

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

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
- I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

N/A No Maintenance Required

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.



Carolinan HealthCare System
CLEVELAND

Privileges in General Surgery

Name: _____

General Surgery Core Privileges

Qualifications

To be eligible for core privileges in general surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 100 general surgical procedures during the past two years or demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

and

- Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; or
- Successful completion of a postgraduate residency in general surgery accredited by the ACGME, AOA, or equivalent.

Privileges included in the core

Privileges to evaluate; diagnose; consult; provide pre-, intra-, and postoperative surgical care; and perform surgical procedures for patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system, and minor extremity surgery. Privileges include, but are not limited to, insertion and management of arterial catheter, insertion and management of chest tubes, insertion and management of central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, management of trauma, and complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit, and trauma/burn units. **Note:** See *attached procedure list*

| | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Requested | <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended |
| <input type="checkbox"/> Recommended with the following modification(s) and reason(s): | | |

Special procedures privileges (see Qualifications and/or specific criteria)

To be eligible to apply for a special procedure privilege listed below, **the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience;** and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Name: _____

| Procedure | Criteria | Requested | Recommended | Not Recommended |
|--|--|-----------|-------------|-----------------|
| Endovascular angioplasty and stent placement | <p><i>Successful completion of an accredited residency in surgery receiving education, training and experience to perform procedure</i></p> <p style="text-align: center;">Or</p> <p><i>Documented current education, training and experience to perform procedure and/or appropriate proctoring by another physician competent in procedure.</i></p> | | | |
| Endovascular Abdominal Aortic Aneurysm Repair | <p><i>Successful completion of an accredited residency in surgery receiving education, training and experience to perform procedure</i></p> <p style="text-align: center;">Or</p> <p><i>Documented current education, training and experience to perform procedure and/or appropriate proctoring by another physician competent in procedure</i></p> | | | |
| Moderate (conscious) sedation as described in the CHS Cleveland standard | (see additional sedation form) | | | |

Acknowledgement of practitioner

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 **Carolinas HealthCare System Cleveland**, 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.

Signed: _____

Date: _____