

FOCUSED PRACTITIONER PERFORMANCE (PROCTORING) EVALUATION **PLAN – Attachment A**

PRACTITIONER: _____ SPECIALTY: _____
 DATE APPOINTED: _____ DIVISION: _____

PROCTORING REQUIREMENTS																							
<p>REQUIREMENTS FOR PROCTORING:</p> <ul style="list-style-type: none"> • Core and advanced proctoring requirements require direct observation and/or retrospective review of cases performed. • Advanced proctoring requirements are described on your approved delineation of clinical privileges and in Professional Staff Policy and Procedure. • The Division Chief or Professional Staff Executive Committee may determine at any time that proctoring is required as a result of ongoing practitioner performance. 																							
A. CORE PROCTORING																							
<input type="checkbox"/> Adult Psychiatry – A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients	<input type="checkbox"/> Psychology – A minimum of three (3) consultations of hospital-sponsored or affiliated clinic patients																						
<input type="checkbox"/> Child and Adolescent Psychiatry – A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients	<input type="checkbox"/> Allied Health – A minimum of three (3) consultations of hospital-sponsored or affiliated clinic patients																						
<input type="checkbox"/> Geriatric Psychiatry – A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients																							
<p>B. ADVANCED PROCTORING Privileges to be proctored according to criteria in the approved delineation of clinical privileges:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Advanced Privilege</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u># To Be Proctored</u></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td></tr> </tbody> </table>	<u>Advanced Privilege</u>	<u># To Be Proctored</u>	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____	<p>C. FOCUSED PRACTITIONER PERFORMANCE EVALUATION Procedures assigned by the Division Chief or Professional Staff Executive Committee as part of the plan to assist the practitioner in improving performance*</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Privilege/Procedure</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u># To Be Proctored</u></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td></tr> </tbody> </table>	<u>Privilege/Procedure</u>	<u># To Be Proctored</u>	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____
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4. _____	_____																						

DIVISION CHIEF: _____ DATE: _____

PRACTITIONER: _____ DATE _____

* Signature of practitioner required only if under a Focused Practitioner Performance Evaluation (C)