

# 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Interdisciplinary team overview                              | <input type="checkbox"/> Verbal report by practitioner being evaluated                 |
| <input type="checkbox"/> Chart review (prospective or retrospective)<br># cases _____ | <input type="checkbox"/> Review at Clinical Department M & M meetings<br># cases _____ |
| <input type="checkbox"/> Direct or indirect monitoring<br># cases _____               | <input type="checkbox"/> Proctoring<br># cases _____                                   |
| <input type="checkbox"/> Observation  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Patient comments   | _____  |

*\*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.***