

APPENDIX B

**COMNAVSURFLANT/PAC
PERFORMANCE APPRAISAL REPORT (PAR)
ON-GOING PROFESSIONAL PERFORMANCE EVALUATION (OPPE)**

SECTION I. ADMINISTRATIVE DATA

Reporting Activity: _____ Period covered: _____ to _____

Practitioner Name/Grade/SSN/Designator: _____

Specialty

Department:

Position:

Purpose of Report (Check one):

- ___ On-going Professional Practice Evaluation (OPPE)
- ___ Renewal of Staff Appointment
- ___ Administrative Plan of Supervision (APOS) conclusion
- ___ Transfer / Separation / Termination
- ___ TAD ___ Reserve: T/ADSW/ADT
- ___ Other: _____

Individual Credentials File (ICF) has been reviewed: ___Yes ___No ___Unavailable

Contents are current as required by BUMEDINST 6320.66 series: ___Yes ___No

SECTION II. PRIVILEGES BEING EVALUATED

Specialty	Core Y / N	Supplemental Y / N	Itemized Y / N
1.			
2.			
3.			
4.			
5.			

Privilege information based on ___ privilege sheets or ___ ICTB

CLINICAL PERFORMANCE PROFILE

SECTION III. PRACTICE VOLUME DATA

- a. # of admission or outpatient encounters _____
- b. # of days unavailable due to TAD deployment, etc. _____
- c. # of major or selected procedures _____
- d. Percent of time in direct patient care _____

Enclosure (1)

SECTION IV. PROFESSIONAL DEVELOPMENT:

a. # of continuing education credit hours awarded:
b. # of papers published and professional presentations:
c. Other recognition of positive professional achievement (attach explanation/ comments):
d. Professional Remunerative Employment (Moonlighting) __Yes __No
Location: _____ Hours/wk: _____

SECTION V. COMPETENCY VALIDATION / QUALITY MANAGEMENT

<u>PATIENT CARE</u>	<u>Excels</u>	<u>Sat</u>	<u>Unsat</u>	<u>Not Obs</u>
a. Patient satisfaction with practitioner, based on facility wide monitors				
b. Use of effective/appropriate clinical problem-solving skills to include appropriate use of medications, laboratory services and procedures.				
c. Uses consultants and referrals appropriately				
d. Applies infection control measures as appropriate				
<u>MEDICAL KNOWLEDGE</u>				
a. Clinically evaluates current medical information				
b. Recognizes complex relationships & development of unifying diseases				
c. Utilizes Evidence Based Medicine in clinical practice/judgment and applies utilization management measures as applicable				
<u>INTERPERSONAL AND COMMUNICATION SKILLS</u>				
a. Communicates effectively with patients and family				
b. Legible and complete medical record documentation of patient care				
c. Works effectively as a member or leader of the health care team				
<u>PROFESSIONALISM</u>				
a. Accepts responsibility for patient care, and continuity of care				
b. Demonstrates a responsiveness to patient needs superseding self-needs				
c. Demonstrates sensitivity/responsiveness to patients' and colleagues' gender, age, culture, race, disabilities, ethnicity, and sexual orientation				
d. Staff perception of practitioner cooperation				
<u>PRACTICE-BASED LEARNING AND IMPROVEMENT</u>				
a. Compliance with new national measures and published professional guidelines				
b. Analyzes own practice experience & recognizes strengths, deficiencies & limitation in knowledge and expertise; thus, seeks assistance				
c. Uses evaluations of performance to improve practice patterns				
d. Actively participates in nursing, ancillary, and other practitioner learning				
<u>SYSTEMS - BASED PRACTICE</u>				
a. Advocates for quality patient care				
b. Acknowledges medical errors in clinical decision-making, judgment, and engages in process improvement through risk management activities to include incident and risk management reports.				
c. Knows how to work with health care and health care providers to assess, coordinate, and improve patient care				

Medical/Dental Record Peer Review: _____ # Reviewed _____ #Deficient

SECTION VI PRIVILEGING ACTIONS

To your knowledge, has the practitioner	Yes	No
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a. Had privileges or staff appointment adversely denied, suspended, reduced, or revoked?		
b. Been the primary subject of an investigation?		
c. Provided substandard care as substantiated through one of the actions in item b?		
d. Required counseling, additional training or special supervision?		
e. Failed to obtain appropriate consultation?		
f. Been the subject of a disciplinary action for misconduct?		
g. Required modification of practice due to health status?		
h. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder?		

SECTION VII. CLINICAL COMPETENCY CORE PRIVILEGES: Address clinical competency of this provider addressing the overall competency for the Core. If warranted address any Core high-risk skills/procedures performed.

SECTION VIII. CLINICAL COMPETENCY SUPPLEMENTAL PRIVILEGES: Address and provide number of cases/procedures for each supplemental practiced during this period. (attach additional sheet if needed)

SECTION IX. COMMENTS: Note: If the answer to any of the questions in section IV and VI is "unsatisfactory" or "yes" full details are required below or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION X. PROFESSIONAL PERFORMANCE EVALUATION SIGNATURES

Title	Signature	Comments	Date
OIC/Senior Medical/Dental Officer			
Practitioner			
Regional Medical Representative (or Chair CRC for Renewal or Transfer PAR)			
TYCOM PA (for Transfer or Renewal PAR only)			