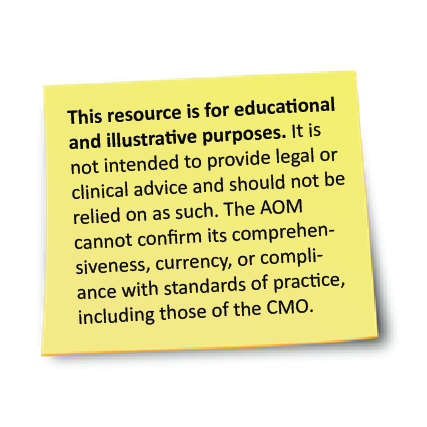
****

**Human Resources Protocols / Resources:**

Various human resources related sample protocols and tools are included in the following pages, including:

* Giving and Receiving Feedback (1 example)
* Input Meetings (1 example)
* Performance Appraisals / Performance Reviews / Evaluations (3 examples)
* Exit Interviews (1 example)

**Name of Protocol: Giving & Receiving Feedback**

**Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administration | **Date Approved:** | January 2015 |
| **Sub-Category:** | Human Resources | **Date of Most Recent Revision:** |  |
|  |  | **Next Review Date:** |  |

**Recognizing that:**

When working in a team, members will need to work through conflict with each other. The main way to work through conflict is to give feedback and hear feedback from other team members.

* + 1. **Giving Feedback:**
  + The RISC strategy should be used when giving feedback. This is a four-step process to serve as a tool to help manage the information in specific, behavioural terms when dealing with conflicts:
  + **Report:** Describe the behaviour in factual terms
  + **Impact:** Express the impact of the behaviour on you in feeling terms
  + **Specify:** Tell them specifically what behaviour you prefer
  + **Consequences:** State what actions will take place or current actions will cease to happen if the behaviour doesn’t change

**A member should consider the following points when giving feedback:**

1. Give the feedback. Don’t talk yourself out of doing what you need to do.
2. Try not to give positive feedback before negative feedback. If you have a major concern, bring this forward first when giving feedback.
3. Speak sincerely.
4. Look ‘em in the eye and use the words “you” and “me” and “I.”
5. Ignore behaviour that should be ignored. Not everything that can be addressed should be.
6. Avoid extremes. Stay away from words like always, never, severely, crippling, devastating, terrible, sucky, horrible, God-awful, crappy, deplorable, and anything that ends in -est.
7. If you are at all anxious or nervous about giving feedback, or if you are at all angry or upset, then expect that your emotional state will complicate the feedback.
8. Feedback and catharsis are two different things. The purpose of feedback is to improve things in the future. Venting is the release of emotions left over from what happened in the past. Venting is very different from, serves a different purpose than, and elicits a different response as feedback.
9. Match the environment to the severity of the feedback. e.g. Don't give feedback in front of others or after a long birth.
10. Anticipate resistance. Have you ever received tough feedback? How did you feel? Don’t try to guess what the recipient is thinking. Instead, remember a time when you yourself were on the other side of the coin and get in touch with what you’d be feeling. We connect with others on an emotional level, not an analytical one, so now is the time to show your empathic side. They’ll be hurt, maybe a little angry, so don’t plan on moving straight into another conversation. Respect the space.
11. Give positive feedback in the moment and use specific examples. Positively received behaviours will continue, so be very specific about what you are “rewarding” with your feedback.
12. Negative feedback will tend to get explained away, so as best as possible, discuss trends. Giving specifics as needed.
13. Take your time. Don’t insist that your full message get delivered and received in one sitting. Especially when emotions run high, this is probably impossible anyway. Give the other side time to digest what you’ve said and come back to you. Try not to overwhelm the feedback-ee with too many negative messages in one encounter.
14. Give the feedback-ee a path to goodness. Suggest what tools could be used to improve the situation.
15. Follow up. If it was important enough to point out once, it’s important enough to follow up on. When you see an effort to improve, take notice.

