

XYZ Medical Center

Medical Staff Organization Policy

Focused Professional Practice Evaluation (FPPE)

Purpose

To establish a systematic process to assure there is sufficient information available to confirm the current competency of practitioners initially granted privileges at XYZ Medical Center (XYZ). This process, termed Focused Professional Practice Evaluation (FPPE) by the Joint Commission will provide the basis for obtaining organization specific information that substantiates current competence for those practitioners.

For purposes of this policy, the term “practitioner” means any medical staff member or allied health professional/advanced practice professional (hereinafter referred to as APP) granted clinical privileges.

Medical Staff Ethical Position on Proctoring

The proctor’s role is typically that of an evaluator, not a consultant or mentor. A practitioner serving as a proctor for the purpose of assessing and reporting on the competence of another practitioner is an agent of XYZ. The proctor shall receive no compensation directly or indirectly from any patient for this service, and shall have no duty to the patient to intervene if the care provided by the proctored practitioner appears to be deficient. However, the proctor is expected to report immediately to the appropriate Department Chair or XYZ authority (i.e., Chief Medical Officer) any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm. The proctor, or any other practitioner, may render emergency medical care to a patient for medical complications arising from the care provided by a proctored practitioner. XYZ will defend and indemnify any practitioner who is subjected to a claim or suit arising out of his or her acts or omissions in the role of proctor.

Medical Staff Oversight

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure. It accomplishes this oversight through receiving regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The Department Chair shall be responsible for overseeing the proctoring process for all applicants assigned to his/her Department.

The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Credentials Committee with data systematically collected for OPPE that is appropriate to confirm current competence for these practitioners during the FPPE period.

Scope of the Proctoring Program

Definition of Proctoring

For purposes of this policy, proctoring is a focused evaluation (FPPE) to confirm an individual practitioner’s current competence at the time new privileges are granted, either at

initial granting of privileges as a current member of the medical or APP staff. In addition to specialty specific issues, proctoring will also address the six general competencies of practitioner performance:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy. They are not proctored and may not act as proctors. The decision and process to perform FPPE for current practitioners with existing privileges is based on trends or patterns of performance identified by OPPE are outside the scope of this policy (see ***Peer Review Policy and Procedure***).

Selection of methods for each specialty

The appropriate proctoring methods to determine current competency for an individual practitioner will be part of the recommendation for granting of privileges by the Department Chair and will be reviewed and approved by the Credentials Committee and Medical Executive Committee and recommended to the Board of Directors for final approval.

Each specialty will define the appropriate methods in a brief proctoring guideline for the specialty area (attached) and will include the types of proctoring that may be used, and the number of cases to be proctored, depending upon the privileges requested by an applicant. The guidelines will be reviewed, updated and submitted for approval annually to the Credentials Committee, Medical Executive Committee and Board of Directors.

It should be noted that these are general guidelines and that the Department Chair is expected to customize proctoring requirements based on the background, training, reputation, and the Department Chair's first-hand knowledge of a practitioner's current competency (all of which must be documented when the Department Chair makes his/her recommendation related to clinical privileges and FPPE).

Proctoring Methods

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provider by the practitioner:

- **Prospective Proctoring:** Presentation of cases with planned treatment outlined for treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.
- **Concurrent Proctoring:** Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay.
- **Retrospective Evaluation:** Review of case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.

Off-site proctoring (documented evidence of proctoring from an area hospital) may be used in situations where a practitioner has skills that are needed at XYZ on an occasional

basis, where the skills and reputation the practitioner in question are known to members of the medical staff of XYZ and in situations where practitioners are needed from local area hospitals to provide occasional coverage at XYZ. It is up to the Department Chair to make a recommendation related to the use of off-site proctoring for a specific practitioner situation.

