SUNY Upstate University Hospital

FOCUSED EVALUATION PLAN

Name: ____________________ Department / Division: _____________ Date: ________________

The above named practitioner has applied for new privileges. Please indicate below your plan for evaluating the privileges you are recommending, and return to Medical Staff Services. The plan will be submitted to Credentials Committee with the request for new privileges. Reviews are expected to be completed after privileges are granted by the governing body.

Applicants whose files indicate some level of concern regarding professionalism, interpersonal communication, or clinical inactivity may require an enhanced plan to address those concerns. Please include additional plan activities under 'other' below.

1. Select method(s) of review:

___ Interdisciplinary team overview
___ Chart review (prospective or retrospective)
    # cases___
___ Direct or indirect monitoring
    # cases___
___ Observation
___ Patient comments
___ Verbal report by practitioner being evaluated
___ Review at Clinical Department M & M meetings
    # cases___
___ Proctoring
    # cases___
___ Other: ________________________________
________________________________

*If you selected chart review, direct / indirect monitoring, review at Clinical Department M & M meetings, or Proctoring, please indicate the number of cases for each.

2. Please indicate who will perform the above reviews:

_______________________________________________________________________________
_______________________________________________________________________________

Comments regarding this plan:
_______________________________________________________________________________
_______________________________________________________________________________

____________________________________________  _______________________
Signature, Chief of Service                      Date

Per policy:

For all Departments, the Chief of Service or designee will review five to ten cases representative of the spectrum of the practitioner’s practice for the core privileges granted. For all special privileges granted outside the core, a minimum of five cases for each special privilege granted should be reviewed; more may be required at your discretion.

The exact number of cases should be determined by the department based on the documented training and experience of the practitioner being reviewed.

For any Departments that prefer to develop an alternate comprehensive plan independently, Credentials Committee will review and make recommendation to MEC regarding that plan.

Focused evaluations, using the above planned approach, will be due between 3 months and 9 months after the initial appointment. Please set your plan accordingly.

Last revised 05/2019