

**UNIVERSITY OF PITTSBURGH PHYSICIANS  
Performance Evaluation Instructions**

The University of Pittsburgh Physicians (UPP) requires an annual written performance evaluation on each member of the practice plan. The Performance Evaluation (PE) consists of the following components:

**Self-Review Component**

- Physician should summarize his/her accomplishments for the current year (January 1, 2016 to December 31, 2016) on the review form and submit the form to the department chair or designee. All physicians must complete the self-review component.
- Physician must submit their curriculum vitae with the PE.

**Annual Review**

- The department chair or designee should review the PE and designate an appropriate rating based on his/her knowledge of the physician's performance for the current year (January 1, 2016 through December 31, 2016). All physicians must complete the annual review. It is recommended that the department chair or designee meet with the physician as part of the assessment process.
- Each PE review should be accompanied by the physician's most current year to date profit and loss statement.

**Interim Review**

- PE forms may be used for describing accomplishments and progress toward achieving the current year's goals and objectives. (January 1, 2017 through June 30, 2017; due by July 15, 2017) A physician should complete the Interim Review only if requested to so by the Department Chair.

**Description of the rating system:**

- 1 exceeds position requirements
- 2 meets position requirements
- 3 requires improvement
- 4 not applicable
- 5 unable to evaluate

The physician/faculty member and the Department Chair must each sign the PE form and forward a copy of the document to the following address no later than February 28, 2017:

**UPMC Physician Services  
Iroquois Building Suite 502  
3600 Forbes Avenue  
Pittsburgh, PA 15213**

**UNIVERSITY OF PITTSBURGH PHYSICIANS**  
**Performance Evaluation**  
**January 1, 2016 – December 31, 2016**

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 obstacles you encountered in fulfilling the expectations of your position during the period under review and suggest ways to remove those obstacles.
4. What do you see as your major goals/work priorities for the coming year?

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**Performance Review Component:** *(to be completed by the Department Chair or designee)*

Please provide an assessment of the physician's/faculty member's clinical skills/performance, administrative performance (if applicable), demonstrated key strengths/talents, opportunities for improvement and/or career development, and interpersonal relationships (with colleagues, referring physicians, residents and staff).

**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

\_\_\_\_\_ (date)  
Department Chair Signature

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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

\_\_\_\_\_ I disagree with this evaluation and wish to appeal to the UPP President\*\*

\_\_\_\_\_ (date)  
Physician/Faculty Member Signature

*\*\*Appeal Procedure: If a physician does not agree with all or parts of this evaluation, he/she should attempt to resolve these differences informally within the department through the division chief or department chair. Should this approach not lead to a successful resolution, physicians may appeal their evaluation to the President of University of Pittsburgh Physicians. A physician must submit his/her appeal in writing no later than 30 days following receipt of the evaluation. A letter addressing the specific reasons for the appeal should be sent to the Office of the Vice President for Physician Relations, Suite 502 Iroquois Building, 3600 Forbes Ave. Appeal decisions by the President of UPP are final.*