

## **Proctoring and Observation for Credentialed Staff Medical Staff Policy**

*Approved by MEC 1/19/99 Revised 2/2003*

*Revised 5/2008*

*Approved SHMC MEC 2/2013*

*Approved HFH MEC 2/13*

*Approved PSHMC and PHFH MEC 3-2015*

### **POLICY:**

It is the responsibility of the hospital and its Medical Staff to provide a safe environment where patients receive care from qualified practitioners. The Department Chair and Credentials Committee will determine when observation or proctoring are necessary. For newly appointed practitioners, the designated type of evaluation for core privileges should be completed within the first three months of appointment.

### **DEFINITIONS:**

**Observation** is evaluation of the diagnostic, therapeutic, or procedural skills of a practitioner to confirm their competency within the PHC hospital. Observation is used when credentialing documentation suggests competence for a privilege, such as when new providers are appointed to staff, but additional information or a period of evaluation is needed to confirm competence within the local setting. Observation is also used to assess physicians with low volumes at reappointment. Observation also includes an assessment of the appropriateness of the procedure.

**Proctoring** is the informed direct observation and evaluation of the diagnostic and therapeutic or surgical skills of a practitioner to determine whether s/he is qualified to receive unrestricted privileges for specific procedures. Proctoring is not intended to serve as a substitute for training. Proctoring may include verbal or hands-on instruction.

Proctoring includes review of hospital records and may also include review of office records to assist in the assessment of the quality and effectiveness of care as necessary to assess the individual's competence. It may also include examination of the patient.

Observing and proctoring are methods which may be used to complete a focused professional practice evaluation (FPPE) as defined by The Joint Commission.

A **mentoring plan** may also be developed for practitioners returning to hospital-based practice, as well as those whose volumes for certain procedures may fall below levels needed to assure competence. Mentoring may include observation and/or proctoring.

**EVALUATION REQUIREMENTS:** Evaluation requirements may be specified within privilege lists or may be required by the Department Chair or the Credentials Committee. The Department Chair or Credentials Committee has discretion to accept prior training and experience when establishing requirements.

Obtaining reviewer/s is the responsibility of the physician requesting the privilege/procedure. Partners or those with whom the physician shares call are encouraged to act as reviewers, but reviewers must be approved by the Department Chair or Credentials Committee Chair, as outlined below.

1. Observation for core procedures is generally completed by physician partners.
2. Proctoring may be provided by a currently credentialed staff member or by a non-staff member who has been vetted and approved by the hospital to proctor the specific procedure/s.
3. If special procedures are being requested, a review plan must be submitted by the applicant.
4. If physician is a solo practitioner, a review plan must be submitted by the applicant.

### **QUALIFICATIONS OF REVIEWERS and PROCTORS:**

1. Observers must currently hold unrestricted privileges in the same specialty at a Providence Health Care hospital. Unless specifically approved by the Credentials Chair or Chief Medical Executive (CME), the reviewer must not be in a current FPPE process, and must have exercised privileges at a Providence Health Care hospital over the past year with no identified patient care concerns.
2. Proctors must currently hold unrestricted privileges at a Providence Health Care hospital for the procedure/s being reviewed. Unless specifically approved by the Credentials Chair or Chief Medical Officer, the proctor must not be in a current FPPE process, and must have exercised the specific privilege at a Providence Health Care hospital over the past year with no identified patient care concerns. The proctor is not required to hold the same specialty privileges as the physician being reviewed.

OR

A proctor with established skills for the procedure may be brought from outside the organization. This proctor must provide all required documents to verify training and competency, as well as malpractice insurance which will cover his/her proctoring role at the PHC hospital. The physician proposing to bring the proctor is responsible to assure that the appropriate 'Proctor Request' application (obtained from the Medical Staff Office) is completed; this takes a minimum of two weeks to process. The Department or Service Line Chair must approve the outside proctor, as well as the Chief Medical Officer. If a current staff member is qualified to proctor, this is preferred over bringing an outside proctor.

### **PROCESS:**

- **New staff member** - As a general rule, new staff members requesting surgical or procedural privileges must have two procedures observed at a PHC hospital within the first three months on staff. Privilege lists may specify, or the Department Chair and Credentials Committee may recommend, observation or proctoring for additional specific privileges. As needed, the Department Chair will confirm those practitioners who are qualified to observe or proctor. The observation or proctoring plan and time period will be communicated in writing to the applicant and the appropriate hospital department/s will be notified by Medical Staff Services.
- **Currently credentialed individual requesting an additional privilege** - Practitioner seeking a new privilege requests the privilege on the approved form (contact Medical Staff Office). If observation or proctoring is a requirement for the privilege, the requesting physician will be asked to submit the reviewer/s name/s. Attendance at a training course may be required before the review process begins. The privilege and reviewer requests will be promptly reviewed by one of the following: Department Chair, Service Line Chair, Credentials Chair, or CME. If approved, the requesting physician and

reviewer/s will be notified in writing of approval to schedule cases with the reviewer, the minimum number of cases to be performed, as well as the time period in which the review must be accomplished. The appropriate hospital department/s will be notified by Medical Staff Services. If the reviewer is not approved, Medical Staff Services will provide a list of those qualified to review.

- **Special review requirements** – If questions arise regarding the performance of a privilege or portion of a privilege, the Department Chair and Credentials Committee may work together with the staff member to assign a reviewer. The privilege, reviewer, case numbers and/or the time period in which the review process must be accomplished will be communicated in writing to the staff member and the reviewer, and the appropriate hospital department/s will be notified by Medical Staff Services.
- **Expiration of request** – Proctoring for specific procedures must be completed within the time specified (maximum of one year unless otherwise specified), or the request will expire. The practitioner will be required to submit a new privilege request if s/he plans to begin performing the procedure at a future date.

### **RESPONSIBILITIES OF THE REVIEWER:**

A proctor has the responsibility to intervene and assume care of the patient if s/he feels there is an immediate risk of patient harm. The proctor and the physician being reviewed must immediately inform the CMO or designee in this event.

A reviewer shall receive no compensation directly or indirectly from the patient for his/her service as a reviewer. If the reviewer is also serving as a surgical assistant, he/she may receive compensation for the services rendered as an assistant. Nothing in this policy will alter the duty that the reviewer owes to the patient in his/her capacity as an assistant. The reviewer shall be physically present at all times while the procedure is being performed.

Promptly following each case, the reviewer will complete and submit the attached **Proctor or Observer Confidential Report** to Medical Staff Services.

### **RESPONSIBILITY OF THE REVIEWED PRACTITIONER**

It is the responsibility of the individual who is being reviewed to assure that his/her procedures are reviewed in accordance with this policy, to make arrangements for the proctoring to take place, and to assure review forms are returned to the Medical Staff Office within 48 hours of the procedure.

The practitioner being reviewed shall inform each patient of the presence and role of a proctor and include this information on the informed consent.

Should the proctor intervene in a case, the physician being reviewed will immediately notify the CMO or designee.

### **RESPONSIBILITY OF MEDICAL CENTER AND MEDICAL STAFF**

Minimum numbers of required reviewed procedures will be communicated to the requesting physician. The Department, Credentials Committee, or MEC may require the involvement of more than one reviewer if it is determined that the opinions of multiple individuals should be used to evaluate the individual's competence.

To assure that any patient care performance problem is detected as soon as possible, review forms should be provided to Medical Staff Services promptly following each case. Medical Staff Services will notify the department chairman or designee if any concerns are noted by the reviewer.

At the completion of the review process, one of several actions may be taken:

- Unrestricted privileges may be granted if performance has been satisfactory

- Observation or proctoring requirements may be extended for an additional period of time and/or number of cases if the caseload has been insufficient to render a judgment on the practitioner's competence.
- Privileges may be denied or restricted if the department or MEC determines that the performance has been below current standards or the granting of unrestricted privileges could place patients at unnecessary risk (see applicable Medical Staff Bylaws and/or Fair Hearing Plan)

The final decision regarding privileging for the requested procedure or patient management will be communicated to the practitioner in writing. Medical Staff Services will maintain appropriate documentation of the review and results in the practitioner's credentials file.

PLEASE RETURN TO MEDICAL STAFF SERVICES VIA INTERDEPARTMENTAL MAIL,  
OR FAX TO 474-3351 (Providence Sacred Heart Medical Center)  
FAX TO 482-2133 (Providence Holy Family Hospital)

(RETURN WITHIN 48 HOURS OF PROCEDURE)

**PROCTOR or OBSERVER CONFIDENTIAL EVALUATION**

**At the conclusion of each case, complete this form in its entirety and submit to Medical Staff Services .**  
If you need additional space or wish to provide explanatory remarks, please attach additional page(s).

Patient ID #: \_\_\_\_\_ Date of Procedure \_\_\_\_\_

Procedure/Treatment: \_\_\_\_\_

Practitioner being reviewed : \_\_\_\_\_

Check one:  Observer  Proctor

	Yes	No	N/A
Was the procedure or treatment medically indicated?		*	
Was a complete, relevant, and timely H&P performed and documented (documentation required prior to the procedure)?		*	
If a surgery or procedure was evaluated:			
• Was the appropriate technique selected and performed?		*	
• Was appropriate pre-procedure checklist and time out completed together with hospital staff?		*	
Were there complications? <i>If yes, please describe:</i>	*		
If there were complications, were they identified and managed appropriately?		*	
Were appropriate medications ordered in the correct dosage, strength, and route?		*	
If a consultation or assistance was needed, was it obtained in a timely manner?		*	
Was the patient's outcome satisfactory?		*	
At any time during the case or observation did you feel the patient's well being was or could have been jeopardized? <i>If yes, please provide detail.</i>	*		
Was documentation complete?		*	
Did the practitioner demonstrate effective communication with the care team?		*	

Please comment regarding any \*'d rating:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relative to this case, what is your overall assessment of the practitioner's ability to competently perform the treatment or procedure?

	Above Average	Average	Below Average	Unable to Assess
Knowledge				
Judgment				
Technical Skills				

**Reviewer:** Please provide your recommendation to the Department Chair, as follows:

- Competency for the specific requested privilege is confirmed.
- Practitioner would benefit from additional training or extension of proctored/observed cases. Please provide your recommendation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do not recommend approving privilege (either core privilege or specific privileges) for this procedure at this time. Please provide comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please also print name: \_\_\_\_\_)

*Data, records, documents and knowledge, including but not limited to minutes and case review materials, collected for or by individuals or committees assigned peer review functions are confidential and shall be used by the committee and committee members only in the exercise of proper functions of the committee, and are not available for court subpoena in accordance with RCW 70.41.200, RCW 4.24.250, and RCW 43.70.150 all other applicable state peer review statutes and case law.*