**UPMC PHYSICIAN SERVICES**

**UPP Department of \_\_\_\_\_\_**

***<enter clinical facility name>***

**Performance Evaluation Instructions**

**January 1, 2024 – December 31, 2024**

***Peer Review Privileged & Confidential***

UPMC Physician Services requires a formal performance evaluation once a year, which is made up of year-round feedback on:

* [**UPMC**](https://upmchs.sharepoint.com/sites/infonet/Career/CareerDevelopment/Pages/Performance-Review-Ratings-for-UPMC-Values.aspx) **Values**

**QUALITY & SAFETY** - We create a safe environment where quality is our guiding principle.

**DIGNITY & RESPECT -** We treat all individuals with dignity and respect.

**CARING & LISTENING​ -** We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

**RESPONSIBILITY & INTEGRITY​ -** We perform our work with the highest levels of responsibility and integrity.

**EXCELLENCE & INNOVATION​ -** We think creatively and build excellence into everything that we do

* **Job Responsibilities**
* **Goals**

The Performance Evaluation (PE) consists of the following components:

**Self-Evaluation Component *(required)***

* Physician should summarize the accomplishments, challenges, and goal progress for the current year (January 1, 2024 to December 31, 2024) and set goals for the upcoming year. The complete self-evaluation should be sent to the department chair or designee.

**Annual Review *(required)***

* The department chair or designee should complete the PE and designate an appropriate rating based their knowledge of the physician’s performance for the current year (January 1, 2024 through December 31, 2024).
* The department chair or designee meet with the physician after the evaluation is finalized to present the document, discuss the contents, and review goals for the upcoming year.

**Interim Review *(if applicable)***

* PE forms may be used for describing accomplishments and progress toward achieving the current year’s goals and objectives. (January 1, 2025 through June 30, 2025; due by July 15, 2025) A physician should complete the Interim Review if requested to so by the Department Chair or designee.

Description of the rating system:

**Exceeds expectations** - Consistently exceeded expectations for performance and behavior throughout the review cycle. Independently plans, anticipates problems, takes maximum initiative, and takes appropriate action.

**Meets expectations -** Consistently met, and sometimes exceeded, expectations for performance and behavior throughout the review cycle. Consistently and reliably attains expected results and demonstrates initiative.

**Requires improvement *(interim review required)* –** Does not consistently meet expectations for performance and behavior throughout the review period. Requires more than expected amount of supervision, direction and follow-up.

The physician/faculty member and the Department Chair or designee must each sign the PE form and forward a copy of the document to PSPhysicianEvals@upmc.edu no later than February 28, 2025.

**UPMC PHYSICIAN SERVICES**

**Performance Evaluation**

 **January 1, 2024 – December 31, 2024**

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Physician/faculty member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self- Review Component**: (*to be completed by the physician)*

1. Describe significant accomplishments that you would like to have considered for the current performance review.
2. Describe areas of your job in which you have grown significantly, made progress on past challenges and/or have been able to use new learning’s for professional and/or programmatic growth.
3. Describe any notable barriers/challenges you encountered during the period under review and suggest ways to remove those obstacles.
4. What aspect(s) of your work do you find most meaningful?
5. What do you see as your major goals/work priorities for the coming year and how can we help you to meet those goals?

Note: It is important to create S.M.A.R.T. goals for yourself. Building goals using the S.M.A.R.T. criteria can be found here - [“Building SMART goals”](https://upmchs.sharepoint.com/sites/infonet/Career/CareerDevelopment/Documents/Building_SMART_Goals.pdf)

**UNIVERSITY OF PITTSBURGH PHYSICIANS**

**Performance Evaluation**

 **January 1, 2024 – December 31, 2024**

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**Performance Review Component**: *(To be completed by the Department Chair or designee. Preferably typed)*

Please provide an assessment of the physician/faculty member’s performance considering the items below and set goals that align with the Enterprise and Department Goals for 2025.

* Clinical skills/performance
* Administrative/Leadership performance (if applicable)
* Demonstrated key strengths/talents
* Progress toward 2024 goal completion
* Opportunities for improvement and/or career development
* Interpersonal relationships (with colleagues, referring physicians, trainees, and staff)
* Alignment with the UPMC Values.

**Overall Rating**:

\_\_\_\_\_ exceeds position requirements

\_\_\_\_\_ meets position requirements

\_\_\_\_\_ requires improvement\*

*\*Designation requires submission of an improvement plan to the PE form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

Evaluator’s Signature (representative of the peer review committee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

Physician Leader Signature

**UNIVERSITY OF PITTSBURGH PHYSICIANS**

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**Physician/Faculty Member Acknowledgement** – Please initial applicable option:

\_\_\_\_\_ I agree with this evaluation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

Physician/Faculty Member Signature

\_\_\_\_\_ I disagree with this evaluation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

Physician/Faculty Member Signature