

WINTHROP-UNIVERSITY 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 Frank Rizzuto, 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 Winthrop University 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 Winthrop-University 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 Winthrop-University 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 Winthrop-University 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 Winthrop-University Hospital concerning my professional competence, ethics, character, health status and other qualifications for staff appointment and clinical privileges. I also release from liability Winthrop-University 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 Winthrop University 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.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

**To the Person Providing this Recommendation:**

\_\_\_\_\_ has submitted an application for the Physician Assistant Surgical Critical Care Residency Program at Winthrop University 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,

Frank Rizzuto, PA-C, Director, Winthrop University Hospital Surgical Critical Care Residency Program

**Winthrop University 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
<b>PATIENT CARE</b>					
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					
<b>MEDICAL KNOWLEDGE</b>					
Uses information technology to optimize patient care					
Critically evaluates current medical information					
Knows basic & clinical sciences					
<b>INTERPERSONAL &amp; COMMUNICATION SKILLS</b>					
Communicates effectively with:					
• Patients & families					
• Physicians					
• Other health care professionals					
	<b>OUTSTANDING</b>	<b>VERY GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>NO BASIS</b>
Maintains medical records that are:					
• Comprehensive					
• Timely					
• Legible					

- Accurate

<b>PROFESSIONALISM</b>					
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**

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

<b>SYSTEMS-BASED PRACTICE</b>					
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