**Receiving Feedback:**

1. **Don't blame the messenger.** There are several ways we "blame" people who are trying to give us feedback: being defensive, blaming them instead, or even ignoring the person altogether.
2. **See the feedback as a gift.** A team member could choose to triangle (talk behind your back) or stamp collect (hold a grudge), so to be brave enough to share the feedback directly is just like bringing a beautifully wrapped gift to the person. When team members can see that clearly, they respond differently when receiving the feedback. Learning how to say, "Thank you for the feedback" is an important step before suggesting that team members handle their own conflicts.
3. **Separate getting the feedback from deciding what to do with it.** When we receive feedback, it's natural to have a fight/flight response. Rather than respond during this emotional phase, team members learn to say, "Thank you for the feedback. I'd like to think about what you've said and get back to you." This delay allows the team member to sort the feedback into three piles: valid feedback, vague feedback, and manipulative feedback. Once sorted, the feedback becomes more manageable for the team member to address. Although the team member has a responsibility to respond to the feedback, nothing says that that response has to be immediate.

**Resources from:**

1. <http://jasonseiden.com/seidens-rules-for-giving-feedback-reprise/>

2. The team building tool kit: tips and tactics for effective workplace teams. By Deborah Mackin, c2007

**Name of Protocol: Annual Input Meeting**

**Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administration | **Date Approved:** | January 2015 |
| **Sub-Category:** | Human Resources | **Date of Most Recent Revision:** |  |
|  |  | **Next Review Date:** |  |

**Recognizing that:**

* When working in a non hierarchal grouping, it is important to have a venue that team members can discuss their challenges and successes.
* We believe that a one on one conversation will be the best way to facilitate each member sharing their input. These meetings will be called Input Meetings (IM).
* Information generated from the IM can be used to help facilitate conflict resolution and/or to generate future team building goals for {practice name} and its members.

**General Principles:**

* The IM will be conducted by the Conflict Resolution Team (CRT) which consists of the two Conflict Management and Liaisons Partners.
* It will be done at minimum every other year in January. IMs may need to be held yearly or even twice a year if a need has been determined.
* The questions that will be used during the IM will be as follows;

1. What aspects of your working life do you enjoy while practicing at {practice name}?
2. What initiatives do you think {practice name} could implement to increase your job satisfaction?
3. What aspects of your working life do you find challenging when working at {practice name}?
4. What changes could {practice name} implement to decrease these challenges for you?
5. Do you have any ideas or suggestions on how you can improve your practice to improve {practice name} for its clients, midwives and staff?

* Each member will answer the IM questions in writing prior to their meeting. This will allow them the opportunity to solidify their thoughts and allow the process to be as productive as possible.
* The written answers are the individual’s personal property. It is not a requirement that they give it to the liaison.
* The IM will be 30 minutes in length. If an additional meeting seems necessary then either party can request this.
* The IM will be conducted with one CRT member. If a member wishes that their IM be done by someone different or done by two people they will discuss this request with the CRT.
* The IM will be driven by the person giving input.
* The person receiving the input should use her active listening skills during the meeting as well as keep track of the time. She will then facilitate a discussion regarding the content of the input and together they will make a plan to address any concerns if needed.
* Triangling (taking sides) will not occur in these meetings. The conflict resolution team member should remain as neutral as possible. If they cannot they will stop the IM and obtain help from their other CRT member on how to proceed.
* Once all the meetings have been completed the CRT will meet to review their findings. They will review together what they have found as well as the plans that were made. They will decide at this time if there are any additional plans the CRT must proceed with.
* If the CRT feels it is necessary they may bring an issue/s to a Practice Meeting and/or Retreat to facilitate process. They will not do this unless they have the consent of all parties involved.
* The CRT will direct the team members to the Conflict Resolution Protocol if they feel it is needed to resolve concerns.
* The CRT, with each member’s permission, will generate a list of the positive input that was given during the meetings and distribute it to the group.
* Once the annual meetings have been completed the CRT may generate a yearly plan to help facilitate the healthy growth of the group.

