Policy /Procedure Document	
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Origination Date:	6/23/2021 (MHSB)
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Policy Owner:	Medical Staff Office
Required Approvals:	MHSB Medical Executive Committee
	MHSB Board of Trustees
	EGH Medical Executive Committee
	EGH Board of Directors

TITLE:	**Proctoring Guidelines for Clinical Privileges**
SCOPE:	*This policy is intended for all Practitioners within Beacon Health System who are granted Privileges with associated proctoring requirements.*
PURPOSE:	*To ensure that Beacon hospitals, through their respective Medical Staffs, verify the competence of Practitioners granted Clinical Privileges to perform certain procedures and treatments that are judged by Medical Staff leadership to require proctoring.*

I. Participant Roles and Responsibilities

A. Department Leadership

1. Medical Staff departments shall develop proctoring, observation and/or retrospective review requirements for all Clinical Privileges within their specialties. These shall be recommended for committee approval and adoption according to the Bylaws, Credentialing Procedure Manuals, and Policies of the Hospital where the Clinical Privileges will be exercised.

B. Practitioners

1. Any Practitioner who is granted a Clinical Privilege with associated proctoring requirements, will be responsible for completing those requirements (as outlined here) before that Clinical Privilege can be performed independently.
2. The Practitioner is responsible for familiarizing themselves with this policy, as it pertains to the Clinical Privileges they have been granted, and for ensuring that proctoring forms are completed and returned to the Medical Staff Office within the time frames established here.

C. Medical Staff Office

1. The Professional Practice Evaluation (PPE) Coordinator shall be responsible for initial provider notification and subsequent tracking of all Clinical Privilege proctoring requirements. The PPE Coordinator is also responsible for forwarding completed proctoring packets to the appropriate Department leadership for approval and signature, and providing those signed packets to the Credentials Committee.

D. Credentials Committee, Medical Executive Committee, Board of Trustees

1. These committees will review, and make recommendations regarding, all Clinical Privilege proctoring received by them, as delineated in their Charters and according to the powers assigned to them in their Hospital's Bylaws, Manuals, Rules and Regulations and/or policies.

E. Related Documents/Policies

1. Hospital Bylaws
2. Credentialing Procedures Manuals
3. Medical Staff Rules and Regulations
4. Professional Practice Evaluation Policy

F. Forms

1. Memorial (see pp. 5-10)
2. EGH (see p.11)

II. Proctoring Portability

A. Location of Proctoring

1. The following successfully-completed proctoring may be applied toward Beacon Clinical Privilege requirements:

a) Proctoring performed within a Beacon facility

b) In special circumstances, and only with the approval of the Practitioner's Department Chair, proctoring performed at a non-Beacon facility.

B. Non-Beacon facilities

1. If a Practitioner has been proctored at a non-Beacon facility to perform a Clinical Privilege or Procedure, documentation of this proctoring will be obtained by the Practitioner and presented to the Practitioner's Department Chair for review. Once reviewed, the documentation will be forwarded to the Medical Staff Office along with the Department Chair's decision, to be kept in the Practitioner's quality file.

2. If the Department Chair agrees to recognize the non-Beacon proctoring, they will proceed according to "Step Four: Department Approval", outlined below. Except in cases of novel procedures, at least one of the required proctored cases must be performed in a Beacon facility.

3. If the Department Chair does not agree to recognize the non-Beacon proctoring, then the Practitioner must perform the required number of proctored cases at a Beacon facility in order to maintain that Clinical Privilege.

III. Policy Regulation

A. Time Frame for Proctoring Completion

1. Proctoring requirements should be completed within three months of the Practitioner's start date. If proctoring requirements are still outstanding at six months, the Practitioner will provide a written explanation of the delay to the Medical Staff Office. If this explanation is deemed to be unsatisfactory, or proctoring is still unfinished at the nine month mark, the Practitioner will be referred to the Peer Review Committee for its recommendation on how to proceed.

2. Practitioners who have not completed their required proctoring by the time of Reappointment will be required to reapply for those Privileges, or they will be considered voluntarily withdrawn at the end of their appointment period.

B. Independent Practice before Completion of Proctoring

1. The required proctoring for any Clinical Privilege/Procedure **must be complete** (see VIII-B for definition of 'completed' proctoring) **before that Clinical Privilege/Procedure may be performed independently, except in cases of medical emergency.** If a Practitioner performs any non-emergent Clinical Privilege/Procedure independently before the associated proctoring is complete, the event will be referred to the Practitioner's departmental and/or hospital peer review body for investigation and recommended action, up to and including loss of privileges.

