**Ongoing Professional Practice Evaluation (September/October)**

**Provider’s Name/Title:** Jane Doe, ACNP  
**Evaluator’s Name/Title:** APN leader/Admin Director/Facilitator  
**Employee ID:** 0000000  
**Date:** October 1, 2012

**Additional Contributing Evaluators (Name/Title):**

John Smith, MD - Supervising MD

<table>
<thead>
<tr>
<th>Competency Measures –</th>
<th>Methods of Evaluation</th>
</tr>
</thead>
</table>
| **Patient Care**      | DO – Direct Observation  
                       | PR – Peer Review  
                       | A – Chart Audit/20% Review  
                       | S – Simulation |
| Provider’s Name/Title: Jane Doe, ACNP | Provider’s Name/Title: Jane Doe, ACNP |
| 1=Does not perform    | 2=Performs below expectations  
                       | 3=Meets Expectations  
                       | 4=Intermittently Exceeds Expectations  
                       | 5=Consistently Exceeds Expectations |

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Method</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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- **Patient Care**
  - Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

- **Medical/Clinical Knowledge**
  - Demonstrates knowledge of established and evolving biomedical, clinical and social sciences and the application of knowledge to patient care and the education of others.

- **Systems Based Practice**
  - Demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

- **Practice Based Learning and Improvement**
  - Able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

- **Interpersonal Communications**
  - Demonstrates interpersonal and communication skills that establish and maintain professional relationships with patients, families, coworkers, and other members of the healthcare team.

- **Professionalism**
  - Demonstrates CREDO behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward patients, profession, and society.

**Summary Comments for Competency Measures**

*(May add additional comments here. Must provide a plan of action for competency rated as 2 or below)*

Sample Language:

Based on review of clinical privileges, direct observation and ongoing chart review, practitioner provides competent care and treatment to outpatient general neurosurgery patients.
## Ongoing Professional Practice Evaluation (September/October)

### Procedure Privileges – Review Procedure Logs

<table>
<thead>
<tr>
<th>☒ Provider holds procedure privileges</th>
<th>☐ Provider does not hold procedure privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Competent</td>
<td>☐ Competent with reservation</td>
</tr>
</tbody>
</table>

**Summary Comments for Procedure Privileges:**

*Must provide comments for anything other than competent*

Sample Language:
- Review of case log
- 20% procedure notes reviewed
- Protocols updated and current
- No adverse outcomes noted

### Quality: Insert a minimum of two practice specific quality measures, benchmarks or targets and provider’s actual performance:

*ex: PRC Patient Satisfaction, New Patient 15-day Wait, Use of Referring Provider Wizard, ePrescribing Targets, Hand Hygiene, Readmission Rate, etc.*

Sample Language:
- 15-day wait times meet threshold
- Patient satisfaction data meets threshold
- Regular attendance at M&M conference
- Last compliance audit - Pass

Identify Practice specific quality measures:

**Summary Comments for Quality:**

### Overall Competency: Based upon assessment of clinical practice, I find:

* ☒ This provider meets expectations of performance based on the privileges granted*

☐ This provider meets expectations of performance based on the privileges granted with an opportunity for improvement in the area of __________. A summary of the performance improvement plan is described below.

☐ This provider meets most expectations of performance based on the privileges granted except in the area of __________ resulting in an FPPE. See FPPE for further details.

**Summary Comments for Competency:**

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**Provider’s Signature:**

**Evaluator’s Signature:**

*Return completed form to Provider Support services via email attachment to provider.support.services@vanderbilt.edu or fax: 615-936-6095*