Medical Staff Proctoring

1. Proctoring applies to all new staff members and existing members requesting additional privileges regardless of specialty or category of membership so long as direct patient care is involved.

2. Methods of proctoring:

2.1 Every effort should be made to have direct concurrent observation by a proctor. Retrospective evaluation of performance can be utilized as a supplement, but cannot substitute for direct observation.

2.2 There should be sufficient variety and number of cases observed, depending upon the scope of clinical privileges requested.

2.3 The proctor should prepare a written report for the Hospital Privileging Committee, which describes the type and number of cases observed and an evaluation of the applicant’s performance.

2.4 Proctoring involves evaluation of all aspects of the management of any case.

2.5 Evaluation will include concurrent chart review, direct observation in the case of invasive procedures, and monitoring of diagnostic and treatment techniques.

2.6 More than one person should be involved in proctoring whenever possible.

3. Proctor’s qualifications:

3.1 A proctor should have sufficient expertise to judge the quality of work being performed.

3.2 The Head of Department will designate a proctor.

3.3 Insofar as practical, proctors should be free of any perceived or real conflict of interest.
Proctoring Evaluation Form

Proctoring applies to all new staff members and existing members requesting additional privileges regardless of specialty or category of membership so long as direct patient care is involved.

Applicant’s Name: ____________________________________________

Date of Proctoring: ____________________________________________

1. Area/ disciplines:

- [ ] INTENSIVE CARE  [ ] EMERGENCY MEDICAL & TRAUMA CARE
- [ ] OPHTHALMOLOGY CARE  [ ] PERI OPERATION CARE
- [ ] ANAESTHESIOLOGY  [ ] PAEDIATRIC CARE
- [ ] CORONARY CARE  [ ] HAEMODIALYSIS

2. Was direct observation maintained?

- [ ] YES  [ ] NO

   Number of cases observed. ________________

3. Describe the type of cases observed. (There should be a sufficient variety and number of cases reviewed, depending upon the scope of clinical privileges requested)

4. Please evaluate the applicant’s performance.
   (Proctoring involves evaluation of all aspects of management of any case)

   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
5. Comments/ Recommendations:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Signature of Proctor ___________________ Date ________________________

Signature of Applicant___________________ Date ________________________

RECOMMEND : Recommended □
Not recommended □ if do not recommended, state reason (another form separately)

Modifications/Limitations of Privileges: YES □ NO □

Signature of head of Department/Stamps_____________________
Date __________________

DECISION:

Reviewed _______ Approved □

Modification to above privileges YES □ NO □

Rejected □

Chairman, Hospital Privileging Committee, _______________________
Date : ___________________________