UNM Locum Tenens and Specialty Staff Extension Peer Review/Professional Practice Evaluation								
Name of Professional:								
Provider Specialty:								
Name/Title of Reviewer:								
Site of Review:								
Date/Time of Review:								
Review base on (mark all that apply): Chart Review Direct Observation Shared Patients Staff reports Please rate the following to best of your abilities:								
	Satisfactory	Unsatisfactory	Unable to Evaluate					
Overall Patient								
Care								
Comments								
Medical Clinical knowledge								
Comments								
Evidenced Base Practice								
Comments								
Interpersonal and Communication Skills								
Comments								

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provided in ROIA.

	Satisfactory	Unsatisfactory	Unable to	
			Evaluate	
Professionalism				
Comments				
Team-based Practice				
Comments				
Procedure				
Performance and documentation				
Comments				
Was the provider	No	Yes		
involved in any patient safety				
incidents?				
Comments				
Would you have				
this provider				
back?				
Comments				
Review by UNM Locum Tenens Medical Director Date				

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