

# CALIFORNIA PRISON HEALTH CARE SERVICES



<b>VOLUME 3: QUALITY MANAGEMENT</b>	Effective Date: 12/1/10
<b>CHAPTER 4A</b>	Revision Date(s):
<b>PRIMARY CARE PROVIDER MENTORING - PROCTORING PROGRAM AND CLINICAL PERFORMANCE APPRAISAL PROCESS POLICY</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. POLICY

The California Department of Corrections and Rehabilitation (CDCR)/California Prison Health Care (CPHCS) shall establish a Primary Care Provider (PCP) Mentoring-Proctoring program to ensure that patient-inmates receive health care services from competent and qualified providers. This program is particularly important in correctional health care settings, which present unique circumstances and challenges for health care providers.

CPHCS shall also implement a structured clinical performance appraisal process to assess the PCP's general clinical knowledge, skill set, and judgment and/or provide mentoring-proctoring services, if needed, utilizing various evaluation tools. These tools allow the clinical supervisor to provide structured, detailed, and clinically relevant feedback to the provider during performance evaluations, support ongoing staff development and, as necessary, protect patient-inmate safety:

1. The Primary Care Provider – 360 Degree Evaluation
2. Unit Health Record (UHR) Clinical Appraisal (UCA)
3. Primary Care Provider Core Competency-Based Evaluation

## II. PURPOSE

This policy establishes a structured clinical mentoring-proctoring program to:

1. Preserve standards of medical practice by providing a mechanism by which practitioners are systematically evaluated for professional competency.
2. Support newly hired health care providers with relevant training by experienced providers.
3. Improve patient-inmate care through training of all providers to adhere to the highest applicable clinical standards.
4. Improve provider morale and job satisfaction, thus reducing provider turnover and increasing provider retention, while enhancing practitioner effectiveness.
5. Create a cooperative and collegial health care team.

In addition, this policy outlines how the PCP performance-related information shall be implemented and incorporated into state-mandated employee evaluations, including both probationary and annual performance evaluations. It also establishes the steps necessary to prepare performance reviews for new and permanent employees, including the use of evaluation tools that are adapted to the core competencies of the PCPs.

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## III. APPLICABILITY

This policy applies to newly hired and permanent civil service PCPs e.g., Physician and Surgeons, Physician Assistants (PA), and Nurse Practitioners (NP), who provide health care services to patient-inmates.

The mentoring-proctoring program is not required for permanent civil service PCPs transferring from another institution or for registry PCPs. However, the CDCR/CPHCS may require that registry providers obtain an appropriate clinical orientation on a case-by-case basis as a condition of their contracted employment.

## IV. DEFINITIONS

**Clinical Mentoring-Proctoring Program (MPP):** A program designed to orient and support newly hired health care providers to ensure safe and effective practice in the correctional health care setting.

**Primary Care Provider – 360 Degree Evaluation:** A confidential document used for evaluating each medical provider's performance based on voluntary feedback from non-patient inmate individuals with whom the individual comes into contact (for example, his or her supervisor(s), other PCPs, or other health care staff).

**Core Competency-Based Evaluation:** A confidential document used to assess performance in key clinical domains including patient-inmate care, medical knowledge, professionalism, interpersonal and communication skills, systems-based knowledge, and practice-based learning.

**Unit Health Record (UHR) Clinical Appraisal:** The review by either the Chief Medical Executive (CME) or designee, or Clinical Support Unit (CSU) clinician of at least ten clinical encounters managed by the PCP, involving ten separate patient-inmates. The UCA will include a separate evaluation by the reviewer of each clinical encounter, as well as a summary review that incorporates findings from each of the clinical encounters.

## V. CONFIDENTIALITY

In accordance with applicable state law governing confidentiality of such documents, it is essential that PCP core competency-based evaluation(s) and/or clinical performance evaluation(s) be maintained as confidential and not be available to unauthorized persons. All persons participating in the PCP clinical performance appraisal process shall adhere to these provisions regarding confidentiality.

## VI. HEALTH CARE PROVIDER RESPONSIBILITIES

The Deputy Medical Executive (DME) or designee shall provide guidance to the CME or designee regarding the available action(s) that can be taken if a PCP does not adapt well to the institutional medical setting and consultation on any progressive discipline taken during the PCP's probationary period.

The Chief Executive Officer (CEO) or CME or designee shall ensure that PCP clinical performance appraisals are completed and the Clinical Mentoring-Proctoring program is established and implemented in accordance to applicable state law.

The institution medical and health care staff shall meet all health care requirements outlined in this policy.

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## VII. REFERENCES

- California Evidence Code section 1157
- Department of Corrections and Rehabilitation Operations Manual (DOM) Chapter 9, *Health Care Services*, Article 1, *Medical Services*