**Performance Review for Midwives**

**Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administrative | **Date Approved:** | August 2015 |
| **Sub-Category:** | Human Resources | **Date of Most Recent Revision:** |  |
|  |  | **Next Review Date:** |  |

***Please type or print legibly***

|  |  |
| --- | --- |
| **Midwife Being Evaluated:** |  |
| **Start Date:** |  |
| **Category:** | **Practice Partner / Associate** |

*Based on your interactions with this Midwife please indicate your assessment in the following areas:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. *CLINICAL SKILLS*** | ***Strongly Agree*** | ***Agree*** | ***Neither Agree nor Disagree*** | ***Disagree*** | ***Strongly Disagree*** | ***Can Not Assess*** |
| * 1. **Strong clinical skills; meets all CMO standards. .** |  |  |  |  |  |  |
| * 1. **Competence in hospital birth setting.** |  |  |  |  |  |  |
| * 1. **Competence in home birth setting.** |  |  |  |  |  |  |
| * 1. **Appropriate clinical care of clients.** |  |  |  |  |  |  |
| * 1. **Performs procedural skills correctly and appropriately.** |  |  |  |  |  |  |
| * 1. **Demonstrates clinical acumen.** |  |  |  |  |  |  |
| * 1. **Encourages input from others to enhance client care.** |  |  |  |  |  |  |
| * 1. **Life-long learner.** |  |  |  |  |  |  |
| * 1. **Easily available and accessible when on call.** |  |  |  |  |  |  |
| * 1. **Effective in crisis situation.** |  |  |  |  |  |  |

|  |
| --- |
| Comments: ***( \* assessments reflecting “Strongly Disagree”, please include supporting comments )*** |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. COMMUNICATION INDICATORS** | ***Strongly Agree*** | ***Agree*** | ***Neither Agree nor Disagree*** | ***Disagree*** | ***Strongly Disagree*** | ***Can Not Assess*** |
| * 1. **Clear documentation** |  |  |  |  |  |  |
| * 1. **Clear, effective communication with other midwives in shared care team.** |  |  |  |  |  |  |
| * 1. **Clear, effective communication with other midwives in practice.** |  |  |  |  |  |  |
| * 1. **Clear, effective communication with other members of practice (staff, students).** |  |  |  |  |  |  |
| * 1. **Clear, effective communication with members of hospital – nurses, obstetricians, anesthesiologists.** |  |  |  |  |  |  |
| * 1. **Timely, courteous, good team player.** |  |  |  |  |  |  |
| * 1. **Clear, effective communication with clients and caregivers.** |  |  |  |  |  |  |
| * 1. **Timely, courteous, good rapport with clients.** |  |  |  |  |  |  |

|  |
| --- |
| Comments: ***( \* assessments reflecting “Strongly Disagree”, please include supporting comments )*** |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. INTERPERSONAL INDICATORS** | ***Strongly Agree*** | ***Agree*** | ***Neither Agree nor Disagree*** | ***Disagree*** | ***Strongly Disagree*** | ***Can Not Assess*** |
| * 1. **Professional and cordial interactions.** |  |  |  |  |  |  |
| * 1. **Flexible, available and selfless.** |  |  |  |  |  |  |
| * 1. **Understands and accepts the role of personal behaviour in team dynamics.** |  |  |  |  |  |  |
| * 1. **Models behaviours which support the team.** |  |  |  |  |  |  |
| * 1. **Team player at the practice.** |  |  |  |  |  |  |
| * 1. **Participates in weekly practice meetings – punctual, good facilitation / communication, appropriate listening skills.** |  |  |  |  |  |  |
| * 1. **Demonstrates leadership in midwifery and the practice group.** |  |  |  |  |  |  |
| * 1. **Responds well to critical feedback – welcomes opportunities for learning and change.** |  |  |  |  |  |  |
| * 1. **Appropriately solicits feedback on clinical skills, clinical management plans and client care e.g. category ‘1’s.** |  |  |  |  |  |  |
| * 1. **Respects clients and families and involves them with clinical decision-making.** |  |  |  |  |  |  |
| * 1. **Interacts professionally with medical and allied health staff in the hospital setting.** |  |  |  |  |  |  |
| * 1. **Promotes a safe and healthy workplace environment.** |  |  |  |  |  |  |
| * 1. **Arrives punctually for professional obligations.** |  |  |  |  |  |  |
| * 1. **Accepts responsibility in midwifery clinical practice.** |  |  |  |  |  |  |
| **3.15 Hand-over appropriate when changing call schedule, on/off holiday, on/off leaves.** |  |  |  |  |  |  |

