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Facility: Hospital Sisters Health System	MANUAL(S): Medical Staff
TITLE: Precepting and Proctoring of Medical Staff and Advanced Practice Clinicians in the Credentialing and Privileging Process	ORIGINATING DEPARTMENT: Medical Staff
EFFECTIVE DATE: SCO – 1/18/2023 SVG/SMG – 12/5/2022 SNS – 1/19/2023	REVISION DATE(S):
SUPERSEDES:	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (8) Libertas Treatment Center – Green Bay and Marinette, ILLINOIS: (1) HSHS St. John’s Hospital – Springfield, (2) HSHS Mary’s Hospital – Decatur, (3) HSHS St. Anthony’s Memorial Hospital – Effingham, (4) HSHS St. Francis Hospital – Litchfield, (5) HSHS Good Shephard Hospital – Shelbyville, (6) HSHS Holy Family Hospital – Greenville, (7) HSHS St. Elizabeth’s Hospital – O’Fallon, (8) HSHS St. Joseph’s Hospital – Breese, (9) HSHS St. Joseph’s Hospital – Highland.</small>	

I. POLICY: The Medical Staff or Advanced Practice Clinicians may request or be required to undergo a precepting or proctoring period to determine clinical/technical competence or evaluate overall quality, timeliness and appropriateness of care and treatment.

II. PURPOSE:

To define the role of the Medical Staff or Advanced Practice Clinician preceptor and/or proctor in teaching and assuring high quality medical and procedural care in the credentialing and privileging of a Medical Staff member or Advanced Practice Clinician.

III. SCOPE:

This policy is applicable to all HSHS hospitals and members of the Medical Staff and Advanced Practice Clinicians.

IV. DEFINITIONS:

The personal presence of an assigned practitioner (preceptor or proctor) who is designated to provide clinical teaching or to monitor the clinical performance of another practitioner to facilitate quality of care, privileging, performance improvement, or as required by corrective action.

1. Direct observation – the physical presence of the preceptor/proctor directly adjacent to the practitioner being proctored during the procedure or medical care. If the proctor is for a surgical or invasive procedure, the proctor must be present in the operating or procedure room during the entire case which is being proctored.
2. Train Up – expansion of privileges, increase their knowledge and skill base and thus their privileges/scope of practice outside the scope of an Advanced Practice Clinicians formal training program.
3. Observation Proctor – a practitioner serving the purpose of assessing and reporting on the competence of another practitioner and is considered an agent of the Medical Staff or Advanced Practice Clinician. Proctor acts only as a monitor to evaluate another practitioner’s technical and cognitive skills to ensure that he or she is qualified to perform the granted privileges.
4. Preceptor – a practitioner serving the purpose of instructing, teaching, and mentoring another practitioner to improve, or train up, the clinical skills to gain experience by applying the skills trained of a fellow practitioner and is considered an agent of the Medical Staff or Advanced Practice Clinician. Utilizing a preceptor is an ideal

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way to improve the deficient skills of a practitioner once they have been identified through proctoring or other peer review assessment tools.

V. GUIDELINES/PROCEDURES

A. Role and Responsibilities:

1. Preceptor (Trainer)

- a. Is directly involved in the patient care / treatment / procedure.
- b. Will directly assist and/or advise the practitioner being precepted.
- c. Provides training and/or experience on new skills and knowledge.
- d. Provides oversight and critiques the clinical care provided.
- e. Has the ability, willingness, and responsibility to intervene as necessary in the patient care activity within their scope of practice.
- f. May, at their discretion, terminate their precepting role and assume care of the patient at any time within their scope of practice.
- g. Will provide an assessment of competence of the precepted practitioner to the hospital in the format directed.
- h. Assumes ultimate responsibility to ensure care is safe and appropriate.

2. Non-Credentialed Observation Proctor:

- a. Is involved in direct observation.
- b. Provides no patient care, treatment, or guidance.
- c. Typically has no provider-patient relationship with the patient being treated.
- d. Will not touch the patient or equipment being used during a procedure or at any time during medical care.
- e. Will not write or give verbal orders involving patient care.
- f. Will not document treatment or care plans in the EMR.
- g. Will receive no compensation directly or indirectly from any patient for this service.
- h. Shall have no duty to the patient to intervene in their care.
- i. Is expected to report immediately to the appropriate department chair any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm.
- j. Will provide an assessment of competence of the proctored practitioner to the hospital in the format directed.

