

System

Fairview Health Services

Proctoring Policy

Purpose:

To objectively assess a practitioner's clinical competence related to a specific procedure or type of procedures.

Principles:

- I. Training is not considered proctoring and does not meet the intent of this policy. The specific competency criteria listed on the privilege form will identify if vendor training is an available option for meeting competency requirements.
- II. Practitioners requesting proctoring must have previously received training in the applicable procedure or technique.
- III. Privileges with proctoring must be requested, reviewed, and approved before any proctoring may begin.

Policy:

- I. Fairview Health Services Medical Staff will conduct an appropriate assessment of clinical competency of the Medical Staff and Allied Health Staff to promote safety and high quality of care to our patients.
- II. Proctoring may be used for an individual practitioner who is unable to meet the competency measurement required as identified on the privilege form for a particular procedure or for an individual practitioner whose clinical or technical skill needs further assessment as determined by the Credentialing Committee/Medical Executive Committee (MEC).
- III. Proctoring a practitioner to meet the competency measure for a diagnostic or therapeutic procedure will consist of a personal level of proctoring during the procedure. Other aspects of care (nonprocedural diagnosis and treatment) may be appropriate for other levels of proctoring.
- IV. For each proctoring situation the group recommending proctoring must specify:
 - A. the level of proctoring
 - B. the number of cases or procedures to be proctored
 - C. the duration of proctoring to be imposed if required to be completed by a specified time
 - D. the method of proctoring
- V. The individual practitioner is responsible for obtaining a proctor who is acceptable to the Credentials Committee/MEC **unless** the Credentials Committee/MEC is requiring a proctoring period for further assessment of clinical performance in which case a proctor would be assigned.
- VI. In some situations, with the approval of the Credentials Committee/MEC/Board, multiple practitioners from the same practice may serve as proctors. In this case, a single final evaluation may be used, and the evaluation must include information from all proctors involved. The final evaluation may be signed by an individual proctor representing the group.

- VII. The proctor must agree to undertake the responsibility of proctoring and submit a completed Appendix B report back to the Credentials Committee. The proctor must be fully privileged in the area or procedure being proctored or meet the established visitor/observer requirements at the Fairview facility where the proctoring is being performed and have the skills and training necessary to appropriately assess clinical ability or provide necessary training.
- VIII. The cost of proctoring is generally the responsibility of the practitioner receiving the proctoring or their practice. Fairview may elect to but is not obligated to compensate the proctor for the service. The proctor shall not bill the patient for this service. The proctor should, however, render any emergency care to the patient for medical or surgical complications arising from the care provided by the proctored practitioners.
- IX. The proctor in most cases will be a physician, however in some instances may be an allied health professional.
- X. All proctoring information is confidential and is protected under MN Statute 145.61-145.67.

Definitions:

- I. **Proctoring:** An objective and focused evaluation of a practitioner's clinical competency. Proctoring may include pre and post procedure assessment, patient selection, observation of procedural skill, assessment of clinical judgment, etc.
- II. Proctoring Levels:
 - A. **General:** The proctor's presence is not required while the care activity is being performed. This level of supervision is not used for proctoring procedures but may be used to assess competency in management of care situations through a retrospective review of documentation and/or discussion of cases.
 - B. **Direct:** The proctor is present in the area and immediately available. It does not mean the proctor must be present in the room while the procedure is performed. This level of supervision would rarely be used.
 - C. **Personal:** The proctor must be in attendance in the room while the care, activity or procedure is provided or performed.

Procedure:

- I. For requests where the individual practitioner does not meet established competency measures for privileges being requested:
 - A. The practitioner shall submit the Proctor Request Form (Appendix A) to the Fairview System Credentialing Office (FSCO) and must identify who will be serving as the proctor. The practitioner as well as the proctor must sign the Proctor Request Form. Allied Health Professionals will have their proctor and applicable sponsoring practitioner sign the Proctor Request Form (Appendix A). The FSCO will send the proctoring request form and privilege request to Medical Staff Services (MSS).
 - B. The Credentials Committee/MEC will review the request for proctoring and the qualifications of the suggested proctor with the review of the request for privileges. If the Committee agrees with the request, the privilege will be recommended on a provisional basis until the proctoring can be completed.

