

Peer Evaluation Questionnaire

Staff name _____ Department _____

Are you aware of any health impairments that would affect this individual's ability to perform professional duties? Yes No

Explain _____

Rate this individual's demonstrated performance compared with that reasonably expected of another practitioner having the same level of training, experience and background:

Characteristics	Meets expectations	Does not meet expectations	Don't know
<u>PATIENT CARE:</u> Makes informed decisions about diagnostic and therapeutic interventions based on patient information and patient preferences, up-to-date scientific evidence, and clinical judgment. Communicates effectively with patients about the plan of care. Maintains clinical competency in the area for which re-privileging is sought.			
<u>MEDICAL KNOWLEDGE:</u> Demonstrates sound application of medical knowledge, and an investigatory and analytic thinking approach to clinical situations.			
<u>PRACTICE BASED LEARNING AND IMPROVEMENT:</u> Critically appraises clinical studies and literature on diagnostic and therapeutic effectiveness. Uses information technology to manage information and access on-line medical information. Facilitates the learning of students and other health care professionals.			
<u>INTERPERSONAL AND COMMUNICATION SKILLS:</u> Works effectively with others as a member or leader of a health care team or other professional group.			
<u>PROFESSIONALISM:</u> Demonstrates respect, compassion, and integrity. Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.			
<u>SYSTEMS BASED PRACTICE:</u> Practices cost-effective health care and resource allocation that does not compromise quality of care. Partners with health care managers and health care providers to assess, coordinate, and improve health care and knows how these activities can affect system performance.			

Do you have any reservations about recommending this individual to be re-privileged? Yes No

Peer Signature _____ Title _____ Date _____

Printed or Typed Peer Name _____ CLP # _____