Sources of data

FPPE data may include:

- Personal interaction with the practitioner by the proctor
- Detailed medical record review by the proctor
- Interviews of hospital staff interacting with the practitioner
- Surveys of hospital staff interacting with the practitioner
- Chart audits by non-medical staff personnel based on medical staff defined criteria for initial appointees

The data obtained by the proctor will be recorded on the approved proctoring form for consistency and inter-rater reliability.

Proctoring Data Analysis

The Department Chair will review both the case-specific and aggregate data and provide the Credentials Committee with an interpretation as to whether a practitioners' performance was acceptable, in need of further data to complete the evaluation or unacceptable. For aggregate rate data, the acceptable targets will be determined by the medical staff.

Proctoring Period

Proctoring shall begin when a practitioner is informed of appointment to the medical or APP staff or upon being granted a new privilege. Based on the specialty of the practitioner, newly granted privileges shall be considered under FPPE for either a specific period of time or for a specific number of patients/procedures. The proctoring period may be extended for a period not to exceed a total of 24 months from the granting of the privilege(s) that require proctoring if either initial concerns are raised that require further evaluation or if there is insufficient activity during the initial period.

The medical staff may take into account the practitioners' previous experience in determining the approach and extent of proctoring needed to confirm current competency. The practitioner experience may fall into one of the following categories:

1. XYZ residency/fellowship training program graduate (training completed within the past two years)
2. Recent training program graduate from another facility
3. Practitioner with experience at another organization

Results and Recommendations

At the end of the proctoring period, the Department Chair shall provide a summary report to the Credentials Committee that shall include one or more of the following:

- Whether a sufficient number of cases done at XYZ or **at another local hospital (i.e., via off-site proctoring)** have been presented for review to properly evaluate the clinical privileges requested.

- If a sufficient number of cases have not been presented for review, whether in the Department Chair's opinion, the FPPE period should be extended for an additional period.
- If sufficient treatment of patients has occurred to properly evaluate the clinical privileges requested, the Department Chair shall make his/her report concerning the appointee's qualifications and competence to exercise these privileges.
- Make a recommendation related to the appropriate medical staff category (if applicable) and clinical privileges as requested or recommend an additional period of proctoring—or that membership and clinical privileges NOT be approved as requested.
- If there is a recommendation by the MEC to terminate the practitioner's appointment or additional clinical privileges due to questions about qualifications, behavior or clinical competence, the medical staff member shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws. APPs shall be entitled to rights as defined in APP policies and procedures.

Responsibilities

Responsibilities of the Proctor:

Proctor(s) must be members in good standing of the medical staff (or APP staff) of XYZ and must have privileges in the specialty area relative to the privileges(s) to be evaluated. The proctor shall:

1. Use appropriate methods and tools approved by the MEC for that department.
2. Assure the confidentiality of the proctoring results and forms and deliver the completed proctoring forms to the applicable Department Chair's office.
3. Submit any summary reports or additional information requested by the Department Chair.
4. If the practitioner being proctored is not sufficiently available or lacks sufficient cases to complete the proctoring process in the prescribed timeframe, the Department Chair may recommend to the Credentials Committee an extension of the proctoring period to complete the report.
5. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor shall promptly notify the Department Chair.

Responsibilities of the Practitioner Being Proctored

The practitioner being proctored shall:

1. For concurrent proctoring, make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure. In an emergency, the practitioner may admit and treat the patient and must notify the proctor as soon as reasonably possible.
2. Provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and physicals, operative reports, consultation reports and discharge summaries

- documented by the proctored practitioner.
3. Shall have the prerogative of requesting from the Department Chair a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship. The Department Chair will keep the Credentials Committee and MEC informed about changes in proctors.
 4. Inform the proctor of any unusual incident(s) associated with his/her patients.

