



Mental Health Emergency Center

Title: Focused Professional Practice Evaluation		Document Number:
Document Type: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Other		Last Review/Revision Date:
Content Applies to Patient Care: (Select all that apply) <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Pediatrics (Under 18)	Content Applies to: (Select One) <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Administrative	Next Review Date:
		Effective Date:
Scope: <input checked="" type="checkbox"/> Mental Health Emergency Center (MHEC)		

FOCUSUED PROFESSIONAL PRACTICE EVALUATION

POLICY STATEMENT

It is the policy of the Medical Staff to establish a systematic process to assure there is sufficient information available to confirm the current competency of Staff Members initially granted privileges either as a Medical Staff Member or as an Advanced Practice Clinician Staff Member at the Medical Center. All capitalized terms not defined in this Policy shall have the meaning set forth in the Medical Staff Bylaws.

1. FPPE GENERALLY

Focused Professional Practice Evaluation (FPPE) is a time-limited study, review, investigation, evaluation or assessment of the training, experience, skill, professional conduct, qualifications, current competence, and/or clinical judgment or expertise of a Practitioner. The FPPE process is NOT part of the Medical Staff's remedial action process. If remedial action is indicated, the applicable process under the Medical Staff Bylaws should be initiated. FPPE provides the basis for obtaining organization-specific information that substantiates current clinical competence for those Staff Members. FPPE routinely occurs at the time of initial appointment (when such appointment includes a petition for Clinical Privileges) and when new Clinical Privileges are requested. FPPE is also utilized when a potentially negative trend or pattern of performance is identified in the practice of a currently appointed Staff Member.

2. PROCTORING

The proctor's role is typically that of an evaluator, not a consultant or mentor. A Practitioner serving as a proctor for the purpose of assessing and reporting on the competence of a Staff Member is an agent of the Medical Center. The proctor shall receive no compensation directly or indirectly from any patient for this service and shall have no duty to the patient to intervene if the care provided by the proctored Staff Member appears to be deficient. However, the proctor is expected to report immediately to the appropriate Medical Director or Medical Staff Officer (Chief of Staff, Chief of

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Staff Elect, Quality Officer) any concerns regarding the care being rendered by the proctored Staff Member and may render emergency medical care to a patient for medical complications arising from the care provided by a proctored Staff Member. The Medical Center will defend and indemnify any Practitioner who is subject to a claim or suit arising out of his or her acts or omissions in the role of a proctor.

2.1 Definition of Proctoring.

As it pertains to FPPE, **proctoring is a focused evaluation to confirm a Staff Member's competence at the time new privileges are granted**, either as part of the initial application to the Medical Staff or Advanced Practice Clinician Staff, or as currently appointed Staff Members request new Clinical Privileges. In addition to specialty-specific competencies, proctoring will also address the six general competencies of the practitioner's performance:

- (a) Patient care
- (b) Medical knowledge
- (c) Practice based learning and improvement
- (d) Interpersonal and communication skills
- (e) Professionalism
- (f) Systems based practice

Practitioners requesting Medical Staff membership but not requesting Clinical Privileges are not subject to the provisions of this policy and may not act as proctors. The process to implement FPPE for currently appointed Staff Members with existing Clinical Privileges is based on trends or patterns of performance identified through Ongoing Professional Practice Evaluation (OPPE), as outlined in the Peer Review Policy

2.2 Selections of Methods of Proctoring.

The appropriate proctoring methods to determine current competency for a Staff Member will be part of the recommendation for granting of Clinical Privileges by a Medical Director and will be reviewed and approved by the Medical Executive Committee (MEC).

The Medical Executive Committee or its designee will define the appropriate proctoring methods in a brief proctoring guideline which will be reviewed and approved by the MEC. The guideline will include the types of proctoring and the number of cases to be routinely proctored. It should be noted that these are general guidelines and that the Medical Director is expected to customize proctoring requirements based on the Staff Member's background, training and reputation.

2.3 Proctoring Methods.

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by each Staff Member:

Prospective Proctoring: Presentation of cases with planned treatment outlined for treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.

Concurrent Proctoring: Direct observation of the procedure being performed or assessment of medical management through observation of Staff Member interactions with patients and staff.

Retrospective Evaluation: Review of the documentation of a case after the care has been completed. This may also involve interviews of personnel directly involved in the case.

2.4 **Medical Staff Oversight.**

The Medical Executive Committee is charged with the responsibility of monitoring compliance with this policy and procedure. It accomplishes this oversight by receipt of regular status reports related to the progress of all Staff Members, who have not completed proctoring, as well as any issues or problems involved in implementing this policy and procedure. Medical Directors shall be responsible for overseeing the proctoring process for all applicants assigned to his/her Department/Subsection. A Medical Director may delegate responsibility for oversight of proctoring to another Staff Member subject to approval by the Medical Executive Committee.

