

Please Print Name _____

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients in all inpatient and outpatient areas, intensive care units, and Emergency Department.

*(REQ=Requested) - (APP=Approved)

*REQ	APP	PRIVILEGE REQUESTED
		ADMIT patients with problems related to general and vascular surgery; evaluate and provide consultation, order diagnostic tests and procedures and treat patients with surgical problems.

GENERAL SURGERY CORE PROCEDURAL PRIVILEGES: All General Surgeons are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures request for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

*REQ	APP	PRIVILEGE REQUESTED	*REQ	APP	PRIVILEGE REQUESTED
		AMPUTATIONS			
		ANAL & RECTAL SURGERY Including hemorrhoidectomy, Drainage rectal abscess, and rectal problems			HERNIA REPAIR , including all hernias of the abdominal wall and peritoneal cavity
		BILIARY TRACT SURGERY Including cholecystectomy, Common duct procedures and Biliary enteric bypass			PANCREATIC SURGERY , including resection and diversion
		BREAST SURGERY including Biopsy & resection for cancer			RADICAL CANCER SURGERY , Including regional lymph node dissection
		CENTRAL VENOUS ACCESS			SPLIT THICKNESS SKIN GRAFTS
		GASTRODUODENAL SURGERY of esophagus, stomach and Duodenum			SPLENECTOMY OR SPLENIC REPAIR
		HEPATIC RESECTIONS			SURGERY OF INTESTINE SMALL & LARGE , including resection with anastomosis, internal bypass (NOT for obesity) and external diversion
		HEAD & NECK SURGERY Including thyroidectomy, Parathyroidectomy, tracheotomy, & salivary gland resection			VERICOSE VEINS

ENDOSCOPY PROCEDURES: Documentation of training/expertise must be submitted. **See attached criteria.**

REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		Biliary Stenting Procedures			Esophageal Dilation
		Upper Intestinal Endoscopy (EGD)			Flexible Sigmoidoscopy
		Colonoscopy			PEG
		Colonoscopy With Polypectomy			Sigmoidoscopy With Biopsy
		Ductular Cannulation (ERCP)			Sphincterotomies
		Esophageal Variceal Sclerosis			

VASCULAR SURGERY CORE PROCEDURAL PRIVILEGES: All Vascular surgeons are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience. **Please see attached criteria.**

*REQ	APP	Privilege Requested:
		ALL DIAGNOSTIC AND INTRAOPERATIVE PROCEDURES pertinent to arterial and venous circulatory system
		ANEURYSM and OCCLUSIVE DISEASE SURGICAL PROCEDURES i.e., Femoral, subclavian, popliteal procedures; Visceral arteries, renal celiac or spleen procedures; Distal bypass grafts; abdominal aorta.
		AMPUTATIONS for vascular impairment
		CAROTID ENDARTERECTOMY
		CENTRAL VENOUS ACCESS
		RENAL VASCULAR PROCEDURES , including infrarenal and suprarenal procedures

ENDOVASCULAR PROCEDURES: (Print *Separate*** Endovascular Delineation of Privileges on JCL Website.)**

Please Print Name

SPECIAL PROCEDURES: Surgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable). Please see attached criteria.					
REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		LAPAROSCOPIC PROCEDURES Related to General Surgery. * Proctor is recommended for the first Single Incision Lap Procedure.			THORACOSCOPIC LASER SURGERY
		ENTERRA^R THERAPY For Gastric Neurostimulator			Laser: <input type="checkbox"/> Argon <input type="checkbox"/> CO ₂ <input type="checkbox"/> YAG
		MALE STERILIZATION			ENDOVENOUS RADIOFREQUENCY ABLATION
		CONSCIOUS SEDATION			VNS (Vagus Nerve Stimulation)

I have reviewed the above privileges and requested the procedures to which I am limiting my practice; and have been trained accordingly; I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Surgery Department Chairman/Vice Chairman	Date:
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Date: _____
 Credentials approval

Date: _____
 Medical Executive approval

Date: _____
 Board of Directors approval

Department of Surgery
GENERAL AND VASCULAR SURGERY

Criteria for Granting Surgery Privileges

John C. Lincoln Deer Valley Hospital
General and Vascular Surgery Privilege Criteria

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in General and Vascular Surgery reflective of the scope of privileges requested for the past 24 months.

ENDOSCOPIC PROCEDURES

Current proficiency and knowledge of endoscopic procedures:

- a. Documentation of having completed a training course acceptable to the Department of Surgery.
- b. Documentation of experience:

The required minimum number of procedures performed are as follows:

20	Diagnostic EGD	5	PEG
40	Total Colonoscopy	75	ERCP (Diagnostic)
5	Variceal Hemostatis	25	ERCP (Therapeutic)
5	Esophageal Dilation w/ guidewire	5	Pneumatic Dilation for Achalasia
5	Flexible Sigmoidoscopy or	25	Laparoscopies OR
15	colonoscopies	5	Laparoscopies and 50 Laparotomies

VASCULAR SURGERY PRIVILEGES

As recommended by an Ad Hoc Committee to the Joint Council of the Society for Vascular surgery and the North American Chapter of the International Society for Cardiovascular Surgery.

