Practice Personnel Peer and Self Evaluation

TOOLS AND METHODS FOR PRACTICE AND PERSONNEL EVALUATION

Tools and methods for practice and personnel evaluation may not be used as often as seen in the business world, but they can be useful means to determine the mutual expectations of the practice and its members and to reevaluate performance and priorities of practice associates. The following two forms have been adapted from those used in a neonatal practice.

In the recruiting process, it is unlikely for an applicant to see or become aware of personnel issues in the practice. But, it can be very useful to see what means the practice uses to address professionalism and collegiality in a formal manner.

In its policy statement presented on the Section on Perinatal Pediatrics Web Site (www.aap.org/perinatal), Pediatrix Medical Group expressed its approach in **Shared Principles in Practice**. The two forms presented in this section provide an example of items found important to one practice. Each practice should incorporate those items appropriate to its setting, remove irrelevant items, and add elements unique to its practice.

CONFIDENTIAL
PHYSICIAN PEER EVALUATION

Evaluation for Dr. _____ Date: _____

Completed by Dr. _____

Goals:

1. Provide direction for professional growth
2. Promote self-assessment of current level of practice
3. Receive feedback from peers
4. Improve quality of service
5. Develop short and long term goals

Scoring:

1 = Exceeds expectations 2 = Meets expectations 3 = Needs improvement 4 = No opinion

CLINICAL

1. Confidence in medical judgment and diagnostic ability _____
2. Confidence in technical ability _____
3. Familiarity with current literature/technology/innovations _____
4. Content of daily notes and summaries _____
   a. Clarity _____
   b. Completeness _____

c. Delineation of treatment plan _____

5. Completion/updating of problem list, summary sheet _____
6. Individualization of diagnostic work-up _____
7. Identification of discharge issues and follow-up needs _____
8. Implementation of discharge plans _____
9. Quality/completeness of call sign-out _____
10. Use of laboratory/diagnostic tests in appropriate and cost-effective manner _____
11. Use of subspeciality consultants in appropriate and cost-effective manner _____
12. Communicates with families in effective and timely manner _____
13. Communicates with referring physicians in timely manner _____
14. Assumes responsibility for patient care _____

Comments: _____

_____

COLLEGIAL

1. Reliable and punctual (sign-out, call, meetings) _____
2. Willingness to share workload _____
3. Demonstrates professional demeanor and appearance _____
4. Demonstrates positive interactions with colleagues _____
5. Demonstrates favorable support of physician colleagues to parents and to staff _____
6. Empathetic and respectful of fellow physicians' issues/needs _____

Comments: _____

_____

COMMUNICATION SKILLS

1. Effective listener _____
2. Communicates ideas or opinions clearly and concisely _____
3. Ability to resolve conflict _____

Comments: _____

_____

ADMINISTRATIVE WORK

1. Completes administrative tasks in timely manner _____
2. Follows through on work identified as his/her responsibility _____
3. Shows flexibility in scheduling requests for meetings _____
4. Attends scheduled meetings _____
5. Timeliness in attending meetings _____
6. Contributes to meeting efficiency and productivity _____
7. Clearly/concisely communicates ideas and opinions _____
8. Demonstrates receptiveness to physicians' concerns _____
9. Demonstrates good leadership skills _____
10. Displays confidence in decision-making skills _____
11. Disseminates information appropriately _____
12. Shows skill and conflict resolution abilities when practice needs, goals or objectives differ from institutional desires _____

(1) Is an appropriate amount of time being allocated to his/her administrative position/duties?:

Time used is too much _____

Appropriate time used _____

Too little time used _____

(2) Other general comments on administrative performance:

_____

_____

DISCUSSION OR OTHER COMMENTS: (Use this space for added comments, to further clarify specific answers above, or to address areas not included)

_____

_____

_____

_____

Comments/suggestions on the peer evaluation tool or process:

_____

_____

_____

_____

Adapted from materials supplied by Northwest Newborn Specialists, PC. Thanks to Larry Cheldelin, MD.

CONFIDENTIAL
PHYSICIAN SELF-EVALUATION

Completed by Dr. _____ DATE: _____

Goals

A. Provide direction for professional growth _____

B. Promote self-assessment of current level of practice _____

C. Receive feedback from peers _____

D. Improve quality of service _____

E. Develop short- and long-term goals _____

PROCEDURES

A. Estimate the number of following procedures

i. Endotracheal intubation _____

ii. Umbilical line placement _____

iii. Lumbar puncture _____

iv. Pneumothorax needling _____

v. Chest tube placement _____

vi. Circumcisions _____

vii. Exchange transfusions _____

viii. Other _____ _____

B. NRP Certified? YES _____ NO _____

C. NRP Instructor? YES _____ NO _____

CLINICAL (Mark as best describes your practice)

Scoring: 1 = Always 2 = Usually 3= Occasionally 4 = Never

NIGHT CALL: FROM HOME

- Arrive within 30 minutes for emergencies _____
- Document phone-only consultations _____
- Evaluate non-acute patients within 6 hours _____
- Present at time of transport arrival _____
- Present when patient returns from OR _____

NIGHT CALL: IN-HOSPITAL

- Gets sign-in report from departing associates _____
- Regularly circulates through nursery _____
- Responds promptly to nursing requests _____
- Interacts with families willingly _____
- Presents self to deliveries in timely fashion _____
- Present at time of transport arrival _____
- Present when patient returns from OR _____
- Prompt and polite response when called during night _____

ADMISSIONS

- Arrive within 30 minutes for emergencies _____
- Attend deliveries <34 weeks, multiples <35 weeks, serious congenital malformations, anticipated complicated deliveries _____
- Identify referring physician in records _____
- Contact referring physician at admission _____
- Discuss condition/treatment plan with family _____
- Discuss/document desire to breast feed _____

DAILY ROUNDS

- Complete and update the daily summary sheet _____
- Identify patients eligible for research protocols _____
- Provide families with update _____
- Outline treatment plan clearly in progress note _____

DISCHARGE

- Discuss discharge and follow-up with primary health professional _____
- Timely completion of discharge papers _____

EXPIRATION

- Notify primary physician and obstetrician _____
- Discuss autopsy with family & record in chart _____
- Complete death certificate in timely manner _____

ADMINISTRATIVE/EDUCATIONAL

A. Are you a member in good standing with

_____ Medical Association? Yes No

B. Have you attended required risk management

seminars? Yes No

C. Have you presented to group educational sessions? Yes No

D. Have you attended an out-of-state CME conference

in the past year? Yes No

Name of conference _____

Have you presented conference data or recommendations to the practice group? Yes No

E. Describe your attendance at the following:

Regularly scheduled practice management meetings ____ of ____

Practice educational meetings ____ of ____

Grand rounds ____ of ____

_____ ____ of ____

_____ ____ of ____

F. How many hours per week do you participate in

self-study activities? _____

Describe your strengths in the following areas:

Interpersonal _____

_____

Clinical _____

_____

Corporate _____

_____

Identify areas for improvement:

Interpersonal _____

_____

Clinical _____

_____

Corporate _____

_____

What is your most recent positive contribution to the practice?

_____

_____

_____

_____

What are your specific goals for the coming year?

_____

_____

_____

_____

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