

AMERICAN BOARD OF INTERNAL MEDICINE
Patient and Physician Peer Assessment Module: Your Self-Evaluation

Your Name: Donald J Kooker
Your ID Number: 188 481 080 093
Due Date: 01/16/06

As part of the ABIM Continuous Professional Development Program, you are asked to provide your self-ratings on the same items as your patients and physician peers. Upon completion of the module, your self-ratings will be included as part of the aggregate feedback provided to you by the ABIM.

- **USE A TOUCH-TONE TELEPHONE.** A rotary phone or push-button phone that is set to 'pulse' cannot access the system.
- **DIAL 1-800-841-6024.** Using your telephone keypad, enter Your ID Number listed above.
- **USING YOUR TELEPHONE KEYPAD, RATE YOURSELF IN EACH OF THE AREAS LISTED BELOW.** The physician peer rating scale ranges from 1 (lowest score) to 9 (highest score); the patient rating scale ranges from 1 (poor) to 5 (excellent).
- **DO NOT MAIL THIS SURVEY TO THE ABIM.** If there is a problem with the telephone system, or you have any questions, please call 1-800-441-2246, ext. 3593.

PHYSICIAN PEER: Please provide your self-ratings for the following questions.

		Rating Scale									Unable To Evaluate	
		Lowest Score								Highest Score		
		1	2	3	4	5	6	7	8	9	#	
1.	Respect Shows inadequate personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.	1	2	3	4	5	6	7	8	9	#	Always shows exceptional personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.
2.	Medical Knowledge Limited and fragmented.	1	2	3	4	5	6	7	8	9	#	Extensive and well-integrated.
3.	Ambulatory Care Skills Very poor ability to diagnose and treat patients and coordinate care in the outpatient setting.	1	2	3	4	5	6	7	8	9	#	Excellent ability to diagnose and treat patients and coordinate care in the outpatient setting.
4.	Integrity Shows inadequate commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities.	1	2	3	4	5	6	7	8	9	#	Always shows exceptional commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities.
5.	Psychosocial Aspects of Illness Does not recognize or respond to psychosocial aspects of illness.	1	2	3	4	5	6	7	8	9	#	Recognizes and responds to psychosocial aspects of illness.
6.	Management of Multiple Complex Problems Very limited ability to manage patients with multiple complex medical problems.	1	2	3	4	5	6	7	8	9	#	Excellent ability to manage patients with multiple complex medical problems.
7.	Compassion Shows inadequate appreciation of patients' and families' special needs for comfort and help or develops inappropriate emotional involvement.	1	2	3	4	5	6	7	8	9	#	Always appreciates patients' and families' special needs for comfort and help but avoids inappropriate emotional involvement.

Please Continue →

8.	Responsibility Does not accept responsibility for own actions and decisions; blames patients or other professionals.	1	2	3	4	5	6	7	8	9	#	Fully accepts responsibility for own actions and decisions.
9.	Management of Hospitalized Patients Very poor ability to diagnose and treat patients and coordinate care in the inpatient setting.	1	2	3	4	5	6	7	8	9	#	Excellent ability to diagnose and treat patients and coordinate care in the inpatient setting.
10.	Problem-Solving Fails to critically assess information, risks, and benefits; does not identify major issues or make timely decisions.	1	2	3	4	5	6	7	8	9	#	Critically assesses information, risks, and benefits; identifies major issues and makes timely decisions.
11.	Overall Clinical Skills Very poor overall clinical skills.	1	2	3	4	5	6	7	8	9	#	Outstanding overall clinical skills.

PATIENT: Please provide your self-ratings for the following questions.

RATING SCALE

	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
	1	2	3	4	5	#
12. Telling your patients everything; being truthful, upfront and frank; not keeping things from them that they should know	1	2	3	4	5	#
13. Greeting your patients warmly; calling them by the name they prefer; being friendly, never crabby or rude	1	2	3	4	5	#
14. Treating your patients like they're on the same level; never "talking down" to them or treating them like a child	1	2	3	4	5	#
15. Letting your patients tell their stories; listening carefully; asking thoughtful questions; not interrupting them while they're talking	1	2	3	4	5	#
16. Showing interest in your patients as people; not acting bored or ignoring what they have to say	1	2	3	4	5	#
17. Warning your patients during the physical exam about what you are going to do and why; telling them what you find	1	2	3	4	5	#
18. Discussing options with your patients; asking their opinion; offering choices and letting them help decide what to do; asking what they think before telling them what to do	1	2	3	4	5	#
19. Encouraging your patients to ask questions; answering them clearly; never avoiding their questions or lecturing them	1	2	3	4	5	#
20. Explaining what your patients need to know about their problems, how and why they occurred, and what to expect next	1	2	3	4	5	#
21. Using words your patients can understand when explaining their problems and treatment; explaining any technical medical terms in plain language	1	2	3	4	5	#

AMERICAN BOARD OF INTERNAL MEDICINE
Using Physician Peer Assessment for Continuous Professional Development

As part of the American Board of Internal Medicine (ABIM) Continuous Professional Development Program, you have been selected to answer the following questions about your physician peer. This is a voluntary activity and you may decline to participate.

