

Practice Evaluation Workbook



Practice name _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Web site: _____

Main contact: _____

Affiliations:

Hospital(s): _____

University: _____

Practice Group (if applicable): _____

Address: _____

Phone: _____ Email: _____

This workbook is intended for the personal use of individuals evaluating a practice. It is divided into sections including:

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Practice Evaluation Workbook

SECTION I: PERSONNEL AND OVERVIEW

Physicians/Faculty: Number _____ FTEs _____

Names: _____

Practice type: Academic (traditional) _____ Academic (clinical track) _____
Private/Academic _____ Private _____ Hospital employed _____
Other _____

Mission statement: (What does the practice see as its reason for being?)

Vision statement: (How does the practice view its future?)

Reason for recruitment:

Expanding patient base: Larger # births _____ Wider scope of care _____

Expanding hospital coverage: Added Level III hospital _____
Added Level II hospital(s) _____ Added Level I hospital _____

Personnel needs: Replace departing physician _____
Add to number of FTEs _____ (to reduce individual workload)

Expanding non-clinical practice priorities: Administrative _____
Education _____ Research _____ International _____
Organized medicine (AAP, State society, etc) _____
Other _____

Why (they say) they want me:

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SECTION II: DUTIES & RESPONSIBILITIES

A. Clinical Care and Rounds

Rounding-pattern of responsibility: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Composition of NICU care-giving (rounding) team, in addition to neonatologists:
(Daily; Weekly; On Request; Not involved)

NNPs _____ PAs _____ RTs _____ SW _____ Pharm _____
PT/OT/Speech _____ Developmentalist _____ Case man _____

Comments: _____

On-call responsibility (NICU-Highest Level ___) III C, III B, III A, II, I

From home _____ In-hospital _____

Frequency___ Primary___ or Back-up___ (for fellow ___ resident ___ NNP/PA ___ Med student___)

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

On-call responsibility-2nd Unit (NICU- Level ___): III C, III B, III A, II, I

From home _____ In-hospital _____

Frequency___ Primary___ or Back-up___ (for fellow ___ resident ___ NNP/PA ___ Med student___)

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Are there any aspects in the clinical responsibilities that are unique to this practice?

Notes and reminders:

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Communication

Information transfer for night call _____

In person _____ By phone _____ Through house officer _____ None _____

Read chart _____ From nurses _____ Other _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Information on assuming call _____

In person _____ By phone _____ Through house officer _____ None _____

Read chart _____ From nurses _____ Other _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Overview - Clinical Responsibilities of Practice

DISTRIBUTION—hospital coverage time:

Intensive (Level III/IV)

Intermediate (Level II)

Basic (Level I)

Other clinical duties:

Clinics - care-management (BPD, nutrition, etc)

Follow-up (developmental)

Intensity of Care: see Section E below.

Summary impression - Clinical aspects of Practice:

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

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B. Administration

Administration roles within the practice: _____

NICU directorship(s): where, who?: _____

Practice leadership _____

Faculty leadership _____

Committee participation—what, where, who?: _____

Administrative time specified, delineated? _____

Practice members' participation in administration: _____

Administrative Duties summary score:

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

C. Educational responsibilities

Fellows: Y N If so, # per year _____ Mentor for _____ fellows.

Residents: Pediatrics Y N Family Practice Y N OB/GYN Y N
ER Y N Med/Peds Y N Total # on service _____

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Regular lecture schedule? Y N For whom? _____

Nursing inservices? _____ Outreach program? _____

How are these assigned? _____

How are educational duties evaluated?

Educational responsibilities summary score:

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

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D. Scholarly Activities & Research

Mandated ___ Expected ___ Allowed ___ Discouraged ___ Forbidden ___

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Clinical research opportunities: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Bench research opportunities: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Other scholarly opportunities: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Research/scholarly interests of existing staff/opportunity for collaboration:

Support for research/scholarly activity in first year or two:

Protected time: amount; duration; concurrent duties (call, clinics, etc)

Timeline and expectations regarding acquisition of independent funding:

Mentorship opportunities:

Scholarly and research responsibilities subjective overall score

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

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SECTION III: HOSPITAL(S)

E. Nursery Characteristics: Highest Level Hospital : Name _____

(Of clinical time, what percentage of each is assigned?)

