

INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)
- 7.

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization. These core privileges do not include any of the special procedures listed below.											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Atrium Health
Delineation of Privileges
Specialty of General Surgery
Applicant Name: _____

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY**

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
*If the answer is "NO", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.				

If you would like to request Moderate Sedation (Conscious Sedation), please request the Moderate Sedation Delineation of Privileges form.

☐ Initial appointment
☐ Reappointment
☐ Updated DOP
☐ Request for Clinical Privileges

To be eligible for core privileges in General Surgery, the applicant must meet the following qualifications:

- ☐ If the applicant **is not** currently certified by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in General Surgery; **AND**
 2. Documentation of the performance of at least one hundred **100** surgical procedures during the past two (2) years.
- ☐ If the applicant **is** currently certified by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of certification from the American Board of Surgery (General Surgery) or the American Osteopathic Association in General Surgery; **AND**
 2. Provide Documentation of the performance of at least one hundred **100** surgical procedures during the past two (2) years.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		GENERAL SURGERY CORE PRIVILEGES
			N/A							CSUR-1	Privileges to evaluate; diagnose; consult; and provide non-operative, pre-operative, intra-operative, and post-operative care for patients of all ages to correct or treat various conditions, illnesses, and injuries of the: <ul style="list-style-type: none"> • Abdomen its contents, and the abdominal wall * • Alimentary Tract * • Breast (excludes breast reconstruction) • Diagnostic Therapeutic Laparoscopy* (includes advanced laparoscopy) • Endocrine System (thyroid, parathyroid, adrenal, pancreas, ovaries, testes) • Head and Neck • Minor Extremity Surgery (including amputation, AV fistula) • Skin and Soft Tissue (includes the lymphatic system)

Atrium Health
Delineation of Privileges
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CSUR-4: ADVANCED HEAD AND NECK ONCOLOGIC SURGERY CORE PRIVILEGES

SHORT DEFINITION: Advanced Head and Neck Oncology Core Privileges are complex sinus and nasal cavity procedures for cancers, reconstruction of facial structures (nose, lips, ears, eyelids) after tumor resection including the use of flaps, resection of tumors of the oral cavity/oropharynx including the tongue and mandible, resection of salivary gland tumors including potential facial nerve resection and repair, resection and repair of tracheal and laryngeal tumors and lesions, parapharyngeal space tumor resection, radical and modified radical neck dissections, cranial nerve, including recurrent laryngeal nerve, dissection and/or repair, partial/total maxillectomy, infratemporal fossa approach to skull base.

SKILLS AND TRAINING NEEDED: Skills should include the ability to diagnose malignancies which will require extirpative surgery potentially resulting in large functional/aesthetic defects and perioperative management of patients undergoing advanced head and neck surgery. Knowledge should include the management of potential complications and revisions.

CREDENTIALS REQUIRED:

1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in General Surgery; **OR**
1. Provide documentation of certification from the American Board of Surgery (ABS) or the American Osteopathic Association (AOA) in Surgery; **AND**
2. Provide documentation of successful completion of an approved fellowship training in Head and Neck Oncology which included a minimum of one hundred (100) representative samples of Advanced Head and Neck Oncologic Surgery Core Privileges; **OR**
3. Provide documentation of the performance of at least twenty-five (25) Advanced Head and Neck Oncologic Surgery Core Privileges within the past two (2) years.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ADVANCED HEAD AND NECK ONCOLOGIC SURGERY CORE PRIVILEGES	
			N/A							CSUR-4	Privileges to evaluate; diagnose; consult; and provide non-operative, pre-operative, intra-operative, and post-operative care for patients with head and neck cancers and tumors including major head and neck radical cancer surgery and reconstruction.

Note: Advanced Head and Neck Oncologic Surgery Core Privileges include complex sinus and nasal cavity cancers; reconstruction of facial structures (nose, lips, ears, eyelids) after tumor resection including the use of flaps; resection of tumors of the oral cavity/oropharynx including the tongue and mandible; resection of salivary gland tumors including potential facial nerve resection and repair; resection and repair of tracheal and laryngeal tumors and lesions; parapharyngeal space tumor resection; radical and modified radical neck dissections; cranial nerve, including recurrent laryngeal nerve, dissection and/or repair; partial/total maxillectomy; infratemporal fossa approach to skull base.

Maintenance Criteria for Continued Privileges (CSUR-4):

The Physician must submit a minimum of twenty-five (25) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ADVANCED HEAD AND NECK ONCOLOGIC SURGERY SPECIAL PRIVILEGE		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			NA							Must apply for and maintain Advanced Head and Neck Oncologic Surgery Core Privileges (CSUR-4)				
										CSUR-4(a)	Microvascular Free Flap Reconstruction of the Head and Neck	10		

Atrium Health
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To be eligible for core privileges in **SURGICAL CRITICAL CARE CORE PRIVILEGES**, the applicant must meet the following qualifications:

- ☐ If the applicant **is not** currently subspecialty certified in Surgical Critical Care by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of certification in General Surgery; **OR**
 1. Provide documentation of certification in Vascular Surgery; **AND**
 2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Surgical Critical Care Fellowship training program, within the past five (5) years; **AND**
 3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts;
- ☐ If the applicant **is** currently subspecialty certified in Surgical Critical Care by the American Board of Surgery (ABS), or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of subspecialty certification in Surgical Critical Care from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SURGICAL CRITICAL CARE CORE PRIVILEGES	
			N/A							If General Surgery Core privileges are needed in addition to Surgical Critical Care Core privileges, please request CSUR-1 General Surgery Core Privileges	
										CSUR-5	Privileges to evaluate, diagnose, and provide treatment to critically ill patients of all ages (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective intubation with ***moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); arterial puncture and arterial line placement; arterial balloon catheter insertion; bladder catheterization; calibration and operation of hemodynamic recording systems; cardiac output determinations by thermodilution and other techniques (including arterial and pulmonary artery balloon flotation catheters); cardiac temporary pacemaker insertion and application; cardiopulmonary resuscitation; calculation of oxygen content; cardioversion; electrocardiogram interpretation; insertion and management of chest tubes including pig tail catheters and draining systems, needle insertion and drainage systems; insertion of central venous catheters; insertion of hemodialysis catheters; interpretation of intracranial pressure monitoring; lumbar puncture; paracentesis; percutaneous needle aspiration of joints and superficial fluid collections; thoracentesis; transtracheal catheterization; ultrasound guided venous catheter placement; ventilator

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management (both invasive and non-invasive), including experience with various modes; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal). ***Surgical Critical Care Physicians function in accordance with the Moderate Sedation Policy.

Maintenance Criteria for Continued Surgical Critical Care Core Privileges (CSUR-5):

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIAL PRIVILEGES Must apply for and maintain Surgical Critical Care Core Privileges (CSUR-5)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-5(a)	Extracorporeal Membrane Oxygenation (ECMO) Management	4		

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To be eligible for core privileges in **Peripheral Vascular Surgery**, the applicant must meet the following qualifications:

- ☐ If the applicant **is not** currently certified by the American Board of Surgery in Vascular Surgery (ABMS) or the American Osteopathic Association in Vascular Surgery (AOA), the applicant must:
1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency/fellowship training program in Vascular Surgery; **AND**
 2. Provide documentation of the performance of at least one hundred (**100**) vascular surgery procedures during the past two (2) years. **AND**
 3. Apply for and meet the criteria for Peripheral Endovascular Core Privileges (CPEV-1). Please contact the Medical Staff Office for additional paperwork **OR**
 3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Peripheral Vascular Surgery.
- ☐ If the applicant **is** currently certified by the American Board of Surgery in Vascular (ABMS) or the American Osteopathic Association in Vascular Surgery (AOA), the applicant must:
1. Provide documentation of the performance of at least one hundred (**100**) vascular surgery procedures during the past two (2) years; **AND**
 2. Apply for and meet the criteria for Peripheral Endovascular Core Privileges (CPEV-1). Please contact the Medical Staff Office for additional paperwork. **OR**
 3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Peripheral Vascular Surgery.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PERIPHERAL VASCULAR SURGERY CORE PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CSUR-6* Privileges to evaluate, diagnose, consult, and provide pre-operative, intra-operative and post-operative surgical care to patients of all ages to correct or treat diseases and disorders of the arterial, venous, and lymphatic circulatory systems, excluding those of the heart, thoracic aorta, and intracranial vessels. Requires additional privileges that may be applied for on the Peripheral Endovascular Delineation of Privileges Form.	100		

Maintenance Criteria for Continued Privileges (CSUR-6):

The Physician must submit a minimum of one hundred (100) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIAL PRIVILEGES PERITONEAL DIALYSIS CATHETERS <i>Must apply for and maintain Peripheral Vascular Surgery Core Privileges (CSUR-6) and (CPEV-1)</i>	Minimum Number Required	Number performed within the Past 2 years	Location
			N/A							CSUR-6a The privilege is intended for those Vascular Surgeons who provide care to Kidney Failure patients and wish to offer all aspects of dialysis access (peritoneal dialysis and hemodialysis), <u>who do not hold General Surgery privileges.</u> Peritoneal Dialysis catheters can be placed using multiple techniques (open, percutaneous, and laparoscopic assisted).	20		
Maintenance Criteria for Continued Privileges (CSUR-6a): The Physician must submit a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.													

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ENDOSCOPIC PRIVILEGES Must apply for and maintain General Surgery Core Privileges (CSUR-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CSUR-7	Diagnostic Esophagogastroduodenoscopy (EGD)	25		
			N/A							CSUR-8	Therapeutic EGD for bleeding and vascular control (sclerotherapy, band ligation, Bicap, heater probe, injection therapy)	5		
			N/A							CSUR-9	Percutaneous Endoscopic Gastrostomy (PEG)	5		
			N/A							CSUR-10	Esophageal dilatation (Maloney, Bougie, Savory, Balloon, EndoFLIP)	10		
			N/A							CSUR-11	Esophageal Stent Placement	3		
			N/A							CSUR-12	Diagnostic Endoscopic Retrograde Cholangiopancreatography	35		
			N/A							CSUR-13	Therapeutic ERCP (Sphincterotomy/Stent Placement)	See criteria		
			N/A							CSUR-14	Flexible Sigmoidoscopy with Biopsy	See criteria		
			N/A							CSUR-15	Colonoscopy with or without Polypectomy	See criteria		
			N/A							CSUR-16	Bronchoscopy	15		
			N/A							CSUR-17	Endoscopic GERD Management	5		
			N/A							CSUR-18	Esophageal Manometry with or without Provocative Testing	25		
	N/A	N/A	N/A						N/A	CSUR-19	Endoluminal Surgery	12		

