

## Provider Self Assessment

Name: \_\_\_\_\_

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

Facility: \_\_\_\_\_

Each health care provider should fill out this form monthly and share it with the In-Charge.

### Providing Compassionate Care

	1 POINT I'm a novice	2 POINTS I've tried	3 POINTS I practice	4 POINTS I've mastered
I welcome my clients and I introduce myself,				
I put my clients at ease and establish a relationship of trust with them.				
I listen to my clients with a high degree of empathy and understanding.				
I never judge the client's situation, even if it goes against my personal beliefs.				
I show interest and curiosity when the client explained her personal situation and needs.				
I help clients to get all the information they need in a clear and neutral way.				

### Self-Care

	1 POINT I'm a novice	2 POINTS I've tried	3 POINTS I practice	4 POINTS I've mastered
I use box breathing when I'm stressed				
I take my breaks in a place I feel calm				
I meet with my work buddy regularly				
I notice when I'm being self-critical and take steps to stop				



## Provider Self Assessment

### Job Satisfaction

	Completely disagree	Mostly disagree	Somewhat disagree	Neutral (neither agree nor disagree)	Somewhat agree	Mostly agree	Completely agree
This health facility appreciates me							
This health facility cares about my well-being							
This health facility cares about my opinions							
The clients I serve appreciate me when I provide compassionate care							

What improvements could you make in the next month/3 months/6 months to provide more compassionate care and enjoy your job?

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What improvements could the health facility make in the next month to improve job satisfaction (e.g. My supervisor complements me)?

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