Somerset Practice Nurse Appraisal Form

Section 1: Details of the interview

Name of nurse					
Name of Practice.					
Mailing Address:	Email A	ddress:	(Please mark preferred method of contact)		
Practice Telephone No:					
Date of Appraisal					
Interview.					
Section 2: The job yo	ou do				
What are your nursing qualifications?					
Describe the practice(s)	in which you work.				
1. Practice					
2. Job Title					

[Type text]

Broadly describe your clinical work, duties and responsibilities.
Your management/administrative responsibility and activity.
If you are completing this on a hard copy, please use a continuation sheet if required.
Details of teaching and/or research activities.
Team Work
Communication and working relationships.
Any other aspects.

Section 3: Self Assessment

What strengths or skills do you possess which help you deliver a high standard of care?				
What skills would you like to develop to benefit you and the practice in your role?				
What are the barriers which prevent you from developing or utilising certain skills?				
What could you do to improve this? How could you develop these skills?				
How could the practice help you improve these skills?				

[Type text]

Section 4: Review of your personal development plan from last year

List your continuing professional development over the past year.			
List your continuing professional acveropment over the past year.			
How has this halped maintain or anhance your delivery of care?			
How has this helped maintain or enhance your delivery of care?			
You may wish to show your appraiser any additional evidence for example: Certificates, in house			
appraisal or anything else you feel may be appropriate.			

Section 5: Summary of Appraisal Discussion with Agreed Action and Personal Development Plan.

NURSE APPRAISAL		
YEAR: DATE OF APPRAISAL:		
NAME:		APPRAISER:
This form sets out an agreed sagreed, including those formi		praisal discussion and a description of the actions evelopment plan.
The form will be completed b		nd then agreed by you.
SUMMARY OF APPRAISA Strengths, skills and develop		
Commentary:		
Action agreed:		
Challenges, barriers and con	ectraints	
Commentary:	Straints	
Actions agreed:		

[Type text]

Any other points	

PERSONAL DEVELOPMENT PLAN Form to be completed with Appraiser

Learning plan for the coming year

Learning/development	Development	Timeframe	Activities to be used	Outcomes or evidence
needs	objectives			
What broad areas do you wish to address?	What specific goals are you setting yourself for each need? (Remember to keep them "SMART"!)	When do you expect to achieve your objectives?	How will you achieve your objectives?	How will you show that you have achieved your objectives?

Section 6: Feedback

QUESTIONS

Please answer all questions from Section 1, 2 & 3 via the below scale.

- 1 Very poor/Strongly disagree
- 2 Poor/Disagree
- 3 Average/Neutral
- 4 Good/Agree
- 5 Very Good/Strongly Agree

1. Appraiser Skills

- A The Appraiser preparation for the appraisal was
- B The Appraisers skill in conducting my appraisal
- C The Appraiser's ability to listen to me was
- D The Appraiser was supportive
- E The Appraiser challenged me to think about my practice
- F The Appraiser's feedback was constructive and helpful
- G The Appraiser helped me think about new areas for development
- H Overall rating of my Appraiser in their role as an Appraiser

1. The Appraisal Discussion

- A The appraisal reviewed progress against last year's PDP
- B The Appraisal was useful in my professional development
- C The PDP reflects my main priorities for development
- D I have confidence in the confidentiality of the appraisal discussion

[Type text]

2. The Administration of the Appraisal

- A Guidance on appraisal was easily available
- B Guidance on appraisal was useful
- C Please rate your experience of the administration supporting appraisal

3. Length of Appraisal

How long did the appraisal meeting last?

- 0-1 hours
- 1-2 hours
- 2-3 hours

Section 8: After the appraisal What went particularly well in this appraisal? What could your appraiser have done to make your appraisal better/easier for you? Do you have any further comments about your appraisal? Signed Practice Nurse Name: Date: Signed Appraiser Name: Date:

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[Type text]