

# Credentialing

Dan Pavord

# Learning objectives

- To define the credentialing process as it applies to radiation oncology medical physics.
- To provide working examples of a credentialing program.

# Outline

- Why credentialing?
- Definition of credentialing
- Credentialing process
- Credentialing program

# Why credentialing?

10. It's just plain fun!
9. We don't do enough paperwork.
8. It sounds impressive.
7. Regulators love it.
6. The MD's do it, why shouldn't we?
5. It gives me the chance to make a cool spreadsheet.
4. It fills time in committee meetings.
3. It creates a box to check.
2. Not being credentialed makes me feel icky.
1. ....

# Why credentialing?

- 1. At V.A. Hospital, a Rogue Cancer Unit




Jessica Kourkounis for The New York Times

The Veterans Affairs Medical Center in Philadelphia.

By WALT BOGDANICH

Published: June 20, 2009

 TWITTER

# Why credentialing?

**Table 3**

Percentage of incidents assigned to each basic cause category.

Basic cause classification	2007	2008	2009
1 Standards/procedures/practices	81.8	76.6	79.0
2 Materials/tools/equipment	1.2	3.0	1.5
3 Design	2.0	0.9	0.4
4 Work planning	2.9	3.0	8.0
5 Communication	7.6	9.6	6.9
6 Knowledge/skill	3.2	3.6	3.3
7 Personal capabilities	0.6	0.2	0.2
8 Personal judgment	0.3	1.9	0.7
9 Natural factors	0.3	0.3	-

From B.G. Clark et al, Radiotherapy and Oncology 95 (3): 344-349

# Why credentialing?

## Patterns of Pain and Distress During High-Dose-Rate Intracavity Brachytherapy for Cervical Cancer

Kristine L. Kwekkeboom, PhD, RN, Nancy R. Dendaas, MS, RN,  
Margaret Straub, PA-C, and Kristin A. Bradley, MD

[Int J Radiat Oncol Biol Phys.](#) 2014 Jun 1;89(2):260-7. doi: 10.1016/j.ijrobp.2014.02.018. Epub 2014 Apr 7.

**Posttraumatic stress disorder after high-dose-rate brachytherapy for cervical cancer with 2 fractions in 1 application under spinal/epidural anesthesia: incidence and risk factors.**

[Kirchheiner K](#)<sup>1</sup>, [Czajka-Pepl A](#)<sup>2</sup>, [Ponocny-Seliger E](#)<sup>3</sup>, [Scharbert G](#)<sup>4</sup>, [Wetzel L](#)<sup>4</sup>, [Nout RA](#)<sup>5</sup>, [Sturdza A](#)<sup>2</sup>, [Dimopoulos JC](#)<sup>6</sup>, [Dörr W](#)<sup>7</sup>, [Pötter R](#)<sup>7</sup>.

# Credentialing

- Having credentials vs. credentialing.
- Certification and competency vs. credentialing.
- From **“A report from the AAPM Subcommittee on Guidelines for Competency Evaluation for Clinical Medical Physicists in Radiation Oncology.”** (submitted for publication)
  - For the purposes of this report we consider competency to be defined as having met the local requirements to be able to complete a task independently. Individuals who have the proper credentials to perform the task but have not completed the process to be deemed competent by the local institution are not considered competent. As described below, the process of demonstrating competency could be as simple as providing the proper documentation showing experience with the task and reading the local policies and procedures. **This initial determination of competency for a new employee is credentialing.**
  - Could also be credentialing staff for a new technology



# Credentialing process for new staff

- Four steps
  - 1. Review of local P&P, relevant references
  - 2. Observation
  - 3. Performance under direct supervision
  - 4. Complete knowledge test
- What about solo physicists?
  - Vendor training
  - Outside peer review

# Sample credentialing process for new technology

1. Lead staff or core group is trained
  2. Training documents developed and distributed
  3. In-service for all staff
  4. Staff evaluation of training
  5. Staff performance of dry runs
  6. Are all staff confident? No = repeat 5
  7. Schedule first patient
- Note, this is staff training only. Outside validation of process is part of commissioning.

# Credentialing program

- Once initial credentialing is done how do you maintain it? (Competency)
- Minimum number of procedures per year
- Regular reviews of P&P

# From “A report from the AAPM Subcommittee on Guidelines for Competency Evaluation for Clinical Medical Physicists in Radiation Oncology.”

Table 2: Sample table of minimum number of procedures to maintain competency.