Level I coverage	_____ %	Basic neonatal care
Level II coverage	_____ %	Specialty neonatal care
Level IIIA coverage	_____ %	Ventilation w/restrictions, minor surgery
Level IIIB coverage	_____ %	Unrestricted ventilation, major surgery
Level IIIC coverage	_____ %	ECMO/Cardiopulmonary by-pass

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Nursery Characteristics: 2nd hospital(s) : Name(s) _____

(Of clinical time, what percentage of each is assigned?)

Level I coverage	_____ %	Basic neonatal care
Level II coverage	_____ %	Specialty neonatal care
Level IIIA coverage	_____ %	Ventilation w/ restrictions, minor surgery
Level IIIB coverage	_____ %	Unrestricted ventilation, major surgery
Level IIIC coverage	_____ %	ECMO/Cardiopulmonary by-pass

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Nursery Characteristics: 3rd hospital(s) : Name(s) _____

(Of clinical time, what percentage of each is assigned?)

Level I coverage	_____ %	Basic neonatal care
Level II coverage	_____ %	Specialty neonatal care
Level IIIA coverage	_____ %	Ventilation w/restrictions, minor surgery
Level IIIB coverage	_____ %	Unrestricted ventilation, major surgery
Level IIIC coverage	_____ %	ECMO/Cardiopulmonary by-pass

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

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Other clinical responsibilities

Outpatient clinic responsibility? Yes _____ (If so, see below) No _____

Location _____ Frequency _____

Neurodevelopmental clinic responsibility:	Yes _____	No _____
Apnea/home monitoring program	Yes _____	No _____
BPD/CLD follow-up/management	Yes _____	No _____
Well baby clinic	Yes _____	No _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Remote or rural coverage (requiring out-of-town stays):

HOSPITAL OVERVIEW

	Hospital A	Hospital B	Hospital C	Hospital D
Name	_____	_____	_____	_____
Nursery level	_____	_____	_____	_____
Deliveries/yr	_____	_____	_____	_____
NICU adm/yr	_____	_____	_____	_____
%clinical time	_____	_____	_____	_____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Notes, comments on hospital and clinics involved with practice:

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F. Licensing and credentialing

Citizenship requirement:

State licensure status: Have _____ Eligible _____ Testing needed _____ Ineligible _____
Time _____ Cost _____ CME requirements _____ Other _____

Hospital credentialing: Pre-application required? _____

Application fee (who pays? _____)

Time to process _____

Board certification requirements _____

(if not certified, how long to become so? _____)

Maintenance of certification required? _____

Advancement to full attending status _____

Health plan (insurer) credentialing process: _____

Academic appointment? Y _____ N _____ Optional _____

University/Medical School _____ Dept _____

Clinical track _____ Academic tenure track _____

Volunteer faculty _____

Timetable for advancement: _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

G. NICU [Tertiary or Referral Unit: Highest Care Level]

Community, Staff, Relationships

NICU and the community

Delivery base served by NICU: _____ /year

Maternal Hi-risk referral deliveries: _____ /year

Hospital-based? _____ Consultation only? _____

Competing hospital nearby? Name _____

Expectation for future: Increase Stable Decrease

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Neonatal collaboration with Maternal/Fetal Medicine:

Case-by-case discussion on ad-hoc basis

Routine case discussions How often?

Morbidity/mortality review How often?