|  |
| --- |
| Comments: ***( \* assessments reflecting “Strongly Disagree”, please include supporting comments )*** |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4. NON-CLINICAL INDICATORS** | ***Strongly Agree*** | ***Agree*** | ***Neither Agree nor Disagree*** | ***Disagree*** | ***Strongly Disagree*** | ***Can Not Assess*** |
| * 1. **Regularly attends and contributes to rounds and meetings at the hospital** |  |  |  |  |  |  |
| * 1. **Completes charts and related paperwork legibly, thoroughly and punctually.** |  |  |  |  |  |  |
| * 1. **Give staff clinic and holiday schedules in timely and respectful manner.** |  |  |  |  |  |  |
| * 1. **Takes on volunteer and committee opportunities for AOM, CMO, MEP, IMPP and WOHS.** |  |  |  |  |  |  |
| * 1. **Supports partner and non-partner midwives for leadership and contribution to the practice group** |  |  |  |  |  |  |
| * 1. **Assists with practice group responsibilities e.g. meetings (minutes, facilitation), committees/practice work, planning sessions, social organization.** |  |  |  |  |  |  |
| * 1. **Understands practice group goals and works towards its fulfillment.** |  |  |  |  |  |  |

|  |
| --- |
| Comments: ***( \* assessments reflecting “Strongly Disagree”, please include supporting comments )*** |
|  |
|  |
|  |

**General Comments:**

|  |
| --- |
| The characteristics I appreciate the most about this midwife are: |
|  |
|  |
|  |
|  |
| I feel this person contributes most to the practice group in the following ways: |
|  |
|  |
|  |
|  |
| The things I would recommend this person strive to work on or improve the most are: |
|  |
|  |
|  |
|  |

Please feel free to attach any additional comments you think would be relevant to this review.

|  |  |  |
| --- | --- | --- |
| **COMPLETED BY:** |  |  |
|  | ***please sign and print name*** | |
| **DATE:** |  | |

***Please forward completed review to:***

***{PRACTICE GROUP CONTACT INFO}***

**Business Management**

These questions are meant for you to reflect on this midwife in her role as a practice partner and provide feedback regarding her skills and abilities in helping to manage the practice group as a business.

|  |
| --- |
| 1. What, in your opinion, should this practice partner do in order to support good decision making in the practice? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. What do you think are the strengths/weaknesses of this practice partner in the area of communication and leadership? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. State what strengths/weaknesses you think this practice partner has in the area of planning and her ability to create and manage change. |
|  |
|  |
|  |
|  |
|  |
|  |

**[Practice Group Name]**

**Performance Review Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Evaluation Date:** |  |
| **Position:** |  | **Last Evaluation:** |  |
| **Start Date:** |  | **Evaluated By:** |  |

**Overall Position Responsibilities and Established Objectives:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Emotional Intelligence/Teamwork:**

Consider self-awareness, persistence, and self-motivation in dealing with difficult challenges; respect and empathy for other practice members; and the ability to apply communication, constructive confrontation and collaborative skills in all situations. Determine if productive working relationships are established and maintained; consider commitment to the performance and success of the practice. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Decision Making:**

Consider ability to gather pertinent data regarding problems and to formulate appropriate solutions. Consider ability to use logical reasoning and proper judgment to arrive at sound decisions. Consider willingness to make decisions in decisive manner. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Job Knowledge and Skills:**

Consider breadth of knowledge, depth of understanding and level of competency demonstrated with regard to all technical and/or administrative aspects of this position. Consider if there is an understanding of the purpose of the job and how it ties into the overall group. Consider how adaptable and versatile performance is on new and different tasks/challenges. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Reliability:**

Consider the ability to be relied upon to carry assigned tasks to timely completion. Determine to what extent there is a dependability to get the job done. Also consider the attendance and punctuality requirements of the position. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Planning and Organization:**