Procedure	Minimum Number per Year
Second check	12
Chart check	50
Treatment planning general	12
Treatment planning special procedure	4
Patient specific IMRT QA	4
Routine equipment QA	1
Output calibration	1
Radioactive source strength calibration	1
HDR	4
Seed implants	4
Intraoperative radiation therapy	4
SRS	4
SBRT	4

# Sample policy



**Subject:** Training for New and Current Employees RO General Policies

**Date:** 05/2014

**Reviewed:**

**Revised:**

**Target Departmental Staff Categories:**

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Radiation Therapist   | <input checked="" type="checkbox"/> Financial Staff  | <input checked="" type="checkbox"/> Nursing      | <input checked="" type="checkbox"/> Clerical Staff |
| <input checked="" type="checkbox"/> Radiation Oncologists | <input checked="" type="checkbox"/> Physicists       | <input checked="" type="checkbox"/> Nutritionist | <input checked="" type="checkbox"/> Social Work    |
| <input checked="" type="checkbox"/> <u>Dosimetrists</u>   | <input type="checkbox"/> Change Management Committee |  |  |
-

# Sample policy

## **Policy:**

The following applies to training of new employees as well as the training of new technologies and/or processes for all current employees of Health Quest Radiation Oncology.

For all new employees training shall be provided with a preceptor who shall be assigned by the manager/director of each discipline and the preceptor shall agree to all the responsibilities as detailed in the procedure section. The preceptor shall ensure that an efficient training process as outlined in the procedure will enable the new employee to transition with ease into the department's culture and gain the confidence to perform his/her job function.

For all new technologies, software, hardware or programs introduced, training shall be provided to all affected employees. A suitable trainer shall be identified, and agree to all responsibilities as detailed in the procedure section.

An in-service will be initiated by the trainer. This individual shall ensure that the affected employees are made aware and allotted the appropriate amount of time for training based on the clinic's schedule. The trainer is to distribute pre-in-service documentation that all staff members are responsible for review of prior to scheduled in-service. All employees who receive an in-service will be provided an avenue for feedback such that the trainer can determine if further training or re-evaluation is necessary. All staff members are responsible for providing feedback to demonstrate effectiveness and understanding.

# Sample policy

## Physicist Competency Requirements

In order to achieve initial competency:

1. Have Read Required Current Policy and Procedure
2. Have gotten at least an 85% correct on Competency Quizzes
3. Have observed and participated with a competent staff member
4. Have performed as the primary staff member under the observation of a competent staff member or physician the specified number of times.
5. Have submitted Initial Competency Document to Supervisor/Manager

The Initial Competency shall be gained by observing, then performing the procedure the above listed number of times, as well as reading all policies and completing quizzes as listed above. The Physicist Competency Form shall be filled out to document all requirements have been met and will be saved in their staff file.

Maintaining Competency will be handled by Chief Physicist. Reports or audits referencing approvals during the allotted time period shall be performed by a credentialed staff member. Arrangements can be made to perform procedures on a test phantom, QA device, or test patient if an actual procedure is not scheduled.

It shall be the Chief Physicist responsibility to go back and verify the person did perform the task before adding it to the competency tracker. The designated committees shall also be responsible for keeping all policies in the Competency Tool up to date and verifying that all policy changes are reviewed by all staff.

If at anytime someone fails to maintain competency, they must start over and begin with the initial competency requirements.

# Sample policy

Procedure	Minimum # Of Times To Be Performed Independently Initially	# Of Times To Be Performed to Maintain	Time Period	Required Policies
Prostate Seed Implant	2 patients	1 patients	annual	Permanent Prostate Seed Implant Seed Implant Hospital Policy
Zeiss Intra-Op	2 patients	1 patients	annual	Brachytherapy, Intrabeam
HDR	2 fractions per type	1 patient	annual	Brachytherapy documentation in MOSAIQ HDR Policy and Procedures HDR P&P – Nucletron Quiz
Second Check	10 patients	10 patients	annual	Physics Second Check Policy and Procedure Quiz
Weekly Chart Review	50 patients	10 patients	annual	Weekly Chart Review Quiz
Peer Review	10 patients	10 patient	annual	Physics Peer Review Policy Quiz
Monthly QA	2 months	1 month	annual	Linac Quality Assurance policy Quiz
Emergency Treatment	1 patient 1 Handcalc	1 patient -	annual -	Emergency_After hours Medical Care
IMRT QA	5 patients	5 patients	annual	Dynamic Delivery QA Measurements Quiz
SBRT <a href="#">linac</a>	1 fraction	1 patient	annual	SBRT Procedure and Policy
SBRT <a href="#">Tomo</a>	1 fraction	1 patient	annual	SBRT Procedure and Policy
SRS <a href="#">Linac</a>	1 patient	1 patient	annual	<i>In progress</i>
SRS <a href="#">Tomo</a>	1 patient	1 patient	annual	<i>In progress</i>
<a href="#">Xofigo</a>	2 injections	1 patient	annual	<a href="#">Xofigo</a> Policy and Procedure
Physics Final	5 patients	5 patients	annual	Weekly Chart Review



# Tracking competency

	2014			
Task	PS	MWS	JG	SK
Dynamic Delivery QA	55	138	72	41
Final Review	100	264	267	225
HDR Breast	11	3	0	0
HDR cylinder	18	27	12	34
HDR T&O	6	4	7	15
Second Check	129	355	299	369
Seed Implant	1	0	0	4
SRS/SRT/SBRT	22	0	4	14
Xofigo	0	0	15	40

Data collected from Mosaiq QCL completions

# Tracking competency

The screenshot shows a web application interface with a dark red header and sidebar. The main content area is white and displays the text "No competencies assigned".

**Header:** Includes a search bar, "Help" icon, and the user name "Daniel Pavord".

**Sidebar:** Contains the following navigation items:

- Navigation:** Home, Advanced Search, Browse Manuals, Competencies, Favorites, Recent Documents, Reports.
- Policy Management:** Tasks, Monitor Processes, Document Classifications, Documents Without Process, Edit Manuals, Approval Groups, Approval Templates, Assign Competencies, Policy Library, StayAlert!

**Main Content:** A dark red bar at the top of the main area contains the text "My Competencies". Below this, the text "No competencies assigned" is centered.

**Footer:** Displays "Role: User", "Last Login: 07/06/2015 01:48PM EDT", "ellucid# Policy Manager", and "Copyright 2007 - 2015 MCN Healthcare".

# Tracking competency

## Reports

Run a New Report

Filter Results:  Showing 1 to 9 of 9 entries

Name	Status	Report Date
<a href="#">Uncompleted Assigned Competencies</a>	Active	May 27th, 2015 at 10:01:57 AM EDT
<a href="#">Completed Assigned Competencies</a>	Active	May 27th, 2015 at 10:01:35 AM EDT
<a href="#">Uncompleted Assigned Competencies</a>	Active	November 1st, 2014 at 2:35:55 PM EDT
<a href="#">Completed Assigned Competencies</a>	Active	November 1st, 2014 at 2:35:18 PM EDT
<a href="#">Completed Assigned Competencies</a>	Active	November 1st, 2014 at 2:34:20 PM EDT
<a href="#">Uncompleted Assigned Competencies</a>	Active	July 8th, 2014 at 10:54:57 AM EDT
<a href="#">Completed Assigned Competencies</a>	Active	July 8th, 2014 at 10:54:43 AM EDT
<a href="#">Completed Assigned Competencies</a>	Active	May 5th, 2014 at 10:36:50 AM EDT
<a href="#">Uncompleted Assigned Competencies</a>	Active	May 5th, 2014 at 10:36:36 AM EDT

Copy CSV PDF

# Tracking competency

Document Name	Revision	User	Type	Due Date	Completion Date	Status	Score
SBRT Lung Policy and Procedure	5		Signature	#####	1/9/2015 15:43	Completed	
MOSAIQ use and documentation	1		Signature	#####	2/17/2015 14:38	Completed	
Deep Inspiration Breath Hold Policy and Procedure	1		Signature	#####	3/3/2015 13:25	Completed	
MOSAIQ use and documentation	2		Signature	#####	3/20/2015 11:26	Completed	
Chart Rounds Policy	9		Signature	#####	1/29/2015 13:16	Completed	
Management of Patients with Implantable Devices	7		Signature	#####	1/29/2015 13:16	Completed	
MOSAIQ use and documentation	2		Signature	#####	3/20/2015 9:17	Completed	
SBRT Lung Policy and Procedure	5		Signature	#####	#####	Completed	
Deep Inspiration Breath Hold Policy and Procedure	1		Signature	#####	2/10/2015 15:13	Completed	
MOSAIQ use and documentation	2		Signature	#####	3/16/2015 10:45	Completed	
Radiation Treatment Planning	15		Signature	#####	3/26/2015 14:05	Completed	
SBRT Lung Policy and Procedure	5		Quiz	#####	#####	Completed	88
Deep Inspiration Breath Hold Policy and Procedure	1		Signature	#####	1/29/2015 14:28	Completed	
Radiation Treatment Planning	14		Signature	#####	1/29/2015 14:28	Completed	
RadCalc procedure	6		Signature	#####	3/2/2015 17:26	Completed	
MOSAIQ use and documentation	2		Signature	#####	3/26/2015 7:47	Completed	
Image Fusion Policy	2		Signature	#####	3/26/2015 7:47	Completed	
Radiation Treatment Planning	15		Signature	#####	3/26/2015 7:47	Completed	
MOSAIQ use and documentation	1		Signature	#####	2/11/2015 15:49	Completed	
RadCalc procedure	6		Signature	#####	3/2/2015 15:43	Completed	

# Conclusion

- Graduate Degree, Residency, Certification, MOC, and licensure are not enough to ensure safe performance of procedures.
- Initial credentialing (new staff or technology) must be performed to ensure that all staff understand the local implementation.
- Ongoing performance must be evaluated to ensure continued competency and if the requirements are not met re-credentialing is required.