

FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN

Practitioner Name: _____
Medical Staff Department: _____
Practitioner Specialty: _____

Reason(s) for Review

- Initially requested privilege(s) for current medical/professional staff (list privilege(s)) _____
- Newly-credentialed practitioner new to staff
- Referred to peer review due to incident
- Low volume of clinical activity
- Trigger (list) _____
- Other: _____

Duration (Complete for recommended timeframe and/or volume)

- Time Specific: Start Date: _____ End Date: _____
- Volume Specific: Designated # of Cases: _____
- Other (specify): _____

Method for Monitoring (Check all that apply)

- Chart review
 - Retrospective (name of reviewer) _____
 - Concurrent (name of reviewer) _____
- Direct observation by (name of observer) _____
- Monitoring of diagnostic and treatment techniques and clinical practice patterns via QAPI program
- Proctoring by (name of proctor) _____
- External Review (list criteria met) _____
- Discussions with other individuals, involved in the care of the patient, including consulting physicians, assistants at surgery, nursing and administrative personnel
- Other (list) _____

Additional Individual(s) Assigned for Review/Observation/Monitoring/Proctoring

Additional Details/Specifics of Plan

SIGNATURE:

Departmental Chair

Date: _____

Printed Name of Department Chair