- C. The recommendation for provisional privileges with proctoring shall be documented on the Credential Report. If approved by the Board, the practitioner will be notified of the approval.
 - D. Proctoring may occur at any Fairview facility in which the proctor holds the privilege and the applicant is approved for proctoring. When the proctor does not hold privileges at all facilities in which the applicant is requesting privileges with proctoring, a VPMA verification from the location where proctoring will occur will be obtained as verification that the Proctor is in good standing on the medical staff where the proctoring will occur.
 - E. MSS will track all practitioners in a proctoring process and follow-up periodically to confirm that their proctoring is progressing or suggest withdrawal of privileges if they are not able to complete the proctoring.
 - F. When the practitioner has completed the proctoring, they shall arrange for the proctor to submit the Proctor Evaluation Form (Appendix B) directly to MSS. The proctor's evaluation will be reviewed by the Credentials Committee/MEC and, if the terms of the proctorship have been met, the Credentials Committee/MEC may recommend full privileges. The credentialing approval process must be completed before the practitioner can exercise privileges without proctoring.
 - G. Upon approval of the completion of proctoring, the evaluation form will be retained in the practitioner's credentialing file.
 - H. At the end of the period of proctoring, in the event that the practitioner's activity has not been sufficient to appropriately evaluate their competence for the relevant privilege(s), or the terms of the proctoring were not met either:
 - 1. The practitioner shall voluntarily resign the relevant privilege(s), or
 - 2. The practitioner shall submit a written request for an extension of the period of proctoring by providing an explanation describing the circumstances suggesting that an extension is appropriate and a plan to accomplish proctoring.
- II. For first time privilege requests, proctoring may be used as a method of evaluation for FPPE. (See system FPPE/OPPE policy)
- III. The Credentials Committee or MEC may require a period of proctoring for a particular procedure or group of procedures for a focused review (when concerns are raised relative to a practitioner's current clinical competence, practice behavior and/or ability to perform any of their privileges) or if a practitioner is returning from an extended Leave Of Absence.
- A. For situations where the Credentials Committee/MEC is requiring proctoring, identification of the proctor, the scope of the proctoring and length of time proctoring is to occur is determined by the Credentials Committee/MEC. These determinations will be based on the nature of the concern and the type of procedure to be proctored.
 - B. The Credentials Committee/MEC will communicate expectations with the practitioner and the proctor and will monitor progress through the committee's "action list" process.

- C. Once the practitioner has completed the proctoring, they shall arrange for the proctor to submit the Proctor Evaluation Form (Appendix B) directly to MSS. The proctor's evaluation will be reviewed by the Credentials Committee/MEC for determination of further action if necessary. Upon request by the practitioner, temporary approval may be granted by the VPMA or designee for the practitioner to perform the procedures without provisions until the full review at the next committee meetings. VPMA will document temporary approvals granted on the proctoring review form and MSS will bring to committee for final approval.
 - D. Upon approval of the completion of proctoring, the evaluation form will be retained in the practitioner's credentialing file.

- IV. Temporary privileges for proctoring: If privileges with proctoring are being requested with temporary approval in order to begin practicing the privileges prior to committee reviews and approvals, the following process is to be followed:
 - A. Temporary privileges with proctoring may be granted for additional privilege requests only and only for privileges in which the practitioner meets all qualifications except the required number of cases.
 - B. Requests for temporary approval of additional privileges that meet the above criteria will be processed by MSS for review approval by the VPMA and/or their designee.

- XI. If at any time during the proctoring evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, there may be a precautionary suspension of privilege(s) as identified in the Credentials and Hearing Policy. Additional performance monitoring requirements may be put into place.