Doctor's Name: Donald J Kooker
Doctor's ID Number: 188 481 070 092
Due Date: 01/16/06

- **USE A TOUCH-TONE TELEPHONE.** A rotary phone or push-button phone that is set to 'pulse' cannot access the system.
- **DIAL 1-800-841-6024.** Using your telephone keypad, enter the Doctor's ID Number listed above.
- **USING YOUR TELEPHONE KEYPAD, RATE THIS DOCTOR IN EACH OF THE AREAS LISTED BELOW.** The rating scale goes from 1 (lowest score) to 9 (highest score).
- **DO NOT MAIL THIS SURVEY TO THE ABIM OR THE DOCTOR.** If there is a problem with the telephone system, or you have any questions, please call 1-800-441-2246, ext. 3593.
- **YOUR ANSWERS WILL BE CONFIDENTIAL.** You do not have to provide any personal information, and the ABIM assures you that your confidentiality is preserved by removing all individual identifying characteristics following data analysis and validation.

Example

PLEASE RATE THIS DOCTOR:

		Rating Scale									Unable to Evaluate	
		Lowest Score								Highest Score	#	
		1	2	3	4	5	6	7	8	9	#	
1.	Responsiveness to Patients Unresponsive to patients' needs and wishes.											Very responsive to patients' needs and wishes.
A rating of 1 would indicate that Doctor X is the <u>worst</u> physician with whom you have worked in his/her responsiveness to patients' needs and wishes. A rating of 2 would indicate that Doctor X is <u>among the bottom few</u> physicians with whom you have worked in this characteristic.		A rating of 8 would indicate that Doctor X is <u>among the top two or three</u> physicians with whom you have worked in his/her responsiveness to patients' needs and wishes. A rating of 9 would indicate that Doctor X is the <u>single best</u> physician with whom you have worked in this characteristic.										
2.	Respect Shows inadequate personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.	1	2	3	4	5	6	7	8	9	#	Always shows exceptional personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.
3.	Medical Knowledge Limited and fragmented.	1	2	3	4	5	6	7	8	9	#	Extensive and well-integrated.
4.	Ambulatory Care Skills Very poor ability to diagnose and treat patients and coordinate care in the outpatient setting.	1	2	3	4	5	6	7	8	9	#	Excellent ability to diagnose and treat patients and coordinate care in the outpatient setting.
5.	Integrity Shows inadequate commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities.	1	2	3	4	5	6	7	8	9	#	Always shows exceptional commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities.

		Lowest Score								Highest Score	Unable to Evaluate	
5.	Psychosocial Aspects of Illness Does not recognize or respond to psychosocial aspects of illness.	1	2	3	4	5	6	7	8	9	#	Recognizes and responds to psychosocial aspects of illness.
6.	Management of Multiple Complex Problems Very limited ability to manage patients with multiple complex medical problems.	1	2	3	4	5	6	7	8	9	#	Excellent ability to manage patients with multiple complex medical problems.
7.	Compassion Shows inadequate appreciation of patients' and families' special needs for comfort and help or develops inappropriate emotional involvement.	1	2	3	4	5	6	7	8	9	#	Always appreciates patients' and families' special needs for comfort and help but avoids inappropriate emotional involvement.
8.	Responsibility Does not accept responsibility for own actions and decisions; blames patients or other professionals.	1	2	3	4	5	6	7	8	9	#	Fully accepts responsibility for own actions and decisions.
9.	Management of Hospitalized Patients Very poor ability to diagnose and treat patients and coordinate care in the inpatient setting.	1	2	3	4	5	6	7	8	9	#	Excellent ability to diagnose and treat patients and coordinate care in the inpatient setting.
10.	Problem-Solving Fails to critically assess information, risks, and benefits; does not identify major issues or make timely decisions.	1	2	3	4	5	6	7	8	9	#	Critically assesses information, risks, and benefits; identifies major issues and makes timely decisions.
11.	Overall Clinical Skills Very poor overall clinical skills.	1	2	3	4	5	6	7	8	9	#	Outstanding overall clinical skills.

PHYSICIAN PEER DEMOGRAPHICS

The following questions are for statistical purposes. Your responses are confidential.