Responsibilities of Department Chairs:

Each medical staff Department Chair shall be responsible for:

1. Assignment of proctors as noted above.
2. Assist in establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required shall be made at the time privileges are recommended. When there are interdepartmental privileges, the Credentials Committee shall determine the minimum number of cases/procedures to be reviewed.
3. Identifying the names of practitioners eligible to serve as proctors as noted above.
4. If at any time during the proctoring period, the proctor notifies the Department Chair that he/she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendations of the proctor, the Department Chair shall then review the medical records of the patient(s) treated by the practitioner being proctored and shall:
 - a. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
 - b. Review the case for possible referral to the peer review committee;
 - c. Recommend to Medical Executive Committee that:
 - 1) Additional or revised proctoring requirements be imposed upon the practitioner;
 - 2) Corrective action be undertaken pursuant to applicable corrective action procedures.

Responsibilities of Medical Staff Affairs Office (MSA):

Medical Staff Affairs Office shall assure that the following steps are taken.

1. Send a letter to the practitioner being proctored and to the assigned proctor containing the following information:
 - a. A copy of the privilege form of the practitioner being proctored
 - b. The name, address and telephone numbers of the practitioner being proctored and the proctor
 - c. A copy of this FPPE Policy and Procedure
 - d. Proctoring forms to be completed by the Proctor
2. Develop a mechanism for tracking all admissions or procedures performed by the practitioner being proctored.
3. Provide information to appropriate hospital departments about practitioners being proctored including the name of the proctor and a supply of proctoring forms as needed.
4. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.
5. Periodically submit a report to the Credentials Committee related to proctorship activity for all practitioners being proctored.

Responsibilities of the Credentials Committee:

The Credentials Committee shall:

1. Have the responsibility of monitoring compliance with this policy and procedure.
2. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure.
3. Make recommendations to the MEC regarding clinical privileges based on information obtained from the proctoring process.

Procedure

The specific steps needed to perform proctoring by the proctor and practitioner undergoing proctoring are outlined in table below:

Task	Activity	Timeframe	Responsibility
Determination of Proctoring Period/ Volume and Methods	Applicant classified regarding amount of proctoring required based on applicants experience and available data	At the time privileges are recommended by the Department Chair	Dept Chair and Credentials Committee
Proctor Assignments	Members from appropriate specialty contacted and confirmed	Within two weeks prior to privileges granted by Board	Dept Chair and MSA
Initiation of proctoring	Proctor and practitioner informed of proctoring plan	At orientation and activation of privileges	Dept Chair and MSA
Scheduling of proctoring sessions	Proctor and practitioner determine schedule if concurrent methods used and inform MSA	Within one week following privilege activation	Proctor Practitioner MSA
Distribution of proctoring forms	Forms for proctoring sent to proctor	Prior to or at the time privileges are activated	MSA
Completion of proctoring forms	Proctor submits completed forms to MSS	Monthly for duration of proctoring period	Proctor
Notify Dept Chair of any evolving issues	MSA reviews proctoring forms and alerts Dept Chair if there are negative ratings or comments	As needed for duration of proctoring period	MSA
Proctoring Chart Audits	Quality staff performs audits required by proctoring plan and submits data to-MSA (and to Dept Chair if negative information is identified during audits)	Monthly for duration of proctoring period	Quality staff
Dept Chair Recommendation	Dept Chair provides MSA (MSA transmits to the Credentials Committee) with overall assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	At end of initial proctoring period or volume unless substantial concerns are raised earlier requiring immediate action	Dept Chair MSA
Final Recommendations and Decision-Making	Credentials Committee reviews proctor data and Dept Chair recommendation and submits recommendation to MEC. MEC submits recommendation to the Board.	At next scheduled meetings of the MEC and Board	MSA Credentials Committee MEC Board

CONFIDENTIAL PEER REVIEW DOCUMENT

To: Chair, Department of _____

Date: _____

Confidential for File of: _____
(Practitioner's Name)

Name of Evaluator: _____

Patient Record Identifier: _____

Diagnosis and/or Procedure: _____

Complications: _____

PLEASE ANSWER ALL OF THE FOLLOWING: If the answer to any of the following questions is "no", please attach an explanation on a separate sheet.

