MEDICAL STAFF
Practitioner Proctoring Policy
January, 2012

Defined:
Proctoring is an objective evaluation of a physician’s clinical competence by a proctor who represents, and is responsible to, the Swedish Medical Center Medical Staff. Proctoring is a reliable way to assess current competence in performing the clinical privileges granted and provides an assessment of the practitioner's clinical judgment, skills, and technique.

Purpose:
Proctoring may involve direct observation or retrospective review by a practitioner who is experienced in the area of expertise or procedures being performed by another practitioner.

Except as otherwise determined by the Medical Executive Committee, this policy may apply to the following:

1. New practitioners appointed to the Medical Staff in the event of specific privileging criteria have not been met to the satisfaction of the Department Committee; (Privileges are considered based on documented education, training and/or experience, specialized training, certification, references, and other relevant information.)

2. Physicians on the Medical Staff who are requesting additional privileges or privileges involving new technology or cutting-edge procedures;

3. Physicians moving from the consulting staff category to an active staff category, or returning from an extended leave of absence;

4. Physicians requesting renewal of privileges performed so infrequently that assessment of current competence is not feasible;

5. Any practitioner for whom the Medical Executive Committee determines a need for specific monitoring or assessment of current competence.

Approved Proctoring Methods:

1. Direct observation (clinical or surgical);

2. Review of medical records (concurrent or retrospective);
   a. Retrospective review should include an evaluation of the following: a) history and physical b) diagnosis with justification; c) proposed treatment or procedure and indications; d) continuity of care; e) appropriateness of tests and medications prescribed; f) progress notes; g) operative notes; and h) discharge summary. The evaluation may include discussions with other individuals involved in the care of the patient including, where appropriate: consulting physicians, surgical assistants, anesthesiologists, pharmacists or nurses; or discussion with the provisional member about the cases.
3. Evaluation of the practitioner’s interpersonal skills with peers, nursing and ancillary staff as well as hospital administration.

4. Outside Proctors: If no suitable proctor is available on the medical staff, the hospital will obtain a proctor from another institution. Use of a proctor outside of the Medical Staff must be approved through the Department Chairman and the Medical Staff President in accordance with the temporary privilege policy.

5. If, during the course of the evaluation, the reviewing physician has concerns, the matter shall be taken promptly to the chairman of the department who shall initiate appropriate action.

**Requesting Practitioner Responsibilities**

1. The practitioner is responsible for informing necessary involved persons regarding their proctoring requirements and current privileges. When applicable, this includes notifying necessary persons regarding inability to take call while under proctoring requirements. This also includes directors of care areas where patient care occurs and personnel in charge of call scheduling affected by the proctoring agreement. Procedure may not commence until proctor has arrived.

2. The practitioner must secure a proctor before the procedure. The practitioner must ensure that the proctor has completed a proctoring agreement form and has returned it to the Medical Staff Office before any proctoring can take place.

3. For elective procedures, the practitioner will notify the proctor two days in advance of the scheduled time for the procedure.

4. The practitioner will discuss the case(s) with the proctor ahead of time, including the preoperative indications and evaluation. In addition to the intra-operative care, the proctor should evaluate the preoperative and postoperative care.

5. Proctoring must be for consecutive cases and completed before the end of the provisional time period. Additional time may be granted under extenuating circumstances. Failure to complete the proctoring within the specified time may result in loss of medical staff membership and/or privileges.

6. The practitioner must inform the patient that a proctor will be present during the procedure, may examine the patient, and may participate in the procedure.

**Proctor’s Requirements and Responsibilities**

1. The proctor must be a member in good standing with the Medical Staff of Swedish Medical Center, and he/she must have unrestricted privileges to perform the procedure that is to be proctored. The proctor must be within the same subspecialty, preferably with senior status and extensive experience. The proctor must be approved by the Medical Staff President and/or Medical Executive Committee. The proctor must provide an activity report to evidence demonstrated experience with the procedure the proctor will be overseeing.
2. If the proctor disagrees about the procedure to be done or the indications for it, the proctor should explain his or her opinion to the provisional appointee and include such documentation on the proctor evaluation form.

3. While the proctor’s primary responsibility is to evaluate performance; however, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, the proctor has the ability to intervene and take whatever action is reasonably necessary to protect the patient. The intervention shall be reported to the Department Chairman.

4. A proctor may act as a surgical assistant for the practitioner being proctored except in instances where the proctoring is mandated by the Medical Executive Committee.

5. The proctor will review the results of the proctoring with the physician after each case.

6. The proctor must assure the confidentiality of the proctoring report form. The proctor report should not be attached to the patient’s medical record.

7. The proctor shall ensure that the completed proctoring evaluation report(s) is completed and sent confidentially to the Medical Staff Office within 24 hours of completion of the proctored procedure.

Medical Staff Office Duties

1. The Medical Staff Office will notify patient care areas as deemed appropriate (i.e. Emergency Department, Intensive Care Units, Surgery Department, and nursing units) of the names and privileges of those physicians under proctoring requirements.

2. The Medical Staff Office will notify said departments when the proctoring requirements of the practitioner have been completed and update the departments on the practitioner’s privileges.

3. The Medical Staff Office will secure and confidentially store the proctoring agreement and evaluations for each case.

Termination of Supervision

1. Supervision requirements may be terminated upon the recommendation of the Department Chairman to the Medical Executive Committee based on:
   a) Completion of the required types and numbers of cases supervised;
   b) Satisfactory evaluation of clinical performance;
   c) A statement regarding the practitioner's ability to practice without supervision.

2. A practitioner under supervision, regardless of the reason or category of Medical Staff membership, shall remain supervised until the Medical Executive Committee has approved unsupervised privileges.

3. After completion of the supervised cases, any noted deficiencies are reviewed by the department chairman. (If a specific privilege crosses specialty lines, all involved chairmen will review.) The chairman will discuss the deficiencies with the provisional member and define an action plan for correction of the deficiencies. Documentation of the discussion of deficiencies and the plan for correction are reviewed and documented. All proctor evaluation reports and accompanying documentation are placed in the member's confidential file.