

UNMMG Peer Review-Professional Practice Evaluation

Date: _____ UNMMG Clinic Name: _____

Provider being Evaluated (*Print full name and degree*) : _____

Name of Evaluator (*Print full name and degree*): _____

	Focused Professional Practice Evaluation- FPPE(Level I) within 3 months of start date
	Ongoing Professional Practice Evaluation-OPPE (Every 8 months)
	Focused Professional Practice Evaluation-FPPE (Level II)

Please evaluate three instances of clinical care through medical records reviews or direct observation

<input type="checkbox"/> Outpatient Record Review			
<i>MRN 1:</i>		<i>FIN #</i>	
<i>MRN 2:</i>		<i>FIN #</i>	
<i>MRN 3:</i>		<i>FIN #</i>	

<input type="checkbox"/> Direct Observation of Episode of Care (required for Level I FPPE or if part of Level II FPPE)	Specify:

Competency	Satisfactory	Marginal	Unsatisfactory
Patient Care			
Medical/Clinical knowledge			
Interpersonal and communication skills			
Professionalism			
Practice based learning			
Systems based practice			

**** Explain any marginal or unsatisfactory scores in additional comments**

UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA

- | | | |
|--|-----|----|
| 1. Was the associated documentation for reviewed MRNs clinically adequate and timely? | Yes | No |
| 2. Was the diagnosis accurate, complete, and consistent with the findings on reviewed MRNs? | Yes | No |
| 3. Was the treatment plan adequate & appropriate for the patient's diagnosis on reviewed MRNs? | Yes | No |
| 4. Was the Provider's care within the standard of care for reviewed MRNs? | Yes | No |
| 5. Was there evidence of medication reconciliation and E-prescribing for reviewed MRNs? | Yes | No |
| 6. Were allergies and the problems list updated and accurate for reviewed MRNs? | Yes | No |

Additional comments, recommendations or feedback (include additional pages if needed)

--

Based on my evaluation I recommend :

	No change in providers credentialing or privileges; continue routine OPPE
	FPPE Level II
	Other:

Evaluator:

Name of Evaluator & credentials (Print)	
Evaluator signature:	
Date:	