



Form: FPPE-RLOA Plan 1v0

## Focused Professional Practice Evaluation – Low Volume Monitoring Plan

All practitioners who have been on a leave of absence for six (6) months or longer or who do not have enough case volume to maintain privileges are required to be monitored through the FPPE process as outlined in UMHS Policy 04-06-052 Professional Practice Evaluation.

For the returning or low volume practitioner, the appointing Clinical Department's Service Chief /Designee must complete this form and provide a proposed monitoring plan. These forms must be signed by the Service Chief/ Designee and practitioner. This form must be received by Medical Staff Services and reviewed prior to the practitioner returning to practice. Clinical Departments are responsible for maintaining documentation that the Practitioner was monitored as per this plan.

Please Print	
Name of Practitioner _____	Today's Date: _____
Department _____	Div/Sect _____
Service Chief/Designee _____	

### Acknowledgements

**Must acknowledge ALL below with a check mark:**

- Monitored practitioner will actively participate in departmental monthly meetings (e.g. M and M conferences, grand rounds, multi-disciplinary patient care conferences, CME opportunities) in which direct patient care and case management is discussed and reviewed.
- Monitor will review clinical performance with practitioner on a regular basis.
- Monitor will discuss practitioner's performance with others involved in his/her patient's care (e.g. colleagues, consultants, nursing personnel, administration).
- Department will choose one or more available tools for documentation of this monitoring plan. It is required that data supporting this plan be kept on file in the department. Periodic audits will be conducted. (Use department developed documentation tool or choose a form provided at OCA OPPE/FPPE website)

**Departments may use and submit their own monitoring plans, but all monitoring plans must include the following elements:**

- The minimum number of patients to be seen, or procedures that must be successfully completed during the monitoring period.
- The UMHS doctor numbers and names of those who will be monitoring the applicant.

**Monitoring Plan** (Submit separate form if using a Departmental template)

For practitioners requesting LASER PRIVILEGES, these appropriate safety precautions must be demonstrated to the Monitor:

**INSTRUMENTATION KNOWLEDGE:** laser physics; laser tissue interaction; power density.

**PRE-USE INSTRUMENT CHECKOUT:** Frequency (case by case or daily); testing of indicator beam with cutting (therapy) beam; water flow; grounding; instrument ventilation; keyboard checkout and familiarity.

**PATIENT PROTECTION:** Water availability; shielding of eyes when appropriate; protection from flammable drape and other substrate.

**PERSONNEL PROTECTION:** Protective glasses; draping of reflective surfaces; use of exposed flammable materials; room signs; organization of equipment (floor lines, chock, grounding); limitation of traffic; plume control.

**Has the practitioner participated in clinical care/training for the past 12 months? (yes or no) \_\_\_\_\_**  
**(If no, Monitoring Plan must be more comprehensive and is subject to increased scrutiny by Credentialing Committee)**

**Number of Months for Monitoring (6 minimum) \_\_\_\_\_**

**Monitor List (One or more depending on department)**

**UMHS Dr. Number / Name of Monitor(s)**

\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_

**Choose one or more of the following methods to evaluate this practitioner:**

**Number and brief description of Prospective Case Reviews (Monitor previews the care to be administered to patient - i.e. differential diagnosis, plan of care):**

\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_

**Number and brief description of Concurrent Proctoring (Monitor observes the administration of care in real time - i.e. laser procedures, surgical procedures, real time patient assessment):**

\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_

**Number and brief description of Retrospective Outcome Reviews or Chart Reviews (Monitor evaluates care given to patient - i.e. standard record review, evaluation of differential diagnosis):**

\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_

**Number and brief description of Other Criteria (Monitored activities not fitting above categories):**

\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_

**Note here any specific concerns, as expressed by previous institutions (e.g. limited experience with a particular procedure related to requested privilege):**

\_\_\_\_\_

The Service Chief or Designee agrees to be responsible for monitoring the subject practitioner's ability to provide independent quality patient care that is current and appropriate. The monitoring will occur for a period of no less than six months, after which time the Service Chief or Designee should notify Medical Staff Services that monitoring has been completed. A reminder will be sent as it gets closer to the end of the six month monitoring period.

**Service Chief/Designee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Monitored Practitioner** \_\_\_\_\_ **Date** \_\_\_\_\_