

**PHOENIX CHILDREN'S HOSPITAL
PROCTORING POLICY FOR MEDICAL STAFF**

Purpose:

Proctoring may involve direct observation or retrospective review by a practitioner who is experienced in the area of expertise or procedure(s) being performed by another practitioner. It 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.

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 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 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);
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: Use of a proctor outside of the Medical Staff should 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.

Department Chair Responsibilities

1. The Department Chair shall require proctoring when deemed appropriate after consultation with the Department Committee. He or she may act on behalf of the Committee between meetings, if necessary. The specific reason(s) for proctoring will be documented on the department chair's report and reviewed by the Committee at its next meeting.
2. After all cases have been completed and the Medical Staff Office has received the completed supervisory reports, the department chair, or designee, will review the evaluation forms and conduct any further review necessary to determine whether the requesting practitioner has adequately performed the cases and is qualified for unsupervised privileges and/or removal from provisional status.

Requesting Practitioner Responsibilities

1. The requesting practitioner is responsible for securing a proctor who is a member of the medical staff with unsupervised privileges for the procedure(s). The practitioner should discuss the case(s) with the

proctor ahead of time, including the preoperative indications and evaluation. In addition to the intraoperative care, the proctor should evaluate the preoperative and postoperative care.

2. The practitioner shall perform a minimum of three (3) cases under supervision for Category A privileges, and a minimum of five (5) cases must be supervised for Category B or above privileges during the first year, or ten (10) cases over two years, as determined by the Department Committee. Proctoring must be for consecutive cases and completed before the end of the provisional year. An additional year 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.
3. The practitioner shall ensure that the completed supervisory reports are completed by the proctor and sent confidentially to the Medical Staff Office within a reasonable period of time.

Proctor's Responsibilities

1. 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.
2. While the proctor's primary responsibility is to evaluate performance, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, the proctor may take whatever action is reasonably necessary to protect the patient. The intervention shall be reported to the Department Chairman.
3. A proctor may act as a surgical assistant for the practitioner being proctored.
4. The proctor must assure the confidentiality of the proctoring report form. The proctor report should not be attached to the patient's medical record.
5. When proctoring is complete, the proctor must deliver the completed proctoring form to the Medical Staff Services Department.

Medical Staff Services Duties

1. Provide to the appropriate patient care areas (i.e. Emergency Department, Intensive Care Units, Surgery Department, and nursing units) the names and privileges of those physicians under supervision.
2. On a monthly basis, review the activity of all practitioners under supervision including numbers and types of admissions and procedures performed and cross reference with the supervision requirements for each of the practitioners. If a practitioner has clinical activity at the hospital and fails to satisfy proctoring requirements, the Department Chairman will be notified.

Termination of Supervision

1. Supervision requirements may be terminated upon the recommendation of the Department Chairman to the 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 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 supervision reports and accompanying documentation are placed in the member's confidential file.

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