

ATTACHMENT B
RONALD REAGAN UCLA MEDICAL CENTER
FOCUSED PRACTITIONER PERFORMANCE (Proctoring) EVALUATION RECOMMENDATION

NAME OF PRACTITIONER: _____

SPECIALTY: _____ DIVISION/SERVICE ASSIGNMENT: _____

A. REASON FOR PROCTORING:

- Provisional Observation Temporary Privileges New or Additional Privilege Requests
Period
- Focused Practitioner Performance Evaluation: _____

B. TYPES AND NUMBERS OF CASES PROCTORED:

Total Number of Cases Proctored: _____

The total number of cases proctored includes the following:

- The basic requirements for direct observation or retrospective review for the cases performed as required by Medical Staff Bylaws, Policies and Procedures
- Advanced proctoring requirements for specific privileges that have been identified as having special proctoring required as defined on the practitioner's approved privilege delineation.
- Proctoring determined as a result of ongoing practitioner performance and required by the Service Chief or Medical Staff Executive Committee

C. COMPLETION OF FOCUSED PRACTITIONER PERFORMANCE EVALUATION AND AFFIRMATION OF COMPETENCE IN PROCTORED PRIVILEGES (to be completed by the Service Chief)

The practitioner **has**:

- completed the required number of cases for proctoring.
 demonstrated competency in the proctored cases.

The practitioner **has not**:

- Completed the required number of cases to meet proctoring requirements
 Demonstrated competency in the following privileges/procedures and continued observation is required on the following privileges/procedure(s).
1. _____
2. _____

D. RECOMMENDATION:

I have reviewed and evaluated the privilege-specific information regarding the practitioner's professional performance, judgment and clinical/technical skill, ability to practice without supervision and compliance with the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures and ability to work collaboratively and collegially with other medical and hospital staff and based on this assessment of the above information, my recommendation is as follows:

- Recommend the termination of proctorship effective _____
 Transfer to **Active Status** on _____
OR
- Recommend that the practitioner remain under proctorship until the practitioner has completed the required observation on the above noted privileges/procedures and the following will apply: (Mark one)
- () Recommend that the practitioner be advanced from the Provisional Status with continued proctoring on the privileges/procedures as noted above. OR
- () Recommend that the practitioner remain on the Provisional Status for a period of _____ months until completion of the proctoring requirements. OR
- () Recommend that the practitioner remain on Focused Practitioner Performance Evaluation for a period of _____ months until completion of the proctoring requirements.

Service Chief

Date