



Colon & Rectal Surgery Soin 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	
Membership	To be eligible to apply for core privileges in colon and rectal Surgery, the initial applicant must meet the following criteria.
Education/Training	Successful completion of Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in general surgery, followed by successful completion of an accredited fellowship in colon and rectal surgery.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the performance of at least 50 colon and rectal surgery procedures, reflective of the scope of privileges requested, 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.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience 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.

Core Privileges Colon & Rectal Surgery

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request	Request all privileges listed below.
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involvement of the liver, urinary, and female reproductive systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
	Abdominoperineal resection
	Anoscopy
	Appendectomy as related to colon rectal surgery
	Colectomy, total, subtotal, partial
	Colon surgery for benign or malignant disease
	Colonoscopy, fiberoptic with biopsy, coagulation, injection; with polypectomy
	Colotomy, colostomy
	Correction of intestinal obstruction
	Enteric fistulae management
	Enterostomy (feeding or decompression)
	Excision of rectal lesion
	Incision, drainage and debridement of perirectal abscess
	Incision/excision of pilonidal cyst
	IV access procedures, central venous catheter
	Laparoscopy, diagnostic, appendectomy, colectomy
	Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
	Liver biopsy (intraoperative), liver resection
	Management of hemorrhoids (internal and external) including hemorrhoidectomy (including stapled hemorrhoidectomy)
	Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
	Management of soft-tissue tumors, inflammations and infection of anorectal region
	Perform history and physical exam

	Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
	Repair of perforated viscus (gastric, small intestine, large intestine)
	Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
	Small bowel surgery for benign or malignant disease
	Splenectomy
	Surgery of the abdominal wall
	Surgical treatment of anal fissure
	Surgical treatment of anal fistula, rectovaginal fistula
	Surgical correction of anal sphincter incontinence

Use of 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 provided documentation of training and experience.

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Use of Laser

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request	<i>Request all privileges listed below.</i>
NIOS	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Administration of Sedation and Analgesia

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Soin Medical Center, and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

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

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature _____

Date _____