

**MEDICAL STAFF IN-DEPTH REVIEW SUMMARY & RECOMMENDATION**



|                      |                         |                |                     |
|----------------------|-------------------------|----------------|---------------------|
| Medical Staff Member | Department / Cancer Ctr | Medical Leader | Date of IDR Meeting |
| _____                | _____                   | _____          |                     |

The complexity of a Medical Staff Members practice merits assessment from a broad range of activities to truly encompass their daily work and provide the richest feedback for their professional practice development. Some of the activities / components for the In-Depth Review are listed below.

Medical Leaders are responsible for conducting a quality performance review and completing a face-to-face meeting with the Medical Staff Member to discuss the results of the In-Depth Review. By completing and signing this form, both parties are providing a confirmation for the MSPD Office of the completion of the In-Depth Review process, while the content of the discussion continue to remain private between the Medical Leaders and the Medical Staff Member.

**In-Depth Review Components Completed by the Staff Member and the Leader**

(Please check all applicable components)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Multisource Self-assessment (mandatory)</b>   | <input type="checkbox"/> <b>Multisource Feedback (mandatory)</b>                                      |
| <input type="checkbox"/> Current Curriculum Vitae and other reflection tool   | <input type="checkbox"/> Complications and Mortality Review   |
| <input type="checkbox"/> Direct observation of procedural and assessment skills                                       | <input type="checkbox"/> Utilization / Quality Assurance Information, e.g. Physician Practice Profile |
| <input type="checkbox"/> Consult with members of affiliated organizations and regulatory bodies                       | <input type="checkbox"/> Procedural privilege evaluation, including frequency of procedures practiced |
| <input type="checkbox"/> Clinical documentation, including assessment of quality, accuracy, and timeliness of reports | <input type="checkbox"/> Research/teaching/administrative activities and contributions                |
| <input type="checkbox"/> MOCOMP and CME additional training   | <input type="checkbox"/> Input from patients  |
| <input type="checkbox"/> Professional Practice Development Plan   |   |
| <input type="checkbox"/> Other In-Depth Review component: _____   |   |

|   |  |
|---|--|
| <b>Medical Leader(s) Recommendations</b> (please select one only)   | <b>Next step</b>   |
| <input checked="" type="radio"/> IDR Complete - Recommend promotion from Provisional to Active Category or Maintain current Active Category | <i>Next IDR will be scheduled in 3 years</i>                             |
| <input type="radio"/> IDR Complete - Maintain Provisional status & review performance in 6 months   | <i>Re-submit recommendation form in 6 months, after follow-up review</i> |
| <input type="radio"/> IDR Complete - Recommend Comprehensive Review <sup>1</sup>  | <i>Initiate Comprehensive Review process<sup>1</sup></i>                 |
| Comments: _____   |  |

Please complete page 2 and sign.

<sup>1</sup> Where serious concerns arise from the medical staff member's In-Depth Review, the Senior Medical Administrator will be informed and a decision made in conjunction with the Medical Leader/Head of Department to form a Review Committee (PHSA Medical Staff Rules, Article 2.3)

## IDR Summary (to be completed by IDR Leader)

The In-Depth Review (IDR) should be a collaborative conversation where both the Medical Staff Member and Medical Leader consider strengths, opportunities for improvement, and Medical Leaders' expectations.

### Instructions for Leader:

Please summarize the evaluation and the IDR conversation that you had with the candidate; you may want to consider the following points:

- Clinical skills/performance
- Clinical documentation
- Interpersonal relationships (with colleagues, referring physicians, residents and staff)
- Research/teaching/scholarship achievements
- Administrative performance/special contributions

*If more space is needed, please add pages OR you can provide IDR summary in your own format.*

By signing below the candidate confirms that they have read, understood and are in agreement with the IDR meeting summary. Electronic signature is accepted.

|                      |                    |   |                              |
|----------------------|--------------------|---|------------------------------|
|                      |                    | <b>Medical Affairs Office to Obtain</b> |                              |
| Medical Staff Member | IDR Medical Leader | Dept Medical Leader                     | Senior Medical Administrator |
| Signature: _____     | _____              | _____                                   | _____                        |
| Print name: _____    | _____              | _____                                   | _____                        |
| Date: _____          | _____              | _____                                   | _____                        |

### **Please send the following to the MSPD office:**

1. The completed and signed Professional Development Plan and
2. The completed and signed IDR Recommendation Form

You can return the electronically via PDF forms:

By Email: [medstaff.practicedev@phsa.ca](mailto:medstaff.practicedev@phsa.ca) (Preferred)

By Fax: (604) 297-9902 (please ensure sending at 300 dpi or greater)

*Please keep a copy for your own records*