Yes	No	N/A	
			1. Was pre-operative justification for surgery documented?
			2. Were patient rounds made daily?
			3. Were calls answered promptly by the practitioner?
			4. Did the practitioner cooperate with you concerning this review?
			5. Was all necessary information (i.e., history, physical, progress notes, operative notes and summary) recorded by the practitioner in a timely manner in the patient's medical record?
			6. Was the above information recorded in a legible manner?
			7. Were the entries made in the patient's record by the practitioner informative?
			8. Were the entries made in the patient's record by the practitioner appropriate?
			9. Was the practitioner's use of diagnostic services (i.e., lab, x-ray and invasive diagnostic procedures) appropriate?
			10. Was the practitioner's surgical technique appropriate:
			11. Did the pre-operative diagnosis coincide with post-operative findings?
			12. Was post-operative care adequate?
			13. Was the operative report complete, accurate and timely?
			14. Were complications, if any, recognized and managed appropriately?

ATTACHMENT A
Surgical Evaluation Form

			15. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			16. Was there any evidence of patient dissatisfaction with the practitioner?

BASIC ASSESSMENT		Satisfactory	Unsatisfactory
1.	Clinical judgment		
2.	Communication skills		
3.	Use of consultants		
4.	Professional attitude		
5.	Recordkeeping		
6.	Relationship to patient		

Generally, how would you rate this practitioner's skill and competence in performing this procedure?

- Outstanding
 - Standard
 - Substandard
 - Unacceptable
 - Unable to evaluate because _____
- _____
- _____

Additional comments _____

CONFIDENTIAL PEER REVIEW DOCUMENT

To: Chair, Department of _____

Date: _____

Confidential for File of: _____
(Practitioner's Name)

Name of Evaluator: _____

Patient Record Identifier: _____

Diagnosis and/or Procedure: _____

Complications: _____

PLEASE ANSWER ALL OF THE FOLLOWING: If the answer to any of the following questions is "no", please attach an explanation on a separate sheet.

DIAGNOSTIC WORKUP

Yes	No	N/A	
			1. Was there adequate evidence to support the patient's admission?
			2. Was the initial level of care appropriate?
			3. Was the practitioner's problem formulation (i.e., initial impressions rules-outs, assessment, etc.) appropriate?
			4. Were patient rounds made daily?
			5. Did the practitioner cooperate with you concerning this review?
			6. Was all necessary information (i.e., history, physical, progress notes, operative notes and summary) recorded by the practitioner in a timely manner in the patient's medical record?
			7. Was the above information recorded in a legible manner?
			8. Were the entries made in the patient's record by the practitioner informative?
			9. Were the entries made in the patient's record by the practitioner appropriate?
			10. Was the practitioner's use of diagnostic services (i.e., lab, x-ray and invasive diagnostic procedures) appropriate?
			11. Were the practitioner's initial orders appropriate?

PATIENT MANAGEMENT

Yes	No	N/A	
			12. Was the practitioner's drug use appropriate?
			13. Was the practitioner's use of blood and blood components appropriate?
			14. Was the practitioner's use of ancillary services (physical therapy, respiratory therapy, social service, etc.) appropriate?
			15. Were complications anticipated, recognized promptly, dealt with appropriately?
			16. Was the patient's length of stay appropriate?

PATIENT DISCHARGE

Yes	No	N/A	
			17. Was the patient discharged to an appropriate level of care?

RELATIONSHIP WITH PATIENTS AND HOSPITAL EMPLOYEES

Yes	No	N/A	
			18. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			19. Was there any evidence of patient dissatisfaction with the practitioner?

BASIC ASSESSMENT		Satisfactory	Unsatisfactory
1.	Basic medical knowledge		
2.	Clinical judgment		
3.	Communication skills		
4.	Use of consultants		
5.	Professional attitude		
6.	Recordkeeping		
7.	Relationship to patient		

General comments: _____

CONFIDENTIAL PEER REVIEW DOCUMENT

To: Department Chair and Credentials Committee
_____ Medical Center
_____, California

Re: _____
(Practitioner's Name)

During the following period of time: _____ through _____, the above-named practitioner was observed and evaluated. We observed/evaluated (i.e., proctored) approximately _____ hospitalized patients of the above practitioner. Among these cases are included the following: (Please list medical or surgical problems which would seriously test the knowledge and performance of the practitioner being rated.)