The medical staff services and committees involved with ongoing professional practice evaluation (OPPE) will provide the MEC with data systematically collected for OPPE that is appropriate to confirm the current clinical competence of newly appointed Staff Members during the initial FPPE period, and/or evaluate the performance of Staff Members undergoing FPPE. The duration of FPPE for newly appointed Staff Members shall not exceed 365 days unless the appropriate Medical Director and the MEC recommend an extension. If the MEC determines that the timeframe for the Staff Member to complete FPPE should be extended beyond 365 days due to insufficient activity during the initial monitoring period to evaluate competence, the duration of FPPE may be extended.

2.5 **Responsibilities.**

(a) Responsibilities of the Proctor

Proctors must be members in good standing of the Medical Staff, and must have Clinical Privileges in the specialty area related to the Clinical Privileges being evaluated. The proctor shall:

- i. Use appropriate methods and tools approved by MEC.
- ii. Assure the confidentiality of the proctoring results and forms and assure that completed proctor forms are delivered directly to Medical Staff Services for review by the appropriate Medical Director.
- iii. Immediately report to the Medical Director or Medical Staff Officer (Chief of Staff, Chief of Staff Elect, Quality Officer) any concerns about the competency of the Staff Member being proctored.

(b) Responsibilities of the Practitioner Being Proctored

The Staff Member being proctored shall:

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- i. Be responsible for arranging to be proctored by Staff Members approved in advance by the Medical Director. Staff Members will nominate one or more Staff Members within the same area of practice who have agreed to act as a proctor. Staff Members subject to proctoring who require assistance identifying appropriate proctors will seek assistance from their Medical Director. The Staff Members being proctored shall make themselves available to be proctored at times that are acceptable to the proctor, and shall make every effort to complete proctoring requirements within 365 days of either initial appointment or of petitioning for a new Clinical Privilege. Failure to complete FPPE as required by the Medical Executive Committee within 365 days of initial appointment and/or granting of Clinical Privileges will result in an automatic and voluntary resignation of appointment to the Medical Staff, as well as all Clinical Privileges in accordance with Section 4.4.12 of the Bylaws.
 - ii. **For concurrent proctoring**, notify the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where **concurrent proctoring in the form of direct observation** is required, the Staff Member must secure agreement from the proctor to attend the procedure and must inform the scheduling personnel of the name of the proctor who will be present. In an emergency, the Staff Member may treat the patient and notify the proctor as soon as reasonable possible. **For retrospective proctoring**, provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and provide the proctor with access to the H&P, operative reports, consultation reports and discharge summaries documented by the proctored Staff Member.
 - iii. Inform the proctor of any unusual incidents associated with his/her patients that could potentially impact the proctor's assessment of the care delivered
- (c) Responsibilities of Medical Directors (or designees)
Each Medical Director or their designee shall be responsible to:
- i. Approve proctors as noted above and assisting the Staff Member subject to proctoring requirements with the identification of appropriate proctors.
 - ii. Establish guidelines for the minimum number of cases to be proctored and determining when the proctor must be present.
 - iii. Intervene if there is conflict between the proctor and the Staff Member being proctored about what constitutes appropriate care of the patient.
 - iv. Act promptly on any report from a proctor about concern regarding the competency of the Staff Member being evaluated. Additional or revised proctoring requirements may be imposed upon the Staff Member by the MEC on the recommendation of a Medical Director or designee.
- (d) Responsibilities of the Medical Executive Committee.
The Medical Executive Committee shall:

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- i. Monitor compliance with this policy.
- ii. Receive regular reports related to the progress of all Staff Members subject to proctoring under FPPE.

(e) Responsibilities of Medical Staff Services
Medical Staff Services shall:

- i. Assist Medical Directors or designees in sending letters to Staff Members being proctored and to the proctor(s) with the following information:
 - The Clinical Privileges to be proctored and the number of cases for each Clinical Privilege
 - The name and phone number of Staff Members being proctored as well as the name and phone number of the proctors who have been approved
 - A copy of the Medical Staff Policy on Focused Professional Practice Evaluation
 - Proctor forms
- ii. Develop a mechanism for tracking the completion of proctoring for each Staff Member subject to FPPE and make regular reports to the MEC on the status of proctoring related to FPPE.
- iii. Notify Quality Management when retrospective evaluation is selected as a method proctoring so Quality Management staff can assist proctors with identification and screening of medical records to be reviewed.
- iv. Notify the appropriate Department about the Staff Members being proctored and provide a supply of proctor forms.

(f) Responsibilities of Quality Management.
Quality Management shall:

- i. Assist approved proctors in identifying cases for review when retrospective evaluation is selected as a method of proctoring. QM staff will audit medical records for the presence of appropriate and timely documentation and report findings to the approved proctors. QM staff will forward completed proctor forms from retrospective evaluation to Medical Staff Services.
- ii. Obtain any OPPE data if necessary to assist in the completion of proctoring.

REFERENCES:

Federal Regulations

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- None.

Wisconsin Statutes

- None

Wisconsin Administrative Code

- Wis. Admin. Code DHS § 124.12 (2016)
- Wis. Admin. Code DHS § 124.14 (2016)

FORM(S): None

MEDICAL EXECUTIVE COMMITTEE APPROVAL:

BOARD OF DIRECTORS APPROVAL: