

ATTACHMENT A
RONALD REAGAN UCLA MEDICAL CENTER
FOCUSED PRACTITIONER PERFORMANCE EVALUATION (PROCTORING) PLAN

PRACTITIONER: _____ SPECIALTY: _____
 DATE APPOINTED: _____ SERVICE/DIVISION: _____

PROCTORING REQUIREMENTS

REQUIREMENTS FOR PROCTORING:

- 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.
- The Service Chief or Medical Staff Executive Committee may determine at any time that proctoring is required as a result of ongoing practitioner performance.

A. CORE PROCTORING

EXAMPLE: NAME OF SERVICE/DIVISION – EXAMPLE: CORE PROCTORING REQUIREMENTS

B. ADDITIONAL CORE PROCTORING

Privileges to be proctored in addition to General Core:

<u>Core Privilege</u>	<u># To Be Proctored</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

C. ADVANCED PROCTORING

Privileges to be proctored according to criteria in the approved delineation of clinical privileges:

<u>Advanced Privilege</u>	<u># To Be Proctored</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

D. FOCUSED PRACTITIONER PERFORMANCE EVALUATION

Procedures assigned by the Service Chief or Medical Staff Executive Committee as part of the plan to assist the practitioner in improving performance*

<u>Privilege/Procedure</u>	<u># To Be Proctored</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SERVICE CHIEF: _____ DATE: _____

PRACTITIONER: _____ DATE _____

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