



**Clinical Privileges Profile
General Surgery**

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

Applicant: Check off the “Requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. If called, all members of the clinical service must be able to respond within thirty (30) minutes or have an alternate who can respond within 30 minutes time. If on call the same response time (30 minutes) is in effect. The 30 minute response time reflects traveling at posted highway speed limits.
2. Note that 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.
3. 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.

QUALIFICATIONS FOR GENERAL SURGERY

To be eligible to apply for core privileges in general surgery, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in general surgery.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in general surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in general surgery procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

GENERAL SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen, and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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.

USE OF LASER

Criteria: 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.

- Requested**

BARIATRIC SURGERY (SEE BARIATRIC SUPPLEMENT)

STEREOTACTIC BREAST BIOPSY

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program that included training in the stereotactic and ultrasound guided-technique of breast biopsy during residency.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 24 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

USE OF ROBOTIC ASSISTED SYSTEM FOR GENERAL SURGICAL PROCEDURES *

To obtain privileges in robotic assisted surgery, the applicant must fulfill the following criteria:

1. Successful completion of an ACGME/AOA accredited residency or fellowship training program in Cardio-Thoracic, Urologic or General Surgery.
2. Unrestricted laparoscopic surgical privileges, including privileges for the procedure to be performed with robotic assistance if currently being performed without robotic assistance.
3. If residency/fellowship training completed within the past three years a letter from the program director stating that applicant is qualified to perform the requested procedures utilizing daVinci Surgical System.
4. If greater than three years, must also submit case log of at least 10 cases, performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform the requested procedure utilizing the daVinci Surgical System.

or

5. If residency/fellowship training did not include formal training in using the daVinci Surgical System, applicant must complete all phases of a Clinical Mini-Fellowship Training Program facilitated through Intuitive Surgical. The training program must be more than didactics. It must include hands on simulation, usually with the porcine model. In addition, the applicant must observe two cases with a preceptor physician teaching. Applicants requesting to be precepted/proctored at KMC must apply for additional privileges via the medical staff office.

Prior to obtaining unrestricted privileges applicant must:

- a. Perform a minimum of three proctored cases, acting as primary surgeon.
- b. Submit a letter of proficiency from the elected preceptor/proctor. If candidate is not deemed proficient after three cases, then the physician will continue casework until proficiency is achieved.
- c. The first 5 cases performed independently at Kettering Medical Center will be subject to retrospective review by the clinical service chief and/or designee.

Reappointment: Practitioners requesting reappointment of daVinci robotic assisted surgical privileges shall demonstrate successful performance (as defined by the Clinical Service Chief and/or designee) of 10 procedures during the previous reappointment cycle.

If the surgeon fails to meet the maintenance caseload, he or she must repeat two preceptor observed cases, until again deemed proficient.

*Not applicable to Sycamore Medical Center

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

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

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Abdominoperineal resection
2. Amputations, above the knee, below knee; toe, transmetatarsal, digits
3. Anoscopy
4. Appendectomy
5. Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
6. Circumcision
7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colonoscopy with polypectomy
10. Colotomy, colostomy
11. Correction of intestinal obstruction
12. Drainage of intra abdominal, deep ischiorectal abscess
13. EGD with and without biopsy
14. Emergency thoracostomy
15. Endoscopy (intraoperative)
16. Enteric fistulae, management
17. Enterostomy (feeding or decompression)
18. Esophageal resection and reconstruction
19. Distal esophagogastrectomy
20. Excision of fistula in ano/fistulotomy, rectal lesion
21. Excision of pilonidal cyst/marsupialization
22. Excision of thyroid tumors
23. Excision of thyroglossal duct cyst
24. Gastric operations for cancer (radical, partial, or total gastrectomy)
25. Gastroduodenal surgery
26. Gastrostomy (feeding or decompression)
27. Genitourinary procedures incidental to malignancy or trauma
28. Gynecological procedure incidental to abdominal exploration
29. Hepatic resection
30. Hemodialysis access procedures
31. Hemorrhoidectomy, including stapled hemorrhoidectomy
32. Incision and drainage of abscesses and cysts
33. Incision and drainage of pelvic abscess
34. Incision, excision, resection and enterostomy of small intestine
35. Incision/drainage and debridement, perirectal abscess
36. Insertion and management of pulmonary artery catheters
37. IV access procedures, central venous catheter, and ports
38. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
39. Laparoscopic Nissen Fundoplication (Anti-reflux Surgery)
40. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
41. Liver biopsy (intraoperative), liver resection
42. Management of burns
43. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage

44. Management of multiple trauma
45. Management of soft-tissue tumors, inflammations and infection
46. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
47. Pancreatectomy, total or partial
48. Pancreatic sphincteroplasty
49. Parathyroidectomy
50. Perform history and physical exam
51. Peritoneal venous shunts, shunt procedure for portal hypertension
52. Peritoneovenous drainage procedures for relief or ascites
53. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
54. Pyloromyotomy
55. Radical regional lymph node dissections
56. Removal of ganglion (palm or wrist, flexor sheath)
57. Repair of perforated viscus (gastric, small intestine, large intestine)
58. Scalene node biopsy
59. Sclerotherapy
60. Selective vagotomy
61. Sentinel lymph node biopsy
62. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
63. Skin grafts (partial thickness, simple)
64. Small bowel surgery for benign or malignant disease
65. Splenectomy (trauma, staging, therapeutic)
66. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
67. Thoracentesis
68. Thoracoabdominal exploration
69. Thyroidectomy and neck dissection
70. Tracheostomy
71. Transhiatal esophagectomy
72. Tube thoracostomy
73. Vein ligation and stripping

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 Hospital, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____
Medical Executive Committee action **Date:** _____
Board of Director's action **Date:** _____