

Practitioner Self-Assessment



Periodic reviews are meant to be a collaborative, positive approach to professional growth and development. The ultimate goal with periodic reviews is to provide practitioners with objective data that will assist them in continually improving their clinical and professional skills, in addition to recognize excellence and in turn provide high quality, safe patient care.

Practitioner's Name:	
Department:	
Review Period:	____/____/____ to ____/____/____ (dd) (mmm) (yy) (dd) (mmm) (yy)
Signature:	

Instructions: Please answer all the questions. If you feel you cannot answer any question, please tick 'Don't know'. If you change your mind, cross out your old response and make your new choice.

1. Please rate yourself in each of the following areas by ticking one box along each line:

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Don't know
Clinical knowledge						
Diagnosis						
Clinical decision making and management plans						
Treatment and prescribing						
Proficient in procedural skills						
Keeping knowledge and skills up to date						
Recognizing and working within limitations						
Seeking appropriate consultations with other health professionals						
Working effectively with colleagues as a member of a						

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Don't know
team						
Manages practice and career with effective time management						
Allocates health care resources effectively						
Serves in leadership and administration roles						
Supervises colleagues, and teaches students, other health care providers, and public						
Critically evaluates health related research and literature						

2. Does your current role include direct consultations with patients?

Yes, frequently Yes, infrequently or occasionally No

If yes, please move on to Question 3. If no, please move on to Question 4.

3. Please rate how good you feel you are at each of the following by ticking one box along each line.

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply
Being polite to patients						
Making patients feel at ease						
Listening to patients						
Assessing patients' medical condition						
Explaining patient's condition and treatment						
Involving patients in decision about their treatment						
Providing or arranging treatment for patients and timely follow up						

4. Please decide how far you agree with the following statements by ticking one box along each line:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply
I respect patient confidentiality						
I adhere to standards and participation in physician led regulation						
My performance is not impaired by ill health						

5. I am fit to practise medicine:

Yes No Don't know

6. Please add any other comments you want to make about your own performance: