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Owner:	*Medical Executive Committee*
Policy Area:	*Medical Staff of Providence Saint John's Health Center*
References:	
Applicability:	*N/A*

Proctoring / Focused Professional Practice Evaluation (FPPE)

PURPOSE

1. **Focused Professional Practice Evaluation** (FPPE) is the process whereby the privilege specific competence of a practitioner who does not have documented evidence of competently performing initially requested privileges at Providence Saint John's Health Center ("the Health Center) is evaluated.

2. This policy describes the FPPE process when practitioners are granted privileges for the first time and undergo a period of focused evaluation. It describes the scope, method, frequency, and duration of this evaluation, as determined by the Department Chair, based on the practitioner's experience, training, and qualifications.

3. FPPE that is initiated due to quality of care concerns is described in the Medical Staff Policy "Professional Practice Evaluation and Practitioner Performance Improvement."

POLICY

1. **Concurrent Proctoring** means direct observation; real-time observation of a procedure.

2. **Focused Practitioner Performance Evaluation (FPPE)** means a time-limited period during which the Health Center evaluates and determines a practitioner's professional performance of clinical privileges, evaluates current clinical competency, and ensures the provision of safe, high-quality care.

3. **FPPE Start Date** is when a practitioner is granted clinical privileges.

4. Practitioners will be evaluated in the following six general competencies

    a. **Patient Care**: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

    b. **Medical / Clinical Knowledge**: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.

    c. **Practice-Based Learning Environment**: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

    d. **Interpersonal and Communication Skills**: Practitioners are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care team.

e. **Professionalism**: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

f. **Systems-Based Practice**: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

5. **Practitioner** means any Member of the Medical or Allied Health Personnel Staff granted clinical privileges.

6. **FPPE Plan** means the specific scope, method, frequency, and duration of the focused evaluation, recommended by the Department Chair and approved by the Medical Executive Committee.

7. **Proctor** means the Medical or Allied Health personnel Staff member, or designed expert, appointed to the Medical Staff to perform FPPE to evaluate the current clinical competency of the practitioner for some or all general competencies.

8. **Proctoring** means the process of obtaining information for FPPE purposes to confirm an individual practitioner's current clinical competency. Proctoring may be prospective, concurrent, or retrospective. Proctoring is validation, not teaching.

9. **Prospective Proctoring** means a presentation of cases with planned treatment outlined.

10. **Retrospective Evaluation** means chart review; a review of medical record documentation after a case has been completed. This may involve interviews of personnel directly involved in the patient's care.

11. All initial applications who are requesting clinical privileges at the Health Center shall be appointed for a Provisional period not less than six months nor more than two years. Proctoring shall be completed during this Provisional period as a means of determine clinical / technical competence as a requisite for advancement from the Provisional Staff.

12. Proctoring may be required for additional privileges requested, or when a practitioner has not met the requisite volume requirements during the immediate-past two years.

13. Completion of proctoring is volume-dependent, not time-dependent.

14. Practitioners who request membership without privileges are not subject to the provisions of this policy. They do not require FPPE and may not act as proctors.

PROCEDURE

1. Responsibilities of Practitioner Being Proctored

a. A list of eligible proctors will be included with the Board letter.

b. For procedural proctoring, it is the responsibility of the proctored physician to secure a proctor prior to scheduling a procedure or surgery. This must be communicated physician to physician.

i. Surgery Scheduling will verify that the named proctor has agreed to act as a proctor. After this verification, the booking will be confirmed.

ii. The proctored practitioner should remind his/her proctor of the case at least 24 hours prior to surgery.

iii. If a proctor is not available for a scheduled procedure, the case will be cancelled.

c. The proctored physician shall provide the proctor with information about his/her patient's clinical history, pertinent physical findings, lab and x-ray results, planned course of treatment or management, and delivery any documents that the proctor may request.

d. For Medical proctoring, a Provisional Member should have his/her first three History and Physicals reviewed within 24-48 hours of admission. During this discussion, the plan of care should also be reviewed. Thereafter, within 14 days of discharge, the accompanying three discharge summaries should be reviewed.

e. Practitioners requiring proctoring shall ensure that documentation of satisfactory completion of proctoring is delivered to the Medical Staff Services Department.

f. Provisional practitioners who are co-surgeons must have that case proctored.

g. Provisional Staff members who have not been released from proctoring requirements cannot participate on the Emergency Call Panel. If they take call for their practice/group, they must have a member of their practice/group (who has completed proctoring) as back up for the treatment of patients (i.e., requests for consultations in the Emergency Department, inpatient consultations, or surgical procedures, including emergencies), unless they obtain a qualified proctor.

i. Provisional Plastic Surgeons may respond to requests for consultation and evaluation in the Emergency Department prior to completion of proctoring. If Provisional Surgeon, however, must obtain a proctor in order to perform surgery.

h. Practitioners requiring proctoring are not released from proctoring requirements until the Medical Executive Committee approved the proctoring reports submitted. Approval will be communicated in writing. In extreme circumstances, a practitioner may request expedited release from proctoring, using the prescribed form.

2. Responsibilities of Proctor

a. The proctor's role is typically that of an evaluator, not of a consultant or mentor. A practitioner serving solely as a proctor, for the purpose of assessing and reporting the current clinical competency of another practitioner is an agent of the Health Center. He/she shall have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the proctored practitioner. The Health Center will defend and indemnify any practitioner who is subjected to a claim or suit arising from his/her acts or omissions in the role of proctor.

b. A proctor must be in good standing and have unrestricted privileges to perform any procedure to be concurrently observed

c. If there are a limited number of physicians who qualify as proctors, it may be acceptable for a practitioner to be proctored by his/her associate. This should be approved beforehand by the applicable Department.

d. A proctor may review a proctoring evaluation report with the practitioner being proctored and ask him/her to sign the report.

e. Ordinarily, the same proctor cannot observe someone for more than two cases.

3. Responsibilities of Department

a. The scope, method, frequency, and duration of proctoring evaluation are determined by each Department and may include direct observation (both clinical and surgical), review of medical records (both concurrent and retrospective), and an evaluation of the practitioner's six general competencies.

b. In situations where no other physician is qualified or credentialed to serve as a proctor, an outside consultant may be retained. This outside consultant may be granted temporary privileges to serve in a proctoring capacity, in the following situations:

i. Ambiguity

1. Vague or conflicting recommendations from internal reviews or Medical Staff committees that will directly affect a practitioner's privileges.

ii. Lack of Internal Expertise

1. When no one on the Medical Staff has adequate expertise in the specialty or a specific issue under review or when the practitioners on the Medical Staff with that expertise are determined to have a conflict of interest regarding the practitioner under review.

c. On a monthly basis, Departmental committees will review all practitioners who require proctoring to ensure timely completion.

i. If upon review of the affected practitioner's activity, sufficient activity has occurred that could be proctored, and proctoring is incomplete, a letter will be sent to the practitioner advising that proctoring needs to be completed within the next 30 days. Failure to complete proctoring will be deemed a voluntary resignation of Medical Staff Membership and Privileges.

ii. If insufficient activity has occurred to fulfil proctoring requirements, the practitioner will be sent a letter acknowledging this and activity will be reviewed at the next six-month interval.

iii. If proctoring is complete, the Department Chair will review the practitioner to determine if he/she can be advanced from the Provisional Staff.

d. If at the end of 24 months, the practitioner has had insufficient activity in order to complete proctoring, the lack of completion of proctoring shall be deemed a voluntary resignation of Medical Staff Membership and Privileges.

e. The Department Chair can choose to defer concurrent proctoring requirements on a case-by-case basis. In these emergent situations, the Chair will complete a proctor review form as soon as practical thereafter. This may be counted towards the proctored practitioner's total proctoring requirements.

4. Methodology of Proctoring

a. In general, privileges that involve primarily didactic or knowledge-based competencies can be evaluated by either concurrent or retrospective chart review. Privileges that are primarily

procedural in nature and/or involve technical skills should be evaluated by concurrent monitoring of actual or simulated performance.

i. Cases evaluated should be of sufficient number to allow for adequate information to determine competency. This number shall be determined by the Departmental committee and will be based on the practitioner's relevant education, training, and experience, as well as the competency need being addressed.

ii. The duration of monitoring shall be only as long as deemed necessary to collect sufficient information about the practitioner's ability to safely and competently perform the privileges in question.

b. Evidence of proctoring from another institution (i.e., **reciprocal proctoring**) may, with the approval of the Departmental committee, supplement internal reports, if:

i. The proctor is a member of the medical staffs of both institutions.

ii. The proctor is eligible to serve as proctor at both institutions.

iii. The proctor has the same range and level of privileges, as requested by the practitioner requiring proctoring.

iv. The completed proctoring reports are less than two years old.

c. Up to one-half of all required proctoring may be supplemented by reciprocal proctoring.

d. Medical Staff members undergoing proctoring who have alleged quality of care or competency issues or concerns, or are under a Focused Review, may utilize reciprocal proctoring reports only with the direct approval of the Medical Executive Committee.

e. Each Departmental committee may exclude individual procedures or treatments from reciprocal proctoring at their discretion.

5. Prerogatives of the Medical Executive Committee

a. The Medical Executive Committee may impose terms of probation or specific limitations upon the clinical privileges of Medical Staff Members. Such limitations may include but are not limited to:

i. Requirements for co-admission.

ii. Mandatory consultation.

iii. Concurrent monitoring.

b. Copies of proctoring evaluation reports will not be released. Instead, a letter summarizing completed proctoring activity will be provided to requesting institutions, when the submitted request is accompanied by a current release authorization.