Consider ability to establish goals, develop action plans, set realistic time tables and monitor progress toward goal completion. Also consider skill in organizing resources and information, influencing peers, and the ability to control these elements to achieve desired results. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Productivity/Contribution:**

Consider the ability to leverage resources productively and efficiently. Also consider ability to improve client care and/or reduce costs through the development of improved methods, processes, systems, etc. Consider the quality of work produced for the amount of time, effort and resources expended. Consider final results and meeting of objectives. Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Not effective** |  | **Needs Improvement** |  | **Meets** |  | **Exceeds** |  | **Excels** |  |

**Significant Accomplishments:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Development Needs/Opportunities:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Goals / Objectives for Next Review Period:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Other Comments:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

I am signing this evaluation to indicate that the Partners and I have had a discussion regarding the contents of this performance review.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date Signature

**OVERALL PERFORMANCE RATING**

|  |  |  |
| --- | --- | --- |
| **Category** | **Rating** | **Numeric Score** |
| Emotional Intelligence/Teamwork |  |  |
| Decision Making |  |  |
| Job Knowledge/Skill |  |  |
| Reliability |  |  |
| Planning & Organization &Control |  |  |
| Productivity/Contribution |  |  |
|  | **Numerical Average:** |  |

***(See next page for Performance Rating Definitions)***

**OVERALL PERFORMANCE DEFINITIONS**

**Not effective (0.0 - 1.4 Range of Numeric Score)**

Does not meet the minimum job performance requirements

Displays low degree of key skills and knowledge required for effective job  
performance.

Individual should receive job counseling and performance improvement plan

**Needs Improvement (1.5 - 2.4 Range of Numeric Score)**

Results often fall short of expectations

Has not demonstrated expected competencies

Does not perform job without close supervision/direction

Does not participate effectively as a team member

Has not demonstrated dependability/reliability

Individual should receive job counseling and performance improvement plan

**Meets (2.5 - 3.4 Range of Numeric Score)**

Delivers expected results

Work is done thoroughly, completely and on schedule

Has demonstrated consistent ability to identify and solve problems in area of expertise

Focuses on priorities

Good solid team member

**Exceeds (3.5 - 4.4 Range of Numeric Score)**

Consistently exceeds the expected results

Takes initiative and accomplishes more than required

Anticipates problems and takes appropriate action

Clear understanding on macro-level and thinks beyond the details of the job

Has a comprehensive knowledge of the practice group’s work and midwifery

Contributes to the success of the team

**Excels (4.5 - 5.0 Range of Numeric Score)**

Achieves outstanding results

Takes initiative outside the assigned area

Recognized as the strongest performer on the team

Consistently exceeds goals, targets and schedules

Strong candidate for partnership or other leadership responsibilities

**[Practice Group Name]**

**Evaluation Agenda**

**[Date]**

**[Location]**

**0900**  Arrive at the [Location] – (beverages and muffins provided)

**0915 – 1115 Practice Check-In (Name of RM that is facilitating)**

**The purpose of the check – in is to allow everyone time to reflect on how you are doing now in relation to the difficult events of the past years. This is an opportunity to address your anxieties, fears, and general mood in preparation for an honest, trusting and productive group evaluation.**

**1115 – 1130 *Break***

**1130 – 1200 LUNCH (provided)**

**1200 – 1215 Review of your own summary evaluations the summary evaluation forms filled out by each of us will be circulated to the person to whom they are directed. We will all have 15 minutes to review the comments from our colleagues before beginning the group evolution.**

**1215 – 1545 Group Evaluation**

By mutual agreement or by drawing of random numbers each midwife will be the focus of evaluation. Each midwife will facilitate her own evaluation and incorporate both her self evaluation and the feedback received from the group. It is expected that there will be an opportunity to clarify feedback from other midwives as well as to discuss issues in more detail. The final component of the evaluation should include a discussion of a plan or strategy to move forward and improve.

