

**YALE-NEW HAVEN HOSPITAL  
MEDICAL STAFF POLICY & PROCEDURE  
Proctoring of Medical & Affiliated Staff  
(Non-Complaint Related)**

**Purpose:**

To define the situations in which proctoring may be required and to set forth the potential proctoring options.

**Scope:**

This policy applies to all Medical Staff Members and Affiliates.

**Policy:**

It is the policy of the Medical Staff to use proctoring mechanisms when indicated at appointment or reappointment, as well as at other times as appropriate, to monitor clinical practice until the practitioner can be deemed competent to independently provide the service in question.

There are two general situations in which proctoring may be considered:

- a. A practitioner lacks sufficient recent experience in performing a requested privilege(s) (examples: the privilege is new to the practitioner, the privilege, in general, is exercised infrequently, the practitioner has been out of practice for a period of time)
- b. The competence of the practitioner to carry out a current privilege has been questioned.

This policy addresses (a) only.

**Definitions:**

**Proctoring:** A requirement that all or part of the practice of a member of the Medical or Affiliated Staff or a specific privilege or procedure is subject to greater than normal individual scrutiny by another qualified practitioner to ensure competency. Forms of proctoring can range from direct, in person, contemporaneous participation with the proctored practitioner to retrospective review of the practitioner's medical records relative to the management of one or more types of conditions or procedures.

**Practitioner:** For purposes of this policy, practitioner means any licensed independent practitioner with current or requested Medical staff or affiliated privileges. (for example, physicians, dentists, physician assistants, nurse practitioners, nurse midwives, nurse anesthetists, etc.)

**Procedure:**

1. New applications and reappointment applications are submitted by prospective and current practitioners in accordance with the Medical Staff Bylaws and relevant Policies and Procedures of the Department of Physician Services. Practitioners request clinical privileges as part of this process.
2. Clinical privilege requests are reviewed by the appropriate Chief, Associate Chief, and Section and Associate Section Chief, where applicable. Additionally, the supervising or collaborating physician reviews clinical privilege requests made by Affiliated Health Care Practitioners where applicable.
3. In considering the request for clinical privileges in light of the practitioner's current competence, any or all of the following individuals or groups involved in the credentialing process and other aspects of clinical care may recommend proctoring:

- Chiefs, Associate Chiefs, Section Chiefs and Associate Section Chiefs of services
- Chief or Associate Chief of Staff
- Credentials Committee or its Sub-Committee
- Specialized credentialing committees (i.e. Cardiac Cath Lab Committee, Pain Management Committee, Endoscopy Committee)
- Medical Board
- Patient Safety and Clinical Quality Committee of the Board of Trustees
- Board of Trustees

Examples of situations in which a form of proctoring may be considered include, but are not limited to, the following:

- a. Request for privileges by a practitioner with limited or no recent experience;
- b. Request for a new clinical privilege by a practitioner for whom there is no evidence that he/she has been appropriately trained to perform it;
- c. Request for admitting privileges by a physician without evidence of sufficient historical admitting activity at any institution and for whom there is no evidence of current competence to manage hospitalized patients;
- d. Request for a broader array of privileges than were exercised in recent practice or for which current competence can be documented.
- e. Request for continued privileges for surgical or other procedures by a practitioner without evidence of a sufficient number of such cases in the recent past (defined as 2 years).

In the event that the practitioner does not fulfill criteria for recredentialing for the procedure(s) in question, the Department Chief, Section Chief or sub-specialty program director (henceforth referred to as "Chief") may:

- recommend the privilege(s) based upon his/her direct, first hand knowledge of the practitioner's capabilities and evaluation of outcomes as well as substantial surgical experience. This option will generally be appropriate only for practitioners who have a volume of fifty (50) or more cases/procedures at Y-NHH.
- recommend that the practitioner schedule a minimum of two (2) cases with another practitioner (co-surgeon) who currently has privileges to perform the procedure independently and notify the Department Chief so that he/she or his/her designee may observe at the time of surgery and determine whether the practitioner should be re-credentialed for the procedure(s) in question or whether continued monitoring is indicated.

4. If proctoring is recommended, the relevant delineation of clinical privileges must be completed accordingly.
  - a. On delineations which include a "with proctoring" authorization box, the box must be initialed by the appropriate medical staff leader when it is intended that the privilege or procedure in question is not to be independently exercised by the practitioner until the proctoring requirements have been satisfied.

Additionally, the individual or group recommending proctoring must include a precise statement about the terms and conditions of the proctoring and communicate this in writing to the applicant with a copy to the Credentials Committee for the practitioner's file.

- b. On delineations which do not include a "with proctoring" authorization box, the individual or group must be precise about the terms and conditions of the proctoring AND be precise about whether the

privilege is to be fully granted with proctoring or approval is to be withheld pending partial or complete fulfillment of the proctoring requirements.

In all cases, the individual or group recommending proctoring must specify the type of proctoring recommended.

Available options include:

- In person, contemporaneous presence of the proctor during procedures/surgical cases;
- Preprocedure or preadmission consultation with a specified individual;
- Clinical monitoring with contemporaneous record review or clinical oversight within a specified timeframe and with periodic reports to the Credentials Committee;
- Post admitting consultation with a specified individual or service;
- Retrospective chart review

The recommendation must specify the number of admissions or procedures, and/or the duration of proctoring to be imposed and the method of proctoring. The proctor is assigned by the relevant Department/Section and must agree to undertake the responsibility of monitoring accordingly and report back to the Credentials Committee. The proctor assigned must be fully privileged in the area or procedure for which he/she is to provide monitoring. More intensive proctoring may be recommended during the proctoring period if indicated.

5. When the proctoring period has passed, the proctor must submit a letter to the Credentials Committee indicating whether the practitioner has fulfilled the requirements and if he/she is to be fully approved for the privileges/procedures that were in question, if he/she intends to withdraw his/her request for approval, or if proctoring is to continue.

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