

St. David's South Austin Medical Center

# Medical Staff Proctoring Policy

**Approved:**

Medical Executive Committee Meeting Date: 2/9/18 Rev: 4/12/19

Board of Trustees Meeting Date: 2/15/18 Rev: 4/18/19

## Medical Staff Proctoring Policy

### 1. SCOPE AND PURPOSE

The Medical Staff shall have a process to evaluate the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. This process of focused professional practice evaluation shall be a time- limited period during which the Medical Staff evaluates and determines the practitioner's professional performance. Focused professional practice evaluation may entail the use of one or more types of simulation, clinical proctoring, external peer review, and discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel).

Departments have the prerogative to establish proctoring requirements in credentialing criteria for specific privileges. Proctoring may be extended as necessary for adequate evaluation per the Proctor's recommendation.

### 2. DEFINITIONS

2.A. Clinical proctoring - an objective evaluation of a practitioner's clinical competence by a proctor who has documented expertise for specific procedures and has been approved by the Medical Executive Committee.

2.B. Prospective proctoring - a review by the proctor of either the patient's chart or the patient personally before treatment. This type of proctoring may be used if the indications for a particular procedure are difficult to determine or if the procedure is particularly risky.

2.C. Concurrent proctoring - when the proctor actually observes the physician's work. This is usually used for invasive procedures so that the medical staff has first-hand knowledge necessary to satisfy itself that the physician is competent.

2.D. Retrospective proctoring - involves a retrospective review of patient charts by the proctoring physician. Retrospective review is usually adequate for proctoring of noninvasive procedures.

### 3. RESPONSIBILITIES

3.A. Proctor Responsibilities:

- 1) In most instances, a proctor acts only as a monitor to evaluate technical and cognitive skills of another physician. In most instances, a proctor does not directly participate in patient care, has no physician-patient relationship with the patient being treated, does not receive a fee from the patient, and represents and is responsible to the medical staff. The proctor is not an observer. The role of the proctor is to work on behalf of the medical staff in conducting an evaluation and potentially verbally guide a practitioner who is performing a procedure or conducting some other aspect of patient care. The hospital's medical staff and board are responsible for assuring that the proctor is qualified and competent to make evaluation and judgement on its behalf.

- 2) Proctors need to be credentialed through the medical staff process. Temporary privileges may be allowed per medical staff bylaws and credentials policy. The proctor should be impartial and have documented training and/or experience, demonstrated abilities, and current competence in the service or procedure that is the subject of the proctoring. The proctor shall provide evidence of membership on a hospital medical staff with unrestricted privileges to perform the procedure that will be proctored.
- 3) The proctor's duty is to observe, evaluate, and report the practitioner's performance to the Department Chairman. The proctor should evaluate the indication for the procedure, the technique for the procedure, how it is performed, and the preoperative, operative, and postoperative care of the patient.
- 4) For each case that is proctored, the proctor should complete a proctoring evaluation form and recommend to the department chair whether proctoring should continue or not. The proctor evaluation form shall be submitted to the Medical Staff Office. Proctoring reports should be completed fully and in a timely manner.

3.B. Proctored Practitioner's Responsibilities:

- 1) The practitioner shall be responsible for making all arrangements with the proctor including notification and procedure scheduling.
- 2) The practitioner shall be responsible for providing all requested information by the proctor.

3.C. Proctoring Reports shall remain confidential and be handled as other peer review documents.