NAVAL MEDICAL CENTER PORTSMOUTH
INDIVIDUAL PROFESSIONAL FILE
CLINICAL APPRAISAL REPORT (CAR)

1. INDIVIDUAL DEMOGRAPHICS

Name:			SSN: XXX-XX-
Period Covered:	◯ Military:	◯ GS:	◉ Contract:
Primary/Secondary Subspecialty codes: REGISTERED NURSE			

FACILITY DEMOGRAPHICS

Name of Reporting Activity: NAVAL MEDICAL CENTER PORTSMOUTH			
Department/Directorate: DNS			
Position and Clinical Assignment:	◯ Administrative	◉ Clinical	◯ Position

Purpose of Report:	◉ Current/every 2 yrs	◯ Transfer:	◯ Separation	◯ AT/ADWS/TAD

2. PROFESSIONAL DEVELOPMENT

Copy of Training:
Number of papers published/Professional:
Presentations:
Comments:

3. SCOPE OF CLINICAL RESPONSIBILITY

Mayor Patient Population Served:	
Age/Sex/Unique features of population served (retired, geriatric, recruits, etc.):	
Acuity level:	
Average length of stay for major population served:	
Average outpatient visits:	Unit specific competencies attached:

4. CLINICAL PERFORMANCE

☐ **Provider is in an administrative position. Clinical Appraisal report is not required**

Check Satisfactory, Unsatisfactory, or Not Observed

Evaluation Elements	Satisfactory	Unsatisfactory	Not Observed
A. Basic Professional knowledge	☐	☐	☐
B. Technical Skill/competence	☐	☐	☐
C. Professional Judgment	☐	☐	☐
D. Ethical conduct	☐	☐	☐
E. Participation in staff/ department/ committee meetngs	☐	☐	☐
F. Ability to work with peers and support staff	☐	☐	☐
G. Ability to supervise peers and support staff	☐	☐	☐

5. OTHER INFORMATIONS

Note: If any question is marked "Yes" provide full details in the comment section or attach a separate sheet. To your knowledge, during this period, has this nurse:

	Yes	or No
Had licensure/clinical certification of functions been voluntarily or involuntarily investigated, denied, suspended, reprimanded, limited, or revoked?	☐	☐
Been the primary subject of a malpractice action, claim, JAGMAN investigation, or health care review inquiry?	☐	☐
Had substandard care substantiated through one of the actions above:	☐	☐
Required counseling, additional training or special supervision in response to performance, quality, monitoring or legal problems?	☐	☐
Failed to obtain appropriate consultation?	☐	☐
Required modification of job assignment due to health status?	☐	☐
Been diagnosed as being alcohol and/or drug dependent or having any organic mental or psychotic disorder?	☐	☐

Comments:

Decribe trends, positive or negative identified through the Commend PI Program: **(Must be Completed)**
Comment on providers clinical abilities.

SIGNATURE BLOCK

	Name	Signature	Comments Attached	Date
Staff Member			☐	
Division Officer			☐	
Department Head			☐	
Assoc Director			☐	
Director, Nursing Svs			☐	