



# STAFF POINTE

Phone: 855-491-9119

Fax: 855-990-7393

www.mdstaffpointe.com

## Performance Evaluation – By the Physician

As a locum physician working for MD Staff Pointe, we value your opinion and your satisfaction is our top priority. We welcome any feedback and/or suggestions you have to ensure the satisfaction and improvement of our services. Please take a few moments to complete the following evaluation and provide us with your thoughts regarding your previous assignment and the services that were provided to you by MD Staff Pointe. Please rate each question and add any additional feedback where applicable.

Provider Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Assignment Start Date: \_\_\_\_\_

Assignment End Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Quality of medical care in the practice | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|                                 |                       |                       |                       |                       |                       |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. Quality of medical equipment | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. Quality of orientation provided by client | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. Interaction with other practitioners | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|                                |                       |                       |                       |                       |                       |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Availability of consultants | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|                        |                       |                       |                       |                       |                       |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. Reasonable workload | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. Reasonable call schedule, if applicable | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. Cooperation by hospital staff, if applicable | Excellent             | Good                  | Average               | Poor                  | Can't Judge           |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

---

9. In general, how would you rate this assignment?

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

10. Accuracy and quality of presentation of the responsibilities and requirements of this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

11. Ease of reaching and working with your staffing consultant

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

12. Knowledge and follow through of our staff during this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

13. Our handling of problems or issues during this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

14. Ease of working with us through the staffing process

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

15. Travel arrangements for this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

16. Hotel accommodations for this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

17. Handling of licensure for this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

18. Handling of facility credentialing for this assignment

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

19. Accuracy and timeliness of payroll process

Very Satisfied   Satisfied   Neutral   Dissatisfied   Very Dissatisfied  
           

Comments:

---

20. In the event that you have future availability, would you consider returning to this facility to provide coverage?
- | Yes                   | No                    |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |

If you would not consider returning to this facility please explain your reasoning below:

---

---

---

21. How can we provide you with better service in the future?

Please provide any additional feedback.

---

22. Please enter evaluator information:

Evaluator Name:

---

Evaluator Title/Specialty:

---

---