The objective of this policy is to ensure that patient safety and quality are adequately protected by establishing a safe and effective training process to expand the capabilities and competencies (cognitive and procedural) of each APP who requests additional Clinical Privileges for which they have limited or no training or experience. The mechanism by which this training process is accomplished will be through the granting of ‘Privileges under Direct Supervision’.

Any Practitioner or Advanced Practice Professional (APP) seeking to exercise Clinical Privileges (including ‘Privileges under Direct Supervision’) to provide care, treatment, or services must first be granted permission to do so by action of the Board of Trustees based upon a recommendation by the Medical Executive Committee.

Requests for Clinical Privileges are processed only when the applicant meets the current minimum threshold criteria which have been established by the Medical Staff and approved by the Board. APP applicants who do not meet these criteria will not have their applications processed. In the event there is a request for Privileges for which there are no established criteria for APPs and/or for Privileges that were previously granted only to Practitioners, the Board must determine whether it will allow APPs the Privilege in question. If the Board allows the Privilege for APPs, criteria will be developed in accordance with Medical Staff policy.

APPs who do not meet established eligibility criteria and cannot demonstrate the requisite competence for the requested expansion of Privileges may be allowed to “train up” through being granted ‘Privileges under Direct Supervision’ of their collaborating or supervising Practitioner or designee.

For the purposes of this policy, Direct Supervision means that the collaborating or supervising Practitioner or designee is acting as a Preceptor¹ and is therefore required to be physically present during any exercise of these Privileges.

¹ Precepting is a process through which an APP or other provider gains experience and/or training on new skills and knowledge. Proctoring is a different activity that confirms previously acquired competency. Precepting and proctoring are therefore not interchangeable terms.
PROCEDURE:

APPs and their collaborating or supervising Practitioner will submit a written request to “train up” to the Medical Staff Office. A prerequisite is that the Practitioner preceptor(s) must have previously been granted the Privilege(s) being requested by the APP. The request will include:

A. The specific Privilege(s) being requested
B. The name(s) of the Preceptor(s)
C. The anticipated length of training
D. Competency measures
E. Patient population (if applicable)

The request for ‘Privileges under Direct Supervision’ will be considered in accordance with the Medical Staff Governance Documents related to Clinical Privileging, e.g., Department Chief review and recommendation, Credentials Committee review and recommendation, Medical Executive Committee review and recommendation, and Board of Trustees action.

Privileges under Direct Supervision are not time limited. However, if the APP wishes to request the independent practice of the Privilege and the collaborating or supervising Practitioner confirms that the APP is competent to perform the Privilege independently, then the Medical Staff process and procedure for modification of Clinical Privileges should be followed.

Note: Patient consent must be obtained for invasive procedures under direct supervision.

Document Revision History:

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