

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Last Approval Date: August 2012
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Departments Affected: All Medical Staff and Advance Practice Providers	

I. PURPOSE

Clinical excellence is a complex composite of performance in many domains, including, among others, cognitive ability, technical proficiency, communication skills, professional judgment, productivity, and stamina. As individuals age, both the natural aging process and specific medical conditions and medications have the potential to adversely affect the capacity of practitioners to carry out their clinical responsibilities. Given this reality, it is imperative, from the point of view of patient safety as well as physician well being, to establish a process by which late career clinicians' performance and capacities can be fairly and accurately evaluated. The purpose of this policy is to establish this evaluation process.

Key elements of this policy are to assure high quality care for the patient, to be supportive of the practitioner and to address issues that the individual may not recognize.

The Medical Staffs of Stanford Hospital and Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) adopt this policy in order to:

- Provide patients with medical care of high quality and safety and protect them from harm
- Identify issues that may be pertinent to the health and clinical practice of medical staff members
- Support members of the medical staff
- Apply evaluation criteria objectively, equitably, respectfully, and confidentially

II. SCOPE

This policy applies to all members of, and applicants to, the Medical Staffs of Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH). It is effective as of September 2012 and supersedes any previous policy in this area.

III. POLICY

Any practitioner aged 74 ½ or older who applies for appointment to the Medical Staff will complete, as a part of the application process, a peer clinical skills assessment and physical and cognitive screenings that address his/her capacity to competently perform the clinical privileges requested. Physicians who are currently on the medical staff who are 75 or older will be asked to complete these

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assessments every 2 years during the first quarter of the calendar year. In addition, the SHC Credentials and Privileging Committee or the LPCH Credentials Committee, as applicable (“Credentials Committee”), may request that any practitioner regardless of age complete this skills assessment and these screenings.

The clinical skills assessment and physical and cognitive screenings described in this policy must indicate that the practitioner has no detected physical or cognitive problem that might interfere with the safe and effective provision of care permitted with the clinical privileges requested (for applicants) or currently in effect (for current members of the medical staff). Adverse findings that indicate potential interference with the safe and effective provision of care with the clinical privileges requested (for applicants) or currently in effect (for current members of the medical staff) will be assessed along with other pertinent factors by the applicable Service Chief and Credentials Committee in formulating their recommendations regarding appointment and clinical privileges to the applicable Medical Executive Committee [hereafter MEC] as provided in the SHC or LPCH Medical Staff Bylaws. The Service Chief/Credentials Committee has the right to request additional information for further evaluation if necessary.

IV. PROCEDURE

A. Components of the assessment: For any practitioner aged 74 ½ or older at the time of his/her application for appointment or who is otherwise asked by the Credentials Committee to undergo evaluation (including the biennial assessment of current members of the medical staff aged 75 or older), the Medical Staff Services Department will notify the practitioner of the assessment and screenings required by this policy. These are as follows:

1. A peer assessment of the applicant’s clinical performance by three medical staff members who are in a position to evaluate the applicant’s clinical performance. The Clinical Excellence Core Competencies Evaluation will be used for this purpose (Appendix A). In order to carry out this assessment the practitioner will provide to the Medical Staff Services Department a list of six individuals, including email and phone numbers, who could evaluate his or her clinical skills. The applicable Service Chief will nominate three of these individuals to conduct the assessment, subject to the review and approval of the Chair of the Credentials Committee. The Medical Staff Services

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Department will directly contact each of the subset of practitioners selected to request that they complete the evaluation form.

2. A comprehensive history and physical examination, to be arranged and paid for by the practitioner using the forms provided in Appendix B. The individual performing this examination must be approved in advance by the Chair of the Credentials Committee.
3. A cognitive screening, to be scheduled by the practitioner using the information provided by the Medical Staff Services Department. The screening will be performed under the direction of the Stanford Neuropsychiatry Department. The Medical Staff Services Department will arrange for payment for the screening.

B. Notification to the practitioner will include:

1. The required elements of the evaluation (Appendices A, B, and C)
2. The request for the names of clinical peers along with email and phone number and a date by which they should be submitted to the Medical Staff Services Department
3. The request for the name of the physician of choice for the physical screening and the date when that name in addition to email address and phone number must be submitted to the Medical Staff Services Department
4. The contact information to schedule the cognitive screening
5. The date that the results of the physical and cognitive screenings are due to the Medical Staff Services Department
6. The fact that all three components of this evaluation process are required for the application process and must be completed before processing of the initial application, and that a delay in receipt of the completed evaluation materials may result in voluntary withdrawal of application for Medical Staff membership and clinical privileges. Physicians who are currently on the medical staff who older than 75 will be required to complete all 3 components within in 6 months of

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request or membership and/or privileges will be suspended for lack of compliance with this policy.