Comments:

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

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Pediatric subspecialty and other specialty coverage:

Subspecialty	In-house	Call-in	Must transfer	Unavail
Pediatric anesthesiology	_____	_____	_____	_____
Pediatric cardiology	_____	_____	_____	_____
Pediatric neurology	_____	_____	_____	_____
Pediatric surgery	_____	_____	_____	_____
Neurosurgery	_____	_____	_____	_____
Pediatric endocrinology	_____	_____	_____	_____
Pediatric urology	_____	_____	_____	_____
Pediatric hospitalist	_____	_____	_____	_____
Pediatric intensivist	_____	_____	_____	_____
Pediatric radiology	_____	_____	_____	_____
Pediatric pathology	_____	_____	_____	_____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Physical layout of NICU (Highest Level): Hosp name _____
 Patient area: Number of patient rooms _____
 Patients/room _____
 Individualized environment? _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Physician on-call area: In NICU? Y N Private? Y N

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Nursing staff: (Higest level hospital)

Overall assessment of number per patient, training, turn-over, shift pattern:

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Advance Practice Nursing: Hospital-employed _____ Practice employed _____
 Number _____ Duties _____
 Call coverage _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

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Nursing interaction with medical staff: Ad hoc _____ Regular formal _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Comments: _____

Physical layout of NICU (Other hospital): Hosp name _____

Patient area: Number of patient rooms _____

Patients/room _____

Individualized environment? _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Comments: _____

Physician on-call area: In NICU? Y N Private? Y N

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Comments: _____

Nursing staff: (Other hospital) Name

Overall assessment of number per patient, training, turn-over, shift pattern:

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Advance Practice Nursing: Hospital-employed _____ Practice employed _____

Number _____ Duties _____

Call coverage _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Interaction with medical staff: Ad hoc _____ Regular formal _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

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Environment, attitudes, policies, & relationships

Family involvement and developmental support

Family presence at all hours? ____ Parent caregiving? _____
Kangaroo care? _____ Parent involvement on rounds? _____
Lactation program to educate, support & assist mothers? _____
Rooming-in for NICU families? _____
Discharge coordination? _____ Parental satisfaction monitored? _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Morbidity, mortality and medical error monitoring and review?

Process? Ad-hoc. _____ Regular M&M sessions? _____
Parent/family notification? _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Relationship to near-by NICUs: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Relationship to referring hospitals: Not applicable _____

Required call-back to referring hospital and/or physician?	Y	N
Back transfer of convalescent infants?	Y	N
Participation in QA at referring hospitals?	Y	N
Participation in CME activities at referring hospitals?	Y	N

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

General comments re: NICU(s) and population served:

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SECTION IV: PRACTICE STRUCTURE

H. Practice Organizational Structure

Legal name of practice: _____

Practice structure: Solo Partnership PC(single specialty)
PC (multispecialty) Hospital employed
National group practice University faculty
Locum tenens Other _____

SECTION III: HOSPITAL(S)

Comments: _____

Personnel: FTEs desired _____ FTEs present _____
Former members? Retired Fired Left for _____ reason

Practice's reason for recruiting: (indicate all that apply)

- Retirement of senior physician
- Recent departure of associate (non-retirement)
- Expansion of work duties—wider scope of patients
- Expansion of work duties---added hospital(s) to cover
- Workload shifting (same work, more docs)
- Other (indicate) _____

Practice governance

Academic: Chair:
Div. Chief:
Training or fellowship director:

Private: Practice leader:
NICU director(s)

Hospital employed:
Personnel department representative:

NICU Medical Director:

Process of employee evaluation:

Organizational/business meetings:

How often?
Required attendance?
Agenda?

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Personnel management strategy: (performance reviews, goal-setting, conflict, strategic planning):

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Criteria for advancement?

Academic: Tenure track?
 Non-tenure track?

Private:

Time to full partnership _____ NA (employee) _____
 Buy-in required? _____ Amount? _____ Timing? _____

Hospital-employed: Who is "boss?" _____
 Role in decision-making: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

CME: Time allotted _____ Subsidy _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Board certification: Required: _____ Not required: _____
 If so, must be certified within _____ years.
 Subsidy for Board preparation course? Y (Amount __) N
 Subsidy for Board fee? Y N
 Maintenance of certification: Required Optional
 Time allotted for MOC preparation course? _____
 MOC fee subsidized? Y (Amount __) N

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

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QI (Part IV MOC) activity in place or in planning? Y N

Taking part in quality collaborative activities: Y N

- Practice (national) based
- Local

Comments: _____

Personnel management: Peer evaluation, practice problem solving, dispute resolution.

