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| **Figure 5.9** | **FPPE Monitoring Form** |
| **CONFIDENTIAL**  Monitoring period from: to:  Practitioner monitored:  I have reviewed the results of the FPPE for the above-named practitioner and make this report based on a combination of the following:  » Chart review (attached completed monitoring form)  » Direct observation  » Monitoring diagnostic and treatment technioues and clinical practice patterns  » Discussion with other individuals involved in the care of each patient  » External review  » Other:  o The practitioner is performing well and within desired expectations, and no further focused review is necessary.  o The practitioner has not provided an adeouate volume of patient care and treatment in order to form an opinion. FPPE should continue for an additional period of .  o The practitioner is not performing well or within desired expectations and further action is necessary.  o FPPE to continue (list issues).  o The possibility of risk to patient safety exists. Refer to medical executive committee immediately.  Other comments:    Monitor/proctor name printed Date  Monitor/proctor signature  Date reviewed by credentials committee: | |