Five-Step Proctoring Process

IV. Step One: Notifications

A. New Practitioners

1. The new Practitioner will receive, at Orientation, a written list of all proctoring requirements for each Clinical Privilege they have requested. The PPE Coordinator will review this list and the *Proctoring Guidelines for Clinical Privileges* policy with the Practitioner, and provide the required number of proctor forms.

B. Existing Practitioners Requesting New Privileges

1. The Medical Staff Office will notify existing Practitioners in writing when new privilege requests are approved. This written notification will include a current list of proctoring requirements for the Privileges granted, as well as the completion timeline discussed in III-A of this policy.

V. Step Two: Proctor Selection

A. Eligible Proctors

1. Each department's medical leadership determines which practitioner(s) may serve as proctors, provided they meet the following requirements:

a) Practitioners who have not yet been removed from their initial FPPE status may not serve as proctors.

b) A Proctor must hold the Beacon privilege being proctored, at the time they serve as proctor.

c) A Proctor must have fully and successfully completed (see VIII-B2) the proctoring and/or provisional requirements associated with the Privilege they will be proctoring

d) A Proctor may not be practicing under privileges that are restricted or amended secondary to a peer review action or administrative suspension.

e) All medical staff members are required to participate in the proctoring process. If a medical staff member does not volunteer to serve as the New Practitioner's proctor, then the New Practitioner's department leadership will assign proctorship equitably.

f) In the case of clinicians who are not medical staff privilege holders, but who require permission to proctor a medical staff privilege holder, see the *Proctoring of Medical Staff Privilege Holders by Observation* policy.

g) In the case of non-Medical Staff Members who request permission to be proctored by a Medical Staff sponsor, see the *Proctoring for Non-Medical Staff Members* policy.

B. Novel Procedures

1. In the case of novel procedures for which no medical staff members have yet been proctored, an initial proctoring process will be developed cooperatively between the Medical Staff Office and the department which will perform the procedure.

VI. Step Three: During the Proctored Procedure

A. Proctor Responsibilities

1. Each Proctor is responsible for verifying their eligibility according to Section V of this policy *prior to accepting a request to serve as proctor.*
2. A Proctor must be physically present during the entire relevant portion of the proctored procedure.
3. A Proctor is obligated to intervene during the procedure if they observe any event (e.g. technical error, deviation from standard of care, poor practitioner judgment, etc.) that negatively impacts patient safety.

B. Documentation

1. The Proctor must complete and sign the appropriate proctor form, noting any issues, concerns or complications encountered during the procedure. The form must include the names of both the proctor and the proctored practitioner, as well as the procedure performed.
2. The Proctor must return the completed proctor form within 48 hours of procedure completion to the Medical Staff Office via fax, email or interoffice mail.

VII. Step Four: Department Approval

A. Tracking of Proctoring Completion

1. The Medical Staff Office shall retain a record of each practitioners' proctoring requirements, and monitor the practitioner's progress toward completion of those requirements.
2. It is the responsibility of every practitioner to be aware of:
   a) Which of their privileges have proctoring requirements, AND
   b) Whether those proctoring requirements have been completed.
3. Once the required proctoring forms have been received by the Medical Staff Office, they will be forwarded to the appropriate Department Chief for review. If the Chief determines that the Practitioner has fulfilled their proctoring requirements, the Chief will sign off (in writing) that the Practitioner's privilege requirements are fulfilled. This written approval will be forwarded to the Credentials Committee.

VIII. Step Five: Committee Approval

A. Chain of Approval

1. At Memorial Hospital, departmental sign-off of proctoring completion will be forwarded to

the Credentials Committee for approval. That committee's recommendations are forwarded to the Medical Executive Committee (MEC), and then the Board of Trustees, for final approval.

2. At EGH, departmental sign-off of proctoring completion will be forwarded to the Credentials Committee for approval. That committee's recommendations are forwarded to Medical Staff Quality Improvement Committee (MSQIC), and then the Board of Directors, for final approval.

B. Proctoring Completion

1. Once the Practitioner's Department Chief has signed off on their completed proctoring, the Practitioner may perform that Privilege independently, with the understanding that continued permission is conditional upon final approval by the Board.

2. A Practitioner may NOT proctor peers in a specific Privilege until they have themselves received final approval from the Board of their proctoring for that Privilege.

C. Notification

1. The Medical Staff Office will notify Practitioners in writing when their proctoring has been signed off by their Department Chief, and they may practice that Privilege without a proctor.

2. The Medical Staff Office will notify Practitioners in writing when the Board has approved their proctoring, and they are thus eligible to serve as proctor to another Practitioner.

