

Peer Feedback Form v1

Name of reviewer	<input type="text"/>	Date	<input type="text"/>
Title	<input type="text"/>	Hospital	<input type="text"/>
PEER Feedback for: Please print full name of physician being reviewed.	<input type="text"/>	Address	<input type="text"/>
		City, State, Zip code	<input type="text"/>

Please rate the above-named physician on the six general competencies as identified by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

PERFORMANCE RATINGS

The following guidelines are to be used in selecting the appropriate rating:

1	2	3	4	5	6
Never	Rarely	Occasionally	Frequently	Always	Not Applicable

Patient Care

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location, or socioeconomic status.

Medical Knowledge

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Keeps current with research and medical knowledge in order to provide evidence-based care.

Interpersonal and Communication Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Communicates effectively and works vigorously and efficiently with all involved parties as patient advocate and/or consultant.

Practice-based Learning and Improvement

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Assesses medical knowledge and new technology and implements best practices in clinical setting.

Professionalism

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Displays personal characteristics consistent with high moral and ethical behavior.

Systems-based Practice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Efficiently utilizes health-care resources and community systems of care in the treatment of patients.

Please Return Completed Form To Physician For His/Her Confidential Records - Do Not Send to the ABPN