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	TRAUMA SERVICE	
										Must apply for and maintain General Surgery Core Privileges (CSUR-1)	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-20	LEVEL I TRAUMA SERVICE PRIVILEGES - Privileges to evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care, perform surgical procedures and care of burns for trauma patients 18 years and above. Trauma FAST ultrasound.
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-21	PEDIATRIC TRAUMA SERVICE PRIVILEGES - Privileges to evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care, perform surgical procedures for trauma patients and care of burns from birth through 17 years of age and with greater than 5% total body surface area burns. Trauma FAST ultrasound.
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A		CSUR-22	LEVEL III TRAUMA SERVICE PRIVILEGES - Privileges to evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care, perform surgical procedures for trauma patients' adolescents and above, and care of burns for patients from adolescents and above. Trauma FAST ultrasound.
NOTE: Trauma and Pediatric Trauma Service Privileges include, but are not limited to, all procedures delineated as "CORE PROCEDURES" in this document, and any other operative procedures, including vascular surgery, necessary to save life or limb.											

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ADULT TRANSPLANT PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain General Surgery Core Privileges (CSUR-1)				
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-23	Adult Liver Transplantation	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-24	Live Donor Hepatectomy for Liver Transplantation	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-25	Adult Renal Transplantation	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-26	Pancreas Transplantation	See criteria		
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC TRANSPLANT PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain General Surgery Core Privileges (CSUR-1)				
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-27	Pediatric Liver Transplantation	See criteria		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-28	Pediatric Renal Transplantation	See criteria		
										SENTINEL NODE PRIVILEGES				
										Must apply for and maintain General Surgery Core Privileges (CSUR-1)				
			N/A							CSUR-29	Sentinel Lymph Node Biopsy	20		

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ULTRASONOGRAPHY PRIVILEGES Must apply for and maintain General Surgery Core Privileges (CSUR-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location	
		N/A	N/A							CSUR-30	Anal and Rectal Ultrasonography	25			
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	LASER PRIVILEGES Must apply for and maintain General Surgery Core Privileges (CSUR-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location	
			N/A							CSUR-31	C02 Laser	See criteria			
			N/A							CSUR-32	YAG Laser	See criteria			
										BARIATRIC SURGERY Must apply for and maintain General Surgery Core Privileges (CSUR-1)					
	N/A	N/A	N/A							CSUR-33	Bariatric Surgery	24			
										MAMMOSITE CATHETER INSERTION Must apply for and maintain General Surgery Core Privileges (CSUR-1)					
		N/A	N/A							CSUR-34	MammoSite Catheter Insertion	See criteria			
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ROBOTIC ASSISTED SURGERY Must apply for and maintain General Surgery Core Privileges (CSUR-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location	
			N/A							CSUR-35	Robotic Assisted Surgery	See criteria			

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CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain General Surgery Core Privileges (CSUR-1)				
			N/A							CSUR-36	Dynamic Abdominal Sonography for Hernias (DASH)	25		
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CSUR-37	CyberKnife in a Supportive Role	See Criteria		
			N/A							CSUR-38	VNUS Procedure	See Criteria		
			N/A							CSUR-39	Interstim Therapy (Sacral Neuromodulation Therapy)	See Criteria		

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PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CSUR-4(a): MICROVASCULAR FREE FLAP RECONSTRUCTION OF THE HEAD AND NECK

SHORT DEFINITION: Microvascular Free Flap Reconstruction of the Head and Neck surgery is an important skill set for surgeons performing large ablative procedures of head and neck malignancies which often leave functional and aesthetic defects. Microvascular Free Flap Reconstruction of the Head and Neck defects includes the elevation of the flap, the inset of the flap for functional purposes, and a microvascular anastomosis of the artery/vein for viability. Free flap reconstruction is the standard of care for large volume extirpative surgeries of the head and neck that cannot otherwise be reconstructed well with local or pedicled flaps.

SKILLS AND TRAINING NEEDED: Skills should include the ability to diagnose malignancies which will require extirpative surgery resulting in large functional/aesthetic defects. Skills should include perioperative management of patients undergoing microvascular reconstruction including ICU and floor monitoring of flap function/viability. Required knowledge and skills include elevation of tissue, inset of free flap, and microvascular anastomosis of artery/vein. Knowledge should include the management of potential complications and revisions.

CREDENTIALS REQUIRED:

1. Apply for and meet the necessary criteria to be granted privileges for Advanced Head and Neck Oncologic Surgery Core Privileges (CSUR-3); **AND**
2. Provide documentation of successful completion of an approved fellowship training in Head and Neck Oncology which included a minimum of ten (10) Microvascular Free Flap Reconstruction of the Head and Neck surgery procedures within the past two (2) years; **OR**
2. Provide documentation of successful completion of an approved, recognized course in Head and Neck Oncology which included a minimum of ten (10) Microvascular Free Flap Reconstruction of the Head and Neck surgery procedures within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Microvascular Free Flap Reconstruction of the Head and Neck. You must provide documentation of proctoring for ten (10) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must submit a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-5(a): EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years; **OR**
1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management; **OR**
1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management within the two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-5(a)):

The Physician must provide documentation of ECMO management of four (4) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

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ENDOSCOPIC PROCEDURES: For each of the procedures listed below, you are required to demonstrate the performance of a minimum number of procedures in each category. For each procedure, the applicant must also demonstrate that he/she possesses the cognitive and technical skills necessary to perform the procedure. Please submit a case log for each of the privileges being requested.

CSUR-7: DIAGNOSTIC ESOPHAGOGASTRODUODENOSCOPY (EGD)

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Diagnostic Esophagogastroduodenoscopy (EGD); **OR**
1. Provide a minimum number of twenty-five (25) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Diagnostic Esophagogastroduodenoscopy (EGD). You must provide documentation of proctoring for ten (10) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-7):

The Physician must perform a minimum of four (4) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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Atrium Health
Delineation of Privileges
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Applicant Name: _____

ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-8 THERAPEUTIC EGD FOR BLEEDING AND VASCULAR CONTROL

The applicant must meet the following:

1. Apply for and meet the criteria for Diagnostic Esophagogastroduodenoscopy (CSUR-7); **AND**
2. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Therapeutic EGD With Sclerotherapy/Band Ligation, Bicap, Heater Probe, Injection Therapy; **OR**
2. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Therapeutic EGD With Sclerotherapy/Band Ligation. You must provide documentation of proctoring for five (5) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-8):

The Physician must perform a minimum of two (2) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-9: PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)

The applicant must meet the following:

1. Apply for and meet the criteria for Diagnostic Esophagogastroduodenoscopy (CSUR-7); **AND**
2. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Percutaneous Endoscopic Gastrostomy (PEG); **OR**
2. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Percutaneous Endoscopic Gastrostomy (PEG). You must provide documentation of proctoring for five (5) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-9):

The Physician must perform a minimum of four (4) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-10: ESOPHAGEAL DILATATION (MALONEY DILATORS, BOUGIE, SAVORY, BALLOON, ENDOFLIP)

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Simple Esophageal Dilatation (Maloney Dilators) Complex Esophageal Dilatation (Savory/Balloon); **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Simple Esophageal Dilatation (Maloney Dilators) and/or Complex Esophageal Dilatation (Savory/Balloon) You must provide documentation of proctoring for ten (10) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-10):

The Physician must perform a minimum of four (4) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-11: ESOPHAGEAL STENT PLACEMENT

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Esophageal Stent Placement; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Esophageal Stent Placement. You must provide documentation of proctoring for three (3) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-11):

The Physician must perform a minimum of three (3) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-12: DIAGNOSTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Diagnostic Endoscopic Retrograde Cholangiopancreatography; **OR**
1. Provide a minimum number of thirty-five (35) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Diagnostic Endoscopic Retrograde Cholangiopancreatography. You must provide documentation of proctoring for thirty-five (35) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-12):

The Physician must perform a minimum of fifteen (15) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-13: THERAPEUTIC ERCP (SPHINCTEROTOMY/STENT PLACEMENT)

The applicant must meet the following:

1. Apply for and meet the criteria for Diagnostic Endoscopic Retrograde Cholangiopancreatography (CSUR-13); **AND**
2. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Therapeutic ERCP (Sphincterotomy/Stent Placement); **OR**
2. Provide a minimum of five (5) sphincterotomies and five (5) stent placements must be performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Therapeutic ERCP (Sphincterotomy/Stent Placement). You must provide documentation of proctoring for five (5) sphincterotomies and five (5) stent placements.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-13):

The Physician must perform a minimum of ten (10) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-14: FLEXIBLE SIGMOIDOSCOPY WITH BIOPSY

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Flexible Sigmoidoscopy with Biopsy; **OR**
1. Provide a minimum of fifteen (15) procedures, five (5) with biopsy, must be performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Flexible Sigmoidoscopy with Biopsy. You must provide documentation of proctoring for fifteen (15) procedures, five (5) with biopsy.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-14):

The Physician must perform a minimum of ten (10) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-15: COLONOSCOPY WITH OR WITHOUT POLYPECTOMY

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Colonoscopy with or without Polypectomy; **OR**
1. Provide a minimum of ten (10) procedures, five (5) with biopsy, must be performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Colonoscopy with or without Polypectomy. You must provide documentation of proctoring for ten (10) procedures, five (5) with biopsy.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-15):

The Physician must perform a minimum of ten (10) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-16: BRONCHOSCOPY

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Bronchoscopy; **OR**
1. Provide a minimum number of fifteen (15) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Bronchoscopy. You must provide documentation of proctoring for fifteen (15) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-16):

The Physician must perform a minimum of four (4) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-17: ENDOSCOPIC GERD MANAGEMENT

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endoscopic Gerd Management; **OR**
1. Provide a minimum number of five (5) patients managed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Endoscopic Gerd Management. You must provide documentation of proctoring for the management of five (5) patients.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-17):

The Physician must perform a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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ENDOSCOPIC PROCEDURES - CONTINUED

CSUR-18: ESOPHAGEAL MANOMETRY WITH OR WITHOUT PROVOCATIVE TESTING

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Esophageal Manometry with or without Provocative Testing; **OR**
1. Provide a minimum number of twenty-five (25) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Esophageal Manometry with or without Provocative Testing. You must provide documentation of proctoring for five (5) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-18):

The Physician must perform a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-19: ENDOLUMINAL SURGERY

DEFINITION: Endoluminal surgery involves endoscopic procedures with manipulation of the GI tract beyond traditional therapeutic endoscopy, such as submucosal tunneling, GI tract wall excision, myotomy, and access to other cavities or spaces from the GI tract for therapeutic or diagnostic indications.

CREDENTIALS REQUIRED:

1. Provide documentation of the successful completion of ACGME or AOA accredited Fellowship program or an accredited Fellowship counsel where the Applicant was trained and is proficient in Endoluminal Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endoluminal Surgery; **OR**
1. Provide a minimum number of twelve (12) cases performed of each procedure requested within the past two (2) years; **AND**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Endoluminal Surgery. You must provide documentation of proctoring for twelve (12) procedures.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-19):

The Physician must perform a minimum of six (6) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CSUR-20: LEVEL I TRAUMA SERVICE PRIVILEGES

SHORT DEFINITION: The Trauma Surgeon is responsible for all aspects of trauma care for injured patients 18 years of age and above. Core Trauma Surgeon responsibilities include, but are not limited to triage, resuscitation, operative care, post-operative care, critical care, discharge planning and post discharge follow-up, and coordination of subspecialty care.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE: Skills should include the ability to evaluate and manage multiple simultaneous trauma patients. The Trauma surgeon must understand the physiology of the healthy adult patient, the pathophysiology of the injured patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patient, and the potential complications of operations. In addition, the Trauma surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current trauma surgery literature.

CREDENTIALS REQUIRED:

1. Present evidence of subspecialty certification in Surgical Critical Care by the American Board of Surgery; **OR**
1. Present evidence of having successfully completed an ACGME or AOA accredited fellowship in Surgical Critical Care, Trauma, or Acute Care Surgery; **OR**
1. Present evidence of having successfully completed 10 proctored trauma laparotomies, and 10 proctored trauma resuscitations in patients with ISS \geq 15. **AND**
Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds Level I Trauma privileges.
- 2*. Present evidence of a minimum of eight (8) CME credits per year in trauma related topics. (NOTE: Not applicable for new graduates, see note* below)
3. Present evidence of current Advanced Trauma Life Support (ATLS) instructor status.

* New graduates will not be able to demonstrate any CME as they are exiting from an educational program and are therefore not subject to those requirements. Attending physicians do not begin to accumulate the Continuing Medical Education credits until after they enter practice. As such, all physicians applying for privileges coming from either residency or fellowship should be excluded from these CME requirements as they are completing their educational training.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Physician must maintain and provide a current ATLS instructor status as well as must submit a minimum of 150 trauma encounters of the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CSUR-21: PEDIATRIC TRAUMA SURGEON PRIVILEGES

SHORT DEFINITION: The Pediatric Trauma Surgeon is responsible for all aspects of trauma care for the injured pediatric patient from birth through 17 years of age. Core Pediatric Trauma Surgeon responsibilities include, but are not limited to, triage, resuscitation, operative care, post-operative care, critical care, discharge planning and post-discharge follow-up, and coordination of subspecialty care.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE: Skills include the ability to evaluate and manage multiple simultaneous pediatric trauma patients. The Pediatric Trauma Surgeon must understand the physiology of the healthy pediatric patient, the pathophysiology of the injured pediatric patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patients, and the potential complications of operations. In addition, the Pediatric Trauma Surgeon must be familiar with current Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current pediatric trauma literature.

CREDENTIALS REQUIRED:

- 1. Present evidence of current trauma surgeon privileges; **OR**
- 1. Present evidence of having successfully completed an ACGME or AOA accredited residency in General Surgery and a fellowship in Pediatric Surgery; **AND**
- 2. Present evidence of a minimum of four (4) CME credits per year in pediatric trauma related topics; **AND**
- 3. Present evidence of current Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) certifications.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Physician must maintain and provide current ATLS and PALS certifications as well as must submit a minimum of 50 pediatric trauma encounters of the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CSUR-22: LEVEL III TRAUMA SERVICE PRIVILEGES

SHORT DEFINITION: The Trauma Surgeon is responsible for all aspects of trauma care for the injured adolescents and above patients. Core Trauma Surgeon responsibilities included, but are not limited to triage, resuscitation, operative care, post-operative care, critical care, discharge planning and post discharge follow-up, and coordination of subspecialty care.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE: Skills should include the ability to evaluate and manage multiple simultaneous trauma patients. The Trauma surgeon must understand the physiology of the healthy adult patient, the pathophysiology of the injured patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patient, and the potential complications of operations. In addition, the Trauma surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current trauma surgery literature.

CREDENTIALS REQUIRED:

1. Present evidence of current Advanced Trauma Life Support (ATLS) provider certification.

ADDITIONAL REQUIREMENTS:

1. Review and sign the meeting minutes from the Trauma Outcomes Committee; **AND**
2. Adhere to all facility specific requirements for trauma surgeons set forth by the American College of Surgeons Committee on Trauma and the NCOEMS; **AND**
3. Compliance with all Trauma Service standards of care as determined by the Medical Director of Trauma and the Trauma Process Improvement Program.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Physician must maintain and present evidence of a current ATLS provider certification. This will be reviewed at the time of the physician's reappointment.

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CSUR-23: ADULT LIVER TRANSPLANTATION

DEFINITION:

Replacement of the liver with a deceased donor liver including reduced size, split and auxiliary liver grafting in patients 18 years of age and above. Procedures related to complications of liver transplant in patients 18 years of age and above.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability to remove the donor liver and divide the donor liver for reduced size or split hepatic grafts. Knowledge should include normal and disease state physiology especially that of the cirrhotic patient, the complications of End Stage Liver Disease (ESLD), the manifestations of ESLD on other organ systems, the medical and critical care management of the pre and post-transplant patient, the potential complications of the operation and the management of immunosuppression and the complications of immunosuppression. Knowledge should also include understanding of organ preservation, the current United Network for Organ Sharing (UNOS) liver allocation systems, UNOS standards and rules, and current transplant literature.

CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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Atrium Health
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Applicant Name: _____

CSUR-24: LIVE DONOR HEPATECTOMY FOR LIVER TRANSPLANTATION

DEFINITION:

Replacement of the liver with a living donor liver including reduced size, split and auxiliary liver grafting. Procedures related to complications of liver transplantation. Donor operation for live donor liver transplant.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability to remove the donor liver, and divide the donor liver for reduced size or split hepatic grafts-Knowledge should include normal and disease state physiology especially that of the cirrhotic patient, the complications of End Stage Liver Disease (ESLD), the manifestations of ESLD on other organ systems, the medical and critical care management of the pre and post transplant patient, the potential complications of the operation and the management of immunosuppression and the complications of immunosuppression. Knowledge should also include understanding of organ preservation, the current United Network for Organ Sharing (UNOS) liver allocation systems, UNOS standards and rules, and current transplant literature.

CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training); **AND**
2. A minimum of five (5) procedures must be performed within the past two (2) years.

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CSUR-25: ADULT RENAL TRANSPLANTATION

DEFINITION:

- 1. Implant and explant of the transplanted kidney in patients 18 years of age and above;
- 2. Deceased Donor Nephrectomy in patients 18 years of age and above;
- 3. Removal of diseased kidney(s) from pre-transplant recipient in patients 18 years of age and above;
- 4. Procedures upon kidney, ureter and bladder resulting from complications of renal transplant in patients 18 years of age and above;
- 5. Live Donor Nephrectomy in patients 18 years of age and above.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE: Skills should also include the ability handle the native kidneys, ureter, bladder, arteries, and veins. Knowledge should include native disease states, transplant situations and potential complications related to transplantation. Skills should include management of the deceased donor - the deceased donor nephrectomy, handling of the kidney post removal including cold stored and machine preserved organs. Knowledge should include an understanding of the current renal allocation and distribution system, HLA typing, and current literature. Skills should also include the ability to biopsy the transplanted graft.

CREDENTIALS REQUIRED:

- 1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CSUR-26: PANCREAS TRANSPLANTATION

DEFINITION: Transplantation of the pancreas either:

- Simultaneous kidney/pancreas
- Pancreas after kidney
- Pancreas alone
- Procedures related to complications of pancreas transplantation

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability to remove the donor pancreas and implant the graft. Skills should also include the ability to treat any complication of the procedure including those involving the urinary bladder and perform biopsies of the pancreatic graft either percutaneously or transscystoscopically. Knowledge should include the preservation of donor graft, HLA typing UNOS rules and regulations governing pancreas transplant, the pancreas allocation system and, current transplant literature.

CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CSUR-27: PEDIATRIC LIVER TRANSPLANTATION

DEFINITION:

1. Replacement of the liver with a deceased donor liver including reduced size, split and auxiliary liver grafting in patients 17 years of age and below;
2. Procedures related to complications of liver transplantation in patients 17 years of age and below.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability to remove the donor liver, and divide the donor liver for reduced size or split hepatic grafts. Knowledge should include normal and disease state physiology especially that of the cirrhotic patient, the complications of End Stage Liver Disease (ESLD), the manifestations of ESLD on other organ systems, the medical and critical care management of the pre and post-transplant patient, the potential complications of the operation and the management of immunosuppression and the complications of immunosuppression. Knowledge should also include understanding of organ preservation, the current United Network for Organ Sharing (UNOS) liver allocation systems, UNOS standards and rules, and current transplant literature.

CREDENTIALS REQUIRED:

1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

CSUR-28: PEDIATRIC RENAL TRANSPLANTATION

DEFINITION:

- 1. Implant and explant of the transplanted kidney in patients 17 years of age and below;
- 2. Deceased Donor Nephrectomy; in patients 17 years of age and below;
- 3. Removal of diseased, ureter and bladder resulting from complications of renal transplant in patients 17 years of age and below;
- 4. Live Donor Nephrectomy in patients 17 years of age and below.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

Skills should also include the ability handle the native kidneys, ureter, bladder, arteries, and veins. Knowledge should include native disease states, transplant situations and potential complications related to transplantation. Skills should include management of the deceased donor - the deceased donor Nephrectomy, handling of the kidney post removal including cold stored and machine preserved organs. Knowledge should include an understanding of the current renal allocation and distribution system, HLA typing, and current literature. Skills should also include the ability to biopsy the transplanted graft.

CREDENTIALS REQUIRED:

- 1. Documentation of completion of American Society of Transplant Surgeons (ASTS) Certified Transplantation Fellowship (or equivalent training).

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

The Physician must provide documentation of attendance of one (1) major transplant meeting every two (2) years to be eligible to reapply for Liver Transplantation privileges. This will be reviewed by the Director of the Transplant Service at the time of reappointment.

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CSUR-29: SENTINEL LYMPH NODE BIOPSY

SHORT DEFINITION: Sentinel lymph node biopsy (SLNB) is a procedure for staging patients with cancer. SLNB, when performed in conjunction with regional lymphadenectomy, may enhance staging accuracy by identifying occult deposits of microscopic disease that are undetected by routine histological examination of the standard lymphadenectomy specimen. When performed by experienced surgeons, SLNB is highly accurate and reliably reflects the histology of the nodal basin.

SKILLS AND TRAINING NEEDED FOR SURGEONS TRAINED IN SENTINEL NODE BIOPSY AND MAPPING DURING RESIDENCY AND/OR FELLOWSHIP TRAINING:

1. Provide documentation of the successful completion of a residency or fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Sentinel Lymph Node Biopsy and lymphatic mapping; **OR**
1. Provide case log to include operative procedure and outcomes for twenty (20) SLNB cases as surgeon or first assistant; **AND**
2. Surgeons may perform sentinel lymph node biopsy only in those anatomic regions in which they have privileges to perform a radical lymphadenectomy.

SKILLS AND TRAINING NEEDED FOR SURGEONS WHO HAVE NOT OBTAINED TRAINING IN SENTINEL NODE BIOPSY AND MAPPING DURING RESIDENCY TRAINING:

1. Provide documentation of completion of a continuing medical education (CME) course in SLNB indications and technique. Documentation should include:
 - Completion of a post graduate training program including course description. Course should include discussion of operation of the gamma detector, indications and contraindications to performing the procedures, safety requirements, including radiation safety, and “hands-on” experience using the equipment under competent supervision. Copy of course certificate must be provided.; **AND**
 - Name and address of the practitioner responsible for training; **AND**
2. Provide documentation of individual surgeon experience as surgeon or first assistant in at least twenty (20) cases of Sentinel Lymph Node Biopsy.
 - Surgeons may perform sentinel lymph node biopsy only in those anatomic regions in which they have privileges to perform a radical lymphadenectomy**OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM to the Medical Staff Office requesting concurrent proctoring by a physician who currently holds privileges to Sentinel Lymph Node Biopsy. You must provide documentation of proctoring for twenty (20) cases.

MAINTENANCE CRITERIA:

The Physician must submit a minimum of ten (10) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CSUR-30: ANAL AND RECTAL ULTRASONOGRAPHY

DEFINITION: Anal and rectal ultrasonography involves the insertion of a 360-radial ultrasound probe into the rectum or anus for the evaluation of rectal tumors or anal sphincters. Rigid Proctoscopy is necessary when performing rectal ultrasonography.

SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:

- 1. Performance and interpretation of anal and rectal ultrasonography for the evaluation of anal incontinence, anal cancer, anal abscesses/fistulas, rectal polyps and rectal cancer; **AND**
- 2. Performance of Rigid Proctoscopy for rectal ultrasonography

CREDENTIALS TO PERFORM THIS PRIVILEGE:

- 1. Provide documentation of the successful completion of a fellowship program in Colorectal Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Anal and Rectal Ultrasonography; **AND**
- 2. Provide a minimum of twenty-five (25) anorectal sonograms, including interpretation, performed within the past two (2) years.

OR

- 1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Anal and Rectal Ultrasonography; **AND**
- 2. Documentation of completion of a qualified course in the use of Anal and Rectal Ultrasonography; **AND**
- 3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Anal and Rectal Ultrasonography. You must provide documentation of proctoring for fifteen (15) procedures.

MAINTENANCE CRITERIA:

The Physician must submit a minimum of ten (10) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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Atrium Health
Delineation of Privileges
Specialty of General Surgery
Applicant Name: _____

CSUR-31 AND CSUR-32: SURGICAL LASER PRIVILEGES

CREDENTIALS REQUIRED:

1. Physics and Safety
2. Application of the requested laser (i.e. course work with lab usage of each laser requested, documentation of hands-on experience, etc.)

SOURCE OF TRAINING:

- I. RESIDENCY: Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training, **OR**
- II. POST GRADUATE PROGRAM: Please include *course description, copy of course certificate, and the name and address of the practitioner responsible for your training, **AND**
- III. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).

* Courses attended to change or advance privileges must be courses that have been recognized for Category I American Medical Association Physicians Recognition Award credit and/or are sponsored by a medical organization whose board is a member of the American Board of Medical Specialties and/or approved by the Section of General Surgery of Atrium Health.

CSUR-33: BARIATRIC SURGERY

DEFINITION: Bariatric Surgery is employed as a method of long-term weight control for the seriously obese. Bariatric Surgery involves reducing the size of the gastric reservoir. This, in turn, helps the patient learn to eat moderately by eating small amounts and chewing each mouthful slowly.

This procedure involves creating a very small stomach pouch from which the rest of the stomach is permanently divided and separated. Because the lower part of the stomach is bypassed, the result is a very early sense of fullness, followed by a profound sense of satisfaction.

CREDENTIALS REQUIRED:

1. Documentation of successful completion of a preceptorship in bariatric surgery to include all aspects of bariatric surgery, i.e., patient education, facilitation of support groups, operative techniques, and post-operative care; **AND**
2. Documentation of successfully performing twenty-four (24) procedures in the past twelve (12) months to include BMI of patient, average length of stay, ICU length of stay (if necessary), GI leak rate, operating room time, thirty-day outcomes, deaths and other complications.
 - a. Additional requirements for laparoscopic bariatric surgery include:
 - i. Documentation of successful completion of seventy-five (75) Laparoscopic Bariatric Surgery cases

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-35): The Physician must perform a minimum of twenty-four (24) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. The Physician must provide twenty (20) hours Continuing Medical Education (CME) in bariatric surgery courses every two (2) years to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CSUR-34: MAMMOSITE CATHETER INSERTION

DEFINITION: MammoSite is an internal radiation treatment option. It is a form of partial breast irradiation and works by delivery radiation from inside the lumpectomy cavity directly to the tissue surrounding the cavity where cancer is most likely to recur.

The surgeon removes the tumor and inserts a small, uninflated balloon (MammoSite) which is attached to a thin catheter inside the lumpectomy cavity, the balloon is then inflated using a saline solution to fill the cavity. A portion of the catheter will remain outside of the breast, which will allow the Radiation Oncologist to connect the catheter to a computer-controlled machine that delivers a radioactive seed inside the balloon. The seed allows radiation to be directed to the area of the breast where cancer is most likely to recur. After the treatment period the balloon is deflated and removed.

CREDENTIALS REQUIRED:

The applicant must meet the following:

1. Apply for and meet the criteria for Sentinel Lymph Node Biopsy (CSUR-29); **AND**
 2. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Mammosite Catheter Insertion; **OR**
 2. Provide documentation of successful completion of an approved MammoSite training course.
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CSUR-35: ROBOTIC ASSISTED SURGERY

DEFINITION: The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

CREDENTIALS REQUIRED:

1. Provide documentation of successful completion of an ACGME or AOA accredited Residency or Fellowship program where robotic assisted surgery was included in the training; **AND**
 2. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in robotic assisted surgery and has proficiently performed three (3) cases within the past two (2) years; **OR**
 2. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years.
- OR**
1. Documentation of successful completion of a formal course on robotic assisted surgery; **AND**
 2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases **OR**
 2. Documentation of proficiently performing three (3) robotic assisted cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-35): The physician must perform two (2) procedures over a two (2) year period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.

Atrium Health
Delineation of Privileges
Specialty of General Surgery
Applicant Name: _____

CSUR-36: DYNAMIC ABDOMINAL SONOGRAPHY FOR HERNIA (DASH)

CREDENTIALS REQUIRED:

1. Submit a written request to use ultrasound. List type(s) of procedures for which privileges are requested (example: hernias, post-operative fluid collections, seromas); **AND**
2. Either:
 - (a) Show evidence of formal training in DASH with an approved residency program within the past two (2) years; **OR**
 - (a) Show evidence of attending a CME Accreditation course on the use of diagnostic ultrasound in which privileges are requested; **AND**
 - (b) Submit documentation of twenty-five (25) cases in which diagnostic ultrasound was utilized; **OR**
 - (b) Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Dynamic Abdominal Sonography for Hernia. You must provide documentation of proctoring for twenty-five (25) procedures.

In reviewing requests for privileges, the Credentials Committee will determine if the residency program content and hands-on experience are judged to be satisfactory for the recommendation of privileges.

☐ I hereby request privileges to perform DASH for the following procedures and have enclosed evidence of certification of my training as follows:

- I. Residency (if within the past two (2) years) – Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training.

- II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

- III. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-36):

The Physician should complete a minimum of five (5) hours of *AMA PRA Category 1 Credits™* specific to abdominal/general ultrasound every two (2) years. The physician must provide documentation of ten (10) DASH cases over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

Atrium Health
Delineation of Privileges
Specialty of General Surgery
Applicant Name: _____

CSUR-37: CyberKnife in a Supportive Role

The applicant must meet the following:

1. A letter of verification from the Fellowship Program Director that the Applicant successfully completed the program with specific training in radiosurgery utilizing the CyberKnife or completed an approved training program in the use of the particular treatment system (e.g., training by Accuray in the case of the CyberKnife® system) within the past two (2) years; **OR**
 1. Submit documentation of successful completion of at least three (3) CyberKnife cases within the past two (2) years; **OR**
 1. The Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for at least three (3) cases.
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CSUR-38: VNUS Procedure

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in VNUS Procedure; **OR**
 1. Provide a minimum of ten (10) cases performed within the past two (2) years; **OR**
 1. Submit documentation of successful completion of an approved training program in the use of VNUS Procedure; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to VNUS Procedure. You must provide documentation of proctoring for ten (10) cases.
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CSUR-39: INTERSTIM THERAPY (SACRAL NEUROMODULATION THERAPY)

DEFINITION: The therapy involves electrical stimulation of the sacral nerves (in the sacrum through either S-3 or S-4) via a totally implantable system that includes a lead, implantable pulse generator (IPG), and an extension, which connects the lead to the IPG.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in General Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Interstim Therapy (Sacral Neuromodulation Therapy); **OR**
1. Documentation of successful completion of an accredited formal course/workshop on Interstim Continence Control Therapy (i.e. Theory and Technique course or Interstim Physician Education Program on-line course at www.training.interstim.com); **AND**
2. Documentation from the applicant's current director/chief attesting to sufficient experience and competence. Provide documentation that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, on ten (10) cases within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Interstim Therapy. You must provide documentation of proctoring for ten (10) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of ten (10) Interstim Therapy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.