Document Revision History:			
Review Date:	Revised Date:	Reviewed/Revised By:	Summary of Changes:

MEMORIAL HOSPITAL OF SOUTH BEND
ANESTHESIA PERFORMANCE EVALUATION

(Please complete all areas on this form)

Anesthesiologist_____

Name of Physician Proctor_____

Type of Surgery_____

Type of Anesthesia_____

Date of Surgery_____ Patient Medical Record No_____

Please indicate your assessment of the anesthesiologist's performance compared to your perceived standard of practice (SOP) at Memorial Hospital of South Bend:

	Superior to SOP	**Equivalent to SOP**	**Below SOP**
Checked the anesthesia equipment for readiness, availability, cleanliness, sterility, if applicable, working condition. Set up equipment properly.			
Appropriately monitored the patient.			
Good technique for endotracheal intubation, blocks, prevention of perianesthetic problems, etc. Specifically, (please use reverse side of this sheet.)			
Maintained anesthesia at appropriate level throughout procedure.			
Maintained record of vital signs, etc.			
If unanticipated response of patient, took appropriate action.			
Choice of anesthesia appropriate.			
Were patient's physiologic compromises appreciated, and cogent anesthetic pre-op, intra-op, and post-op management considered?			
Accompanied patient to recovery area, adequately communicated patient's status to recovery room nurse.			
Record of preoperative assessment and anesthesia technique to be utilized.			
Record of pertinent events during anesthesia.			

These areas should receive more attention in order to optimize anesthetic care of the patient (e.g., patient rapport, etc.):_____
_____
_____
_____
_____

Additional comments:_____
_____
_____
_____
_____

Further monitoring would be helpful: _____Yes _____No

Proctor's Signature_____ Date_____

MEMORIAL HOSPITAL OF SOUTH BEND
INTERVENTIONAL CARDIOLOGY
PROCTORING REPORT

(Please complete all areas on this form)

Interventional Cardiologist_____

Name of Proctor_____

Procedure_____

Date of Procedure_____ Medical Record No._____

Performance of procedure:

1. Appropriate judgment Yes_____ No_____
2. Adequate technical skill Yes_____ No_____
3. Appropriate documentation Yes_____ No_____

Comments:_____

_____

Please answer the following:

❑ Yes	❑ No	Was there any aspect of this patient's treatment with which you were uneasy or uncomfortable. If Yes, please explain on the other side of this form.
❑ Yes	❑ No	There was adequate evidence to support justification for procedure.
❑ Yes	❑ No	Overall management is satisfactory, including prevention and management of complications.
❑ Yes	❑ No	Behavior is compatible with expected behavior.
❑ Yes	❑ No	Acceptable technique and professional competence were clearly evident.

Please comment on the following, if applicable: timeliness of proctored physician, technical skill, knowledge of procedure, blood loss, surgical judgment, professional conduct and behavior, collaboration with other staff, etc.

_____

_____

General comments on the handling of this case:_____

_____

Proctor's Signature_____ Date_____

MEMORIAL HOSPITAL OF SOUTH BEND
INTERVENTIONAL RADIOLOGY
PROCTORING REPORT

(Please complete all areas on this form)

Interventional Radiologist_____

Name of Proctor_____

Procedure_____

Date of Procedure_____ Medical Record No._____

Performance of procedure:

4. Appropriate judgment Yes_____ No_____
5. Adequate technical skill Yes_____ No_____
6. Appropriate documentation Yes_____ No_____

Comments:_____

Please answer the following:

❑ Yes	❑ No	Was there any aspect of this patient's treatment with which you were uneasy or uncomfortable. If Yes, please explain on the other side of this form.
❑ Yes	❑ No	There was adequate evidence to support justification for procedure.
❑ Yes	❑ No	Overall management is satisfactory, including prevention and management of complications.
❑ Yes	❑ No	Behavior is compatible with expected behavior.
❑ Yes	❑ No	Acceptable technique and professional competence were clearly evident.

Please comment on the following, if applicable: timeliness of proctored physician, technical skill, knowledge of procedure, blood loss, surgical judgment, professional conduct and behavior, collaboration with other staff, etc.

