

**ANNUAL PERFORMANCE REVIEW**  
**EMERGENCY DEPARTMENT ACTIVE PHYSICIANS**

**Review Period: January 1 to October 31 2018**

**Physician Name:**

**Meeting Date:**

*For Chief of Department Comments*

1. Overall, how satisfied are you working for the Niagara Health  
Emergency Department?

Not satisfied          Neutral          Satisfied

*What are the department's strengths and improvement opportunities?*

2. Please review the data provided to you and state strengths and improvement opportunities.

3. Other areas to be discussed at the meeting with Dr. Setrak;

1. Documentation	4. Academic Activity
2. TOA	5. Growth Opportunities
3. Ordersets	6. 5 Year Plan

DATE OF COMPLETION BY PHYSICIAN:

DATE OF COMPLETION BY DR. SETRAK: