

Confidential Physician Evaluation Form

Name of Applicant: _____
 Dept / Specialty _____

Please evaluate this practitioner based on his/her demonstrated performance compared to that reasonably expected of a practitioner with a similar level of training, experience and background. Please be assured that we will protect the confidentiality of the information you provide. **Fax the completed form to 723-7146.**

	POOR	FAIR	GOOD	SUPERIOR
Basic medical knowledge				
Professional judgment, performance, and sense of responsibility				
Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity				
Clinical competence				
Technical skill				
Medical record currency				
Quality of medical records				
Patient management incl treatment and safety				
Physician-patient relationship				
Ability to understand, speak, and write English				
Medical staff participation				
Relationship with nursing staff and ability to work with others				
Demonstrate an understanding of the contexts and systems in which health care is provided				
Ability to apply knowledge to improve and optimize health care				

Relationship of reference source to applicant:

1. How long have you known the applicant professionally? _____
2. My knowledge of the applicant's professional competence is based on:
 _____ Personal observation from close working relationship
 _____ As a teacher / student (please circle one)
 _____ Other (describe) _____
3. During what time period did you have the opportunity to directly observe the applicant's practice of medicine? From _____ to _____
4. In what setting(s) did you observe the applicant?
 _____ Office _____ Hospital _____ Residency Program _____ Other _____

5. How frequently did you observe the applicant?
 _____ Daily _____ Weekly _____ Monthly _____ Infrequently
6. If your specialty group were searching for a new physician, would the applicant be a viable candidate for employment or recruitment? _____ Yes _____ No
7. Would you be comfortable having a friend or family member treated by the applicant?
 _____ Yes _____ No

If you answered "no" to questions 6 & 7 above, please explain: _____

Professional knowledge, skills and attitude:

1. In the area of quality improvement, how did she/he fare on audits, problems studies, monitoring, and evaluation of quality patient care activities?
 _____ Poor _____ Fair _____ Good _____ Excellent _____ Unable to evaluate

If answer is Poor, Fair, or Unable to evaluate, please explain: _____

Was there ever a pattern of deficiencies?

_____ Yes _____ No If yes, please explain: _____

To your knowledge: (Please explain any "yes" answers in the section noted below)

1. Has the practitioner ever been denied membership and/or clinical privileges on any hospital medical staff or has such action ever been recommended by a committee of a medical staff, governing body or hospital? _____ Yes _____ No
2. Has the practitioner's license to practice medicine or professional registration (i.e., state, district, DEA, DPS) in any jurisdiction ever been successful or currently pending, voluntarily or involuntarily denied, revoked, suspended, reduced, challenged, limited, placed on probation, not renewed, voluntarily or involuntarily relinquished or withdrawn? _____ Yes _____ No
3. Has this practitioner been the subject of any disciplinary action, such as imposition of consultation requirements, suspension or termination? _____ Yes _____ No

4. Has this practitioner been under investigation by any governmental or other legal body?
 _____ Yes _____ No

5. Are there any pending professional liability suits involving this practitioner? _____ Yes _____ No

6. At the time this practitioner left your facility, were there any actions instituted, in process, or pending against him/her? _____ Yes _____ No

7. Please indicate whether practitioner has any mental or physical health problems that might affect his/her ability to fulfill duties as a medical staff member or ability to exercise clinical privileges within his/her services. _____ Yes _____ No

8. Is the practitioner in good physical health? _____ Yes _____ No

9. Is the practitioner currently in private practice? _____ Yes _____ No

Please use the section below to provide any additional information you feel necessary regarding the private practice of the practitioner or answers of "yes" to questions 1-9 above, or any other comments you feel would be helpful as we evaluate the application.

Summary:

My general recommendation concerning this applicant is:

- _____ Recommend without reservation
- _____ Recommend
- _____ Not recommend

 Signature

 Date

 Printed Name

 Telephone