Outstanding. Consistently exceeds job requirements.
- (B) Commendable. Often exceeds job requirements.
- (C) Fully satisfactory. Consistently meets job requirements.
- (D) Needs improvement. Sometimes fails to meet job requirements.
- (E) Unsatisfactory. Fails to meet overall job requirements. Performance unacceptable for retention in position without significant improvement.

Comments:

**SUPERVISOR'S**  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

How long has this employee been under your supervision? \_\_\_\_\_

## Employee's Comments

Is the job description for this position accurate?

If no, briefly explain:

Are there specific aspects of this evaluation with which you definitely disagree?

If so, please indicate which areas and your reasons:

(Additional comments on any aspect of the evaluation may be submitted by the employee on a separate sheet of paper.)

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I have read and had an opportunity to discuss the contents of this appraisal with my supervisor. My signature does not necessarily mean that I agree with the comments that appear on this form.

**EMPLOYEE**  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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SUPERVISOR  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWER  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERSONNEL  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Map

MUTUAL ACTION PLAN

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION \_\_\_\_\_

APPRAISAL: ANNUAL \_\_\_\_\_ OTHER: \_\_\_\_\_

## DIRECTIONS

READ THE QUESTIONS TO THE RIGHT.

COMPARE THE EMPLOYEE'S ACTUAL JOB PERFORMANCE WITH WHAT IS EXPECTED OF HIM/HER.

## PERFORMANCE

IS THE EMPLOYEE GETTING ASSIGNED WORK DONE:

- ON TIME
- ACCURATELY
- COMPLETELY
- ACCORDING TO STANDARDS
- ACCORDING TO THE JOB DESCRIPTION
- WITHIN BUDGET?

## POLICY

IS THE PERSON FOLLOWING ORGANIZATIONAL POLICIES:

- ATTENDANCE
- PUNCTUALITY
- USE OF TIME
- APPEARANCE
- SAFETY-SANITATION
- ACCORDING TO DEPARTMENTAL POLICIES AND PROCEDURES

## PEOPLE

HOW WELL IS EMPLOYEE WITH:

- PATIENTS
- PHYSICIANS
- THE PUBLIC
- FELLOW WORKERS
- SUPERVISORS
- OTHER DEPARTMENTS?

# 1

## THINGS DONE WELL

DESCRIBE SPECIFIC EXAMPLES OF THE EMPLOYEE'S BEST WORK:

- ACHIEVEMENTS
- SUCCESSES
- POSITIVE CONTRIBUTIONS OF THE ORGANIZATION

GIVE SPECIFIC FACTS

# 2

## THINGS TO DO EVEN BETTER

DESCRIBE ANYTHING YOU'D LIKE TO SEE THE EMPLOYEE:

- IMPROVE
- CHANGE OR
- LEARN

SO THAT THE EMPLOYEE CAN MAKE AN EVEN MORE VALUABLE CONTRIBUTION TO THE ORGANIZATION

### 3

#### SELECT ONE

1. PICK ONE PRIORITY FROM NO. 2 ABOVE THAT YOU WANT THE EMPLOYEE TO WORK ON.
2. DESCRIBE THE PRESENT SITUATION. DON'T WRITE A GOAL HERE. JUST DESCRIBE WHAT'S HAPPENING NOW.

WHAT IS HAPPENING NOW?

WHY DOES THIS CONCERN YOU?

(GIVE FACTS: WHO, WHERE WHEN?)

HOW DOES IT AFFECT OTHERS?

### 4

#### EMPLOYEE'S ACTION PLAN

1. WHAT THE EMPLOYEE WILL DO. (THE GOAL)
2. HOW HE/SHE WILL DO IT. ANY STEPS, METHODS, OR PROCEDURES TO BE FOLLOWED TO ACHIEVE THE GOAL.
3. THE WAY THE SITUATION WILL BE IF THEIR ACTION PLAN IS SUCCESSFUL. (STANDARDS TO BE MET)
4. WHEN THESE THINGS WILL BE DONE. (DATES, TIMES, DEADLINES)

BE SPECIFIC AND REALISTIC

### 5

#### SUPERVISOR'S ACTION PLAN

DESCRIBE THE ACTION(S) YOU'LL TAKE TO HELP THE EMPLOYEE ACHIEVE HIS / HER ACTION PLAN.

WHEN WILL YOU DO THESE THINGS? (DATE/TIME)

SET A DATE FOR THE NEXT MAPPING SESSION AND MARK IT ON THE RIGHT. THEN EACH SIGN THE FINAL MAP FORM.

#### NEXT MAPPING SESSION

JANUARY \_\_\_\_\_  
FEBRUARY \_\_\_\_\_  
MARCH \_\_\_\_\_  
APRIL \_\_\_\_\_  
MAY \_\_\_\_\_  
JUNE \_\_\_\_\_  
JULY \_\_\_\_\_  
AUGUST \_\_\_\_\_  
SEPTEMBER \_\_\_\_\_  
OCTOBER \_\_\_\_\_  
NOVEMBER \_\_\_\_\_  
DECEMBER \_\_\_\_\_

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SIGN: \_\_\_\_\_ DATE \_\_\_\_\_  
EMPLOYEE SUPERVISOR