

# PROCTORING FORM

Division/Section: \_\_\_\_\_

Practitioner: \_\_\_\_\_ Credentials Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Case #1	Patient ID/label	Evaluation: <input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns* <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Comments* *see comments below	Proctor  Print _____ Signature _____
Case #2	Patient ID/label	Evaluation: <input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns* <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Comments* *see comments below	Proctor  Print _____ Signature _____
Case #3	Patient ID/label	Evaluation: <input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns* <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Comments* *see comments below	Proctor  Print _____ Signature _____
Case #4	Patient ID/label	Evaluation: <input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns* <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Comments* *see comments below	Proctor  Print _____ Signature _____
Case #5	Patient ID/label	Evaluation: <input type="checkbox"/> Acceptable <input type="checkbox"/> Concerns* <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Comments* *see comments below	Proctor  Print _____ Signature _____

Cases should be reviewed in accord with section specific guidelines (see reverse side)

Additional and observations (particularly concerning observations) should be discussed with the practitioner. Include Case # with comments.

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**I recommend the proctoring for this provider be considered complete.**

Division Chief / Medical Director Sign-off: \_\_\_\_\_ Date: \_\_\_\_\_

FAX form to: Medical Staff Services at 425-320-1521, OR email form to: [PRMCEmedicalstaffservices@providence.org](mailto:PRMCEmedicalstaffservices@providence.org)

Proctored cases should be reviewed for the following elements:

- Current H&P
- Acceptable Physical Exam and Assessment (principal diagnosis)
- Appropriate selection of procedure
- Acceptable technical skill (procedures)
- Complete and accurate procedure note
- Appropriate clinical judgment

Specific proctoring requirements\*

Ambulatory Division: minimum of five (5) cases reviewed for admissions and/or consultations

Internal Medicine: minimum of five (5) cases reviewed for admissions and/or consultations  
for procedures: concurrent observation for five (5) cases

Surgical Division: concurrent observation for a minimum of five (5) cases of like/similar procedures

Obstetrics & Gynecology:

OB: minimum of 3 vaginal deliveries; evaluation to include prenatal and postnatal care

Surgical procedures: concurrent observation for five (5) cases; if cesarean privileges are granted at least one case must be C-section (note that separate requirements exist for Family Physician–OB with C/S privileges)

Other specialties (Pediatrics, Neonatology, Emergency Medicine, others):

At least five (5) admissions, consultations and/or patient encounters

Excerpted from PRMCE Medical Staff Bylaws – Section 5.9\*

Each practitioner appointed to the Medical Staff shall complete a period of proctoring. Such proctoring (which may include direct observation of the practitioner's performance and/or chart review) shall be structured so as to ensure that the more informed determination can be made regarding the initial appointee's eligibility for Medical Staff membership and/or eligibility to exercise the clinical privileges granted to him/her.

Each initial appointee shall be assigned to a clinical division and section in which Section performance shall be overseen by the Division Chief and/or Section Medical Director/Leader or designee during the period of proctoring required. Whenever an initial appointee has been granted clinical privileges in on or more clinical Sections other than the one to which he/she has been assigned, his/her performance within each such section shall be proctored in like manner.

A recommendation from the clinical section(s) to the Division Chief and/or Section Medical Directors/Leaders to which the initial appointee has been assigned that the initial appointee is no longer subject to any continued proctoring will be made. This is based upon the type and number of cases that have been proctored; the initial appointee's clinical performance while under proctorship; and the fact that the initial appointee satisfactorily has demonstrated his/her ability to exercise the clinical privileges tentatively granted except as otherwise provided within Section III, no initial appointee shall be removed completely from proctoring without the full approval from the Credential Committee.

Except as otherwise might be recommended by the Medical Executive Committee and Credentials Committee and approved by the Board, each member who has been granted additional clinical privileges shall be required to complete a period of proctoring in accordance with the procedures outlined, for initial appointees, as explained in the previous section.

\* Further information and specific details are found in the *Medical Staff Bylaws* and the *Proctoring and Monitoring Policy – New practitioners and practitioners requesting new Privileges* found on the Medical Staff Internet page (<http://washington.providence.org/hospitals/regional-medical-center/healthcare-professionals/northwest-for-physicians/governance-documents/>)