

DEPARTMENT OF EMERGENCY MEDICINE
FOCUSED PROFESSIONAL PRACTICE EVALUATION
VMC POLICY #375.0

 Name of Practitioner

 Date

<input type="checkbox"/>	Level I proctoring shall be considered routine and is generally implemented as a means to review initially requested privileges in accordance with Bylaws and for review of infrequently used privileges in accordance with Bylaws. In special instances, focused evaluation will be imposed as a condition of renewal of privileges (for example, when a member requests renewal of a privilege that has been performed so infrequently that it is difficult to assess the member's current competency in that area).
<input type="checkbox"/>	Level II proctoring is appropriate in situations where a provider's competency or performance is called into question, in accordance with Bylaws but where the circumstances do not involve a "medical disciplinary" cause or reason or where the proctoring does not constitute a restriction on the provider's privilege(s) (i.e., the provider is required to participate in proctoring, and to notify either the proctor or other designated individual(s) prior to providing services, but is permitted to proceed without the proctor if one is not available.
<input type="checkbox"/>	Level III proctoring is appropriate in situations where a provider's competency or performance is called into question due to a "medical disciplinary" cause or reason in accordance with Bylaws and where the form of proctoring is a restriction on the provider's privilege(s) (because the provider may not perform a procedure or provide care in the absence of the proctor). Upon imposition of Level III proctoring, that provider is afforded such procedural rights as provided in the Bylaws.

Check the reason for FPPE

- ☐ Initial credentialing or request for new or additional privileges
- ☐ Referred to peer review due to incident, quality issue identified
- ☐ Low volume of clinical activity
- ☐ Triggered by OPPE outcome (list) _____
- ☐ Other (list) _____

SPECIFIC ACTION PLAN FOR THIS PRACTITIONER

The plan for **FPPE** must include evaluation of enough chart reviews (at least 10), direct observations (at least 3) and case presentations to fully evaluate the **full** Scope of Practice of the AHP.

The plan for **FPPE** must also include direct observation of at least 3 procedures the AHP will perform. Procedure observations must be representative of the full scope of skills needed for the range of procedures requested.

SPECIFIC ACTION PLAN FOR THIS PRACTITIONER

Method of Monitoring:

<input type="checkbox"/> Chart Review <ul style="list-style-type: none"> ○ Concurrent proctoring ○ Retrospective review <input type="checkbox"/> Direct observation <input type="checkbox"/> Direct Proctoring <input type="checkbox"/> External Review <input type="checkbox"/> Discussions with other individuals involved in the care of the patient	Comments/Additional Information (if applicable):
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Name of Invigilator/Proctor(s): The assigned Proctor must be a member in good standing of the Medical Staff and practicing in the same specialty as the AHP. The assigned proctor must proctor at least 50% of the patient encounters and procedures reviewed. The proctor may utilize appropriately credentialed AHPs or other qualified Medical Staff to assist with up to 50% of the cases reviewed.

1. Eric Bergersen, APC Director
2. Jeff Chien, MD, Medical Director
3. Jeff Leinen, MD Department Chair

Timeline or Duration of the FPPE: Proctoring shall begin when a practitioner begins to deliver care or upon being granted a new privilege.

1. Time Specific: Anticipated Proctoring Period _____ to _____
Start Date End Date
2. Volume specific: Designated # and type of cases _____
3. Other _____
4. FPPE may be extended based upon recommendation of the Department Chair and/or at the discretion of the MEC

SPECIFIC ACTION PLAN FOR THIS PRACTITIONER

Medical Records Reviewed: Reviews should be attentive to the six core competencies as listed on the clinical evaluation chart that follows.

	Diagnosis or procedure	MRN	AGE	Direct Observation Yes or No	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SPECIFIC ACTION PLAN FOR THIS PRACTITIONER

1. Clinical Evaluation (please explain any areas that Needs Improvement)

Along with clinical chart review, please consider interaction and teamwork with colleagues, staff, patients and families.

Area of Competency	Acceptable	Needs Improvement	Refer to Peer Review
Patient Care <ul style="list-style-type: none"> Provides care, treatment and services in the clinical setting, consistent with the scope of practice and medical staff approved protocols; including the performance of appropriate assessments, diagnosing conditions, the development of treatment plans, health counseling, and prescribing medications (if applicable). Chart notes are clear and complete, documents in a timely manner 			
Basic Medical Knowledge <ul style="list-style-type: none"> Follows accepted management guidelines/standard of care Manages the healthcare of the patient population, following approved protocols 			
Technical/Clinical Skills <ul style="list-style-type: none"> Performs procedures within the scope of practice and approved medical staff protocols and is indicative of training and experience 			
Systems Based Practice <ul style="list-style-type: none"> Consistently coordinates patient care, i.e. referrals, within the SCVMC health system Demonstrates cost awareness and risk-benefit analysis in patient care as appropriate 			
Communication/Interpersonal Skills (observed with interaction) <ul style="list-style-type: none"> Peer evaluations Develops collegial relationships Communicates to patients and staff well/clearly 			
Professionalism (Observation and Oversight) <ul style="list-style-type: none"> Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice and sensitivity to diversity 			
OVERALL RATING			

SPECIFIC ACTION PLAN FOR THIS PRACTITIONER

2. This evaluation is based on the practitioner's performance in the following setting(s):

☐ Inpatient Unit ☐ Custody ☐ Ambulatory Clinic ☒ Other EXC/ED

3. Is there anything else you would like to add about the competency and qualifications of this practitioner to perform the privileges s/he holds?

No ☐ Yes ☐ if your response is yes, please attach or list details below.

Evaluator's Signature

Date

Recommendation:

Based on utilization of the method(s) indicated above and review by the proctor, the practitioner has:

- ☐ **Satisfactory Completed the Department FPPE Plan**
 - Demonstrated the ability and competency to perform effectively the clinical privileges initially granted.
 - The practitioner may continue privileges and will have 6-month OPPEs going forward.
- ☐ **Not Satisfactorily Completed due to Low volume**
 - Continue FPPE for _____ months or _____ procedures.
- ☐ **Not Satisfactorily Completed**
 - Refer to Hospital Wide Peer Review Committee (HWPRC) for Level II FPPE. (see comments and attachment)

Practitioner Signature

Date

APC Director Signature

Date

Department Chair Signature

Date