- XII. When a privilege is approved to move from a special request to a Core privilege, practitioners who are in the process of being proctored for the privilege will no longer need to continue the proctoring. The following steps will be completed:
 - A. The Privileging Program Manager will inform MSS of the approved changes of privilege(s) moved to Core.
 - B. MSS will review the proctoring spreadsheet to identify any practitioners who are currently being proctored for the privilege moved to Core.
 - C. MSS will notify the Proctor of the change and request confirmation of competency
 - D. Upon confirmation from the Proctor, MSS will contact the Dept Chair/File Reviewer to request approval of the privilege without proctoring due to it being moved to Core.
 - E. Upon approval, MSS:
 - a. sends the sign-off to FSCO to place in the practitioner's credentialing file
 - b. notifies the practitioner being proctored that proctoring is no longer required and that they may practice the privilege independently
 - c. removes the practitioner from the proctoring tracking spreadsheet.

- XIII. When proctoring is approved but is later determined to be an administrative error and/or criteria can be met by another pathway, proctoring can be discontinued. The following steps will be completed:

- a. If it's determined the practitioner can meet alternative privilege criteria, documentation will be obtained and added to their credentialing file and noted appropriately.
- b. MSS or FSCO will inform the practitioner being proctored that proctoring can be discontinued.
- c. MSS will list the discontinuation of proctoring on the board report.
- d. MSS will remove the practitioner from the proctoring tracking spreadsheet.

Entity Adoption includes but is not limited to:

Fairview Lakes Medical Center
Fairview Maple Grove Ambulatory Surgery Center
Fairview Northland Medical Center
Fairview Ridges Hospital
Fairview Southdale Hospital
University of Minnesota Medical Center
Bethesda Hospital
St John's Hospital
Woodwinds Hospital

Approved By:

System Credentialing Policy Committee

Date(s):

Date Effective: 5/21/2008

Date Revised: 4/18/12; 12/5/12; 2/14; 12/14; 8/17, 8/20; 1/21, 1/2023

Date Reviewed: 12/2022

PROCTORING REQUEST FORM**To be completed by the practitioner requesting proctoring**

Proctoring cannot begin until the requested privilege has been approved with proctoring. When proctoring has been completed, and the evaluation form has been submitted, you will be informed when you have been approved for the privilege without proctoring at which time you may provide this service independently.

Practitioner Name, Title:	
Practitioner Specialty:	
Proctor Name, Title:	
Proctor Specialty:	
Name or description of procedure being requested for proctoring:	
Requested level of proctoring:	<input type="checkbox"/> Personal: Proctor must be in attendance. This level of proctoring is to be requested for the majority of procedures requiring proctoring. <input type="checkbox"/> General: Proctor's presence not required. This level of proctoring is not to be used for procedures and may be requested to assess management of care situations through retrospective reviews. <input type="checkbox"/> Direct: Proctor is present in the area and immediately available. This level of proctoring is to be used rarely.
Number of cases or duration: (not to exceed 24 months and must follow criteria on privilege form)	
Primary site where proctoring will occur: (must be completed at a Fairview facility where the proctor holds the privilege)	
Reason for proctoring request:	

Practitioner's Signature

Date

Proctor: I hold privileges for the requested procedure at the following location(s): _____

Proctor's Name and Signature

Date

Sponsor's Signature, if applicable

Date

Fairview System Credentialing Office:

Email: fsco@fairview.org

Initials Fax: 612-672-4123

Reappointments Fax: 612-672-7733

M Health Fairview Services
PROCTOR EVALUATION FORM

This form must be fully completed to be accepted for review.

Practitioner Name, Title:	
Proctor Name(s), Title:	
Proctoring date(s):	
Proctored procedure(s):	
Level of proctoring:	<input checked="" type="checkbox"/> <u>Personal</u> : Proctor must be in attendance. This level of proctoring is to be requested for the majority of procedures requiring proctoring. <input type="checkbox"/> <u>General</u> : Proctor's presence not required. This level of proctoring is not to be used for procedures and may be requested to assess management of care situations through retrospective reviews. <input type="checkbox"/> <u>Direct</u> : Proctor is present in the area and immediately available. This level of proctoring is to be used rarely.
Number of cases proctored:	
Proctor's evaluation of competency:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement (add comments below:)
Comments:	

Proctor Signature

Date

Proctor will email the completed form to MedicalStaffServices@fairview.org

Administrative Approval:

Date: