

# Hospital Tuanku Ja'afar Seremban

Kementerian Kesihatan Malaysia



HOSPITAL TUANKU JA'AFAR

## **BORANG PERMOHONAN** **PENAMBAHAN KLINIKAL PROSEDUR**

Urusetia

*Privileging & Credentialing*

Unit Kualiti, Hospital Tuanku Jaa'far, Seremban

### **DOKUMEN YANG DIKEMUKAKAN UNTUK PENAMBAHAN KLINIKAL PROSEDUR**

**NAMA PEGAWAI** : \_\_\_\_\_

**GRED** : \_\_\_\_\_

1) Lampiran CP 8

2) Appendix Proctor

3) Sijil-sijil Berkaitan (**Logbook**)

**HOSPITAL TUANKU JA'AFAR SEREMBAN**

**CLINICAL PRIVILEGES**

1. Nama : \_\_\_\_\_
2. No. I/C : \_\_\_\_\_
3. Jawatan : \_\_\_\_\_
4. Majikan : **PENGARAH**  
**HOSPITAL TUANKU JA'AFAR SEREMBAN**
5. 'Privileges Applied' : \_\_\_\_\_
6. 'Core Privileges' : \_\_\_\_\_
7. Tempoh Latihan : Dari \_\_\_\_\_ Hingga \_\_\_\_\_  
(Diisi Oleh Pegawai)
8. Tempoh Kelulusan : Dari \_\_\_\_\_ Hingga \_\_\_\_\_  
Di pohon

<b>Disemak</b>	<b>Ya</b>	<b>Tidak</b>
<b>Diluluskan</b>	<b>Ya</b>	<b>Tidak</b>
<b>Modification to Above Privileges</b>	<b>Ya</b>	<b>Tidak</b>

\_\_\_\_\_  
(Cop Ketua Jabatan)

Tarikh:.....

HOSPITAL \_\_\_\_\_  
ADDITIONAL CLINICAL PRIVILEGES APPLICATION  
SERVICE \_\_\_\_\_

- 1. NAME : \_\_\_\_\_
- 2. SERVICE / SPECIALTY : \_\_\_\_\_

I REQUEST ADDITIONAL PRIVILEGES IN:  
(See attach specific requests)

- a. Core Privileges (Broad area, e.g. Medicine)  
\_\_\_\_\_
- b. Special privileges in (area) \_\_\_\_\_
- c. Unusual \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

AS THE HEAD OF DEPARTMENT, I HAVE REVIEWED WITH THE APPLICANT THE SPECIFIC ADDITIONAL PRIVILEGES THAT ARE BEING REQUESTED. THE EDUCATION, TRAINING, AND/OR EXPERIENCE IDENTIFIED SUPPORT THIS SPECIALIST'S ASSERTION OF COMPETENCE IN PRIVILEGES REQUESTED. THIS EDUCATION TRAINING AND/OR EXPERIENCE HAS BEEN VERIFIED WITH THE PRIMARY SOURCE, SEE ATTACHED.

<b>RECOMMEND:</b> APPROVAL/DISAPPROVAL	
MODIFICATIONS OR LIMITATIONS TO PRIVILEGE :	YES _____ NO _____
_____ Signature of Head of Department (Date)	_____ Designated Proctor

**Appendix Proctor**

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. Procedures : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the management of any case.)***

a) Direct observation in the case of invasive procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Diagnostic and treatment techniques :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Case notes review :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Overall performance and assessment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Comments/Recommendation:

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\_\_\_\_\_  
SIGNATURE OF PROCTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROCTOR

\_\_\_\_\_  
DATE

**RECOMMEND:** APPROVAL/DISAPPROVAL

MODIFICATIONS/LIMITATIONS TO PRIVILEGES :

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF HEAD OF DEPARTMENT

\_\_\_\_\_  
DATE

DECISION:

**REVIEWED:** \_\_\_\_\_

**APPROVED :** \_\_\_\_\_

MODIFICATIONS TO ABOVE PRIVILEGES :

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATED \_\_\_\_\_

\_\_\_\_\_  
CHAIRMAN,  
HOSPITAL PRIVILEGING COMMITTEE

\_\_\_\_\_  
DATE

## **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 When a time span is stated, it should be in terms of a specific number of months and not "until the end of the medical staff year"
  - 2.3 There should be sufficient variety and number of cases observed, depending upon the scope of clinical privileges requested.
  - 2.4 The proctor should prepare a written report for the Hospital Credentialing Committee which describes the type or number of cases observed and an evaluation of the applicant's performance.
  - 2.5 Proctoring involves evaluation of all aspects of the management of any case.
  - 2.6 Evaluation will include concurrent chart review direct observation in the case of invasive procedures and monitoring of diagnostic and treatment techniques.
  - 2.7 More than one person should be involved in proctoring whenever possible.
3. **Proctor's Qualification :**
  - 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 It is not always necessary for a proctor to have the same specialty qualifications as the person being observed. For example, a surgeon from different specialty can often adequately observe surgical technique in a number of specialties.
  - 3.4 Insofar as practical, proctors should be free of any perceived or real conflict of interest.