

IDAHO EMERGENCY PHYSICIANS, P.A.

INDIVIDUAL PHYSICIAN PROVIDER PERFORMANCE REVIEW

Dr. :

The purpose of this review is to facilitate the two-way communication between you and the IEP Board of Directors. The review will also assist IEP in identifying your areas of strength and areas which need improving. It will also help identify common goals and objectives.

HOW DO YOU RATE YOURSELF IN THE FOLLOWING CATEGORIES?

	Poor			Outstanding	
Knowledge of work	1	2	3	4	5
Dependability	1	2	3	4	5
Standard of work	1	2	3	4	5
Interpersonal skills	1	2	3	4	5
Cooperativeness	1	2	3	4	5
Initiative	1	2	3	4	5
Decision making ability	1	2	3	4	5

WHAT DO YOU LIKE MOST ABOUT YOUR WORK?

WHAT DO YOU LIKE LEAST ABOUT YOUR WORK?

WHAT SUGGESTIONS DO YOU HAVE TO IMPROVE YOUR WORK?

WHAT ARE YOUR GOALS AND OBJECTIVES FOR THE COMING YEAR?

INDICATE YOUR DEGREE OF SATISFACTION WITH:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Volume and nature of duties	()	()	()	()
Volume and nature of non-clinical and administrative duties	()	()	()	()
Patient care resources available to you (professional and ancillary staffing, facility, diagnostic and consultative services, E.R., etc.)	()	()	()	()
Extent and nature of your input in medical and administrative policy decision-making process	()	()	()	()
Your relationship with patients	()	()	()	()
Your relationship with other IEP staff	()	()	()	()

ADDITIONAL COMMENTS:

Provider Physician signature Date