



POLICY: Proctoring	POLICY NUMBER: MS_021_ADM
CATEGORY: (Patient Functions, Organization Functions, Structures with Functions)	EFFECTIVE DATE: 7/20/2011
CHAPTER: (JCAHO Chapters)	SUPERSEDES: 3/28/2006

I. Policy:

It is the policy of YKHC to allow practitioners with experience or training to be proctored at YKHC for an increase in privileges.

II. Purpose:

To ensure YKHC practitioners are clinically competent to perform privileges requested.

III. Procedure:

- A. Any new, experienced practitioners requesting privileges for special skills procedures as defined by the credentialing/ privileging process will be proctored until the appropriate Service Chief ensures the practitioner meets YKHC clinical standards and a letter to that effect is placed in the practitioner’s credentialing file.
- B. Once privileges that require proctoring have been granted, qualified proctors will directly supervise the practitioner’s clinical privilege at all times until privilege is fully granted. Practitioners will be proctored by a peer or higher with unrestricted privileges.
 - 1. Proctoring reports will be completed by the proctor each time a proctored privilege is performed and will be forwarded to the Medical Staff Credentialing Office for filing in review file to be reviewed by the appropriate Service Chief.
 - 2. When clinical competency has been established through the proctoring process the appropriate Service Chief will recommend the practitioner be released from proctoring.
 - 3. The practitioner will then need to request a change in privileges. (see Change in Privileging policy and procedure)

Committee approval
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JCAHO STANDARD REFERENCE: _____

Department Director Signature: _____ Date: _____

MSEC President's Signature: _____ Date: _____

Governing Body Chair Signature: _____ Date: _____

P&P Committee Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

If policy crosses divisions additional signatures needed.

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

President/CEO Signature: _____ Date: _____

Rev. 3/8/06