

Advanced Practice

Peer Feedback Form

Employee Name:

Title:

Department:

Period covered by the evaluation:

Please rate each category below, using the following scale as indicated below:

N – Does Not Meet

M – Meet

E – Exceeds

U – Unable to Rate/Unknown

Category:	Rating:	Please elaborate/justify your rating:
Effectiveness in Performance (<i>i.e. is approachable, flexible, positive, dependable, reliable, responsible, professional, etc.</i>)		
Mastery of Specialization (<i>i.e. demonstrates problem solving skills & autonomy in evidence-based practice; obtains/maintains privileges; is a resource to colleagues/team members; etc.</i>)		
Professional Ability (<i>i.e. exhibits ability to make patient-specific decisions/plans of care & adapt to changing needs of the patient; adapts to new clinical processes; seeks out opportunities to improve clinical practice; upholds operational standards of the professional environment; etc.</i>)		
Effectiveness in University Service (<i>i.e. consistently attends departmental/team meetings; self-directed participant of their specialty team; actively positively promotes the organization as a whole; participates in orientation of new team members; participates in hospital committees; etc.</i>)		
Continuing Growth (<i>i.e. maintains education through CMEs/CEUs; identifies ongoing professional goals; demonstrates achievement of previously identified goals; attends local/national conferences; etc.</i>)		
Additional Comments		

Printed Name

Signature

Date

Please submit completed form to Alexis Yackel via email YackelAI@Upstate.edu or fax at 315/464-1977