

<i>Manual</i>	Professional Staff	<i>Effective Date</i>	12/31/2007
<i>Policy #</i>	PS 004	<i>Date Revised</i>	
<i>Responsible Person</i>	Director, Professional Staff Services	<i>Next Scheduled Review</i>	2/28/2023

PURPOSE

To define the process for validating privilege-specific competence of a practitioner by satisfying the Focused Professional Practice Evaluation – Proctoring requirements of the Professional Staff of the Resnick Neuropsychiatric Hospital (RNPH), thus focusing evaluation on a specific aspect of a practitioner’s performance in a time-limited period.

POLICY

The Core (Category A) proctoring requirements described in this policy, as well as advanced (Categories B-C) proctoring requirements related to specific procedures as defined on the privilege delineation form or in Professional Staff policy, represent the minimum requirement for validation of clinical competence and successful completion of a period of evaluation. Core proctoring may include retrospective review of medical care or direct observation of procedures performed. Advanced proctoring requirements will involve direct observation of procedures unless otherwise recommended by the Division Chief. A proctor or Division Chief may recommend to the Credentials Committee additional proctoring requirements if questions arise regarding a practitioner’s professional practice during the course of the ongoing professional practice evaluation. Relevant information resulting from the focused evaluation process is integrated into performance improvement activities of the division as well as the ongoing performance evaluation of the practitioner.

A Focused Professional Practice Evaluation - Proctoring is required for:

1. All initial staff appointments;
2. Requests for additional privileges from established Professional Staff members when advanced proctoring requirements have been established relative to the privileges requested;
3. Requests for privileges using new technology from established Professional Staff members when advanced proctoring requirements have been established relative to the privileges requested; and
4. Temporary privileges granted pending final action on an application for Professional Staff appointment and clinical privileges.

Proctoring may be required at the discretion of the Division Chief or Professional Staff Executive Committee:

1. If questions arise regarding a practitioner’s professional practice during the course of the ongoing professional practice evaluation
2. Whenever it is determined additional information or a period of evaluation is needed to assess or confirm a practitioner’s competence in the hospital setting

Core and Advanced Proctoring Requirements

1. It is the responsibility of the Division Chief to establish proctoring requirements for the members of the Division – **Attachment A**. Minimum proctoring requirements are delineated in Table 1 of this policy and in the privilege delineation forms.
2. Core proctoring requirements include direct observation or retrospective review for the initial cases performed. At the recommendation of the Division Chief, the initial cases may be selected from patient contacts within a stated period.

3. Proctoring Requirements for Consulting Privileges include:
 - a) A practitioner who is requesting only consulting privileges will not be required to meet core proctoring requirements.
 - b) The practitioner requesting only consulting privileges with no procedural privileges will be required to have two (2) consultations retrospectively proctored to meet the minimum consulting proctoring requirements.
 - c) If the practitioner has requested any privileges other than consulting, then the applicable proctoring requirements must be met.
4. Advanced proctoring requirements include proctoring for specific procedures that have been identified by each Division and are delineated in the Division's privilege delineation form.
 - These advanced proctoring requirements must be met in addition to the core proctoring requirements in Table 1.
 - Advanced proctoring requires only proctoring of the specific procedure that has been identified as having an advanced proctoring requirement. Advanced proctoring does not require proctoring of the entire case.

Both core and advanced proctoring requirements may be satisfied if the **entire** case is proctored.

5. Any additional proctoring requirements for a cause will be established and communicated to the practitioner by the Division or Credentials Committee.
 - a) Professional practice evaluation data is collected and assessed on an ongoing basis to determine the practitioner's professional performance in the hospital setting. A Focused Professional Practice Evaluation may be triggered in response to concerns regarding the provision of safe and quality patient care either by single incident or evidence of a clinical practice trend.
 - b) Triggers may include challenges to any licensure or registration; voluntary and involuntary relinquishment of any license or registration; voluntary and involuntary termination of Professional Staff membership; voluntary and involuntary limitation, reduction, or loss of clinical privileges; any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the practitioner; documentation as to the health status of the practitioner; relevant practitioner-specific data; morbidity or mortality data.
 - c) The period of performance monitoring is based on the Division Chief's evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the privilege in question. The type of monitoring and measures employed to resolve performance issues are determined by the Division Chief and consistently implemented.

Assignment of Proctors

Proctors are assigned by the Division Chief, or designee, who will assure that assignments are made in a timely manner.

1. All members of the Professional Staff who have themselves completed proctoring and hold unrestricted privileges to perform the procedures and/or manage the clinical cases to be proctored, regardless of Professional Staff membership category, may serve as proctors. This includes provisional staff members. Failure to serve as a proctor when assigned to do so may result in Professional Staff disciplinary action.
2. Proctoring may be performed by Professional Staff members who hold related privileges sufficiently similar to the privileges being proctored to allow them to make prudent and informed judgments regarding competence.

3. If no member of the Professional Staff possessing the requisite expertise is available to serve as a proctor, arrangements may be made by the Division Chief for proctoring by a qualified practitioner who is not a member of the Professional Staff.
4. If the proctor and the practitioner being proctored disagree as to what constitutes appropriate care for a patient, the Division Chief will be asked by the proctor or practitioner being proctored to intervene and adjudicate the conflict.

Proctored Practitioner Duties

1. Must assure that procedures or admissions (core proctoring) are proctored in a timely manner.
2. Must notify the proctor of each case where care is to be evaluated and do so in sufficient time to allow the proctor to observe or review retrospectively. If an emergency exists and the practitioner must admit and treat a patient, the practitioner must notify the proctor as soon as is reasonably possible to continue with the concurrent proctoring process.
3. Must provide the proctor with the patient's clinical history, pertinent physical findings, pertinent laboratory results, the planned course of treatment or management and the rationale for its use.
4. Shall have the prerogative of requesting from the Division Chief a change of proctor if he/she reasonably concludes that disagreements with the current proctor may adversely affect his/her ability to satisfactorily complete the proctorship. The Division Chief shall make his or her recommendation in this matter to the Professional Staff Executive Committee for their final action.
5. May be subject to Professional Staff disciplinary action including the possible loss of membership and all clinical privileges if he or she admits or cares for a patient without fulfilling proctoring requirements.

Proctor Duties

1. The proctor must directly observe the procedure being performed and/or retrospectively evaluate clinical management and complete the appropriate proctoring form.
2. Procedure proctoring should address:
 - a) the indications and preparation of the patient for the procedure; and
 - b) the technical skill demonstrated in performing the procedure.
3. The proctor will be expected to make reasonable accommodation to be available for cases that require direct observation.
4. Direct observation of procedures may be continued beyond the minimum proctoring requirements, if needed, until the proctor has observed a sufficient number of cases to make an informed judgment regarding the clinical performance of the individual being proctored. A request for additional proctoring requirements may be made by the proctor and submitted to the Division Chief for review and referral to the Professional Staff Executive Committee for action.
5. While the proctor's primary responsibility is to observe and 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. If the case is stopped due to potential harm to the patient, the case is not considered proctored.
6. The proctor must assure the confidentiality of the proctoring report form. The proctor report form should be held by the proctor during any periods of review and should not be attached to the patient's medical record. When proctoring is completed, the proctor must deliver the completed proctoring form to the Division Chief.

Termination of Proctorship

1. Termination of proctorship requires a report to the Credentials Committee from the Division Chief – **Attachment B**. The report shall include:
 - a) The types and numbers of cases proctored;
 - b) An evaluation of clinical performance;
 - c) a statement regarding the practitioner’s ability to practice without supervision.
2. A practitioner under proctorship, regardless of the reason or the category of Professional Staff membership, shall remain under proctorship until the proctorship has been terminated by the Professional Staff Executive Committee.

Failure to Satisfactorily Complete Focused Professional Practice Evaluation

1. If a Provisional staff member fails to satisfy the **core** proctoring requirements solely because of the failure to perform the required number of cases within the time frame defined in Professional Staff Bylaws and Professional Staff policies, then both the clinical privileges being proctored and the provisional staff member’s membership will automatically terminate.
2. If a Provisional staff member fails to satisfy an **advanced** proctoring requirement solely because of failure to perform the required number of cases, then the specific advanced clinical privilege being proctored will automatically terminate. The provisional staff member's membership and other clinical privileges, however, will not be affected.
3. The Credentials Committee may extend the period of proctoring for cause.
4. Failure to satisfy either core or advanced proctoring requirements based solely on a failure to perform the required number of cases is considered a failure to meet predetermined standards or criteria established by the Professional Staff. In this circumstance, the loss of Professional Staff membership and/or clinical privileges shall not be considered an adverse action based on medical disciplinary cause or reason and shall not be reportable under State or Federal regulations and the practitioner so affected shall have no right to a hearing.
5. If a practitioner fails to meet either core or advanced proctoring requirements based on quality of care concerns or medical disciplinary cause or reason, and the practitioner's privileges are terminated or otherwise restricted, hearing rights are afforded to the practitioner and reporting obligations are carried out by the Professional Staff as defined in the Professional Staff Bylaws.

APPROVALS

Professional Staff Executive Committee	12/31/2007/Reviewed no changes 2/28/2020
Governing Board	12/31/2007/Reviewed no changes 2/28/2020

Table 1

Minimum Core Proctoring Requirements by Division

DIVISION	PROCTORING REQUIREMENTS
Adult Psychiatry	A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients
Child and Adolescent Psychiatry	A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients
Geriatric Psychiatry	A minimum of three (3) admissions and/or consultations of hospital-sponsored or affiliated clinic patients
Psychology	A minimum of three (3) consultations of hospital-sponsored or affiliated clinic patients
Allied Health	A minimum of three (3) consultations of hospital-sponsored or affiliated clinic patients