

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Privilege Delineation Form

UROLOGY

Name

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 Plastic Surgery reflective of the scope of privileges requested for the past 24 months.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the surgeon to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors.

COGNITIVE	
	Admit patients with problems related to urology; provide consultation for problems related to urology; order diagnostic tests and procedures for problems related to urology; and treat patients with urology problems.
PROCEDURAL	
	ENDOUROLOGICAL PROCEDURES - Percutaneous Nephroscopy, Ureteroendoscopy
	GENITOURINARY ENDOSCOPY and ENDOSCOPIC SURGERY
	GENITUROLOGICAL PROSTHETIC IMPLANTATION
	OPEN GENITOURINARY ONCOLOGICAL SURGERY with or without ileo or colonic conduits
	RECONSTRUCTIVE GENITOURINARY PROCEDURES
	RENAL AND URETERAL STONE SURGERY, all procedures
	URINARY DIVERSION PROCEDURES
	URINARY INCONTINENCE PROCEDURES
SPECIAL PROCEDURES	
Documentation of training/expertise must be submitted when requesting these privileges	
	LAPAROSCOPIC UROLOGY PROCEDURES
	LASER: ___ Argon ___ CO ₂ ___ YAG ___ Holmium
	CRYOSURGICAL PROCEDURES
	PROCEDURAL SEDATION ***(see criteria on website)
	da VINCI ROBOTICS: ___ Colposuspension ___ Partial Nephrectomy ___ Prostatectomy ___ Pyeloplasty ___ Other:
	OTHER:
I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures.	
Further, 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.	
Signature of Requesting Physician	Date

APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

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U R O L O G Y

CRITERIA FOR GRANTING PRIVILEGES

1. All new applicants for privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities.
2. All new applicants for urology privileges shall be considered only if they are certified or an active candidate as recognized by the American Board of Urology, the American Osteopathic Board, or the Royal College of Surgeons (Canada).
3. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

SPECIAL PROCEDURES

LAPAROSCOPIC UROLOGY

1. Current proficiency and knowledge of procedure:
 - a. Documentation of having completed a training course acceptable to the Department of Surgery.
 - b. If a surgeon has been granted privileges to do as an open procedure, he/she may be granted privileges to do the same procedure with a laparoscope if he/she has met the laparoscopic criteria. These privileges will be delineated on an individual basis.

Qualifications for Renewal of Privileges:

1. Demonstration of satisfactory performance in providing care since last credentialed.

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 documenting adequate training for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met

CRYOSURGICAL PROCEDURES

1. Certificate of attendance at a full day clinical seminar.
2. Observation:
 - Minimum of 3 cases to be observed by an approved observer.
 - If a physician has unobserved privileges for this procedure at another facility, observation may be waived.
3. Approved observers for cryosurgery procedures::
Donald Lamm, MD
James Fishman, MD
M. Michael Hayyeri, MD

CRITERIA FOR GRANTING COMPUTER/ROBOTIC ASSISTED SURGERY

1. Applicant must be board certified or board eligible within their Surgical Specialty **AND**
2. Applicant must have applied for, or have been granted, privileges in a surgical specialty and surgical privileges for the procedure(s) to be performed with computer/robotic assistance; **AND**
3. Documentation of current competency in advanced endoscopic, laparoscopic and/or thoracoscopic techniques; **AND**
4. Applicant must provide documentation of successful completion of training in computer/robotic assisted surgery in residency or fellowship training **OR** through a course approved by Intuitive Surgical to include didactic and hands-on experience in the use of computer/robotic assisted surgery. Training course must be at least eight (8) hours in duration and must include at least three (3) hours of personal time on the system during this training **AND** at least two (2) simulations with team and vendor; **AND**
5. Applicant must satisfactorily complete two (2) clinical cases under direct observation with a supervisor who has unsupervised privileges using computer/robotic assisted surgery procedures @ John C. Lincoln Hospital **OR** an approved proctor at John C. Lincoln North Mountain **OR** provide proof of two (2) observed cases from another facility. Where applicable, surgeons must have advanced documented experiences in performing endoscopic, laparoscopic and/or thoracoscopic procedures for which the computer/robot will be used.