**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

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**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:**