

Title: Proctoring Policy and Procedure

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| Location: Saint Joseph Regional Medical Center (SJPMC) | | Department: Medical Staff Office |

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POLICY:

1. This policy assists the Medical Staff in determining the competency of:
 - A. New practitioners who seek non-core privileges, and
 - B. Practitioners who seek privileges to perform new or rarely performed procedures.

PROCEDURE:

- A. The appropriate department shall recommend the terms of proctoring, including the number of cases required.
- B. The Credentials Committee shall approve the terms of proctoring and authorize acceptable non-credentialed proctors.
- C. Proctoring may require one or any combination of the following:
 - 1) Retrospective chart review within one month of discharge;
 - 2) Concurrent chart review within 24 hours (or earlier, if specified) of admission or the procedure in question;
 - 3) Availability on campus for immediate consultation and concurrent chart review within 24 hours of admission or the procedure in question; and/or
 - 4) The proctor's presence during that portion of a procedure for which the Medical Staff requires proctoring. (A proctor is permitted - but not required - to intervene at any time during the observation to assist the proctored physician if he/ she believe that such intervention is in the patient's best interest. The proctor is not deemed the primary physician unless the proctoring program requires it; however, a proctoring physician is permitted to become the primary physician at any time during the case that he or she proctors.)
- D. If proctoring is required for a procedure, it is mandated that at least one (1) case be performed at SJPMC-Mishawaka campus.
- E. Proctoring reports are acceptable from the following locations:
 - 1) St. Joseph, Elkhart and Marshall county facilities, and
 - 2) Any Trinity Health / CHE facility, and
 - 3) Company Proctors, and
 - 4) Any additional facility outside of the above requires preapproval on a case by case basis by the Credentials Committee.
- F. Upon successful completion of the proctoring program, the Department Chair shall notify the practitioner of this new status, and will make a report to the Medical Staff Office for the physician's performance improvement file.

Title: Proctoring Policy and Procedure

- G. If a “quality of care” issue is identified during the proctoring process it will be referred to the Department Chair.
- 1) The Department Chair shall submit a report to the Credentials Committee.
 - 2) The Credentials Committee, with consultation from the Department Chair, shall prepare a report/ recommendation.
 - 3) An appointee of the Credentials Committee shall present and discuss the report/recommendation with the proctored physician.
 - 4) The report/recommendation shall be filed in the proctored physician’s performance improvement file.
- H. Waiver of Proctoring will be considered for the following:
- 1) Similar to a leave of absence, if a resignation was approved less than 12 months prior to returning to the medical staff and there were no competence or behavior issues during their appointment, no additional proctoring will be required unless deemed necessary by the MEC.
 - 2) Similar to a reappointment cycle, if a resignation was approved less than 24 months prior to returning to the medical staff and there were no competence or behavior issues during their appointment and the physician maintained practice volumes elsewhere, modified proctoring may be considered requiring MEC approval.
 - 3) If a practitioner has been gone from SJRMC greater than 24 months, consideration of modified proctoring may be considered if there were no competence or behavior issues during their appointment and the physician maintain practice volumes elsewhere and there were no competence or behavior issues during their time away. This would require MEC approval.

References/Standards:

- Policy Origin Date: May 2000
- Review Date: May 2012, December 2012, December 2015, December 2018
- Revised Date: June 2012, March 2013, June 2014
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- Reviewed/Recommended By: Medical Executive Committee
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