



Initial Professional Practice Evaluation
Licensed Independent Practitioner

Practitioner: _____

Specialty: _____

Supervisor: _____

Review Dates: _____ to _____

Please answer all questions based on the applicant's performance during the review period. Please provide an explanation for any unsatisfactory answers.

Aspect of Review	Data Source <i>select all that apply</i>	Evaluation <i>*comment required</i>
NextGen		
Demonstrates knowledge of the system and appropriate system templates as applicable to their specialty and practice of care.	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>
Medical Knowledge		
Demonstrates knowledge of established and evolving biomedical, clinical, and social sciences and applies this knowledge to patient care and education of others.	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>

Aspect of Review	Data Source <i>select all that apply</i>	Evaluation <i>*comment required</i>
Patient Care		
<p>Provides care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, and treatment of chronic diseases and other health problems.</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>
Practice-Based Learning & Improvement		
<p>Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>
Systems Based Practice		
<p>Demonstrates an understanding of the contexts and systems in which health care is provided and applies the knowledge to improve and optimize health care.</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>

Aspect of Review	Data Source <i>select all that apply</i>	Evaluation <i>*comment required</i>
Interpersonal & Communication Skills		
<p>Demonstrates interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, their families, and other members of the health care team.</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>
Professionalism		
<p>Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward patients, their profession, and society.</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Personal interaction with Practitioner <input type="checkbox"/> Discussions with other individuals interacting with practitioner <input type="checkbox"/> Chart review by Advanced Practice Nurse <input type="checkbox"/> Chart review by Physician <input type="checkbox"/> Simulation <input type="checkbox"/> Proctoring	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* Comments: <i>Use Additional Sheets if Necessary</i>

ATTACHMENTS

- Current Request for Privileges Form

SERVICE LINE MEDICAL DIRECTOR SUMMARY RECOMMENDATION

- Based upon my review and assessment of the requested privileges and the results of the monitoring and evaluation activities, it is determined that the Initial Professional Practice Evaluation **has** been satisfactorily completed. Additional comments are optional.
- Based upon my review and assessment of the requested privileges and the results of the monitoring and evaluation activities, it is determined that the Initial Professional Practice Evaluation **has not** been satisfactorily completed. Additional comments / performance improvement plan are required.

