

TENNESSEE VALLEY HEALTHCARE SYSTEM

**FOCUSED PROFESSIONAL PRACTICE EVALUATION/PROCTORSHIP TO
CONFIRM INITIAL COMPETENCY OR ADD NEW MODALITY TO PRIVILEGES**

Practitioner:	Service/Section: Pharmacy
Privileges:	Date:
Evaluator:	Proctor Name (if applicable):
Practice evaluation period: to	Date this FPPE Plan Communicated to Provider (prior to start):
Provider Signature when this FPPE Plan shared:	Service Chief Signature approving FPPE Plan:

Type of Review:

<input type="checkbox"/>	A: New Provider – Focused Review at Initial Appointment: 1. 2.
<input type="checkbox"/>	Request for New Privileges (list new privileges requested) 1. 2.
<input type="checkbox"/>	Sentinel Events:
<input type="checkbox"/>	Substantiated Practitioner-Specific Complaint:
<input type="checkbox"/>	Provider-Specific Tort Settlement:
<input type="checkbox"/>	Significant Safety Violations:
<input type="checkbox"/>	Repeated/Egregious Unprofessional Behavior:
<input type="checkbox"/>	Other:

PROCTOR: Please provide a narrative assessment of the provider’s clinical competence on each element below based on the attached clinical privileges.

Competency Review Criteria:

Competency Areas	*Data Source	**Review Methods (P, C, R, or D)	Quantity Records to be Reviewed during FPPE	Provider’s Data / Results of FPPE	Target /Goal	Peer Average (Use For Performance Improvement Issues Only)
Patient Care	Fill in this column for FPPE plan	Fill in this column for FPPE plan	Fill in this column for FPPE plan		Fill in this column for FPPE plan	
Appropriate use of consults (use numerator & denominator to determine %) Provides provisional diagnosis and states and documents the reason for consultation	RR	R	10		90%	
Medication use / Documents risks and benefits of use in the treatment plan	RR	R	10		90%	
Proper Patient Notification of Lab/Ancillary Test Results	RR	R	10		90%	
Use of unapproved abbreviations	RR	R	10		90%	
Medication reconciliation compliance/ Completed and documented	RR	R	10		90%	
Medical record documentation (timeliness, completeness, medical record delinquency)	RR	R	10		90%	
Medical/Clinical Knowledge						
Practices within scope of practice or privilege set (both core and additional privileges)	RR	R	10		90%	
Demonstrates selection of most effective & appropriate treatment approaches: Treatment plan appropriate and documented	RR	R	10		90%	
Appropriate Clinical reminder usage when applicable (PharmD tool)	RR	R	10		90%	
Practice-Based Learning & Improvement						
Demonstrates self-improvement to	OS					

Competency Areas	*Data Source	**Review Methods (P, C, R, or D)	Quantity Records to be Reviewed during FPPE	Provider's Data / Results of FPPE	Target /Goal	Peer Average (Use For Performance Improvement Issues Only)
continuously improve patient care						
Works collaboratively with supervising physician with documentation of collaborating physician involvement in care (For MLP & AHP)	n/a					
Completes VHA mandatory training	OS					
Interpersonal & Communication Skills						
Validated complaints (from patients or staff) regarding interpersonal interactions (e.g. inappropriate or disruptive behavior)	SID	D				
Validated behavior incidents	SID	D				
Responsiveness to pages/ Validated incidents of not responding to critical lab pages.	SID/RR	R				
If supervises mid-level practitioner: Supervision as evidenced through appropriate medical record documentation, etc.	n/a					
Professionalism						
Attends staff meetings		C				
Attends Resident Functions	EMR	R				
Systems-Based Practice						
Documentation of collaborating physician involvement in care if under scope of practice	n/a					
Arranges proper clinical coverage during planned absences	EMR					
Maintains current licensure & BLS (if applicable)	M CPP					
Reliability						
Begins clinic/roundson time.	n/a					

Competency Areas	*Data Source	**Review Methods (P, C, R, or D)	Quantity Records to be Reviewed during FPPE	Provider's Data / Results of FPPE	Target /Goal	Peer Average (Use For Performance Improvement Issues Only)
Responds to pages/emails.	n/a					
Abides by commitments and completes medical records on time	n/a					

***Data Sources:** FPPE data sources may include record review, monitoring clinical practice patterns, simulation, procedure observation, proctoring, staff interviews or discussion with others involved in the care of the patient, external monitoring/review, and other appropriate data sources to conduct competency evaluations.

RR	Record Review (Service Level Review)
MCPP	Monitoring Clinical Practice Patterns (Review of data / service level reports)
SI	Simulation
PO	Procedure Observation
PR	Proctoring
SID	Staff Interviews/Discussions
EMR	External Monitoring/Review
OS	Other Source

****Review Methods:**

P	Prospective	Evaluation of care that is to be delivered before the fact. The care plan is evaluated ahead of time and proposed treatments are discussed. (Pre-treatment planning sessions and documentation of this process).
C	Concurrent	Real-time observation of a procedure. This format allows the skill to be observed at the time of application and assess the cognitive abilities of the practitioner during that time.
R	Retrospective	Reviewing the case after it has been completed. It involves examining the medical record to determine whether the practitioner did what they said they were going to do, and whether the practitioner documented appropriately. This review method allows for an evaluation of a case and the practitioner choices in light of the outcome.
D	Discussions with others	Interviews with other practitioners or staff who would have knowledge of the practitioner's skill or ability in that specific element.

Evaluator's Comments on Results of FPPE:

I. RECOMMENDATION:

- Successful FPPE Requires FPPE Extension Unresolved Performance Issues

FPPE Review period extended due to: _____

Months Extended: _____

Plan to address unresolved performance issues: _____

Signature of Evaluator

Date

Service Chief's Conclusion Based on Review of Evaluator's Findings:

- No quality issue identified.
 Quality issue identified (as noted by evaluator):

Service Chief's Recommendation:

- Modify the provider's privileges recommended by MSEB.
 Do not modify provider's privileges. Maintain privileges/procedures currently assigned.
 Extend focused initial evaluation for _____ months, or number of recommended procedures.

Recommendation and/or action plan is attached and has been discussed with the provider.

