**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**