Not acknowledged to be an issue: _____ Program in place _____

Collegial consensus, conflict resolution regularly addressed at practice/faculty meetings? Y _____ N _____

Formal, written peer evaluation? Y How often _____ N

Formal, written self evaluation? Y How often _____ N

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Comments: _____

Ethical issues: Policies have been written _____ Discussed ad-hoc _____
Regular conferences _____ Left to discretion of individual doctor _____

Subjective score: 1 2 3 4 5
Unacceptable Acceptable Good Very good Ideal

Comments: _____

Contract provisions (not a total listing, **legal review suggested for all contracts before signing**)

Duration _____ Timing of review _____

Termination: at will (___ day's notice) _____; for cause only _____

Non-competition clause _____

Delineation of responsibilities _____

Benefits package:

Compensation:

Bonus expectations:

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Procedure/timing for partnership (if applicable) _____

Other: _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Liability insurance: Type: Occurrence _____ Claims-made _____
Insured: Physician ___ Group _____ Hospital _____ University _____
Limits: _____
Premium paid by: Physician _____ Practice _____ Other _____
Tail coverage provisions? _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Financial:

Source(s) of practice income (for the practice overall):
Patient billing: _____ Service contract: _____ Hospital _____
University faculty salary: _____ Grant income _____
Other: _____

Responsibility to generate independent income? Y N
Grants/scholarly activity: Y N Timing:

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

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Financial management-Billing & Coding:

Done daily by physician at/after rounds _____

One physician of group does coding _____

Billing (clerical) personnel _____

Other: _____

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Compliance program in place? Y N

Describe: _____

Written program:	Y	N
Regular compliance review:	Y	N

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

BENEFITS AND COMPENSATION

PAID OFF-DUTY TIME

- Vacation per year: _____
- Medical meeting time allotment: _____
- Medical days/year: _____
- Pregnancy leave policy: _____

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

SALARY AND COMPENSATION

Salary _____ /yr Regular bonus? _____
 Estimation of expected increases:

