

<u>Master Clinician 360° Evaluation Tool</u>						
Master Clinician (MC) Candidate: _____						
1. Which of the following best describes your role with the MC candidate above?						
<input type="radio"/> Supervisor <input type="radio"/> Physician/Dentist (staff/peer) <input type="radio"/> Physician/Dentist (subordinate/trainee) <input type="radio"/> Allied Health Professional/Licensed Independent Provider <input type="radio"/> Nurse <input type="radio"/> Corpsman/Medical Assistant <input type="radio"/> Administrative/Clerical Support <input type="radio"/> Other (please list) _____						
2. Using the following scale, please score the candidate in the following domains:						
	Not applicable or no exposure	Rarely demonstrates (<50% of the time)	Sometimes demonstrates (50-75% of the time)	Usually demonstrates (75-90% of the time)	Always demonstrates (>90% of the time)	
	N/A	1	2	3	4	
a) Performs excellent patient care <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
b) Makes introductions and explains staff roles <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
c) Respects all, staff and patients alike <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
d) Has positive relationships with patients and staff <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
e) Avoids jargon and off color language or jokes <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
f) Contributes to a positive work environment <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
g) Contributes to staff education and training <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
3. Do you recommend this individual be elected a Master or Associate Master Clinician?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
4. If “no” to question #3, please explain:						
Thank you for taking the time to complete this form. Please return electronically or in person to your Medical Executive Committee leadership.						