7. A copy of this policy
8. A copy of the current clinical privileges held (or privileges requested) by the practitioner

C. Review of assessments

1. The completed Clinical Excellence Core Competencies evaluations (Appendix A) will be submitted to the Medical Staff Services Department.
2. The History and Physical Examination Attestation Form (Appendix B) and Cognitive Screening Attestation Form (Appendix C) will be submitted to the Medical Staff Services Department.
3. This information, which will be treated as highly confidential, will be reviewed by the applicable Service Chief and Chair of the Credentials Committee. Additional evaluation and consultation may be sought regarding the interpretation of the results as needed.

D. Outcomes of review

1. If the findings do not identify potential patient care concerns in relation to the expected level of performance of the requested privileges, the results will be filed in a confidential file maintained by the Medical Staff Services Department, and the Credentials File will only reflect that the assessment and screening process has been completed with no significant concerns identified. The appointment process will then proceed as specified in the applicable Medical Staff Bylaws.
2. If the findings identify potential patient care concerns, the Service Chief and the Credentials Committee will, on a confidential basis, evaluate the results and will recommend further evaluation if indicated. This could include proctoring of the practitioner's clinical performance, the scope and duration of which would be determined by the applicable MEC upon recommendation of its Credentials Committee, with input from the Service Chief. Specific findings that would identify potential concerns include low ratings on the Clinical Excellence Core Competencies Evaluation or the

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cognitive screening or significant health issues that would interfere with the ability to practice medicine in the physician’s specialty. The complete evaluation/findings will be maintained by the Medical Staff Services Department in the practitioner’s Credential file.

- a. If the Credentials Committee concludes that the practitioner is *not* able to safely and competently perform the privileges requested, either after the initial evaluation or after undergoing further evaluation as in C.3 or D.2 above, a representative of the committee and/or the Chief of Staff will discuss alternative practice patterns or modification of requested privileges, including the possibility of revocation of privileges, with the practitioner. *The goal of such discussion is to be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.*
- b. If the committee recommends modification, restriction or revocation of clinical privileges to the MEC, and if that recommendation is approved by the MEC, the practitioner may request a hearing under the applicable Medical Staff Bylaws.

V. Throughout this process the intent of each step is to protect patient safety, provide support, to the practitioner and assist in any resulting changes in practice patterns or transitions. This process is also available to individual practitioners who, on their own, express concerns. Inquiries by such practitioners should be directed to the Chief of Staff or designee.

VI. **APPENDICES**

- *Appendix A – Clinical Excellence Core Competencies Evaluation*
- *Appendix B – History and Physical Examination: General Information and Attestation Form*
- *Appendix C - Cognitive Screening Evaluation: General Information and Attestation Form*

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DOCUMENT INFORMATION

- A. Author/Original Date: June 2012

- B. Gatekeeper of Original Document
Director, Medical Staff Services

- C. Distribution and Training Requirements
 - 1. This policy resides in the Medical Staff Policy Manual of SHC and LPCH.

Approvals: SHC and LPCH MEC July 2012
SHC and LPCH Board July 2012

Stanford University Medical Center Late Career Practitioner Policy
Appendix A: Clinical Excellence Core Competencies Evaluation (CONFIDENTIAL)

Candidate: _____

Date: _____

INSTRUCTIONS

Clinical care at Stanford is expected to reflect excellence beyond basic professional competence. In completing each item of this assessment, you are asked to consider the candidate's performance relative to Stanford's expectation of excellence. Please be as candid as possible. These forms (including the identity of their authors) will be treated as strictly confidential within the Medical Staff appointment and credentialing processes.

PLEASE TELL US ABOUT YOURSELF.

1. Please indicate the nature of your relationship to the candidate (choose the single best fit):

- Trainee of the candidate
- Clinical administrator (for example, nurse manager or clinic manager)
- Allied healthcare provider (for example, nurse practitioner or physician assistant)
- Physician (not trainee)
- Other _____

This relationship is (circle one): current / past

2. Please indicate **your** departmental affiliation and/or clinical specialty, if applicable:

Dept./Div. _____ Specialty _____

3. Please indicate the nature of your familiarity with the candidate's performance (choose the single best fit):

- General knowledge by reputation only (no direct observation)
- Direct knowledge of patient outcomes and/or chart review
- Direct observation of candidate's work in the clinical setting
- Insufficient information on which to base an evaluation (**if you select this answer, STOP.** Do not complete the remainder of the evaluation).

This knowledge is (circle one): current / past

PLEASE COMPLETE THE FOLLOWING SURVEY.

For each item, ratings are explained as follows:

- "Significant Concern*"
- "Minor Concern"
- "Average" – basic professional competence (but short of "excellent" as defined below)
- "Excellent" – comparable to what should be expected at an academic medical center like Stanford
- "Outstanding" – a clinician who is widely recognized locally, regionally or nationally .

Please note that for any items on which you rate the candidate's performance either "Significant Concern" or "Minor Concern" an explanation is required. We once again ask you to be as candid as possible.