Practice plan: _____

Subjective score:	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

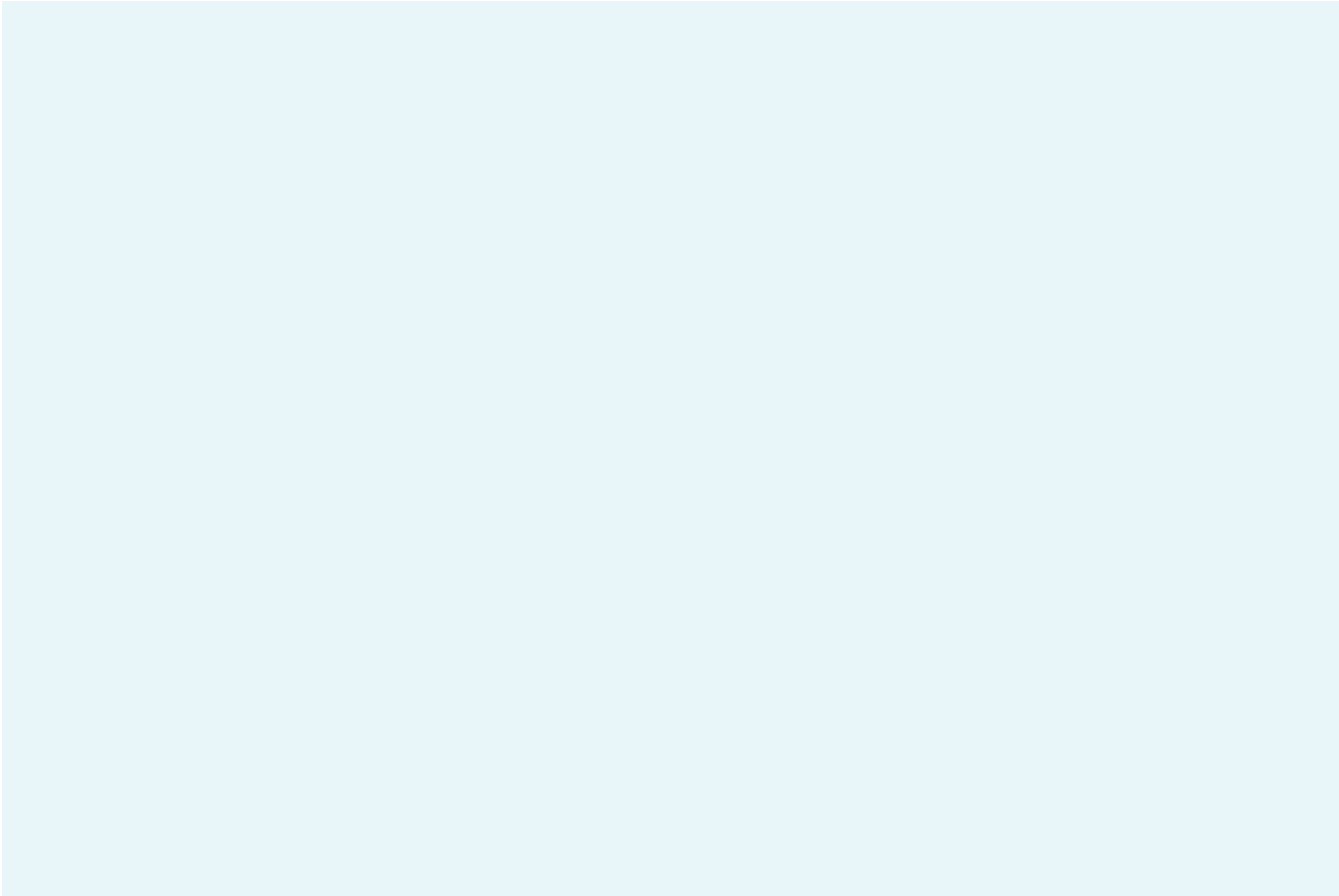
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Benefits: Education subsidy allotment _____
Medical insurance _____ Medical expenses _____
Retirement program:
o Type _____
o Eligibility _____
o Vesting _____
o Annual contribution _____
o Individual control? _____

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Notes on practice structure, compensation, other employment issues:



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PRACTICE LOCATION-Community/lifestyle

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Urban _____ Suburban _____ Rural _____

Weather: Important Not an issue

Schools: _____

Art/Entertainment _____

Comments _____

SUMMARY OVERALL EVALUATION

Subjective score: 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Positive factors: _____

Negative factors: _____

Comments or notes not covered earlier:

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SUMMARY PAGE-Progress Review

Communication Status:

Letter of interest/Inquiry sent	/	/	/
Request for Curriculum Vitae received	/	/	/
CV sent	/	/	/
"Thanks, but no thanks" Letter sent	/	/	/
Initial visit arranged for (date)	/	/	/
Expressed interest in re-visit	/	/	/
Appointment for re-visit	/	/	/
Have received invitation to join	/	/	/
Accepted	/	/	/
Rejected	/	/	/
Practice has filled its position	/	/	/

Relocation Planning:

Practice contact person: _____ (Physician)
 Secretary/Practice Administrator _____

Contract

Received on _____
 Reviewed with attorney _____
 Questions Identified: Y N
 Questions Resolved: _____
 Returned to Employer _____
 Signed contract received back _____

Date to begin service _____

Licensure: State: _____ Have _____ Applied _____

Hospital Credentials and Privileges

Hospital	Pre-application	Application sent	Interviews (if needed)	Received as of
1				
2				
3				

COMMENTS: