



## Surgery - General Surgery KHHM Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### Required Qualifications

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in general surgery.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of participation in at least 50 general surgical procedures in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	The applicant must demonstrate participation in least 100 general surgery-related procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges General Surgery

**Description:** General Surgery is a discipline whose central core of knowledge embraces anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care and neoplasia, which is common to all surgical specialties. A general surgeon is one who has specialized knowledge and skill which enable s comprehensive and continued care of the surgical patient. The care relates to the diagnosis, preoperative, operative and postoperative management in the areas of primary surgical responsibility.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Abdomen and its contents	
	Admit and manage patients in ICU and other monitored settings	
	Admit and manage patients in non-critical care and unmonitored settings	
	Alimentary tract	
	Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy	
	Central venous access catheters and ports	
	Complete care of critically ill patients with underlying surgical conditions.	
	Consultation privileges in General Surgery	
	Endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas	
	Flexible Sigmoidoscopy and Colonoscopy with or without polypectomy, if available.	
	Head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders-particularly tumors of the skin, salivary glands, thyroid, parathyroid, and the oral cavity	
	Laparoscopic surgery including Cholecystectomy, Ventral Hernia, Lysis of Adhesions, Diagnostic Laparoscopy and Appendectomy, Inguinal Hernia, Colectomy Vagotomy, Splenectomy, and Hiatal Hernia Repair	
	Open Hand surgery including but not limited to carpal tunnel syndrome	
	Perform History and Physical Examinations	
	Surgical oncology, including coordinated multimodality management of the cancer patient by screening, surveillance, surgical adjunctive therapy, rehabilitation, and follow-up	
	Therapeutic and Diagnostic Endoscopy	
	Varicose vein ligation and stripping	

## Stereotactic Breast Biopsy

### Qualifications

<b>Education/Training</b>	<p>Have at least 15 hours of Category 1 CME in stereotactic breast imaging and biopsy OR 3 years experience having performed at least 36 stereotactic breast biopsies Have 4 hours of Category 1 CME in medical radiation physics</p> <p style="text-align: center;"><b>OR</b></p> <p>Have performed at least 12 stereotactic breast biopsies OR at least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies</p> <p style="text-align: center;"><b>AND</b></p> <p>Be responsible for patient selection</p> <p style="text-align: center;"><b>AND</b></p> <p>Be responsible for performance improvement activities including medical audit (tracking of number of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications)</p> <p style="text-align: center;"><b>AND</b></p> <p>Be responsible for oversight of all quality control</p> <p style="text-align: center;"><b>AND</b></p> <p>Be responsible for supervision of the radiologic technologist and the medical physicist</p> <p style="text-align: center;"><b>AND</b></p> <p>Be responsible for post-biopsy management of the patient</p>
<b>Clinical Experience (Initial)</b>	<p>Have evaluated at least 480 mammograms every 2 years in consultation with a physician who is qualified to interpret mammograms under MQSA</p>
<b>Clinical Experience (Reappointment)</b>	<p>Continue to evaluate at least 480 mammograms every 2 years in consultation with a physician who is qualified to interpret mammograms under MQSA</p> <p style="text-align: center;"><b>AND</b></p> <p>Perform at least 12 stereotactic breast biopsies per year or requalify as specified in initial requirements Obtain at least 3 hours of</p> <p style="text-align: center;"><b>AND</b></p> <p>Category 1 CME in stereotactic breast biopsy every 3 years</p>

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Stereotactic Breast Biopsy	

## Robotic Assisted Surgery (da Vinci)

**Description:** NOTE: ALL proctoring at KHHM requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KHHM in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Department Chair.

### Qualifications

<b>Membership</b>	For initial robotic assisted privileges, the applicant must fulfill the following criteria:
<b>Education/Training</b>	Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed

**Clinical Experience (Initial)** If RESIDENCY COMPLETED WITHIN LAST THREE YEARS; Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system

**AND**

Case log of at least 10 cases in the last 12 months.

**AND**

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.

IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC EXPERIENCE; Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system;

**AND**

Case log of at least 10 cases performed in the last 12 months.

**AND**

If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed at FHH should be reviewed by the Department Chair or designee.

IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE; Completion of Mini Fellowship Training that includes computer-based education, porcine lab, docking and problem resolution training.

**AND**

Observe and document two cases with preceptor physician.

**AND**

Perform a minimum of three proctored cases acting as primary physician

**AND**

Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor.

**AND**

After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.

**AND**

The next five cases performed at FHH shall be reviewed by the Department Chair, or designee.

**Clinical Experience (Reappointment)** Proficient completion of 10 cases, including those at outside institutions during the reappointment cycle. 5 of those cases should be done in the last 12 months.

**AND**

If <5 cases in the last 12 months, the first case should be proctored

**AND**

Ongoing continuing medical education in robotics

**Additional Qualifications** Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without robotic assistance.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Robotic Assisted Surgery (da Vinci)	

**Surgeon and Radiologist Practicing Collaboratively**

**Qualifications**

- Education/Training** Be experienced in post-biopsy management of the patient
- Continuing Education** Have at least 3 hours of Category 1 CME in stereotactic breast biopsy which should include instruction in imaging triangulation for lesion location
- Clinical Experience (Initial)** Have performed at least 12 stereotactic breast biopsies, or at least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies
- Clinical Experience (Reappointment)** Perform at least 12 stereotactic breast biopsies per year or requalify as specified under initial requirements Obtain at least 3 hours of **AND** Category 1 CME in stereotactic breast biopsy every 3 years

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Surgeon and Radiologist Practicing Collaboratively	

**For Additional Procedures - See Vascular Surgery Delineation of Privileges**

**Description:** To request Vascular Privileges - please complete the Vascular Surgery Delineation of Privileges form.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	For Additional Procedures - See Vascular Surgery Delineation of Privileges	

**Special Privileges General Surgery**

**Description:** The below special privileges are not routinely part of residency training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Special Privileges General Surgery	

**Laser**

**Description:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
Laser		

**Fluoroscopy**

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
Fluoroscopy		

**Mild/Moderate Sedation**

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office.) Current ACLS certification is also required.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
Mild/Moderate Sedation		

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date