GENERAL CLINICAL PROFICIENCY	Significant Concern* (comment required)	Minor Concern * (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know	COMMENTS <i>(REQUIRED for ratings of "Significant Concern" or "Minor Concern")</i> <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
Maintains up-to-date knowledge base appropriate to scope of practice	1	2	3	4	5			
Maintains current technical/procedural proficiency	1	2	3	4	5			
Applies sound diagnostic reasoning and judgment	1	2	3	4	5			
Applies sound therapeutic reasoning and judgment	1	2	3	4	5			
Applies evidence from relevant scientific studies	1	2	3	4	5			
Seeks consultation from other care providers when appropriate	1	2	3	4	5			
Demonstrates reliability in meeting clinical commitments	1	2	3	4	5			
COMMUNICATION	Significant Concern* (comment required)	Minor Concern * (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know	COMMENTS <i>(REQUIRED for ratings of "Significant Concern" or "Minor Concern")</i> <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
Communicates effectively with patients and their families	1	2	3	4	5			
Communicates effectively with physician peers	1	2	3	4	5			
Communicates effectively with trainees	1	2	3	4	5			

Candidate: _____

Communicates effectively with other members of the health care team (for example, nurses, clinical administrators, respiratory therapists, pharmacists)	1	2	3	4	5			
Maintains appropriate medical documentation	1	2	3	4	5			
PROFESSIONALISM	Significant Concern* (comment required)	Minor Concern * (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Minor Concern") <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
Treats patients with compassion and respect	1	2	3	4	5			
Serves as patient advocate (puts the patient first)	1	2	3	4	5			
Shows sensitivity to cultural issues	1	2	3	4	5			
Treats physician peers with respect	1	2	3	4	5			
Treats trainees with respect	1	2	3	4	5			
Treats other members of the health care team (for example, nurses, clinical administrators, respiratory therapists, pharmacists) with respect	1	2	3	4	5			
Available to colleagues	1	2	3	4	5			
Responds in a timely manner	1	2	3	4	5			
Respects patient confidentiality	1	2	3	4	5			

Candidate: _____

SYSTEMS-BASED PRACTICE	Significant Concern * (comment required)	Minor Concern * (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Extraordinary") <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
Effectively coordinates patient care within the healthcare system	1	2	3	4	5			
Appropriately considers cost of care in medical decision-making	1	2	3	4	5			
Participates in quality improvement activities	1	2	3	4	5			
Demonstrates leadership in clinical program development and administration	1	2	3	4	5			
OVERALL	Significant Concern * (comment required)	Minor Concern * (comment required)	Average (basic professional competence)(r)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Minor Concern") <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
Overall clinical performance	1	2	3	4	5			

ADDITIONAL COMMENTS: _____

Signature: _____ Date: _____

Appendix B
History and Physical Examination for Practitioners Age 75 and Older

NOTE TO THE EXAMINING PHYSICIAN:

The Medical Staffs of Stanford Hospital and Clinics and Lucile Packard Children's Hospital, as a part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination of practitioners applying for clinical privileges beyond a certain age. The elements of the examination should be modified as appropriate to address the age, clinical condition, medical problems and the clinical privileges requested by the practitioner. *Therefore, please be sure to review the practitioner's requested privileges before conducting your examination.*

In order to respect the confidentiality of the practitioner's medical information, please submit **only** the form attached to this document when sending the results of your examination to the relevant Medical Staff office. As noted on the form, the Medical Staff is only interested in, and should only receive a detailed report on, those aspects of the practitioner's health, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges, or that document his/her ability to do so. You may supply additional information that you feel would be helpful to the Medical Staff in this assessment.

Late Career Practitioner's Name: _____

Requested Clinical Privileges: See attached **Clinical Privileges Delineation Checklist**

Practitioner's Name: _____ ID# _____

History and Physical Attestation Form

I attest that I have performed a comprehensive history and physical examination on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

In the history and physical examination the practitioner has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

In tests and studies performed on this practitioner, he/she has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below

Additional Comments:

Signature: _____ Date: _____

Please return the completed form to: _____

Appendix C
Cognitive Screening for Practitioners Age 75 and Older

NOTE TO THE EXAMINING NEUROLOGIST/NEUROPSYCHOLOGIST:

The Medical Staffs of Stanford Hospital and Clinics and Lucile Packard Children's Hospital, as a part of their efforts to protect both patients and practitioners, require a cognitive screening evaluation of practitioners beyond a certain age applying for clinical privileges.

In order to protect the confidentiality of the practitioner's medical information, please use **only** the form attached to this document to submit the outcome of the screening to the relevant Medical Staff office. As noted on the form, the Medical Staff is only interested in, and should only receive a detailed report on, those aspects of the screening, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges. You may supply additional information that you feel would be helpful to the Medical Staff in this assessment, including recommendations for further evaluation.

Late Career Practitioner's Name: _____

Requested Clinical Privileges: See attached **Clinical Privileges Delineation Checklist**

Practitioner's Name: _____ ID# _____

Cognitive Screening Attestation Form

I attest that I have administered the cognitive screen requested by the relevant Chief of Staff Office to this practitioner and have interpreted the results. I have also reviewed the clinical privileges requested by this practitioner and have taken these into account in my interpretation.

The results of these cognitive screens indicate that the practitioner has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below.

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below.

Additional Comments:

Signature: _____ Date: _____

Please return the completed form to: _____