**1545 – 1600 Process Evaluation and final check – in. At the end of the day we will review the process and discuss changes we would like to make for future evaluations.**

**Our Evaluation Starting Point...**

The idea of evaluation often creates anxieties and fears. We may be afraid to receive criticism. We may be afraid to give honest feedback to our colleagues. Despite these legitimate fears, we know that evaluation and self-reflection are essential components of midwifery practice. Honest evaluation promotes excellence. We are aiming for excellence not only in the care we provide to women, but also in the quality of our working lives and relationships.

It is important to acknowledge that we are doing this evaluation after we have been through a difficult few years with many transitions and challenging circumstances. Our goal now is to be able to continue to move forward. We have both group and individual responsibility to meet this goal.

This type of evaluation relies on trust, and open and honest communication. We all have a role to play in creating an environment where feedback can be given and received. We all need to feel safe that we are respected despite our weaknesses and that we are appreciated for our strengths.

**Reviewing the summary evaluation sheets**

It is often less anxiety-provoking when we can digest the feedback individually before addressing it with the group. It also places individual responsibility on each of us to give our honest feedback. Even if multiple people have the same feedback, the hope is that this allows us to see the commonalities of people`s comments without feeling “ganged up on”.

**Leading your own self evaluation**

The plan is for each midwife to facilitate her own evaluation. This allows us to present our own assessment of ourselves as well as solicit clarification and feedback from the rest of the group. We hope that this process will allow us to take in the feedback, take responsibility for engaging in discussion, create a plan to address areas to improve, and actively listen to the positive feedback offered by the group.

**Some key considerations for the discussion**

1. In completing the summary evaluation forms, please consider some examples to illustrate your feedback.
2. Use the categories from the self evaluation form as a guide on what areas to comment on in the summary evaluation form.
3. When giving/receiving feedback try to use “I” statements such as “when I hear you say ....... I feel” OR “when I see you do... it makes me think”

Let us all commit to supporting each other through this process. We are a group of intelligent and compassionate women. Let us make a model of self-reflective practice and evaluation where we all feel safe and where we can continue to grow as midwives and as people.

**[Practice Group Name]**

**Self Evaluation of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of progress reviews:**

Provides effective feedback on performance and areas for improvement; encourages communication between members; helps monitor the quality of work done; provides documentation to support renewal, non-renewal, or termination of contract. This should be filled out as part of your self evaluation and is to be used as a reference for creating the summary evaluation sheet for the other members of the practice.

|  |  |
| --- | --- |
| **Job Knowledge, Ability to Learn, Productivity, Accuracy, Quality of Work** | Evaluation Scale  1 2 3 4 5  (excellent) (ok) (needs sig.  improvement) |
| antenatal visits | 1 2 3 4 5 |
| labour support and delivery | 1 2 3 4 5 |
| newborn assessment and care | 1 2 3 4 5 |
| postpartum care | 1 2 3 4 5 |
| charting | 1 2 3 4 5 |
| conveys confidence in her skills | 1 2 3 4 5 |

|  |  |  |
| --- | --- | --- |
| **Strengths** | **Areas to Improve** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Philosophy, Availability, Punctuality, Dependability** | Evaluation Scale  1 2 3 4 5  (excellent) (ok) (needs sig.  improvement) |
| understands and works within practice’s philosophy | 1 2 3 4 5 |
| available and easily contacted | 1 2 3 4 5 |
| cheerfully accepts fair share of work load; willing  to give extra time and effort as needed | 1 2 3 4 5 |
| works effectively with others | 1 2 3 4 5 |
| is punctual for births, meetings, etc | 1 2 3 4 5 |
| follows through with commitments | 1 2 3 4 5 |

|  |  |  |
| --- | --- | --- |
| **Strengths** | **Areas to Improve** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Communication Skills, Attitude, Courtesy, Relations with others:** | Evaluation Scale  1 2 3 4 5  (excellent) (ok) (needs sig.  improvement) | |
| interacts professionally and tactfully with clients | 1 2 3 4 5 | |
| accepts constructive criticism without undue defensiveness | 1 2 3 4 5 | |
| relates well with other midwives, students and staff | 1 2 3 4 5 | |
| relates well with other care providers and outside agencies (i.e. hospitals, nurses, etc.) |  | |
| communicates effectively at internal meetings as well as public meetings, with other health professionals | 1 2 3 4 5 | |
| maintains a positive attitude, even when fatigues or stressed; remains calm and efficient; doesn’t “fall apart” under pressure | 1 2 3 4 5 | |
| **Strengths** | | **Areas to Improve** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |  |
| --- | --- |
| **Enthusiasm, Initiative, Sensitivity** | Evaluation Scale  1 2 3 4 5  (excellent) (ok) (needs sig.  improvement) |
| approaches work enthusiastically | 1 2 3 4 5 |
| self-motivated, shows initiative, sees jobs through to the end | 1 2 3 4 5 |
| is sensitive to clients, fellow midwives, students and staff | 1 2 3 4 5 |

|  |  |  |
| --- | --- | --- |
| **Strengths** | | **Areas to Improve** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Housekeeping and Organization** | Evaluation Scale  1 2 3 4 5  (excellent) (ok) (needs sig.  improvement) | |
| equipment, charts, supplies are well maintained, in good working order, neat and orderly and accessible | 1 2 3 4 5 | |
| dresses appropriately, practices good personal hygiene both clinically and in the office | 1 2 3 4 5 | |
| contributes to regular office housekeeping such as dishwashing, meeting set up/take down etc. | 1 2 3 4 5 | |

|  |  |
| --- | --- |
| **Strengths** | **Areas to Improve** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Self Evaluation Summary of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Self reflection is an essential component of midwifery practice. You will be leading a discussion for your evaluation that will include this self-evaluation and the summary evaluations of all the other members of the practice. Thoughtful consideration of the strengths you bring and the areas to work on will create an environment where open discussion and continuous growth is possible.

|  |
| --- |
| **Most Significant Strengths:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Areas in Which Improvement Could be Made:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **(use back of page if needed)** |

**Evaluation Summary of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Honest and sincere feedback will allow us to grow as practitioners in an environment of trust. It may be helpful to think of this as a letter to/from your colleagues the purpose of which is to promote dialogue and improve practice. This will be given to the person being evaluated just prior to the discussion.

|  |
| --- |
| **Most Significant Strengths:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Areas in Which Improvement Could be Made:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **(use back of page if needed)** |

**Evaluation Summary of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Honest and sincere feedback will allow us to grow as practitioners in an environment of trust. It may be helpful to think of this as a letter to/from your colleagues whose purpose is to promote dialogue and improve practice.

|  |
| --- |
| **Most Significant Strengths:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Areas in Which Improvement Could be Made:** |
|  |
|  |
|  |
|  |
| **Additional Comments (examples):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **(use back of page if needed)** |

**[Practice Group Name]**

|  |  |
| --- | --- |
| **EXIT INTERVIEW** | |
| Name: |  |
| Position: |  |
| Interviewer: |  |
| Interview Date: |  |
| Additional Note/Info: |  |

1. **Why have you decided to leave the Practice?**
2. **HIRING/ON-BOARDING PROCESS  
   How did you feel about the hiring process (interview(s), length of time, etc.)?**

**How was your first day? Do you feel like things were ready for you and that you had adequate training?**

1. **POSITION QUESTIONS**

**Do you feel the position described to you during the hiring process was accurate to the actual practice group culture and the job tasks you performed once you started?**

**Do you feel like your position gave you opportunity to grow and develop? Or did you see long-term potential with your position or working at the Practice?**

**How did you feel about the Practice group’s approach to scheduling, on-call, and client management?**

1. **MANAGER/MENTOR QUESTIONS**

**Did you know who your Manager/Mentor was?**

**Did you have regular meetings with your Manager/Mentor?**

**Did you feel it was clear to you as to what the Practice group expectations were of you?**

1. **COMPENSATION QUESTIONS**

**How did you feel about the compensation model at the Practice?**

1. **EXPERIENCE QUESTIONS**

**What did you like best about working at the Practice?**

**What do you think the Practice could do differently to improve as an organization?**

1. **Any additional points missed or additional comments would like to add?**