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 Staff of Stanford Hospital and Clinics (SHC) adopts 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 Staff of Stanford Hospital and Clinics (SHC). It is effective as of October 9, 2013 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 health screening 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 assessments every 2 years. In addition, the SHC Credentials and Privileging Committee (“Credentials Committee”), may request that any practitioner regardless of age complete this skills assessment and these screenings.

The clinical skills assessment and health screening described in this policy must indicate that the practitioner has no detected problem(s) 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 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 74½ 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 medical staff members, trainees, advanced practice professionals, nurses and other hospital staff who are in a position to evaluate the applicant’s clinical performance. The applicable Service Chief will identify the individuals to conduct the assessment, subject to the review and approval of the Chair of the Credentials Committee. A modified version of the Clinical Excellence Core Competencies Evaluation will be used for this purpose (Appendix A). The Medical Staff Services Department will directly contact each of the individuals 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.

B. Notification to the practitioner will include:

1. The required elements of the evaluation (Appendices A and B)

2. The request for the name of the physician of choice for the health screening and the date when that name in addition to email address and phone number must be submitted to the Medical Staff Services Department

3. The date that the results of the health screening is due to the Medical Staff Services Department

4. The fact that both 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
This policy applies to:
☑ Stanford Hospital and Clinics
☐ Lucile Packard Children’s Hospital

Last Approval Date:
October 9, 2013

Name of Policy:
SHC Late Career Practitioner Policy

Departments Affected:
All Medical Staff

medical staff who older than 75 will be required to complete both components within in 6 months of request or membership and/or privileges will be suspended for lack of compliance with this policy.

5. A copy of this policy

6. A copy of the current clinical privileges held (or privileges requested) by the practitioner

C. Review of assessments

1. The completed Clinical Core Competencies evaluations (Appendix A) will be submitted to the Medical Staff Services Department.

2. The History and Physical Examination Attestation Form (Appendix B) 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 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 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 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 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 Core Competencies Evaluation
- Appendix B – History and Physical Examination: General Information and Attestation Form

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.

D. Review and Renewal Requirements
   This policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Approvals
   SHC and LPCH MEC July 2012
   SHC and LPCH Board July 2012
   SHC Board October 2013
<table>
<thead>
<tr>
<th>This policy applies to:</th>
<th>Last Approval Date:</th>
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<tbody>
<tr>
<td>☑  Stanford Hospital and Clinics</td>
<td>October 9, 2013</td>
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<tr>
<td>☐  Lucile Packard Children’s Hospital</td>
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<tr>
<th>Name of Policy:</th>
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<tbody>
<tr>
<td>SHC Late Career Practitioner Policy</td>
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<tr>
<th>Departments Affected:</th>
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<tbody>
<tr>
<td>All Medical Staff</td>
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This document is intended for use by staff of Stanford Hospital & Clinics and/or Lucile Packard Children’s Hospital. No representations or warranties are made for outside use. Not for outside reproduction or publication without permission.
Stanford University Medical Center Late Career Practitioner Policy
Appendix A: Clinical 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 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:
  ● “In bottom 25 of peers*” -- Performance is in the bottom quartile of peers
  ● “In middle 50% of peers” -- Performance is equal to the majority of peers (those in the middle 50%)
  ● “In top 25% of peers” -- Performance is in the top quartile of peers

Please note that for any items on which you rate the candidate’s performance “Below the level of peers” an explanation is required. We once again ask you to be as candid as possible.

*COMMENTS ARE REQUIRED for rating of “In bottom 25% of peers”

Please Fax the completed form to: 650-725-0297
<table>
<thead>
<tr>
<th>GENERAL CLINICAL PROFICIENCY</th>
<th>In bottom 25% of peers (comment required)</th>
<th>In middle 50% of peers</th>
<th>In top 25% of peers</th>
<th>Not applicable or don’t know</th>
<th>COMMENTS (REQUIRED for rating of &quot;In bottom 25% of peers&quot;)</th>
</tr>
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<tbody>
<tr>
<td>Maintains up-to-date knowledge base appropriate to scope of practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Maintains current technical/procedural proficiency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies sound diagnostic reasoning and judgment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies sound therapeutic reasoning and judgment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies evidence from relevant scientific studies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks consultation from other care providers when appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates reliability in meeting clinical commitments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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<tr>
<th>COMMUNICATION</th>
<th>In bottom 25% of peers (comment required)</th>
<th>In middle 50% of peers</th>
<th>In top 25% of peers</th>
<th>Not applicable or don’t know</th>
<th>COMMENTS (REQUIRED for rating of “In bottom 25% of peers”)</th>
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</thead>
<tbody>
<tr>
<td>Communicates effectively with patients and their families</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Communicates effectively with physician peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with trainees</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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*COMMENTS ARE REQUIRED for rating of “In bottom 25% of peers”

Please Fax the completed form to: 650-725-0297
*COMMENTS ARE REQUIRED for rating of “In bottom 25% of peers”

Please Fax the completed form to: 650-725-0297

<table>
<thead>
<tr>
<th>PROFESSIONALISM</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>Communicates effectively with other members of the health care team (for example, nurses, clinical administrators, respiratory therapists, pharmacists)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Maintains appropriate medical documentation</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

**COMMENTS**
(REQUIRED for rating of “In bottom 25% of peers”)

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.
**SYSTEMS-BASED PRACTICE**

<table>
<thead>
<tr>
<th></th>
<th>In bottom 25% of peers</th>
<th>In middle 50% of peers</th>
<th>In top 25% of peers</th>
<th>Not applicable or don't know</th>
<th>COMMENTS (REQUIRED for rating of “In bottom 25% of peers”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively coordinates patient care within the healthcare system</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Appropriately considers cost of care in medical decision-making</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in quality improvement activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates leadership in clinical program development and administration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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<thead>
<tr>
<th><strong>OVERALL</strong></th>
<th>In bottom 25% of peers</th>
<th>In middle 50% of peers</th>
<th>In top 25% of peers</th>
<th>Not applicable or don't know</th>
<th>COMMENTS (REQUIRED for rating of “In bottom 25% of peers”)</th>
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<tbody>
<tr>
<td>Overall clinical performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>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.</td>
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</tbody>
</table>

**ADDITIONAL COMMENTS:** ______________________________________________________________________________

*COMMENTS ARE REQUIRED for rating of “In bottom 25% of peers”*

**Please Fax the completed form to: 650-725-0297**
NOTE TO THE EXAMINING PHYSICIAN:

The Medical Staff of Stanford Hospital and Clinics, as a part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination of practitioners applying or reapplying for clinical privileges beyond a certain age. Important components of this assessment include a review of systems that addresses functional status, and comprehensive sensory examinations including tests of hearing, visual acuity with eye chart and exam, and a thorough neurological exam. 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.

Practitioner’s Name: ______________________________________________________________

Requested Clinical Privileges: See attached Clinical Privileges Delineation Checklist
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

Do you have any recommendations for further study or evaluation?

Additional Comments:

Name: ____________________________  Specialty: __________________
Signature: _________________________  Date: ________________

Please Fax the completed form to: 650-725-0297