- 1.
- 2.
- 3.
- 4.
- 5.

In evaluating this individual's care of his/her patients:

Issue	Yes	No	N/A
Were the admissions appropriate?			
Was the completeness and quality of the medical record well documented?			
Was the diagnostic workup and treatment rendered appropriate?			
In evaluation of procedures, was there adequate evidence to support justification for procedures performed?			
Was the practitioner's clinical knowledge appropriate?			
Was the practitioner's technical skills appropriate?			

To the best of our knowledge and belief, in comparison to other practitioners in his/her field, this practitioner should be rated on his/her overall performance as follows:

PERFORMANCE

- Outstanding.** Unusually well qualified. His/her practice is consistently excellent.

- Good to Average.** His/her knowledge and level of practice is quite satisfactory to meet our standards.

- Less than Average.** Has weaknesses in knowledge, conduct and/or performance. (Please supply further information below, or on a separate sheet. Please be specific in listing any weaknesses you may have observed.)

Submitted by:

Name of Practitioner Completing This Form

Signature of Practitioner Completing This Form

Title of Practitioner Completing This Form

Name of Hospital/Medical Center

Date Form Was Completed

EMERGENCY DEPARTMENT FPPE REVIEW FORM

Reviewer:	Date of Review:
Medical Record #:	Date of EM Dept Visit:
Patient Age:	Patient Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Reason for EM Dept. Visit:	
Admitting Physician:	
Admitting Diagnosis:	
Reason for Review: FPPE Evaluation – Retrospective Review of a Patient Admitted to the Medical Critical Care Unit from the EM Department	

Physician Care Issues: Please Complete This Section in Full

<i>Patient Care</i>	
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Diagnosis
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Clinical Judgment / Decision-making
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Technique / Skills
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Diagnostic / Treatment Planning <small>Includes appropriate use of diagnostic services (i.e., lab, x-ray and invasive diagnostic procedures)</small>
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Follow-up / Follow-through
<i>Medical Knowledge</i>	
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Clinical Knowledge
<i>Professionalism</i>	
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below <input type="checkbox"/> Not applicable	Supervision (Resident Physician or AHP)
<i>Interpersonal and Communication Skills</i>	
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Communication / Responsiveness
<i>Systems-Based Practice</i>	
<input type="checkbox"/> No problems identified <input type="checkbox"/> Issues identified – see comments below	Policy Compliance
Physician Documentation – Check all that are Applicable	
<input type="checkbox"/> - See comments below	Documentation does not reflect patient condition
<input type="checkbox"/> - See comments below	Documentation unreadable
<input type="checkbox"/> - See comments below	Documentation incomplete

Comments: _____

Overall management of case: Satisfactory Issues of concern identified

Completed by: _____
 Date: _____

**1000 Medical Center
FPPE Reference Form
Observations/Evaluations**

Surgeon Evaluated	
Specialty	
Period of Time Covered	
Approximate Number of Cases During the Above Period of Time Where You Served as the Anesthesiologist to this Surgeon	
Date Completed	
Reference Provided by	

During the above period of time I have had sufficient interaction with the above-named surgeon to provide this reference related to his/her practice at 1000 Medical Center.

