

<b>Category:</b>	<b>Medical Staff</b>
<b>Subject:</b>	<b>Proctoring Policy</b>
<b>Purpose:</b>	To objectively assess a practitioner's clinical competence related to a specific procedure or type of procedures.
<b>Principles</b>	<p>Training provided by a vendor is not considered proctoring and does not meet the intent of this policy. The specific competency criteria listed on the privilege form will identify if vendor training is an available option for meeting competency requirements.</p> <p>Privileges with proctoring must be requested, reviewed and approved by the entity before any proctoring may begin.</p>
<b>Definitions</b>	<p><b>Proctoring:</b> An objective and focused evaluation of a practitioner's clinical competency. Proctoring may include pre and post procedure assessment, patient selection, observation of procedural skill, assessment of clinical judgment, etc.</p> <p><b>Proctoring Levels:</b></p> <ol style="list-style-type: none"> <li>1. <u>General</u>: The proctor's presence is not required while the care activity is being performed. This level of supervision is not used for proctoring procedures but may be used to assess competency in management of care situations through a retrospective review of documentation and/or discussion of cases.</li> <li>2. <u>Direct</u>: The proctor is present in the area and immediately available. It does not mean the proctor must be present in the room while the procedure is performed. This level of supervision would rarely be used.</li> <li>3. <u>Personal</u>: The proctor must be in attendance in the room while the care, activity or procedure is provided or performed.</li> </ol>
<b>Policy:</b>	<p>It is the Policy of Fairview Health Services to conduct appropriate assessment of clinical competency of the Medical Staff and Allied Health Staff and to promote safety and high quality of care to our patients.</p> <p>Proctoring may be used for an individual practitioner who is unable to meet the competency measurement required as identified on the privilege form for a particular procedure or for an individual practitioner whose clinical or technical skill needs further assessment as determined by the Credentialing Committee/Medical Executive Committee.</p> <p>Proctoring a practitioner to meet the competency measure for a diagnostic or therapeutic procedure will consist of a personal level of proctoring during the procedure. Other aspects of care (non-procedural diagnosis and treatment) may be appropriate for other levels of proctoring.</p> <p>For each proctoring situation the group recommending proctoring must specify:</p> <ul style="list-style-type: none"> <li>• the type of proctoring level recommended</li> <li>• the number of cases, admissions or procedures</li> <li>• the duration of proctoring to be imposed</li> </ul>

	<ul style="list-style-type: none"> <li>• the method of proctoring.</li> </ul> <p>The individual practitioner is responsible for obtaining a proctor who is acceptable to the Credentials Committee/MEC <b>unless</b> the Credentials Committee/MEC is requiring a proctoring period for further assessment of clinical performance in which case a proctor would be assigned.</p> <p>In some situations, with the approval of the Credentials Committee/MEC, multiple practitioners from the same practice may serve as proctors. In this case a single final evaluation may be used but the evaluation must include information from all proctors involved. The final evaluation may be signed by an individual proctor representing the group.</p> <p>The proctor must agree to undertake the responsibility of proctoring accordingly and report back to the Credentials Committee. The proctor assigned must be fully privileged in the area or procedure for which he/she is proctoring or meet the established visitor/observer requirements at the Fairview entity where the proctoring is being performed and have the skills and training necessary to appropriately assess clinical ability or provide necessary training.</p> <p>The cost of proctoring is generally the responsibility of the practitioner receiving the proctoring or his/her practice. The Fairview entity may elect to but is not obligated to compensate the proctor for the service. The proctor shall not bill the patient for this service. The proctor should, however, render any emergency care to the patient for medical or surgical complications arising from the care provided by the proctored practitioners.</p> <p>The proctor in most cases will be a physician, however in some instances may be an allied health professional.</p> <p>The proctor must complete a written evaluation report (Addendum B) at the end of the proctoring period which should be directed to the Credentials Committee/MEC. All proctoring information is confidential and is protected under MN Statute 145.61-145.67.</p> <p>.</p>
<p><b>Procedure:</b></p>	<ol style="list-style-type: none"> <li>1. For requests where the individual practitioner does not meet established competency measures for privileges being requested: <ul style="list-style-type: none"> <li>• The practitioner shall submit the Proctor Request Form (Appendix A) to the System Credentialing Office and must identify who will be serving as the proctor. The practitioner as well as the proctor must sign the Proctor Request Form. All Allied Health Professionals will have their proctor and sponsoring physician sign the Allied Health Professional Proctor Request Form (Appendix A). The System Credentialing Office will send the proctoring request to the appropriate Fairview entity along with the privilege request.</li> <li>• The Credentials Committee/Medical Executive Committee (MEC) will</li> </ul> </li> </ol>

review the request for proctoring and the qualifications of the suggested proctor at the time of the review of the request for privileges. If the Committee agrees with the request, the privilege will be recommended on a provisional basis until the proctoring can be completed.

- The recommendation for provisional privileges with proctoring shall be documented on the entity's Credential Report. If approved by the Board of Trustees, the entity will send the practitioner a letter indicating approval of provisional privileges, the specific number of required proctored cases or time period,
- Once the practitioner has completed the proctoring, s/he shall arrange for the proctor to submit the Proctor Evaluation Form (Appendix B) directly to the entity's Medical Staff Office. The proctor's evaluation will be reviewed by the Credentials Committee/MEC and, if the terms of the proctorship have been met, the Credentials Committee/MEC may recommend full privileges. The entity's credentialing approval process must be completed before the practitioner can exercise full privileges.
- At the end of the period of proctoring in the event that the practitioner's activity at Fairview has not been sufficient to appropriately evaluate his/her competence for the relevant privilege(s), or the terms of the proctoring were not met either:

- (a) the practitioner shall voluntarily resign the relevant privilege(s), or
- (b) the practitioner shall submit a written request for an extension of the period of proctoring by providing a letter of explanation describing the circumstances suggesting that an extension is appropriate.

2. The Credentials Committee or MEC may require a period of proctoring for a particular procedure or group of procedures for a focused review (when concerns are raised relative to a practitioner's current clinical competence, practice behavior and/or ability to perform any of his/her privileges) or if a practitioner is returning from an extended LOA,

- For situations where the Credentials Committee/MEC is requiring proctoring, identification of the proctor, the scope of the proctoring and length of time proctoring is to occur is determined by the Credentials Committee/MEC. These determinations will be based on the nature of the concern and the type of procedure to be proctored.
- The Credentials Committee/MEC will communicate expectations with the involved practitioner and the proctor and will monitor progress through the committee's "action list" process.
- Once the practitioner has completed the proctoring, s/he shall arrange for the proctor to submit the Proctor Evaluation Form (Appendix B) directly to the entity's Medical Staff Office. The proctor's evaluation will be reviewed by the Credentials Committee/MEC for determination of further action if necessary. Upon request by the practitioner, temporary approval may be granted by the VPMA or designee for the practitioner to perform the procedures without provisions until the full review at the next committee meetings. VPMA will document temporary approvals granted on the proctoring review form and the Medical Staff Office will bring to

	<p>committee for final approval</p> <p>3. Temporary privileges for proctoring: If privileges with proctoring are being requested with temporary approval in order to begin practicing the privileges prior to committee reviews and approvals, the following process is to be followed:</p> <ol style="list-style-type: none"> <li>a. Temporary privileges with proctoring may be granted for additional privilege requests only and only for privileges in which the practitioner meets all qualifications except the required number of cases.</li> <li>b. Requests for privileges in which other criteria, such as certification, training, etc are not met must be reviewed by the credentialing committee at each entity requested.</li> <li>c. Requests for temporary approval of additional privileges that meet the above criteria will be processed by the System Credentialing Office, then forwarded to the Medical Staff Office for review approval by the VPMA and/or his/her designee.</li> </ol> <p>4. If at any time during the proctoring evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, there may be a precautionary suspension of privilege(s) as identified in the Credentials and Hearing Policy at each entity. Additional performance monitoring requirements may be put into place.</p>
<b>External Ref:</b>	
<b>Internal Ref:</b>	
<b>Source:</b>	Karen Solberg, Director FSCO, Paula Peterson, Risk Management
<b>Approved by:</b>	System Credentialing Policy Committee
<b>Date Effective:</b>	5/21/2008
<b>Date Revised:</b>	4/18/2012; 12/5/12; 02/2014, 12/2014
<b>Date Reviewed:</b>	

**PROCTORING REQUEST FORM**

To Be Completed by the Practitioner Requesting Proctoring

**Proctoring cannot begin until the requested privilege has been provisionally approved.**

<b>Practitioner Name, Title</b>	
<b>Practitioner Specialty</b>	
<b>Proctor Name, Title</b>	
<b>Proctor Specialty</b>	
<b>Name or Description of Procedure Being Requested for Proctoring</b>	
<b>Requested Level of Proctoring and # of Cases or Duration</b> (not to exceed 24 months and must follow criteria on privilege form)	<input type="checkbox"/> General: Proctor's presence not required. Not to be used for procedures. Used to assess management of care situations through retrospective reviews. <input type="checkbox"/> Direct: Proctor is present in the area and immediately available. To be used rarely. <input type="checkbox"/> Personal: Proctor must be in attendance.  Cases or Duration:
<b>Reason for Proctoring Request</b>	

\_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_  
Date

Proctor: I hold privileges for the requested procedure at the following location(s): \_\_\_\_\_

\_\_\_\_\_  
Proctor's Name and Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's Signature, (for Allied Health Professionals) \_\_\_\_\_  
Date

**Return Form To:**

Fairview System Credentialing Office

Initial Applications - Fax 612-672-4123

Reappointments - Fax 612-672-7733

If you have problems with the fax, call Fairview System Credentialing Office at 612-672-7700

**Return form to the Medical Staff Office at each Fairview entity where practitioner is requesting privileges.**

*Fairview Health Services*  
**PROCTOR EVALUATION FORM**

<b>Practitioner Name</b>	
<b>Proctor Name</b>	
<b>Proctoring Date(s)</b>	
<b>Proctored Procedure(s)</b>	
<b>Level of Proctoring Number of Cases and/or Duration:</b>	___ General - Number of Cases/Duration: _____ ___ Direct - Number of Cases/Duration: _____ ___ Personal- Number of Cases/Duration: _____
<b>Describe the Type of Cases Observed</b>	
<b>Please Evaluate the Practitioner's Performance</b>	
<b>Other Comments or Concerns</b>	

\_\_\_\_\_  
**Proctor Signature**

\_\_\_\_\_  
**Date**