3. Credentialed Observation Proctor:

- a. Is involved in direct observation.
- b. Typically provides no patient care, treatment, or guidance.
- c. May or may not have a provider-patient relationship with the patient being treated.
- d. Will not touch the patient or equipment being used during a procedure or at any time during medical care unless urgent or emergent care needed by patient.
- e. Will not write or give verbal orders involving patient care unless they were required to provide care.
- f. Will not document treatment or care plans in the EMR unless they were required to provide care.
- g. Will receive no compensation directly or indirectly from any patient for this service.
- h. If the proctor is required to intervene, the procedure being proctored may not be counted. Department Chair and proctor will need to review to make determination.
- i. Is expected to report immediately to the appropriate department chair any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm.
- j. Will provide an assessment of competence of the proctored practitioner to the hospital in the format directed.

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4. The Hospital:
 - a. Is not responsible for any expenses related to obtaining an Observation Proctor or Preceptor, unless otherwise contracted by the Hospital.
- B. Potential Candidates for Precepting or Proctoring:
 - a. Must apply for the new privileges and be approved prior to being able to be precepted or proctored.
 - b. Initial applicants, current members requesting new privileges, or Medical Staff members or Advanced Practice Clinicians in need of additional training required for performance improvement or corrective action issues.
 - c. The practitioner to be precepted or proctored is responsible for notifying his or her assigned preceptor or proctor of each patient whose care is to be evaluated, arranging the time with the preceptor/proctor for any specific procedure to be precepted or proctored, and providing the information requested by the preceptor/proctor regarding the patient and planned course of treatment.
 - d. The precepted/proctored practitioner will inform the patient that another practitioner may observe and assist in the procedure/course of treatment. Both the preceptor/proctor and the precepted/proctored practitioner's name are to be included on the informed consent form.
 - e. Precepting/proctoring of specific procedures shall be performed as required by the clinical service, or as requested by the medical director or department chairperson, or designee. The department chairperson or designee will determine the appropriate number of procedures or observations to be precepted/proctored.
- C. Credentialing Requirements:
 1. Preceptor
 - a. Requirements for Preceptor:
 - i. Requires full credentialing at the facility the practitioner will be providing precepting services and must obtain privileges in procedures and services that he/she will be precepting. Contact Medical Staff Services for application material, if not currently credentialed.
 - ii. If already a member of the medical staff and current privileges in the precepting procedure(s) at the facility he/she will be providing the services/procedures, then the following applies:
 - Confirmation that the preceptor is in good standing with the facility
 - Approval by the Department Chair to be a preceptor for requested services/procedures
 - iii. Completed, approved precepting evaluation form as defined by the hospital for procedures being precepted which will be sent by Medical Staff Services. Evaluations are peer review documents and will remain confidential in accordance with other medical staff peer review information.

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2. Non-Credentialed Observation Proctor

a. Requirements for Non-Credentialed Observation Proctor:

- i. Is **not required** to be privileged at the facility where he/she is providing the proctoring
- ii. Completed, approved proctoring form(s) as defined by the hospital for procedures being proctored.
- iii. Any additional items as required per ministry

b. Required documents to be provided by proctor:

- i. CV
- ii. Hospital-specific proctoring form with appropriate approval
- iii. Confirmation of competency
- iv. Any additional items as required per ministry

3. Credentialed Observation Proctor

a. Requirements for Credentialed Observation Proctor:

- i. Is **required** to be privileged at the facility where he/she is providing the proctoring
- ii. Completed, approved proctoring form(s) as defined by the hospital for procedures being proctored.
- iii. Any additional items as required per ministry

b. Required documents to be provided by proctor:

- i. Hospital-specific proctoring form with appropriate approval
- ii. Confirmation of competency
- iii. Any additional items as required per ministry

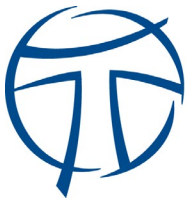
4. Applicant:

a. Requirements for Applicant:

- i. Required documents by the applicant who does not meet established eligibility criteria and cannot demonstrate the requisite training/education, experience and competency for the requested privileges. Send email request to Medical Staff Services, include:
 - Specific privilege(s) requested
 - The name(s) of preceptor(s) or proctor(s)
 - Outlined plan of training, education and experience that will be provided
 - The anticipated length of training
 - Competency measures
 - Patient population, if applicable
- ii. The applicant CANNOT perform the privileges being requested under precepting or proctoring until approval has been received by the Board of Directors and the applicant is notified of the approval and outlined requirements by the Medical Staff Services.

VI. REFERENCE

ORIGINATOR: _____



Hospital Sisters
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ACCOUNTABLE LEADER: _____

ADMINISTRATIVE APPROVAL: _____