



Professional Practice Evaluation
Licensed Independent Practitioner

Practitioner: _____

Specialty: _____

Supervisor: _____

Review Dates: _____ to _____

Please answer all questions based on the applicant's performance during the review period. Please provide an explanation for any answers marked as 'Marginal' or 'Poor.'

Aspect of Review	Superior	Good	Average	Marginal	Poor	Unable to Evaluate
Patient Care						
Gathers accurate and essential information about patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes informed diagnostic and therapeutic decisions based on patient information and preferences, scientific evidence, and clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively develops and carries out patient management plans, including obtaining appropriate consults when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						
Medical Knowledge						
General medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment, technical and clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge to clinical problem-solving, clinical decision-making, and critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						

Aspect of Review	Superior	Good	Average	Marginal	Poor	Unable to Evaluate
Practice Based Learning Improvement						
Analyzes and evaluates practice experiences and implements strategies to continually improve the quality of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and maintains a willingness to learn from errors and use errors to improve the systems or processes of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participates in discussion and creation of evidence-based protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						
Interpersonal & Communication Skills						
Ability to communicate verbally with patients using appropriate mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of effective listening, nonverbal questioning, and narrative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work/cooperate with other physicians, nursing staff, allied health professionals, and support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						
Systems Based Practice						
Utilizes resources, providers, and systems necessary to provide optimal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of the limitations and opportunities in various practice types and delivery systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aspect of Review	Superior	Good	Average	Marginal	Poor	Unable to Evaluate
Systems Based Practice						
Applies evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborates with other members of the healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						
Professionalism						
Demonstrates respect, compassion, and integrity; understanding and sensitivity to diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to principles of confidentiality, scientific integrity, informed consent, and business practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains comprehensive, timely, and legible medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in quality-improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in call coverage and extended hours rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Use additional sheets as necessary</i>						
Aspect of Review	Yes	No	Unable to Evaluate			
Based upon the attached privilege list, has the provider had experience and/or training in requested privileges with satisfactory outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
To the best of your knowledge, is this applicant mentally and physically able to perform the requested privileges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ATTACHMENTS

- Current Request for Privileges Form
- Provider Score Cards for Past 12 Months
- Patient Complaint Summary
- Meeting Attendance Record

SERVICE LINE MEDICAL DIRECTOR SUMMARY RECOMMENDATION

- Based upon my review and assessment of the current or requested privileges, the attachments provided, and the results of the evaluation, I recommend, without reservation, continued services by this provider with all privileges on attached request for privileges. Additional comments are optional.
- Based upon my review and assessment of the current or requested privileges, the attachments provided, and the results of the evaluation, I recommend continued services by this provider with privileges as modified on attached request for privileges. Additional comments are required.
- Based upon my review and assessment of the current or requested privileges, the attachments provided, and the results of the evaluation, I **do not** recommend continued services by this provider. **Additional comments are required as is immediate contact with the Chief Medical Officer.**

Comments (use additional sheets as necessary):

Service Line Medical Director Signature

Date

Practitioner Signature

Date

Chief Medical Officer Signature

Date

Please return this form to Human Resources, Lone Star Circle of Care, 2423 Williams Drive, Suite 107, Georgetown, TX 78628