In evaluating this individual's care of his/her patients and interactions with members of the healthcare team:

Issue	Yes	No	Additional Comments
Did you observe any behavior issues prior to, during or post-surgeries?			
Was there any evidence of patient dissatisfaction with the surgeon?			
Was there consistent professionalism and respect shown to the patients and the members of the healthcare team?			
To the best of your knowledge, did the surgeon follow applicable hospital and medical staff policies and procedures prior to, during and post-surgical procedures?			
Was the surgeon on time and prepared to perform the surgeries?			
Were there any complications during any of the surgeries?			
Was there any awkwardness in the flow of the procedure or was this an obviously planned procedure with effortless flow from one move to next?			
If the answer to the above question was yes, please comment on how the complication(s) were handled.			
Would you feel comfortable having this surgeon perform a procedure on you or a family member?			

[--name of organization--]
 Department Chair Report and Recommendation
FOCUSED PROFESSIONAL PRACTICE EVALUATION

PRACTITIONER: _____
 SPECIALTY: _____
 INITIAL APPOINTMENT DATE: _____
 (OR DATE NEW PRIVILEGES GRANTED)

QUALITY/PERFORMANCE INFORMATION

Attached reports provide information, as applicable to the practitioner and the practitioner's specialty, related to clinical activity, mortalities, invasive procedures, blood product utilization, medical record review, medication use, utilization, complaints, etc. during the FPPE period.

RECOMMENDATION OF DEPARTMENT CHAIR

The Department Chair has reviewed accumulated information related to the performance of the practitioner, reports demonstrating review of information related to his/her clinical performance, and other matters related to competency and conduct.

The Department Chair's recommendation is based on the following appraisals:

APPRAISAL FACTOR	SIGNIFICANT ISSUES IDENTIFIED?		COMMENTS ON SIGNIFICANT ISSUES	N/A
	Yes	No		
Timely and adequate completion of patient records				
Compliance with applicable Medical Staff and Medical Center policies and procedures				
Evidence of an acceptable level of clinical activity at _____ Medical Center				
Technical Skill/Judgment				
Evaluation of peer review findings and proctoring reports, as applicable				
Patient/Staff Complaints or other incident reports				
Professionalism				

APPRAISAL FACTOR	SIGNIFICANT ISSUES IDENTIFIED?		COMMENTS ON SIGNIFICANT ISSUES	N/A
	Yes	No		
Interpersonal Skills and Communication				

RECOMMENDATION

PLEASE CHECK ONE AND COMPLETE IN FULL

- SUCCESSFUL CONCLUSION OF FPPE:**
 The practitioner has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted. The practitioner is recommended to be released from further FPPE activities (proctoring, etc.).

- EXTENSION OF FPPE WITH NO CHANGE IN PRIVILEGES:**
 Recommend that the practitioner remains in FPPE status without any changes in privileges for an additional _____ days.
 Reason: _____

 Specific monitoring requirements: _____

- ALTERNATIVE RECOMMENDATION (must explain specific recommendation and rationale).**
 Recommend as follows:

 Signature
 Department Chair

 Date

Re:

Name of Practitioner

Department

Date of Appointment/Granting of Privileges

Dear Medical Executive Committee:

I have had an opportunity to directly or indirectly observe the performance of the above practitioner who is subject to focused professional practice evaluation (FPPE) as someone who was granted initial privileges.

I have evaluated his/her performance using the following mechanisms:
(check all applicable statements)

- Spoken with his/her colleagues
- Spoken with other team members
- Reviewed all relevant patient or staff complaints or satisfaction reports
- Reviewed his/her clinical activity against the privileges granted to him/her
- Reviewed a sample of his/her medical records
- Cases were proctored
- Reviewed the results of our peer review process
- Discussed cases with him/her
- Reviewed the attached clinical outcomes report

Based upon my reviews I:
(check applicable statement)

- Confirm his/her competence in all areas of privileges that have been granted
- Confirm competence in the clinical areas (privileges) indicated on the attached privilege delineation form
- Am unable to confirm competence due to lack of performance data

Overall, I recommend that this practitioner:
(check applicable statement)

- No longer be subject to FPPE
- Continue to be subject to FPPE in selected areas as follows:

Be subject to FPPE or other action as determined by the Credentials Committee

Thank you for requesting my evaluation.

Department Chair

Date