PROFESSIONAL REFERENCE – INDIAN HEALTH SERVICE

Applicant Name: «FormalNameWithDegree» Date: July 25, 2024

Applying for: _____Reference Name: «RS_Name» Reference Specialty: <<Specialty>>

Please answer the following questions based on your personal knowledge as a peer of this practitioner. *Note: If your response to any of the following is "below average", please supply a written explanation.

EVALUATION	Above Average	Satisfactory	Below Average*	Not Applicable
PATIENT CARE/MEDICAL & CLINICAL KNOWLEDGE				
Basic Medical Knowledge				
Professional Judgment				
Clinical/Technical Skills				
Positive Patient Outcome/Results				
Appropriate Utilization of Resources				
Appropriate Use of Consultations				
Appropriate Use of Medication				
INTERPERSONAL & COMMUNICATION SKILLS WITH:				
Patients				
Superiors/Administrations				
Colleagues/Peers/Clinical Support Staff				
Ability to Understand, Speak, Read and Write English				
PROFESSIONALISM				
Availability/Responsiveness				
Ethical Conduct				
Current Emotional Stability				
Moral Character				
SYSTEMS-BASED PRACTICE				
Medical Record Timeliness				
Compliance with Medical Staff Bylaws, MS Policies				
PRACTICE-BASED LEARNING & IMPROVEMENT				
Investigates and evaluates patient care practices				
Appraise and assimilates scientific evidence				
Improves the practice of medicine				

1. How long have you known the practitioner? _____
2. What is your relationship to the practitioner?_____
3. Are you familiar with the practitioner's actual performance within the past 24 months? ( ) Yes ( ) No If no, please explain last time you observed the practitioner provide care (indirectly or directly).
4. To your knowledge, does this applicant have any medical malpractice suits? ( ) Yes ( ) No If yes, please provide an explanation on a separate sheet of paper. What specialty was the practitioner performing in when you observed their medical knowledge, skills, and abilities? _____
5. Would you hire/rehire this practitioner? ( ) Yes ( ) No If no, please provide an explanation.
6. Would you be comfortable having your friends or family treated by this applicant? ( ) Yes ( ) No If no, please provide an explanation.
7. To your knowledge, are you aware of any procedures or privileges you would recommend the practitioner be monitored more closely on? ( ) No ( ) Yes If yes, please identify and provide an explanation.
8. To your knowledge, are you aware if the practitioner is currently engaged in illegal use of legal or illegal substances? ( ) No ( ) Yes If yes, please provide an explanation.
9. As a peer of the above named practitioner, I: (Please select one below):

____ Recommend as Qualified and Competent to perform privileges associated with the practitioner's specialty.

____ Recommend with Reservation (please provide a full explanation on a separate sheet of paper)

____ Do not Recommend (please provide a full explanation on a separate sheet of paper)

Signature: _____ Date: _____

Title: _____ Phone: _____

Please return the form <u>DIRECTLY</u> to the Medical Staff Office, we cannot accept from the peer being evaluated or a 3rd party.

Return to: «FacilityName» Facility Address/secure email/fax
«Image:File_Privilege»