PRELIMINARY PROBATIONARY EVALUATION FORM
PROFESSIONAL STAFF ASSOCIATE MEMBERS

Probationary Staff Member:
Department:
Probationary Start Date:
Supervisor:

		Satisfactory	Unsatisfactory
1.0	Clinical competence	☐	☐
2.0	Appropriate use of Hospital resources	☐	☐
3.0	Ability to work and relate to staff and leaders in a collegial and professional manner	☐	☐
4.0	Ability to communicate appropriately with patients and their family	☐	☐
5.0	On-call responsibilities	☐	☐
6.0	Willingness to participate in clinical, teaching and/or research responsibilities and obligations	☐	☐
7.0	Completion of clinical records	☐	☐
8.0	General compliance with Public Hospitals Act, Professional Staff By-Laws and other legislature	☐	☐
9.0	Ethical judgement	☐	☐
10.0	Satisfaction of the College's requirements for continuing medical education	☐	☐

11.0 Please comment on any quality of care issue(s): _____

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12.0 Should any of the assessment points be "unsatisfactory", please expand upon the point from the perspective of identifying issues, examples, and prior discussion with the probationary professional staff member. _____

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Recommendation:

1) Continue with probationary appointment for additional 6 months of practice ☐
2) Termination of Appointment ☐

_____ _____
PLEASE PRINT NAME AND SIGN, SUPERVISOR **DATE:**

_____ _____
PLEASE PRINT NAME AND SIGN, PROFESSIONAL STAFF MEMBER **DATE:**

_____ _____
PLEASE PRINT NAME AND SIGN, CHIEF OF DEPARTMENT **DATE:**