_____

_____

General comments on the handling of this case:_____

_____

Proctor' Signature_____ **Date**_____

MEMORIAL HOSPITAL OF SOUTH BEND

Confidential Proctor Report
Non-Surgical Concurrent Review

Physician:_____

Medical Record #_____

Admitting Diagnosis:_____

Diagnostic Work-Up	**Satisfactory**	**Needs Improvement**
Appropriateness of admission		
Complete H&P within 24 hours		
Appropriate laboratory procedures x/ray/other modalities		
Rational working diagnosis		
Patient Management	**Satisfactory**	**Needs Improvement**
Monitoring of patient condition satisfactory (i.e., VS, results of lab tests addressed, response to treatment, legibility of notes)		
Appropriate ordering and use of drugs, blood and components (no inappropriate abbreviations)		
Appropriate use of ancillary services (PT, RT, Dietary, Social Services)		
Daily progress notes documented and reflect patient condition		
Good interaction with staff		

Overall Performance Evaluation

_____
_____
_____
_____
_____
_____
_____
_____

Signature of Proctor:_____

Date:_____

MEMORIAL HOSPITAL OF SOUTH BEND
OB/GYN PROCTORING REPORT

(Please complete all areas on this form)

Physician_____

Name of Physician Proctor_____

Procedure_____

Date of Procedure_____ Medical Record No._____

Performance of procedure:

7. Appropriate judgment Yes_____ No_____
8. Adequate technical skill Yes_____ No_____
9. Appropriate documentation Yes_____ No_____

Comments:_____

_____

Check if any of the following lasers were used during the procedure:

❑	Argon	❑	Upper genital tract
❑	CO2	❑	Lower genital tract
❑	KTP/Yag		
❑	ND:Yag		

Please answer the following questions:

❑ Yes	❑ No	Acceptable technique and professional competence were clearly evident.
❑ Yes	❑ No	There was adequate evidence to support justification for procedure.
❑ Yes	❑ No	Overall management is satisfactory, including prevention and management of complications.
❑ Yes	❑ No	Behavior is compatible with expected behavior.
❑ Yes	❑ No	Was there any aspect of this patient's treatment with which you were uneasy or uncomfortable. If Yes, please explain on the other side of this form.

Please comment on the following, if applicable: timeliness of proctored physician, technical skill, knowledge of procedure, blood loss, surgical judgment, professional conduct and behavior, collaboration with other staff, etc.

_____

_____

General comments on the handling of this case:_____

_____

Proctor's Signature_____

Date_____

MEMORIAL HOSPITAL OF SOUTH BEND
SURGICAL PROCTORING REPORT

(Please complete all areas on this form)

Surgeon_____

Name of Physician Proctor_____

Procedure_____

Date of Procedure_____ Medical Record No._____

Performance of procedure:

10. Appropriate judgment Yes_____ No_____
11. Adequate technical skill Yes_____ No_____
12. Appropriate documentation Yes_____ No_____

Comments:_____

_____

Check if any of the following lasers were used during the procedure:

❑	Argon	❑	ND:Yag
❑	CO2	❑	Other - Please specify:
❑	KTP/Yag		

Please answer the following:

❑ Yes	❑ No	Was there any aspect of this patient's treatment with which you were uneasy or uncomfortable. If Yes, please explain on the other side of this form.
❑ Yes	❑ No	There was adequate evidence to support justification for procedure.
❑ Yes	❑ No	Overall management is satisfactory, including prevention and management of complications.
❑ Yes	❑ No	Behavior is compatible with expected behavior.
❑ Yes	❑ No	Acceptable technique and professional competence were clearly evident.

Please comment on the following, if applicable: timeliness of proctored physician, technical skill, knowledge of procedure, blood loss, surgical judgment, professional conduct and behavior, collaboration with other staff, etc.

_____

_____

General comments on the handling of this case:_____

_____

Proctor' Signature_____ Date_____

ELKHART GENERAL HOSPITAL, _____ DEPARTMENT

MEDICAL STAFF PEER REVIEW, CONFIDENTIAL INFORMATION INDIANA CODE 34-30-15-1 ET SEQ

PROCTORING REPORT

NAME OF PROVISIONAL PHYSICIAN:	**NAME OF PROCTORING PHYSICIAN**:
NAME OF PATIENT:	**DATE OF SURGERY:**
PROCEDURE PROCTORED: (See other side for all procedures that need proctored)	

PROCTOR'S REPORT:

On the case and date listed above, you have observed the above-named surgeon. Please mark "satisfactory", "unsatisfactory", or "other" on the form below, and explain "unsatisfactory" or "other" in the "Comments" section. The "Comments" section is for anything you would like to say about the provisional surgeon's handling of this case.

Satisfactory	Unsatisfactory	Other	Comments

PROCTOR – SIGN AND DATE:

RETURN THIS FORM TO: Medical Staff Quality Improvement Coordinator

WITHIN 24 HOURS OF THE DATE OF SURGERY