- | | | |
|---|---|---|
| <p>12. What is your specialty?</p> <p>1 General Internal Medicine</p> <p>2 Family Medicine</p> <p>3 Medical Subspecialty</p> <p>4 General Surgery</p> <p>5 Surgical Subspecialty</p> <p>6 Other</p> | <p>15. Indicate the percentage of patient care that you provide:</p> <p>Inpatient _____%</p> <p>Outpatient _____%</p> <p>Administration _____%</p> <p>Other _____%</p> <p style="text-align: center;">Total = 100%</p> | <p>17. How long have you shared patients with this physician?</p> <p>1 Less than 6 months</p> <p>2 6 months to 1 year</p> <p>3 More than 1 year</p> <p>4 Not applicable</p> |
| <p>13. Please enter your gender:</p> <p>1 Male</p> <p>2 Female</p> | <p>16. Indicate your professional relationship with this physician:</p> <p>1 This doctor is a business partner</p> <p>2 I refer patients to this doctor</p> <p>3 This doctor refers patients to me</p> <p>4 Other</p> <p>5 None</p> | <p>18. Would you recommend this physician to a friend or relative?</p> <p>1 Yes</p> <p>2 No</p> |
| <p>14. What is your practice type?</p> <p>1 Solo or one partner</p> <p>2 Small group (3-9 physicians)</p> <p>3 Large group (> 9 physicians)</p> <p>4 Other</p> | <p>19. Please enter your telephone number including your area code and extension:</p> <p style="text-align: center;">Phone Number and Extension</p> <p>(____) - ____ - ____ Ext. ____</p> | |

Thank you for completing your assessment of this doctor as part of the
ABIM Continuous Professional Development Program.

AMERICAN BOARD OF INTERNAL MEDICINE
Using Patient Assessment for Continuous Professional Development

As part of the American Board of Internal Medicine (ABIM) Continuous Professional Development Program, you have been selected to answer the following questions about your doctor. This is a voluntary activity and you may decline to participate.

Doctor's Name: Donald J Kooker
Doctor's ID Number: 188 481 094 907
Due Date: 01/16/06

- **PLEASE USE A TOUCH-TONE TELEPHONE.** A rotary phone, or push-button phone that is set to 'pulse' cannot access the system.
- **DIAL 1-800-841-6024.** Using your telephone keypad, enter the Doctor's ID Number listed above.
- **USING YOUR TELEPHONE KEYPAD, PLEASE RATE YOUR DOCTOR IN EACH OF THE AREAS LISTED BELOW.** The rating scale goes from 1 (poor) to 5 (excellent.)
- **DO NOT MAIL THIS SURVEY TO THE ABIM OR YOUR DOCTOR.** If there is a problem with the telephone system, or you have any questions, please call 1-800-441-2246, ext. 3593.
- **YOUR ANSWERS WILL BE CONFIDENTIAL.** You do not have to provide any personal information, and the ABIM assures you that your confidentiality is preserved by removing all individual identifying characteristics following data analysis and validation.

RATING SCALE

HOW IS THIS DOCTOR AT ...	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
1. Telling you everything; being truthful, upfront and frank; not keeping things from you that you should know	1	2	3	4	5	#
2. Greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude	1	2	3	4	5	#
3. Treating you like you're on the same level; never "talking down" to you or treating you like a child	1	2	3	4	5	#
4. Letting you tell your story; listening carefully; asking thoughtful questions; not interrupting you while you're talking	1	2	3	4	5	#
5. Showing interest in you as a person; not acting bored or ignoring what you have to say	1	2	3	4	5	#
6. Warning you during the physical exam about what he/she is going to do and why; telling you what he/she finds	1	2	3	4	5	#

Please Continue →

RATING SCALE

	Poor	Fair	Good	Very Good	Excellent	Unable to Evaluate
7. Discussing options with you; asking your opinion; offering choices and letting you help decide what to do; asking what you think before telling you what to do	1	2	3	4	5	#
8. Encouraging you to ask questions; answering them clearly; never avoiding your questions or lecturing you	1	2	3	4	5	#
9. Explaining what you need to know about your problems, how and why they occurred, and what to expect next	1	2	3	4	5	#
10. Using words you can understand when explaining your problems and treatment; explaining any technical medical terms in plain language	1	2	3	4	5	#

The following questions are asked for statistical purposes. Your responses are confidential.

- | | |
|--|--|
| <p>11. Please enter your age: _____</p> | <p>12. Please enter your gender:
 1 Male
 2 Female</p> |
| <p>13. In general, how is your health:
 1 Poor
 2 Fair
 3 Good
 4 Very Good
 5 Excellent</p> | <p>14. Is this doctor your primary care doctor whom you see for general care or a consultant or specialist whom you see for a particular health-related problem?

 1 Primary Care Doctor
 2 Consultant</p> |
| <p>15. How long have you been under this doctor's care?

 1 This was my 1st visit
 2 Less than 6 months
 3 6 months to 1 year
 4 More than 1 year</p> | <p>16. How many visits did you make to this doctor in the past 12 months?

 1 1-3
 2 4-7
 3 More than 7</p> |
| <p>17. Would you recommend this physician to a friend or relative?
 1 Yes
 2 No</p> | <p>18. Please enter your telephone number including your area code:
 (____) - ____ - _____</p> |

Thank you for completing your assessment of this doctor as part of the ABIM Continuous Professional Development Program.