1. APPLICANTS WHO HAVE JUST COMPLETED THEIR SURGICAL TRAINING

The applicant should fulfill **one of the following criteria:**

- a. Be a graduate of a residency in peripheral vascular surgery and provide a letter from the program director attesting to satisfactory completion of the training program. It is recommended, but not required, that the applicant take and pass the American Board of Surgery (ABS) Examination for Special or Added Qualifications in General Vascular Surgery within 3 years of graduation.
- b. Completion of a one-year senior experience in vascular surgery. This one be as part of a non-approved vascular surgery fellowship or, in some instances, a part of the general surgery residency training program in which a one-year time block is provided to the general surgery resident at a senior level. The applicant must provide evidence of having received sufficient training and experience, equivalent to that received in a training program in vascular surgery. This must include a case list documenting performance of approximately 50 cases of arterial reconstruction representing a balanced case mix and certified by the program director.
- c. Be a graduate of a cardiothoracic program in which specific training for peripheral vascular surgery is provided and approved by the Residency Review Committee.
- d. Graduates from general surgery residencies without a one-year period of vascular training who wish to practice vascular surgery should be evaluated on a case-by-case basis. Although vascular surgery is considered a primary component of general surgery, vascular surgery experience varies from program to program. Thus satisfactory completion of a general surgery residency does not guarantee proper qualifications in vascular surgery. The importance of extended training in vascular surgery is attested to by the fact that the RRC for surgery has approved programs that provide an additional year of training in vascular surgery beyond the general surgery residency, and graduates of these extended programs are provided the opportunity to be certified by the ABS.

On the other hand, some general surgical programs provide a rich experience in vascular surgery. If an applicant considers himself/herself so qualified, we recommend that individual review of the applicant be carried out by the hospital credentialing committee. Such a review should include evaluation of a case list, supported by operative notes and, if possible, discharge summaries. If the applicant can document an acceptable balanced experience (a case list in excess of approximately 30 major arterial reconstructions with a board mix) and, if the applicant receives written verification by the program director attesting to their qualifications to practice vascular surgery, then the individual may be considered as having completed the training required to obtain privileges in vascular surgery at the entry level.

2. APPLICANTS IN PRACTICE WHO COMPLETED TRAINING AFTER 1984

- a. Applicants must fulfill one of the requirements listed above.
- b. Each applicant shall submit lists of their last consecutive 50 vascular surgery cases or their last two years' case experience in managing vascular surgery problems, whichever is greater.
- c. The applicant will present a letter from the chief of surgery of each hospital in which he/she currently practices or from the former hospital(s) in which they practiced, attesting that the applicant is in good standing and currently has privileges in vascular surgery.

3. APPLICANTS IN PRACTICE WHO COMPLETED TRAINING BEFORE 1984

- a. ABS Certificate of Special Qualification in Vascular surgery, or letter(s) from chief of surgery at the hospital(s) in which they are currently practicing stating that the applicant has privileges in vascular surgery and is in good standing.
- b. The applicants will submit lists of their last 50 consecutive vascular surgery cases or 2 years' experience, whichever is greater.

SPECIAL PROCEDURES

LASER PRIVILEGES

Current proficiency and knowledge of laser procedures:

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documentation of a training course for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met.

LAPAROSCOPIC PROCEDURES related to General Surgery

Current proficiency and knowledge of general surgery procedures:

- a. Documentation of having completed a training course acceptable to the Department of Surgery.
- b. Documentation of experience: Residency training; letter from another surgeon, or letter from another facility.
- c. Preceptorship.

ENTERRA[®] THERAPY For Gastric Neurostimulator

- a. Current unsupervised Laparoscopic Privileges. Documentation of having completed a training course acceptable to the Department of Surgery.
- b. Documentation of experience: Residency training; letter from another surgeon, or letter from another facility.

THORACOSCOPIC LASER SURGERY

1. The applicant must have successfully completed a two-day CME course in thoracoscopy at an accredited institution within the United States wherein the applicant must have served as surgeon, surgical assistant, and/or camera operator on at least two procedures in a life animal (such as a pig weighing at least 100 lbs.) The course curriculum certificate of attendance and CME credit certificate must accompany the application.

~~--OR--~~

If the applicant has received training in thoracoscopy during an approved residency training in the United States, a letter from the program director must accompany the request.

2. If the applicant wishes to use laser in thoracoscopy surgery, he/she must provide documentation concerning the completion of a hands-on course involving the use of lasers in thoracic surgery. The course must have been held within the United States and documentation must be included for the wave length modality that the applicant intends to use. A certificate documenting the wave length modality is required.

ENDOVENOUS RADIOFREQUENCY ABLATION

A physician requesting endovenous radiofrequency ablation privileges will provide documentation as follows:

- a. Documentation of training in residency; **OR**
- b. Documentation of attendance at a course specific to the privileges requested and acceptable to the Surgery Committee; **OR**
- c. Expertise may be considered by providing a privilege checklist (s) and case list (s) from other healthcare facilities documenting experience performing the procedure being requested.

VNS (VAGUS NERVE STIMULATION)

A physician requesting VNS privileges will be a licensed MD or DO surgeon with ENT, cardiac, vascular privileges or a neurosurgeon. Physicians who implant the device should be experienced in operating within the carotid sheath. Physician must provide evidence of attendance at an accredited course which provides training for VNS. The Manufacturer's Representative will serve as a proctor for the first 3 cases. The criteria for patients is as follows:

1. VNS is indicated for use as:
 - a. an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age with partial onset seizures which are refractory to antiepileptic medications.
 - b. a standard available option for TRD (treatment-resistant depression) patients 18 years and older with chronic or recurrent depression, whether unipolar or bipolar, with a history of failure to respond to at least four antidepressant interventions. It is not approved for psychotic depression.
2. All patients admitted for surgery must have a neurology consult (for seizure patients) or a psychiatry consult (for depression patients) documented in the medical record.
3. All practitioners must have the procedural risks delineated on the consent and documentation in the consultation note or operative note that the risks and benefits were discussed with the patient.

The first ten cases performed will be reviewed for documentation of any side effects from the neurologist or psychiatrist following the patient.

CONSCIOUS SEDATION

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.