

NYU WINTHROP HOSPITAL
259 FIRST STREET
MINEOLA, NEW YORK 11501
DEPARTMENT OF TCV, 4 MAIN
TELEPHONE: 516-663-9278
FAX: 516-663-8288

CONFIDENTIAL EVALUATION OF APPLICANTS

To the Applicant:

Please fill in your name, mailing address, social security number and sign the waiver below. Provide a standard, business size envelope to the evaluator made out to the address above and put to the attention of Keith Forlenza, PA-C, Director, Physician Assistant Surgical Critical Care Residency Program.

Name: _____

Address: _____

Social Security Number _____

APPLICANT'S WAIVER OF CONFIDENTIALITY AND AUTHORIZATION TO RELEASE INFORMATION

All information submitted by me in connection with this application is true to my best knowledge and belief. I fully understand that any significant misstatement or omission of information from this application may constitute cause for denial of appointment or privileges or summary dismissal from the Physician Assistant Critical Care Residency Program.

In making this application, I acknowledge that I have the responsibility to be oriented to NYU Winthrop Hospital Medical Staff By-Laws, Rules and Regulations and policies and agree that my activities as a medical staff member will be bound by them. I agree to conduct my practice in accordance with high ethical traditions.

I hereby authorize NYU Winthrop Hospital and its representatives to consult with administrators and members of the medical staffs of hospitals, medical schools, or other institutions with which I have been associated and with others, including past and present malpractice insurance carriers and governmental agencies who may have information bearing on my professional competence, status, character and ethical qualifications. I hereby further authorize and request

such organizations and/or individuals to release to NYU Winthrop Hospital and its representatives all documents that may be material to an evaluation of my professional status, qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability NYU Winthrop Hospital and those acting in good faith on its behalf in evaluating my application, credentials, qualifications and performance on an ongoing basis. I also release from liability any and all individuals and organizations that provide information to NYU Winthrop Hospital concerning my professional competence, ethics, character, health status and other qualifications for staff appointment and clinical privileges. I also release from liability NYU Winthrop Hospital and those acting on its behalf and authorize them to release and exchange information relating to my professional qualifications and/or relating to practices, competence, status, character, disciplinary action, and/or medical staff privileges to other hospitals where I have or may apply for staff privileges.

I understand and agree that I, as an applicant for NYU Winthrop Hospital Physician Assistant Critical Care Residency Program, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

A photocopy of this waiver shall be as effective as the original when so presented.

Date: _____ Signature: _____

Name: _____

To the Person Providing this Recommendation:

_____ has submitted an application for the Physician Assistant Surgical Critical Care Residency Program at NYU Winthrop Hospital and has indicated you as a reference. Your cooperation in completing the attached Reference Questionnaire is greatly appreciated. The applicant's Waiver of Confidentiality and Authorization to Release Information are enclosed.

Please base your evaluation in the following areas:

- **Patient care** is compassionate, appropriate, and effective for the treatment of health problems and promotion of health.
- **Medical knowledge** about established and evolving clinical, cognate, and Biomedical (i.e.; epidemiological and social-behavioral) science and the application of this knowledge to patient care.
- **Practice-based Learning** and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families and other health professionals.
- **Professionalism**, as manifested through commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of a responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal care.

The completed Reference Questionnaire can be returned by mail in the stamped, addressed envelope that is enclosed. Please contact me if you have any questions or concerns. Thank you for taking the time to complete this questionnaire. If you wish to discuss the applicant, please call me at 516-663-9278.

Sincerely,

Keith Forlenza, PA-C, Director, NYU Winthrop Hospital Surgical Critical Care Residency Program

NYU Winthrop Hospital – Reference Questionnaire

1) What capacity and for how long have you known the Applicant?

Capacity _____ Years Known _____

2) To your knowledge, has the Applicant ever been dismissed, suspended, or placed on probation while employed as a Physician Assistant or as a student in a Physician Assistant Program? Yes _____ No _____

If yes, please explain _____

3) Have you observed the Applicant's interactions with patients? Yes _____ No _____

4) Please rate the Applicant in each of the following areas:

| | OUTSTANDING | VERY GOOD | AVERAGE | BELOW AVERAGE | NO BASIS |
|--|--------------------|------------------|----------------|----------------------|-----------------|
| PATIENT CARE | | | | | |
| Gathers essential and accurate information about patients using the following skills: | | | | | |
| • Physical Exam | | | | | |
| • Diagnostic Studies | | | | | |
| • Developmental Assessment | | | | | |
| Makes informed & therapeutic decisions based on patient information, current scientific evidence and clinical evidence | | | | | |
| Uses effective/appropriate clinical problem-solving skills | | | | | |
| Understands the limits of one's knowledge & expertise | | | | | |
| Uses consultants & referrals appropriately | | | | | |
| Develops & carries out patient management plans | | | | | |
| Counsels patients & families | | | | | |
| MEDICAL KNOWLEDGE | | | | | |
| Uses information technology to optimize patient care | | | | | |
| Critically evaluates current medical information | | | | | |
| Knows basic & clinical sciences | | | | | |
| INTERPERSONAL & COMMUNICATION SKILLS | | | | | |
| Communicates effectively with: | | | | | |
| • Patients & families | | | | | |
| • Physicians | | | | | |
| • Other health care professionals | | | | | |
| | OUTSTANDING | VERY GOOD | AVERAGE | BELOW AVERAGE | NO BASIS |
| Maintains medical records that are: | | | | | |
| • Comprehensive | | | | | |
| • Timely | | | | | |
| • Legible | | | | | |

- Accurate

| PROFESSIONALISM | | | | | |
|---|--|--|--|--|--|
| Demonstrates respect for and responsiveness to the needs of patients and society | | | | | |
| Accepts responsibility for patient care, including continuity of care | | | | | |
| Demonstrates integrity, honesty, compassion and empathy | | | | | |
| Respects patient privacy and autonomy | | | | | |
| Demonstrates high standards of ethical behavior | | | | | |
| Demonstrates sensitivity to patient and colleagues gender, age, culture, disabilities, ethnicity and sexual orientation | | | | | |
| Awareness of Own Limitations | | | | | |
| Reaction to Criticism | | | | | |

OUTSTANDING VERY GOOD AVERAGE BELOW AVERAGE NO BASIS

| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
|---|--|--|--|--|--|
| Actively participates in the education of: | | | | | |
| • Families | | | | | |
| • Medical Students | | | | | |
| • Colleagues | | | | | |
| Takes primary responsibility for lifelong learning to improve knowledge, skills and performance | | | | | |

| SYSTEMS-BASED PRACTICE | | | | | |
|---|--|--|--|--|--|
| Knows how types of medical practice and delivery systems from one another such as | | | | | |
| • Controlling health care costs | | | | | |
| • Assuring quality | | | | | |
| • Allocating resources | | | | | |
| Knows how to work with health care providers to: | | | | | |
| • Assess and coordinate patient care | | | | | |
| • Improve patient care | | | | | |
| • Work effectively as a member of a health care team | | | | | |

5) Consider the Applicant's ability, interest, work habits, personality and career goals. Do you feel this applicant will be successful as a practitioner in Surgical Critical Care? Yes___ No_____

My overall evaluation is as follows:

___ I recommend the applicant highly and without reservation.

___ I recommend the applicant as qualified and competent.

___ I recommend the applicant but with some reservation.

___ I do not recommend the applicant.

Signature of evaluator

Date

Title/Organization