

**SUNY Upstate University Hospital**  
**LOCUM TENENS EXIT EVALUATION**

Name \_\_\_\_\_ Department / Division \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

	Excellent	Satisfactory	Below expectations	Unable to evaluate
<b>Patient Care:</b> Makes informed decisions and therapeutic decisions based on patient information, current scientific evidence, and clinical judgment.				
<b>Medical/Clinical Knowledge:</b> Knows and utilizes basic and clinical sciences and the application of knowledge to patient care.				
<b>Practice-Based Learning and Improvement:</b> Actively participates in the education of patients and families, students, and residents, and uses evaluations of performance to improve practice.				
<b>Interpersonal and Communication skills:</b> Communicates effectively with patients, families, physicians, and other health care professionals.				
<b>Professionalism:</b> Demonstrates respect for and responsiveness to the needs of patients and society with commitment to providing care in a compassionate and ethical manner without discrimination.				
<b>Systems-Based Practice:</b> Works to provide care that is safe, efficient, patient centered, timely, and equitable.				

Explanation of 'below expectation' or 'unable to evaluate': \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of invasive procedures performed during locum appointment (see dates above): \_\_\_\_\_

Outcomes of invasive procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brief review (recommended but not required): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Based on this assessment, I would recommend this practitioner to return at a later date.

\_\_\_\_\_ Based on this assessment, I would **NOT** recommend this practitioner to return at a later date.

\_\_\_\_\_  
 Signature of reviewer (Please sign and print) Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Chief of Service (if different from reviewer) (Please sign and print) Date: \_\_\_\_\_