



Metro Medical Staff Policy on Focused Professional Practice Evaluation (FPPE)

Purpose:

To establish a systematic process to assure there is sufficient information available to confirm the current competency of practitioners initially granted privileges either as a member of the Metro Medical Staff, or as an advanced practice professional at Aurora St. Luke's Medical Center, Aurora St. Luke's South Shore, Aurora Sinai Medical Center, Aurora West Allis Medical Center and/or Aurora Psychiatric Hospital, hereafter referred to as Aurora Metro Region Hospitals. This process, termed Focused Professional Practice Evaluation (FPPE) is mandated by The Joint Commission, and provides the basis for obtaining organization-specific information that substantiates current clinical competence for those practitioners. 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 practitioner.

For purposes of this policy, the term "practitioner" means any medical staff member or advanced practice professional granted clinical privileges at an Aurora Metro Region Hospital.

Medical Staff Position on 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 another practitioner is an agent of Aurora Health Care Metro, Inc., a Regional Corporation. 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 practitioner appears to be deficient. However, the proctor is expected to report immediately to the appropriate Service Chief, Section Chair or Medical Staff Officer (Medical Staff President, Medical Staff President-Elect/Vice President, Quality Officer) any concerns regarding the care being rendered by the proctored practitioner, and may render emergency medical care to a patient for medical complications arising from the care provided by a proctored practitioner. Aurora Health Care Metro, Inc. 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.

Definition of Proctoring

As it pertains to the FPPE process, **proctoring is a focused evaluation to confirm a practitioner's competence at the time new privileges are granted**, either as part of the initial application to the medical staff or advanced practice professional staff, or as

currently appointed practitioners request new clinical privileges. In addition to specialty-specific competencies, proctoring will also address the six general competencies of the practitioner's performance:

- Patient Care
- Medical Knowledge
- Practice Based Learning & Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

Practitioners requesting medical staff membership but not requesting specific 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 practitioners 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.

Selection of Methods of Proctoring

The appropriate proctoring methods to determine current competency for a practitioner will be part of the recommendation for granting of privileges by a Service Chief, or designated Section Chair or Vice-Chief, and will be reviewed and approved by the Metro Credentials Committee and the Metro Medical Executive Committee.

Each specialty will define the appropriate proctoring methods in a brief proctoring guideline which will be reviewed and approved by the Metro Credentials Committee and the Metro Medical Executive Committee at least once every three years. 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 Service Chief or designated Section Chair or Vice-Chief is expected to customize proctoring requirements based on the practitioner's background, training and reputation.

Proctoring Methods

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

- **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 practitioner 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.

Medical Staff Oversight:

The Metro Credentials 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 practitioners, who have not completed proctoring, as well as any issues or problems involved in implementing this policy and procedure. Service Chiefs shall be responsible for overseeing the proctoring process for all applicants assigned to his/her Service. A Service Chief may delegate responsibility for oversight of proctoring to a Section Chair or a Vice-Chief, provided the Section Chair or Vice-Chief has been approved by the Metro Medical Executive Committee.

The medical staff services and committees involved with OPPE will provide the Metro Credentials Committee with data systematically collected for ongoing professional practice evaluation that is appropriate to confirm the current clinical competence of newly appointed practitioners during the initial FPPE period, and/or evaluate the performance of practitioners undergoing focused review. The duration of FPPE for newly appointed practitioners shall not exceed 365 days unless the appropriate Service Chief(s) and the Metro Credentials Committee recommend an extension. If the Metro Credentials Committee and the Metro Medical Executive Committee determine that the timeframe for the practitioner to complete FPPE should be extended beyond one year due to insufficient activity during the initial monitoring period to evaluate competence, the duration of FPPE may be extended.

Responsibilities

Responsibilities of the Proctor:

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

1. Use appropriate methods and tools approved by the Metro Credentials Committee and the Metro Medical Executive Committee.
2. Assure the confidentiality of the proctoring results and forms and assure that completed proctor forms are delivered directly to the Medical Staff Services Department for review by the appropriate Service Chief, Section Chair or Vice-Chief.
3. Immediately report to the Service Chief, Section Chair, Vice-Chief or Medical Staff Officer (Medical Staff President, President-Elect/Vice-President, Quality Officer) any concerns about the competency of the practitioner being proctored.

Responsibilities of the Practitioner Being Proctored:

The practitioner being proctored shall:

1. Be responsible for arranging to be proctored by practitioners approved in advance by the Service Chief or the designated Section Chair or Vice-Chief. Practitioners will nominate one or more practitioners within the same area of practice who have agreed to act as a proctor. Practitioners subject to

proctoring who require assistance identifying appropriate proctors will seek assistance from their Service Chief, Section Chair or Vice-Chief. The practitioner being proctored shall make himself 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 focused professional practice evaluation as required by the Metro Credentials Committee and Metro 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 4.5 Voluntary Relinquishment Events outlined in The Credentialing Policy of the Aurora Health Care Metro Medical Staff.

2. **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 practitioner 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 practitioner 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 practitioner.
3. Inform the proctor of any unusual incidents associated with his/her patients that could potentially impact the proctor's assessment of the care delivered.

Responsibilities of Service Chiefs (or designees):

Each medical staff Service Chief or designated Section Chair or Vice-Chief shall be responsible to:

1. Approve proctors as noted above and assisting the practitioner subject to proctoring requirements with the identification of appropriate proctors.
2. Establish guidelines for the minimum number of cases to be proctored and determining when the proctor must be present.
3. Intervene if there is conflict between the proctor and the practitioner being proctored about what constitutes appropriate care of the patient.
4. Act promptly on any report from a proctor about concern regarding the competency of the practitioner being evaluated. Additional or revised proctoring requirements may be imposed upon the practitioner by the Metro Credentials Committee on the recommendation of a Service Chief or designee.

Responsibilities of the Metro Credentials Committee:

The Metro Credentials Committee shall:

1. Monitor compliance with this policy

2. Receive regular reports related to the progress of all practitioners subject to proctoring under FPPE.
3. Make recommendations to the Metro Medical Executive Committee regarding clinical privileges based on information obtained from the proctoring process.

Responsibilities of the Medical Staff Services Department:

The Medical Staff Services Department shall:

1. Assist Service Chiefs or designees in sending letters to practitioners being proctored and to the proctor(s) with the following information:
 - a. The privileges to be proctored and the number of cases for each privilege
 - b. The name and phone number of practitioner being proctored as well as the name and phone number of the proctors who have been approved.
 - c. A copy of the Medical Staff Policy on Focused Professional Practice Evaluation.
 - d. Proctor forms
2. Develop a mechanism for tracking the completion of proctoring for each practitioner subject to FPPE, and make regular reports to the Metro Credentials Committee on the status of proctoring related to FPPE.
3. Notify the Quality Management Department when retrospective evaluation is selected as a method proctoring so QM staff can assist proctors with identification and screening of medical records to be reviewed.
4. Notify the appropriate hospital departments about the practitioners being proctored and provide a supply of proctor forms.

Responsibilities of the Quality Management Department:

The Quality Management Department shall:

1. 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 the Medical Staff Services Department.
2. Obtain ongoing Professional Practice Evaluation (OPPE) data, in keeping with the Peer Review Policy.

Policy Approved: March, 2008

Policy Revised: July, 2009, April 19, 2012, February 17, 2014, December 18, 2017